

## **Policy Memo: Increasing Funding for the Georgia Department of Public Health (FY 2027)**

To: Governor Brian P. Kemp

From: Allison Bliss

Date: September 22, 2025

Re: Increasing Funding for the Georgia Department of Public Health in FY 2027

### **Problem Statement**

The Covid-19 pandemic unveiled a consistent decline in public health infrastructure and a population-wide deprivation of health care needs. Can Georgia achieve better health outcomes, reduce preventable medical costs, and strengthen resilience against public health emergencies by increasing funding for the Department of Public Health (DPH) in the FY 2027 budget?

### **Background**

Georgia's DPH is tasked with providing essential services including immunizations, infectious disease monitoring, maternal and child health programs, environmental inspections, and emergency preparedness. However, funding for DPH has not kept pace with population growth, inflation, or increasing public health demands.

The Georgia population has consistently grown from FY 2012 to FY 2024, with a nearly 13% increase in residents (Macrotrends, 2025). However, per-person public health funding has declined from about \$92 in FY 2012 to about \$70 in FY 2024 (Georgia Budget and Policy Institute, 2024). Your proposed budget for FY 2026 included a modest increase of approximately \$3.8 million for DPH, which represented less than a 1% growth in state general fund allocations (GBPI, 2024). This minimal change does not account for the advancing health needs in Georgia, which is ranked 37th nationally for healthcare (GPBI, 2024). The 1% increase in funding also

does not adequately reflect the rate of inflation in Georgia, which has been excessively high in 2025. The July 2025 inflation rate at 4.3% was the highest since March 2023 (Trading Economics, 2025). Public health should not be the sector that receives budget cuts amidst inflation, as the health of the population is in need of prioritization and resources more than ever.

This issue is especially critical for Georgia's rural and underserved populations, who face fewer healthcare resources and higher risks of poor outcomes. These populations have higher public health demands that must be met to improve overall health. Strengthening DPH ensures equitable access to preventive health and builds capacity to respond effectively to future emergencies. Georgia was criticized for its response to Covid-19, as it had one of the highest rates of cases and deaths, which has been attributed to a lack of emergency response infrastructure and healthcare personnel (Johns Hopkins, 2022). The consequences of underfunding are substantial. Georgia's public health community has warned of significant fallout from potential federal funding cuts, leaving the state more vulnerable to outbreaks and health crises (Georgia Public Broadcasting, 2025). Underfunding results in underpreparedness for emergency response, disease outbreaks, and a lack of research; all are critical to improving health in Georgia. National research further shows that investments in public health yield positive returns (Pew, 2025). One study synthesized national data to conclude every \$1 invested in public health saves \$14 (Pew, 2025). Preventive investments also reduce Medicaid expenditures and hospitalizations, yielding long-term fiscal benefits (KFF, 2017). With Georgia's current position as a poorly performing state in terms of healthcare, prioritizing prevention will lead to a long-term improvement in the population's health.

## **Landscape**

You have demonstrated support for targeted investments in health, such as expanding maternal health home visit programs and perinatal care centers. Your passing of multiple bills this year focused on maternal health demonstrate your support of healthcare reform and improvement in Georgia (Office of the Governor, 2025). Your broader stance emphasizes fiscal prudence and efficient use of taxpayer dollars, focusing on healthcare access and affordability (Office of the Governor, 2024). These are promises you have made as Governor, and your authority in the budgetmaking process should further these notions. The annual budget proposal is a prime opportunity to make direct legislative action to increase DPH funding.

Any policy recommendation must be both cost-conscious and outcome-driven. Adjustments in funding will impact the stakeholders such as investors, corporations, departments as well as the citizens benefitting from an increase of funding for care. Additionally, there is an intersection between economic and political stakeholders. Public health in the U.S. is mostly left to the states, so government financial contribution is critical. In Georgia, less than half of DPH funding comes from the state budget, and 50% comes from federal budgeting. The FY 2025 state budget allocates over \$30 million of its funding to initiatives separate from general funding. Federal partners are volatile for the DPH, and the state has legal obligations for vital records, inspections, and compliance with federal grant requirements. Outcome-driven healthcare reform maximize efficiency by reducing long-term costs and balancing public health investments with other priorities such as education and infrastructure.

This issue also involves the practical stakeholders within the public sector, especially in county health departments, which carry out much of the day-to-day work but often lack staff and resources. To modernize public health delivery, investments in workforce, laboratories, and data systems are essential. Georgia's public health professionals—including healthcare providers,

scientists, and community health workers—should have the tools they need to succeed, particularly because the costs of prevention failures fall heavily on them and the communities they serve. Much like your leadership in expanding maternal health and healthcare access, these priorities need to be expanded to the entire field to improve all health outcomes. The primary goal of public health is to improve the wellbeing of the public, which includes all citizens. Perhaps the most crucial stakeholder is the citizens of Georgia, particularly in rural and underserved communities. Preventative action with the wellbeing of citizens in mind is designed to yield positive results. By increasing funding, the state can strengthen public health systems, protect the wellbeing of all Georgians, and deliver long-term results that align with the shared goal of healthier communities.

### **Policy Options**

I have developed four policy recommendation options for consideration that would responsibly and effectively increase funding in the Georgia DPH. Each policy considers the key factors and stakeholders. The first option is an incremental increase in state general funding. This would allow a gradual increase rather than a jump in funding that disrupts other government operations. The pros are this option is modest, politically feasible, demonstrates fiscal responsibility, and improves the capacity of preventative services. The downsides that should be considered are this option has a limited scope and it may not fully address infrastructure and workforce shortages. The developmental need in the DPH will require a considerable increase in funding, and notable changes may not occur for several years. The second option I prepared is reallocation of healthcare spending toward prevention. This option would emphasize prevention that yields long-term savings. Prevention in healthcare results in lower rates of hospitalizations and better health outcomes. Having a strong infrastructure of prevention also prepares the state

for emergency situations. However, this option includes the risk of reducing other healthcare programs, and this may be a politically sensitive reallocation. The third option is to tie funding increases to performance metrics. This is also known as Performance Based Funding (PBF), which has the primary purpose of only allocating more money as notable change is recognized in the DPH. This option ensures accountability, aligns with your fiscal conservatism, and builds public trust. The cons are this option requires robust oversight and has potential administrative burden. Additionally, this option may be hard to measure as some initiatives will naturally take time to yield results. Finally, the fourth option is to expand public-private partnerships and matching funds. This option leverages additional resources and builds local buy-in. This would reduce the need for direct state funding and relies on strengthening relationships with investors and corporations. However, there is risk of uneven benefits across regions and this option requires complex coordination.

### **Recommendation**

Of the aforementioned options, I highly encourage the option for an incremental increase in Georgia's general funding for the DPH. This option directly addresses the structural underfunding of DPH while maintaining fiscal responsibility. A 7–10% increase in state general funds would allow targeted investments in maternal health programs, immunizations, rural workforce development, and infectious disease surveillance. While there is no perfect recommendation for a change in State policy, this option will have the most effective impact on Georgia's public health with realistic change and support from the public. An incremental funding approach demonstrates the returns on investment and that each dollar going into public health investments outputs a beneficial impact. Further, incremental increase in the long-term creates a lasting system of improvements that are not abrupt to the overall state budget, showing

Georgia can be successful with an increase in spending. Unlike one-time surpluses, incremental increases provide a sustainable path for long-term improvements. Reallocation risks harming other health programs, while performance-tied increases and partnerships are valuable but insufficient alone. Public-private partnerships have the risk of being unreliable and unsustainable. To counter the risk that incremental increases may be absorbed by inflation, new allocations should be earmarked for specific programs with measurable outcomes. For instance, some of the funding that will come from the increase can be directed to ward your maternal health initiatives. With incremental increase of funding, the outcomes will be able to be followed and measured for change. Transparent reporting will further ensure that taxpayer dollars are spent effectively and visibly improve the health of Georgians. Executive approval on this matter can jumpstart action and influence policymakers in the legislature. Your contribution to this matter will spark positive change to the DPH during a time of instability and inefficiency.

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