



North Dakota PHA Resolution to Strengthen Public Health in North Dakota

During the fall of 2020 North Dakota became the center of worldwide attention for the devastating effects of the COVID-19 pandemic on our state's residents associated with limited and delayed response measures.¹

Whereas the COVID-19 pandemic resulted in allocation of large amounts of funding for public health in North Dakota during the pandemic, it also revealed gaps and deficiencies in our nation's and our state's public health infrastructure including chronic lack of funding.^{2,3}

Whereas the COVID-19 pandemic has revealed the need for a larger and better prepared public health workforce.^{4,5}

Whereas misinformation campaigns have compromised the ability of the public to hear and understand a clear and accurate messages from local public health officials.⁶

Whereas COVID-19 revealed public misunderstandings about the science and the functions of public health, so that many people have challenged public health authority to implement mitigation measures, to their own demise, and were led to believe that public health violated their individual rights.^{7,8}

Whereas social discord as a response to public health agencies and state government actions mitigate the COVID-19 pandemic has violated the long-standing democratic tradition of the social contract.^{9,10}

Whereas in January 2022, 32% of state and local public health employees across the country reported that they are considering leaving their organization in the next year.¹¹

Whereas state and local public health professionals have experienced moral injury due to being slandered, maligned, and threatened, to the point that their sense of safety and mental health have been compromised, and 56% of public health workers surveyed across the country have reported at least one symptom of post-traumatic stress disorder.¹¹ Despite all of this, 94% of 45,000 surveyed public health workers believe their work is important and 93% are determined to do their best each day.¹²

Whereas public health emergencies are inevitable, and we will face other emergencies of a pandemic, environmental or other nature in the future, and actions by the North Dakota Legislative Assembly seek to limit the authority of public, this poses a significant risk to the health and well-being of North Dakota communities now and in the future.¹³

Whereas only 14% of surveyed local public health professionals nationwide have formal public health training, despite a 300% increase in public health graduates since 1992.¹⁴

Whereas in support of public health, Governor Burgum recognized Public Health Thank You Day and National Public Health Week in 2021 and 2022, respectively.

Therefore be it resolved that the North Dakota Public Health Association stands in support of the profession of public health in North Dakota, and recommends the following actions be taken to strengthen public health in North Dakota and across the country:

- For the governor of North Dakota to recognize National Public Health Week (early April each year) and Public Health Thank You Day (November 22 of each year), with official proclamations demonstrating strong support for the work of public health in North Dakota and for the persons who are devoting their lives to work in public health.
- That the state legislature enact legislation that protects the public's health, supports the public health workforce, and stops the roll-back in public health authority that was enacted in the 2021 legislative session.
- That a North Dakota Public Health Workforce Loan Repayment Program be established for individuals who have earned a Master of Public Health degree from one of North Dakota's accredited public health programs, are Certified in Public Health, and have a practice location.
- That the Public Health Code of Ethics be required reading of all state and local public health employees and public health boards, with one hour of time devoted to discussing the code.¹⁵

References Cited

1. Epp DA, Thomas HF. When Bad News Becomes Routine: Slowly-Developing Problems Moderate Government Responsiveness. *Political Research Quarterly*. 2022;10659129211070306. doi:10.1177/10659129211070306
2. Alfonso YN, Leider JP, Resnick B, McCullough JM, Bishai D. US Public Health Neglected: Flat Or Declining Spending Left States Ill Equipped To Respond To COVID-19. *Health Affairs*. 2021/04/01 2021;40(4):664-671. doi:10.1377/hlthaff.2020.01084
3. Maani N, Galea S. COVID-19 and underinvestment in the public health infrastructure of the United States. *Milbank Quarterly*. 2020;98doi:DOI: 10.1111/1468-0009.12463
4. Galea S, Vaughan R. Preparing the Public Health Workforce for the Post-COVID-19 Era. *American Journal of Public Health*. 2021/03/01 2021;111(3):350-352. doi:10.2105/AJPH.2020.306110
5. Nowroozpoor A, Choo EK, Faust JS. Why the United States failed to contain COVID-19. *Journal of the American College of Emergency Physicians open*. 2020;1(4):686-688. doi:10.1002/emp2.12155
6. The Lancet. COVID-19: fighting panic with information. *The Lancet*. 2020/02/22/ 2020;395(10224):537. doi:[https://doi.org/10.1016/S0140-6736\(20\)30379-2](https://doi.org/10.1016/S0140-6736(20)30379-2)
7. Parmet WE, Paul J. COVID-19: The First Posttruth Pandemic. *American Journal of Public Health*. 2020/07/01 2020;110(7):945-946. doi:10.2105/AJPH.2020.305721
8. Pomeranz JL, Schwid AR. Governmental actions to address COVID-19 misinformation. *Journal of Public Health Policy*. 2021/06/01 2021;42(2):201-210. doi:10.1057/s41271-020-00270-x
9. The Lancet. COVID-19: remaking the social contract. *Lancet (London, England)*. 2020;395(10234):1401-1401. doi:10.1016/S0140-6736(20)30983-1
10. Strand M. COVID-19 and the Social Contract. *LinkedIn Article* blog. September 2, 2021. https://www.linkedin.com/feed/update/urn:li:ugcPost:6839238094068162560?updateEntityUrn=urn%3Ali%3Afs_updateV2%3A%28urn%3Ali%3AugcPost%3A6839238094068162560%2CFFED_DETAIL%2CEMP TY%2CDEFAULT%2Cfalse%29
11. The de Beaumont Foundation. *Rising Stress and Burnout in Public Health: Results of a National Survey of the Public Health Workforce*. 2022.

12. Smith C. Public Health Employee Survey Reveals Workforce Crisis. *Governing: The future of states and localities*. March 30, 2022. April 22, 2022, <https://www.governing.com/now/public-health-employee-survey-reveals-a-workforce-crisis>
13. Weber L, Barry-Jester A. Over half of states have rolled back public health powers in pandemic. *Kaiser Health News*. September 15, 2021. April 22, 2022, <https://khn.org/news/article/over-half-of-states-have-rolled-back-public-health-powers-in-pandemic/>
14. The de Beaumont Foundation. *Public Health Workforce Interests and Needs Survey*. 2017. <https://debeaumont.org/wp-content/uploads/2019/04/PH-WINS-2017.pdf>
15. Thomas JC, Sage M, Dillenberg J, Guillory VJ. A Code of Ethics for Public Health. *American Journal of Public Health*. 2002/07/01 2002;92(7):1057-1059. doi:10.2105/AJPH.92.7.1057