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GEORGIA BUDGET
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Fast Facts:

Funding for Georgia's State and Local Public Health System

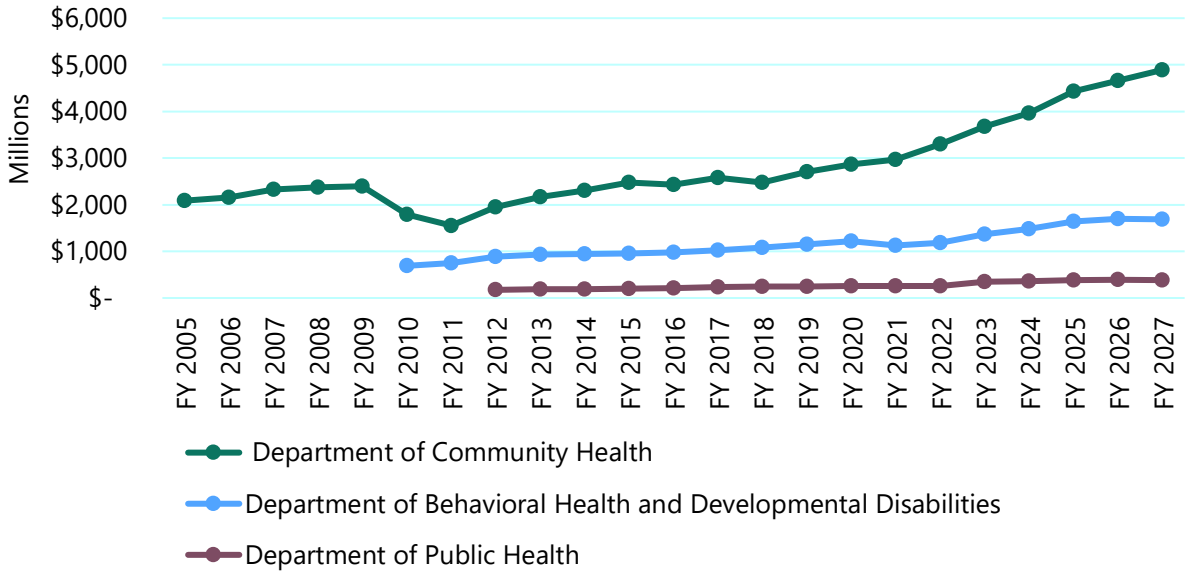
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Georgia's health security and economic well-being depend on a modernized, fully funded state and local public health system. This brief provides policymakers and advocates with a brief overview of how Georgia funds public health. For more background on the importance of public health, please read this fact sheet.

FACT: Less than $1 in every $10 state general fund dollars spent on Georgia's three primary health agencies goes to the Department of Public Health.

Since becoming a stand-alone agency in 2011, state general fund appropriations for Department of Public Health have never surpassed the $500 million mark. State investment in health is largely oriented downstream toward catching Georgians when they are already sick, injured or in crisis rather than keeping communities healthy and addressing preventable health conditions. Proportionally, if the state had $10 general fund dollars to spend on its three primary health agencies in FY 2027, $7 would go toward the Department of Community Health (DCH), almost $2 would go toward the Department of Behavioral Health and Developmental Disabilities (DBHDD), and less than $1 would go toward the Department of Public Health (DPH).

General Fund Appropriations for State Health Agencies, FY 2005 - FY 2027



**Excludes general funds for attached agencies*
Source: Governor's Office of Planning and Budget's Budgets in Brief, AFY 2005 - FY 2027

FACT: Georgia's public health funding supports services and functions that benefit all Georgians no matter their zip code.

Georgia's public health system serves all Georgians through infectious disease control; chronic disease and injury prevention; environmental public health; maternal, child and family health; access to and linkage with clinical care; and more. Over 5,000 state and county public health workers fill a range of critical roles in their communities – from inspecting restaurants to prevent foodborne illness to providing vision and hearing screening so children are prepared for school. Although all 159 counties have a health department, there is wide variation in community needs and in the funding and public health infrastructure available in each county.

1 Department of Public Health	**18** Public Health Districts
159 County Health Departments	**11 M** Georgians served

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FACT: Georgia's state and local public health system receives federal, state and local funding.

Primary Revenue Sources for Georgia's State and Local Public Health System

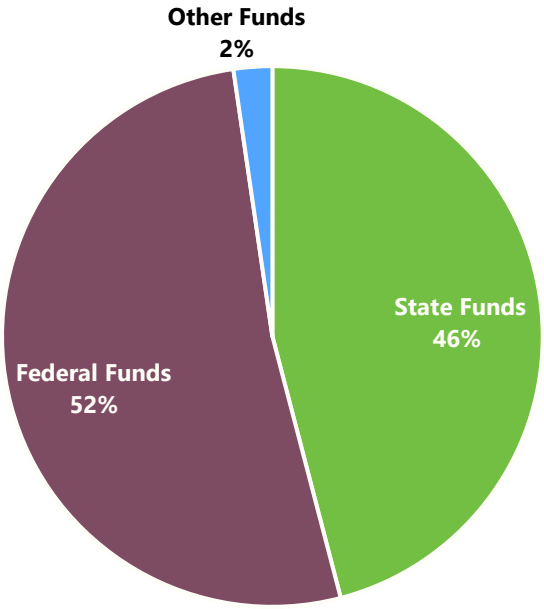
Department of Public Health	Public Health Districts (18)	County Boards of Health (159)
• State funds (general funds and tobacco settlement funds) • Federal funds • Other funds	• State funds	• State funds • Federal funds • County funds • Fees for services and health insurance • Donations, contracts, grants from private organizations

Source: Bell, W. (2025, August 20). Department of Public Health and County Health Department Budget and Finance Overview [PowerPoint slides]. Georgia Department of Public Health. https://youtu.be/nI9fOeNpd-A?t=902

FACT: Overall, about half of the Department of Public Health's funding comes from federal sources.

The largest single federal funding source for Department of Public Health comes from the U.S. Department of Agriculture for the Women, Infants, Children (WIC) program, which provides pregnant and postpartum individuals and children under age five with healthy food, nutrition information, breastfeeding support and other services. Other federal funds come from the Department of Health and Human Services and play an outsized role in supporting infant and child health programs, emergency preparedness, epidemiology and infectious disease control.

Department of Public Health Funding Sources, FY 2027

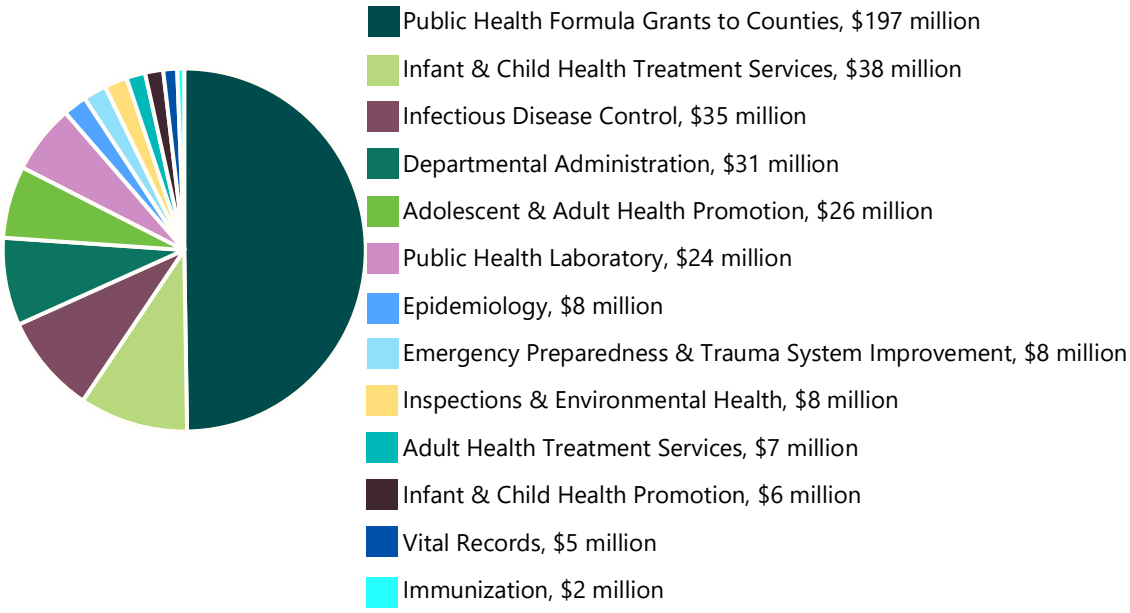


Source: Governor's Office of Planning and Budget, Budget in Brief, AFY 2026 and FY2027

FACT: About half of the Department of Public Health's state funds are distributed to the 159 county boards of health through grant-in-aid.

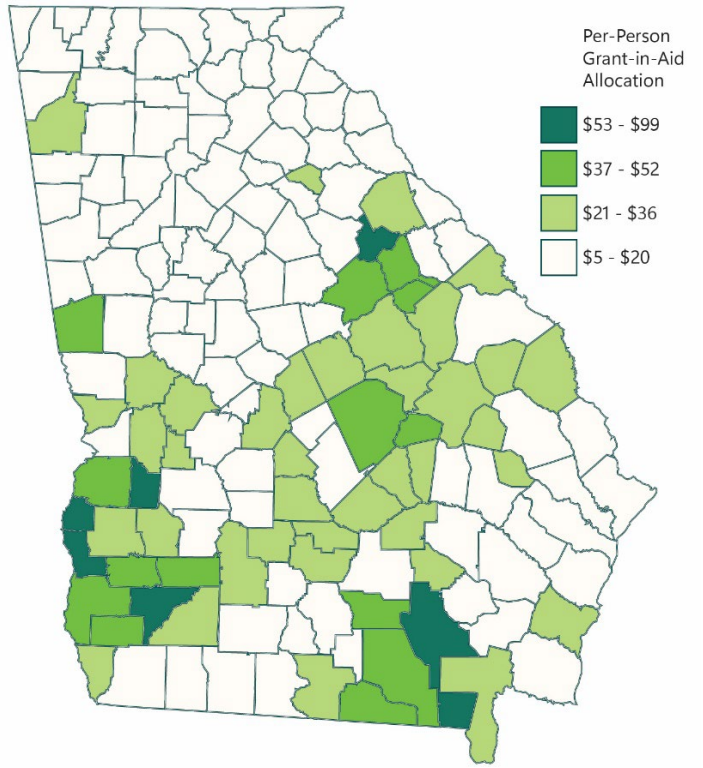
Each county board of health receives both general grant-in-aid, which tends to be more flexible and is derived from state funding, and programmatic grant-in-aid, which is often program-specific and mostly derived from federal funding. The state's general grant-in-aid to each county board of health includes a base allocation, which takes into account that county's share of the state's population and tax base. Based on the 2010 Georgia Public Health Funding Formula Advisory Committee's recommendation, the General Assembly adjusted the general grant-in-aid formula to take into account each county's poverty level. Poverty is widely recognized as a primary driver of worse health outcomes and shorter life spans. Counties also receive programmatic grant-in-aid, which is primarily federal funding being passed through to the county board of health by the state to support specific programs like federally funded HIV prevention and treatment services. However, programmatic grant-in-aid can also include state funding for special initiatives like the perinatal home visiting program.

Total State Public Health Funding by Line Item, FY 2027*



**Excludes attached agencies*
Source: Governor's Office of Planning and Budget, Budget in Brief, AFY2026 and FY2027

Per-Person General Grant-In-Aid by County, FY 2027



Source: GBPI analysis of FY 2027 General Grant-in-Aid Allocation and US Census Bureau 2026 County Population Projection Data

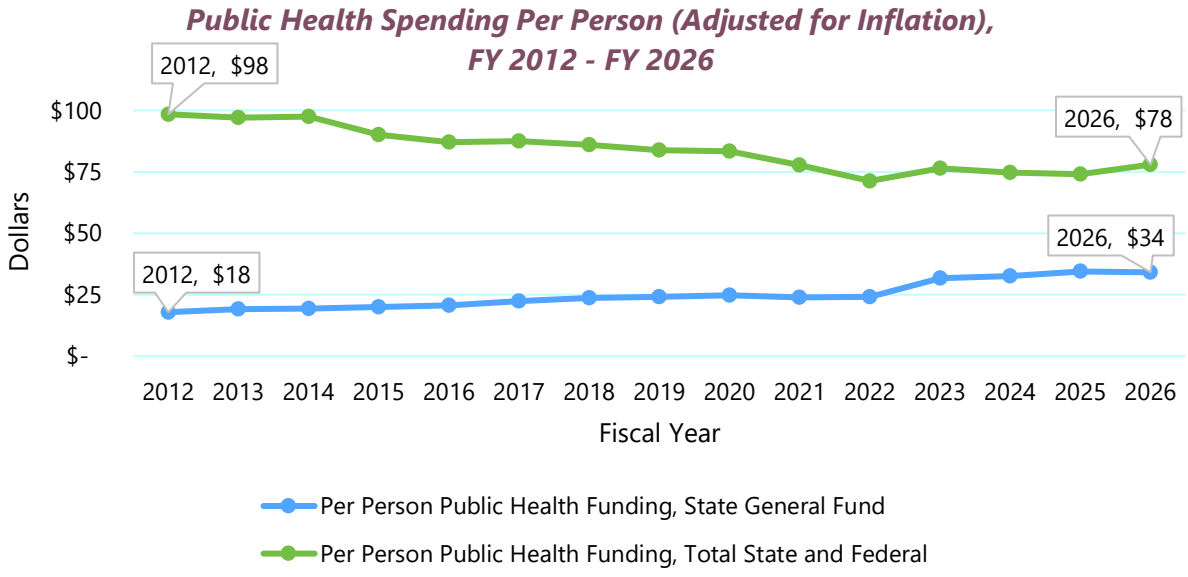
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FACT: County boards of health also receive county funds and fees for services.

The county contribution ('participating funds') is based on a formula last updated in the 1970s that was calculated by the state using population and tax digest data. The county must provide these funds to receive the general grant-in-aid from the state. In addition to the 'participating funds,' the county must provide adequate facilities for the health department's operations, which can include funding to support expenditures for rent, repairs and maintenance. County boards of health also collect fees for services. Fees vary widely by county health department but might include environmental health service fees (e.g., fees paid by a restaurant or tattoo parlor for inspection), Medicaid/Medicare or other health insurance reimbursement and sliding scale fees for certain health services.

FACT: Georgia's total per person public health funding has decreased over time.

Compared to total per person funding in other states, Georgia is in the bottom half of states with available information. State general fund appropriations for public health have increased from about $18 per person in FY 2012 to about $34 in FY 2026. The biggest year-to-year jump in state general funds per person funding occurred in FY 2023. This increase is primarily accounted for by salary increases for some job categories, including public health nurses, epidemiologists and environmental health specialists, as well as cost-of-living increases for all full-time staff. Despite this modest increase in state general funds, total per person public health funding (combined state and federal funding) has decreased since FY 2012 from $98 per person to $78 per person in FY 2026.



Source: GBPI analysis of Governor's Office of Planning and Budget's Budget in Briefs FY 2012 – FY 2026; US Census Bureau's American Community Survey Population Total 5-Year Estimates; Governor's Office of Plan and Budget's 2026 Population Projections

For more information on Georgia's state and local public health funding, you can view this video presentation from Department of Public Health leadership at the 2025 House Study Committee on Evaluating Funding for Public Health.