 

# 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).

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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**: