



Thank you for investing in public health!

- ✓ \$5,000 pay raises for public health workers
- ✓ 12-month postpartum Medicaid extension

Public Health in Georgia: Then vs. Now

Then: Georgia was among the earliest states to champion public health.

In the 1930s, national leader in maternal and child health; among first states to decrease infant mortality¹ By the 1960s, at least one public health nurse in every county; home health agencies across the state; and prioritized funding for chronic disease prevention¹

Now: For 30 years, Georgia has consistently ranked among the bottom ten states for health & well-being.² Despite living in a state that is recognized as a global hub of health care innovation, employment, and investment, many Georgians continue to experience severe health inequities.

Rural Georgians face difficulties accessing basic health care services.

Georgians of color have experienced higher COVID-19 infection rates, hospitalizations, and deaths, especially among those in Southwest Georgia.³

The Black infant mortality rate in Georgia is 2x the rate of white infants.³



References

Georgia Department of Public Health, 2006. *The History of Public Health Nursing in Georgia, 1898-2002.*

America's Health Rankings, 2021. *Georgia Summary 2021.*



A Call to Action for Strategic & Sustained Investment in Public Health

In part, Georgians experience some of the worst health outcomes in the nation because state and local public health systems are not equipped to support our health and well-being adequately. Georgia's public health agencies have faced stagnant or reduced state funding even as demand grows for local health services, emergency response, and health promotion programs.⁴

There is still work to do to ensure all Georgians have a healthy future. Restoring public health spending to pre-recession levels would advance the state closer to restoring Georgia's history of public health success.

Four Promising Opportunities

1. Expand successful or evidence-based pilot programs. In 2019, HB 290 created a three-year pilot program to provide HIV prevention medication called pre-exposure prophylaxis, or PrEP, to people in counties with an increased risk of contracting HIV due to a high rate of opioid use. The program will begin its third and final pilot year in 2022. Cost-effective investments to expand promising or evidence-based initiatives like the PrEP program would continue Georgia's progress to reduce the state's relatively high HIV rates and effectively address other chronic diseases.

2. Increase services for medically underserved communities. Georgia consistently ranks among the top 10 states with the highest maternal mortality rate. Black women are 3 to 4 times more likely to die from pregnancy-related complications than white women.⁵ Critical services to eliminate these disparities include the evidence-based home visiting program, which provides in-home services to parents and families in 25 high-need counties across Georgia. Extending this program to 23 additional counties would support healthy parenting and promote physical and early brain development in children with the greatest needs.⁶

3. Hire more local and state public health workers. Since the onset of COVID-19, Georgia's public health workers have taken on new responsibilities, been criticized for doing their jobs, and faced other difficulties at work. Lower wages and staff turnover hamper Georgia's ability to monitor COVID-19 and other emerging diseases while addressing ongoing health issues. Although the FY23 budget anticipates pay increases for public health workers, wages will still lag behind the private sector and public health workers in other states.⁷ Increasing pay to competitive levels and adding positions will ensure local and state public health agencies are adequately staffed to respond to the next public health emergency.

4. Modernizing public health data systems. The COVID-19 pandemic revealed gaps in the data systems that support and inform our public health system. The \$1.5 million investment to update the Georgia Immunization Registry (GRITS) is an important step in the state's data modernization efforts but is not sufficient on its own. Modern, adaptable, and secure data, surveillance, and analysis systems are imperative to detect new or growing health threats, better identify populations at increased risk for illness, and respond quickly with program interventions.

Together for a healthier, more secure Georgia

GEEARS: Georgia Early Education Alliance for Ready Students
Georgia Equality
Georgia Interfaith Public Policy Center
Georgians for a Healthy Future

Jewish Community Relations Council
National Council of Jewish Women, Atlanta Section
National Multiple Sclerosis Society
Voices for Georgia's Children