



Public Health Leadership Standards  
For 21<sup>st</sup> Century Missouri

**Situation**

Missouri state law lacks minimum qualifications for public health leadership at both the Missouri Department of Health and Senior Services and Missouri's 115 local public health agencies.

**Background**

The Institute of Medicine's (IOM) 2012 report *FOR THE PUBLIC'S HEALTH, Investing in a Healthier Future* states "...population-based prevention efforts are critical for improving population health and that the public health infrastructure of federal, state, and local health departments is qualified to implement or support such efforts"<sup>1</sup>

"Since the start of the New Millennium, "public health" has emerged from a behind-the-scenes discipline to a widely recognized leader of community and global initiatives. Concurrently, the healthcare delivery system has embraced "population health" as fundamental to achieving success in its traditional role of caring for individuals. These trends have challenged those leading both sectors and created a context that promotes innovations in collaboration."<sup>2</sup>

These collaborations have, "enabled public health to break out of the siloed role in which it had been typically viewed in the US to become interdisciplinary, inter-agency, and inter-organizational. For example, following 9/11, "preparedness" efforts integrated public health with military, fire, transportation, health care institutions, and social service organizations, among other entities. Well before Ebola, the global spread of diseases, such as SARS and HIV/AIDS, created awareness of international networks of public health organizations and the relationship of public health to other public and private sector organizations from transportation agencies to private employers.

In short, the sphere of "influence" for public health has broadened immeasurably, creating both the opportunity and the necessity for public health leaders to expand their relationships far beyond their traditional sphere of local and state health departments."<sup>3</sup>

**Ten Essential Public Health Services**

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure competent public and personal health care workforce.**
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Effective public health practice requires a well prepared, well trained multi-disciplinary workforce to deliver those services. The importance of a qualified workforce is acknowledged by leading national public health organizations including: Centers for Disease Control (CDC), The National Association of City and County Health Officials (NACCHO), American Public Health Association (APHA) and Public Health Accreditation Board (PHAB).

The public health workforce is responsible for delivering the *Ten Essential Services of Public Health*. The *Services* define the optimal public health practices that all public health departments should incorporate at the local, state and federal levels. Successful implementation of the standards requires collaboration between well-trained local and state public health leadership.

#### Eight domains of the Core Competencies

1. Analytic/assessment skills
2. Policy development/program planning skills
3. Communication skills
4. Cultural competency skills
5. Community dimensions of practice skills
6. Public health sciences skills
7. Financial planning and management skills
8. Leadership and systems thinking skills

The Public Health Foundation's *Core Competencies for Public Health Professionals* reflect foundational skills desirable for professionals engaged in the practice, education, and research of public health. These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals. *Core Competencies* outlines the skills that senior-level public health leaders must possess in tier 3 found at [http://www.phf.org/resourcestools/Documents/Core\\_Competencies\\_for\\_Public\\_Health\\_Professionals\\_2014June.pdf](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf)<sup>4</sup>. California, New York, Illinois, Wisconsin, and North Carolina have already established minimum requirements for public health leadership positions at state and local levels.

#### Assessment

“Public health is emerging as a trans-disciplinary field that integrates public health concepts and functions with healthcare delivery and clinical care of the individual. The health systems leaders of the future must have a vision that maximizes the contributions of public and individual health, as well as clinical and management approaches. Values that drive the passion to create and continuously improve the health of the nation must include the courage to push for change, an evidence-based approach to decision-making, and the skills to move political, organizational, and individual behavior.”<sup>5</sup>

The adoption of a minimum set of qualifications for public health leaders is essential for the advancement of population health in the State of Missouri. In order to advance preventive health initiatives and to ensure best practice programs, leaders need a common set of Core Competencies to guide their efforts. The adoption of these competencies provides professional and ethical guidance in a field that has become increasingly politically influenced.

#### Recommendations

The Missouri Center for Public Health Excellence (MOCPHE) recommends the following:

- A) Skills for both State and Local Leadership: Leaders must include working familiarity with public policy, strategic planning, information management, social media, managed care, cultural competence, and human resource management, among other topics. Also demonstrated

experience in communication with multiple audiences, employing new technologies, inter-organizational collaboration, networking abilities, advocacy, and change management is also necessary.

B) Missouri state law should be revised to include the following minimum qualifications for leaders in the Department of Health and Senior Services and local public health agencies:

**Director, Missouri Department of Health and Senior Services** shall at a minimum have:

- 1) an M.D./D.O. with an Masters in Public Health, (MPH) and 5 years of upper level public health management/leadership experience\*, **or**
- 2) a Dr.P.H. with a minimum of 10 years of public health experience **or**
- 3) a Ph.D in a health related field which may include nursing, public health, health policy, environmental health, community health, or health education and an MPH with a minimum of 10 years of public health management/leadership experience.

\* Public Health management/leadership experience must be in a local, state, or federal public health agency responsible for the entire population of a political jurisdiction.

**Administrator, Local Public Health Agency** shall at a minimum have the following education and experience:

- 1) A master's degree in public health from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency and two years of full-time administrative experience in public health; **or**
- 2) A graduate degree in a related field from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency, which may include but shall not be limited to a master's degree in public administration, nursing, environmental health, community health, health education, and two years of full-time administrative experience in public health; **or**
- 3) A bachelor's degree from a college or university accredited by the North Central Association or other regional, nationally-recognized accrediting agency, and four years of full-time administrative experience, of which at least two years must be in public health; **or**
- 4) An incumbent Public Health Administrator, or a person who is acting in the capacity of a public health administrator as of the effective date of this Part, shall be considered in compliance with the education and experience requirements.

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<sup>1</sup> IOM (Institute of Medicine). 2012. *For the Public's Health: Investing in a Healthier Future*. Washington DC: The National Academies Press

<sup>2</sup> Yphantides N, Escoboza S and Macchione N (2015) Leadership in public health: new competencies for the future. *Front. Public Health* 3:24. doi: 10.3389/fpubh.2015.00024

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<sup>3</sup> Yphantides N, Escoboza S and Macchione N (2015) Leadership in public health: new competencies for the future. *Front. Public Health* 3:24. doi: 10.3389/fpubh.2015.00024

<sup>4</sup> Public Health Leadership Society(2002). Principles of the Ethical Practice of Public Health, version 2.2. Available at <http://www.apha.org>

<sup>5</sup> Yphantides N, Escoboza S and Macchione N (2015) Leadership in public health: new competencies for the future. *Front. Public Health* 3:24. doi: 10.3389/fpubh.2015.00024