Logo

Description automatically generated with medium confidence Text

Description automatically generated

# Public health leader orientation and resource guide

A strong and vibrant state and local public health system requires strong and vibrant leadership at the local and state level. The Local Public Health Association of Minnesota (LPHA) and the Minnesota Department of Health (MDH) created this guide to support the growth of strong and vibrant public health leaders.

## Goals of this orientation and resource guide

1. Support and mentor the new local public health leader
2. Develop leadership capacity in local public health departments
3. Assure a competent public health work force at the local level
4. Provide easy access to current and pertinent resources
5. Facilitate a process driven by the new leader

## Objectives of this orientation and resource guide

By participating in the orientation process the new leader will be able to:

1. detail the foundations of Minnesota public health, including public health principles, ten essential services, population-based practice, and the Local Public Health Act (Minn. Stat. § 145A);
2. describe the knowledge base and skill set needed to effectively direct a public health department related to public health, business, leadership, and management; and
3. access information, support, and technical assistance to address job challenges.

## Suggested process for orientation

MDH public health system consultants from the Center for Public Health Practice initiate the orientation process with the new public health leader. However, all LPHA members and MDH staff share responsibility in providing a welcoming, mentoring and learning environment for new leaders.

The orientation process occurs over a period of one year. The MDH public health system consultant tailors the orientation to each new public health leader. Similar knowledge is important for each new leader, but the depth of knowledge required may vary. Geography and health department structure also affects orientation content areas.

The MDH public health system consultant meets with the new leader and introduces a self-assessment tool which identifies priority topics and plays an important part in the sequencing of the orientation process. The tailored process allows for attention to issues that arise during the orientation process that demand more immediate support.

At the conclusion of the orientation process the MDH public health system consultant and new leader review the self-assessment tool to identify any need(s) for additional resources.

The orientation process uses the following methodologies:

* One-on-one meetings with the MDH public health system consultant
* Travel time discussion and networking with neighboring directors
* Regional meetings
* Conferences/training opportunities
* Conference calls and webinars
* Virtual interaction with experienced public health leaders, and
* Self-study

Additional orientation opportunities include:

* Mentorship, arranged by the MDH public health system consultant and LPHA Membership Committee upon request of the new leader
* Attending and engaging with LPHA regional, statewide, and standing committee meetings
* Attending State Community Health Services Advisory Committee (SCHSAC) quarterly meetings
* Attending the annual Community Health Services Conference
* Shadowing a multi-county community health board (if appropriate) and/or cross jurisdictional initiatives that focus on program management, program development, and systems (state and local partnership) issues
* New public health leader cohort

## New public health leader cohort

The new public health leader cohort is a joint effort of LPHA and MDH, and includes:

* Six monthly webinars, offered every two years
* Presentations and discussions on leadership and management topics
* Learning and networking opportunities between new and seasoned public health leaders

This cohort is aimed at community health services (CHS) administrators, public health directors, and public health managers who have been in their positions three (3) years or less. All public health leaders are welcome to attend any or all sessions.

## Community health services administration handbook

MDH revised the [Community health services administration handbook (https://www.health.state.mn.us/communities/practice/resources/chsadmin/index.html)](https://www.health.state.mn.us/communities/practice/resources/chsadmin/index.html) in 2014. It provides context for issues frequently encountered by CHS administrators in Minnesota, but is an excellent resource for all public health leaders.

## About this guide

In 2004, LPHA and the MDH Center for Public Health Practice created the Public Health Leader Orientation and Resource Guide. Every three years, MDH public health system consultants, in conjunction with the LPHA Membership Committee, review and update this guide. The next review will occur in fall 2025. MDH public health system consultants make minor revisions at their discretion in the interim.

## Help and assistance

For more information, contact your [public health system consultant (https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html)](https://www.health.state.mn.us/communities/practice/ta/systemconsultants/contact.html).

Minnesota Department of Health  
Center for Public Health Practice  
651-201-3880   
[health.ophp@state.mn.us](mailto:health.ophp@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us/)

Originally published 2004. Revised 2010, 2017, 2019, 2022.

To obtain this information in a different format, call: 651-201-3880.

# Self-assessment

Every person accepting a leadership position in a local public health department or community health service agency faces multiple opportunities and challenges. In addition, each person will have a varied background and level of knowledge regarding a range of topics important to their new leadership role.

This self-assessment tool will help identify priority areas to discuss with the MDH public health system consultant and/or the LPHA mentor during the orientation process. Complete this self-assessment, identifying specific questions you have about particular topic areas. Please consider sharing the completed self-assessment with your public health system consultant and mentor.

## 1. Introduction to public health

### A. History and basics of public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Ethics in public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Workforce of public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## II. Public health system

### A. Federal and state-level governmental public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Tribal public health at the federal and tribal nation level

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Minnesota Department of Health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. System of public health in Minnesota; a state-local partnership

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Local Public Health Act

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Areas of public health responsibility

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### G. Healthy People 2030 objectives

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### H. Regional consultants/coordinators and maps

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### I. Professional associations for public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## III. Legislative process

### A. Process of legislation

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Initiatives

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. State legislators

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Advocacy vs. lobbying

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Open Meeting Law

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## IV. Statutes and ordinances

### A. Local Public Health Act

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Disease prevention and control

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Data practices and HIPAA (Health Insurance Portability and Accountability Act)

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Records retention

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Nurse Practice Act

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Job safety

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### G. Public health nuisances

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### H. Clean Indoor Air Act

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### I. Clandestine drug labs

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### J. Naloxone access

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### K. Local ordinances

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### L. Developing local ordinances

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### M. Public health law

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## V. Management and budgets

### A. Budgeting and auditing specific to counties

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Fiscal management

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Billing

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Grants

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Reporting expenditures to the Minnesota Department of Health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Federal poverty guidelines

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## VI. Human resources

### A. Staff management

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Protected groups

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Employee Assistance Program (EAP)

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Labor negotiation and contracts

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Personnel policies

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Safety of personnel

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### G. Volunteer management

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## VII. Core functions of public health: Assessment, policy development, and assurance

### A. 10 essential services and public health core functions

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Community health assessment and planning

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Data

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Strategic planning

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Performance management and quality improvement (QI)

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Evidence-based practice

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### G. Accreditation for local and tribal public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### H. Statewide health assessment

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### I. Statewide health improvement framework

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## VIII. Health equity

### A. Health equity and health disparities

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Cultural competence

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Social determinants of health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## IX. Community engagement

### A. Importance of community engagement

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Networks, partnerships, and coalitions

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Facilitating meetings

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Robert's Rules of Order

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## X. Leadership skill development

### A. Style assessment for leadership

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Collaborative leadership

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Resources

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Self-care for public health practitioners

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Working with boards

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## XI. Organizational workforce development

### A. Workforce development, public health core competencies

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Communicating with staff

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Team-building

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Coaching and supervision

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Generational differences in the workplace

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## XII. Visibility of public health

### A. Branding, using a public health logo

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Building and maintaining public trust

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Orienting newly elected officials to public health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Media relations

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Social marketing

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Risk communication

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### G. Storytelling

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## XIII. Environmental health

### A. Delegation agreements

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Drinking water protection

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Licensing jurisdiction

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Food, pools, and lodging

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Food Safety Partnership

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Local partner resources

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### G. Manufactured home parks, recreational camping areas, youth camps

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### H. MDH contacts in environmental health

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### I. MDH Partnership and Workforce Development Unit

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### J. Climate change

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## XIV. Health informatics and health information technology

### A. Health informatics and information technology

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. e-health in Minnesota

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Omaha System

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## XV. Transforming the public health system

### A. Transforming the public health system in Minnesota

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Health in all policies

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Chief health strategist

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Cross-jurisdictional sharing

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

## XVI. Evolving and emerging issues

### A. Topics and issues

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### B. Mental health continuum

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### C. Suicide

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### D. Substance misuse

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### E. Role of public health after the COVID-19 pandemic

Superior  Adequate  Basic  Minimal  Poor

**Notes**:

### F. Language as a social determinant of health

Superior  Adequate  Basic  Minimal  Poor

**Notes**: