

RESOLUTION ICDP 2023-5

Reference Category

<input checked="" type="checkbox"/> Local Issues	<input type="checkbox"/> Economy	<input checked="" type="checkbox"/> Human Rights/Social Welfare
<input type="checkbox"/> Party Issue	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Cities, Counties & State
<input type="checkbox"/> State Platform	<input checked="" type="checkbox"/> Public Protection	<input type="checkbox"/> Natural Resource & Energy
<input type="checkbox"/> Testimonial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Foreign Policy & Defense
<input type="checkbox"/> Administrative Action		<input type="checkbox"/> Other

TITLE OF RESOLUTION: County, District & Regional Boards of Health – Membership, Eligibility and Credentials

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Adopted and Submitted by the Iosco County Democratic Party in Partnership with the Michigan Democratic Party Rural Caucus: 224 Newman St, East Tawas, MI 48730
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WHEREAS: The State of Michigan has long advocated public health measures and supported reasonable, science-based laws, rules and public health codes (Ref 1), and

WHEREAS: Recent, ongoing and serious pandemic, substance abuse and mental health problems, for example, have highlighted the need to support said public health efforts, public health professionals and public health departments in Michigan, and

WHEREAS: Many of the above-described public health departments and professionals have come under unjust criticism for doing (their) the jobs required of them by public health law and science-based recommendations, (Ref 4) and

WHEREAS: Rural Counties in Michigan have witnessed the abuse, threats, intimidation and loss of critical health care and public health professionals because the local board of health has been politicized, (Ref 4) and

WHEREAS: Many Rural Health Departments are regional in nature and are overseeing several (2 or more) lower, non-urban population counties, and are overseen only by elected and partisan officials (County Boards of Commissioners) who lack any public health and or medical expertise, and

WHEREAS: Some states - Indiana, for example - forbid boards of health from being dominated by members of only one political party (Ref 2), and

WHEREAS: Many states – Ohio, Iowa, Wisconsin, Georgia, Massachusetts, and Colorado, for example – clearly establish eligibility to serve on a local board of health on the basis of professional training and licensing, established technical ability, and comprehension of the mission of the field of public health, (Ref 3) and

WHEREAS: Michigan's Public Health Code fails to clearly define appropriate eligibility, credentials, or competencies to serve the public health as a member of the local board of health, and

WHEREAS: The lack of clearly defined competencies and credentials for local board of health members in Michigan puts communities at risk from communicable diseases, environmental toxins, and violations of water, sanitation and other technical applications of public health science and law, and

WHEREAS: Politicization of local boards of health is a preventable threat to the fundamental charge of government to protect the people.

NOW THEREFORE BE IT RESOLVED: The relevant elements of the Michigan Public Health Code (1978) be amended to include clear requirements, expectations, competencies, credentials and other elements of eligibility to serve as a member of a local board of health that meet criteria of scientific, best-practices of the field of public health

Ref 1 Michigan Public Health Code (Excerpt) Act 368 of 1978 - Part 24 Local Health Departments

Ref 2: Indiana IC 16-20-2-4Composition of board

Sec. 4. A local board of health is composed of seven (7) members, not more than four (4) of whom may be from the same political party.

[Pre-1993 Recodification Citation: 16-1-3.8-3.] *As added by P.L.2-1993, SEC.3.*

Ref 3:

https://www.r4phtc.org/wp-content/uploads/2016/03/BOH_Roles-and-Responsibilities-of-BOH-Members.pdf

<https://www.dhs.wisconsin.gov/lh-depts/rolesresponsibilitiespublichealth.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1276331/>

<https://www.in.gov/health/health-and-human-services/local-health-department-outreach-division/lhd-indiana-code/>

[Massachusetts - Manual of Laws and Regulations Related to Boards of Health](#)

<https://www.legis.iowa.gov/docs/code/137.105.pdf>

<https://www.grundycountyil.gov/health/board-of-health/>

<https://cdphe.colorado.gov/about-the-board-of-health>

Ref 4:

Halverson, Paul K., Valerie A. Yeager, Nir Menachemi, Michael R. Fraser and Lori T. Freeman. 2021. "Public Health Officials and COVID-19: Leadership, Politics and the Pandemic." *Journal of Public Health Management and Practice* 27: Supplement 1. doi:10.1097/PHH.0000000000001281

Kapadia, Farzana. 2022. "Violence and the COVID-19 Pandemic: A Public Health of Consequence." *American Journal of Public Health* 112:5 706-7808.

Lopez, Taylarr. 2020. "Building Local Health Department COVID-19 Emergency and Risk Communications Capacity." *Journal of Public Health Management Practice* 26:4 384-386.

Sehgal, Neil J., Neil Jay Sehgal, Dahai Yue, Elle Pope, Ren Hao Wang and Dylan H. Roby. 2022. "The Association Between COVID-19 Mortality and the County-Level Partisan Divide in the United States." *Health Affairs* 41:6. <https://doi.org/10.1377/hlthaff.2022.00085>

Stone, Kahler W., Kristina W. Kintziger, Meredith A. Jagger and Jennifer A. Horney. 2021. "Public Health Workforce Burnout in the COVID-19 Response in the US." *International Journal of Environmental Research and Public Health* 18:8 4369–4084. <https://pubmed.ncbi.nlm.nih.gov/33924084/>

Ward, Julie A., Elizabeth M. Stone, Paulani Mui, and Beth Resnick. 2022. "Pandemic-Related Workplace Violence and Its Impact on Public Health Officials, March 2020–January 2021." *American Journal of Public Health* 112:5 736–746. <https://jhu.pure.elsevier.com/en/publications/pandemic-related-workplace-violence-and-its-impact-on-public-heal>

Yeager, Valerie A. 2022. "The politicization of the public health and the impact on health officials and the workforce: Charting a path forward." *American Journal of Public Health* 122:5. 2022. 734-735.

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