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 funding2,3;

Whereas the COVID-19 pandemic has revealed the need for a larger and better prepared public health workforce4,5;

Whereas misinformation campaigns have compromised the ability of the public to hear and understand clear and accurate messages from local public health officials6;

Whereas COVID-19 revealed public misunderstandings about the science and the functions of public health, so that some people challenged public health authority to implement mitigation measures based on misunderstandings7,8;

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 contract9,10;

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 year11;

Whereas state and local public health professionals have experienced harm to their sense of safety and mental health due to being slandered, maligned, and threatened, with 56% of public health workers surveyed across the country having 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 day12;

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 future13;

Whereas the local, state, and tribal response to public health emergencies can be more effective when factors that disparately effect one group compared to another (e.g., preexisting health conditions, economic conditions) are identified and responses take resulting barriers into consideration.
Whereas Standard 8.2 in the Public Health Accreditation Board standards requires that the local public health unit seeking accreditation demonstrate their commitment to “Build a competent public health workforce and leadership that practices cultural humility,” and that this standard requires evidence of an “Individualized professional development plans for nonmanagerial staff and progress toward completion,” including such examples as education assistance, continuing education, certification in public health and others.\(^\text{14}\);

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.\(^\text{15}\);

Whereas the health of all North Dakotans requires close collaboration between public health agencies (state and local) and sovereign tribal nations in North Dakota; and

Whereas in support of public health, Governor Burgum recognized Public Health Thank You Day and National Public Health Week in 2021 and 2022, respectively; now, and therefore, be it

Resolved, that the North Dakota Public Health Association, on behalf of its members:

1. 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;

2. for the governor of North Dakota to recognize National Public Health Week (early April each year), recognize Indigenous Public Health Day (April 4), and Public Health Thank You Day (Monday before Thanksgiving), 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;

3. 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;

4. that a North Dakota Public Health Workforce Loan Repayment Program be established for individuals who have earned a Masters, or Doctorate, in Public Health degree from one of North Dakota’s accredited public health programs, are Certified in Public Health, and have a practice location in a North Dakota local or state public health organization; and

5. that the Public Health Code of Ethics be required reading of all full-time state and local public health employees and public health board members, with occasional opportunities to discuss the code and align one’s public health responsibilities with the code of ethics.\(^\text{16}\)
References