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Montana Public Health Workforce Assessment



Montana
Public Health
Training Center

Workforce Program

UNIVERSITY OF
MONTANA
SCHOOL OF PUBLIC AND
COMMUNITY HEALTH SCIENCES

Table of Contents

Executive Summary	4
Introduction	6
Background	6
Methodology	7
Survey Results	8
Health Department Representation.....	8
Demographics	9
Workforce Composition	11
Education	15
The Council on Linkages Core Competencies Self-Assessment	17
Eight Domains of Core Competencies	17
Three Tiers of Responsibility.....	18
Self-Assessment: Core Competency Domains.....	19
Self-Assessment: Results By Domain.....	19
Workforce Training Needs	31
Professional Development.....	31
Workplace Wellness	39
Summary of Key Findings	40
Recommendations	40

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- Montana Department of Health and Human Services (DPHHS) Public Health and Safety Division
- Montana Public Health Training Center
- University of Montana School of Public and Community Sciences

Montana Public Health Workforce Advisory Council

This assessment came to life thanks to the efforts of the Montana Public Health Workforce Advisory Council (Workforce Advisory Council). The mission of the Workforce Advisory Council is to collaborate with critical public health stakeholders around the state of Montana, meeting regularly to create a roadmap for a robust and resilient public health workforce while avoiding duplication of efforts.

The Workforce Advisory Council met regularly from June 2022 to May 2023. This group's dedication and commitment enabled a robust assessment with a strong response. Thank you to the following organizations and individuals who participated in the Workforce Advisory Council:

- Montana Public Health Workforce Program – Leigh Taggart
- Montana Public Health Training Center (MPHTC) – Emily Weiler and Niki Graham
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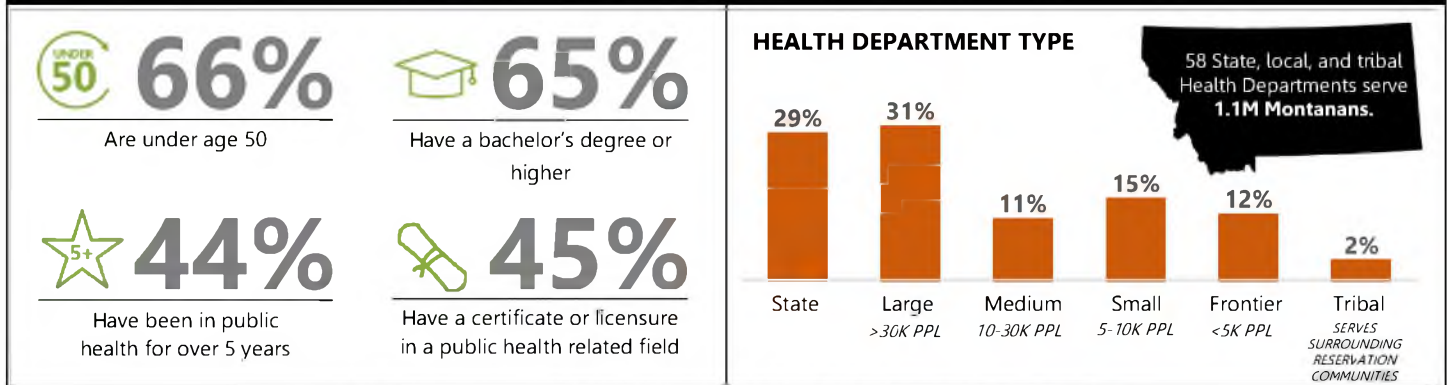
Questions and Comments

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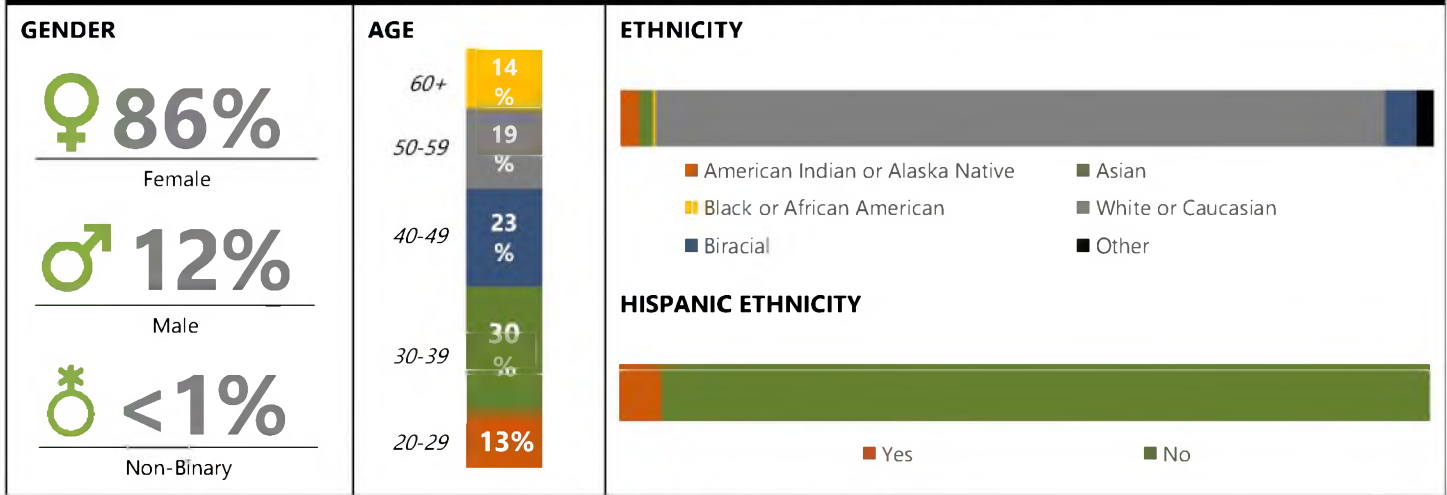
Executive Summary

Total Assessment Responses: 513 | Incomplete or Non-Consented Responses: 65 | **Total Responses Used for Data Analysis: 448**

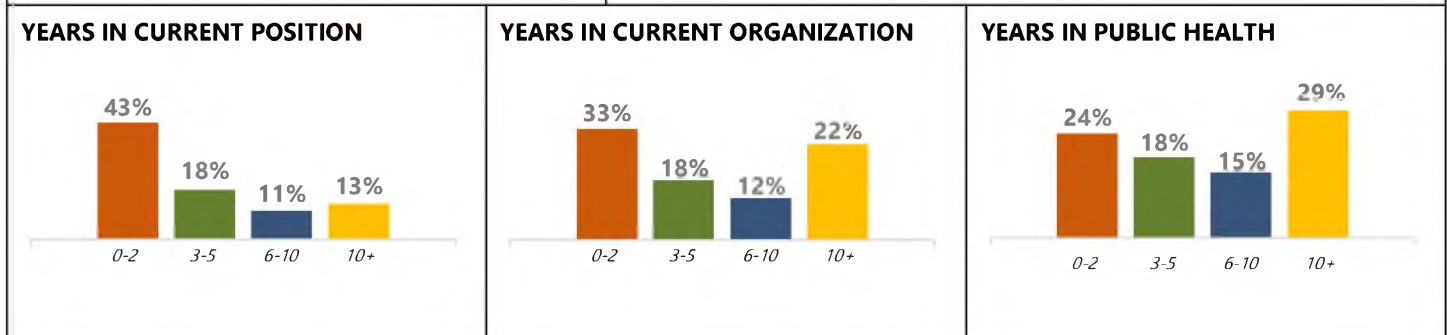
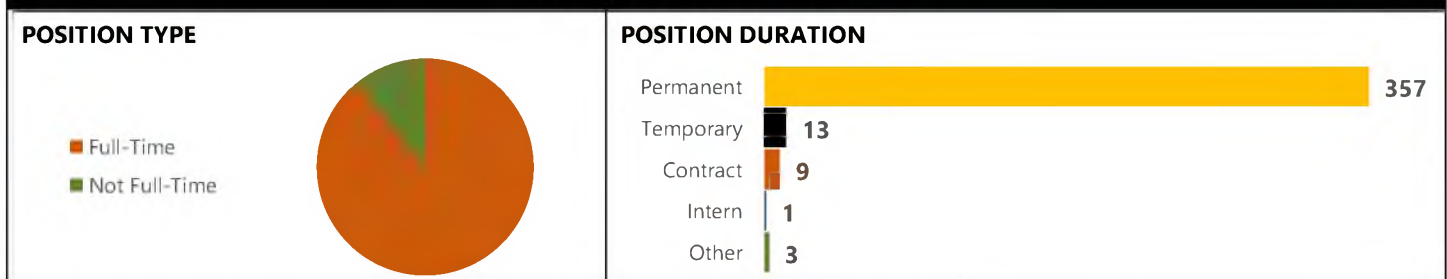
MONTANA PUBLIC HEALTH WORKFORCE SUMMARY



MONTANA PUBLIC HEALTH WORKFORCE DEMOGRAPHICS

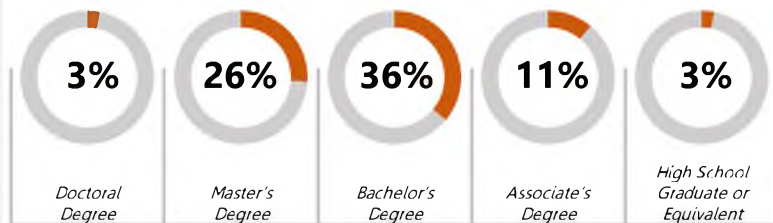


WORKFORCE COMPOSITION



EDUCATION

HIGHEST LEVEL OF EDUCATION

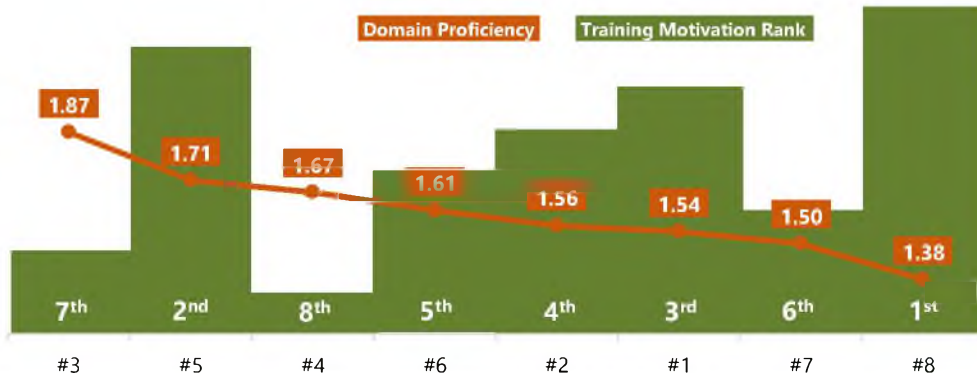


OF CERTIFICATES & LICENSES TOTAL = 203

Diabetes Education	Clinical Worker	Infection Control	Community Health Worker	Laboratory	Registered Dietitian	EMS	Health Education	Public Health	Breastfeeding / Lactation	Environmental Health /	Nurse	Other
1	1	3	4	5	6	6	9	18	21	30	49	50

WORKFORCE COMPETENCIES & TRAINING SUMMARY

DOMAIN PROFICIENCY & DOMAIN-RELATED TRAINING MOTIVATION



DOMAINS

- #1 Data Analytics
- #2 Policy Development & Program Planning
- #3 Communications
- #4 Health Equity
- #5 Community Partnership
- #6 Public Health Services
- #7 Management & Finance
- #8 Leadership & Systems Thinking

PROFESSIONAL DEVELOPMENT

ATTENDED TRAININGS

57%

Yes

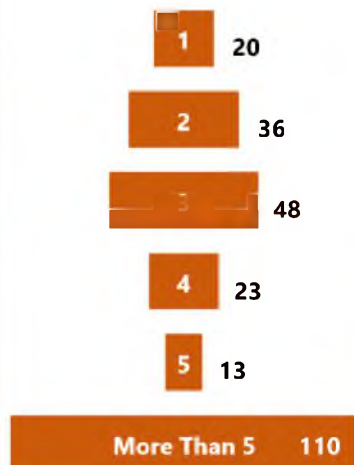
28%

No

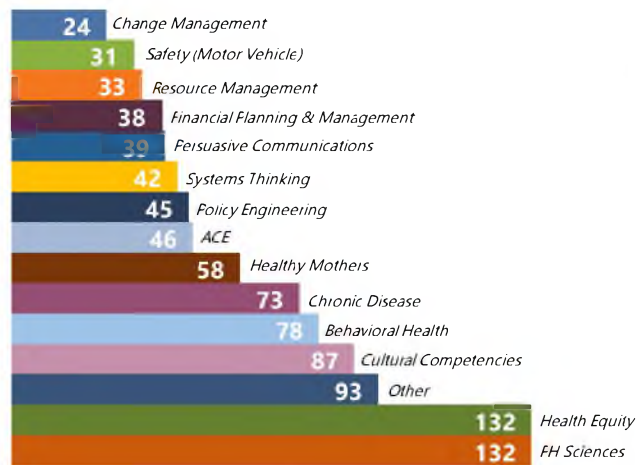
15%

Did Not Answer

OF TRAININGS ATTENDED

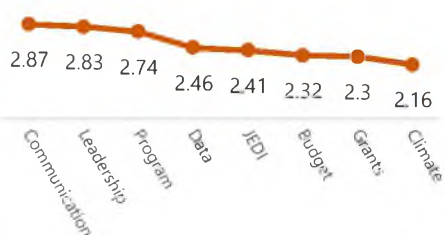


TRAINING AREAS (# ATTENDED IN LAST 2 YEARS)



LIKELIHOOD TO ATTEND TRAINING

(OTHER THAN DOMAINS)



RANKING OF TRAINING INCENTIVES

1. **During Work Hours**
2. **Pay Travel & Fees**
3. **Drawings**
4. On-Site Trainings
5. Recognition
6. In-Performance Reviews
7. Internal Training Staff
8. Other

RANKING OF TRAINING BARRIERS

1. **Unaware of Trainings**
2. **Cost**
3. **Travel**
4. Location
5. Topics Not Interesting
6. Family Obligations
7. Time of Year
8. No Backup
9. No Release Time
10. Technology

Introduction

A well-trained workforce is critical to addressing current and future public health (PH) needs. The PH response to the Covid-19 pandemic revealed gaps in services, knowledge, processes, and policies. And reports by national public health organizations indicate that workforce development needs to be a top priority¹. We must continue to identify strengths and explore areas of opportunity to drive positive long-term impacts on Montana's public health systems. This report identifies areas where staff must receive support through knowledge and skills to ensure a competent workforce in Montana.

Background

This assessment aimed to gather knowledge on the current state of the PH workforce in Montana by identifying strengths and growth areas. Our findings will be used to identify knowledge gaps and guide future training—ultimately informing local and state efforts.

In addition, this assessment provides data for public health workforce reporting, grant applications, workforce plans, and public health advocacy. Our goal is to ensure public health leaders and stakeholders better understand the demographic characteristics, knowledge gaps, and training needs of Montana's public health workforce—to then create road maps for succession planning, recruitment, and retention to ensure a robust workforce that meets the needs of our communities.

Finally, this assessment satisfies the public health department accreditation requirements outlined in the Public Health Accreditation Bureau (PHAB) and Pathways manuscript.² This report is a follow-up to the 2020-2021 Workforce Assessment.³ As such, this assessment followed the same outline and concepts to provide data comparable over time.

The following materials were referenced to guide our work on the assessment:

- [10 Essentials of PH](#)
- [Eight Foundational Public Health Services](#)
- [Public Health 3.0](#)
- [Council on Linkages 'Core Competencies for PH Professionals' \(2021\)](#)
- [PH WINS 2021 Public Health Interest and Needs Survey](#)
- [Adapting and Aligning Public Health Strategic Skills \(National Consortium for PH Workforce Development\)](#)
- [PHAB Accreditation Guides \(Pathways & Accreditations\)](#)
- [WF Assessment and Plan from 2020/2021](#)
- [CEPH Guidelines 2021](#)

¹ The National Network for Public Health Institutes and Texas Health Institute. November 2021. The Future of Public Health: A Synthesis Report for the Field.

² Public Health Accreditation Board (PHAB). 2022. Standards and Measures for Pathways Recognition, Version 2022. <https://phaboard.org/wp-content/uploads/PHAB-Standards-Measures-for-Pathways-Recognition.pdf>

³ Tobin, A. & Weiler, E. (2020). Montana Public Health Workforce Assessment. <https://www.umt.edu/mt-public-health-training/mt-ph-wf-report-full>

Methodology

The assessment included 70 questions that were split into four areas of concentration.

Area of Focus	# of Questions
Demographics	4 Questions
Self-Assessment from Council on Linkages Core Competencies	18 Questions
Workforce Characteristics: Employment Status, Experience, Roles/Education	32 Questions
Workforce Training Needs	16 Questions

The assessment was sent to 56 local health departments, eight tribal health departments, and DPHHS staff via email. A link to the assessment was also included in newsletters, Connected Community, and promoted on Facebook.

The assessment was built on the Qualtrics platform. Questions were input into Qualtrics between October 1 and November 1, 2022. A pilot test with 15 participants ran in early November. The assessment was officially open for responses from November 9 to December 21, 2022.

In total, there were 513 responses, representing 39 counties across Montana. There were 124 responses from DPHHS, 252 from 39 counties, and five from tribal health departments. There were 17 counties with zero participants. *Note: Tribal public health had recently completed a workforce assessment published in the summer of 2022, which may have contributed to the low response rate for this assessment.*

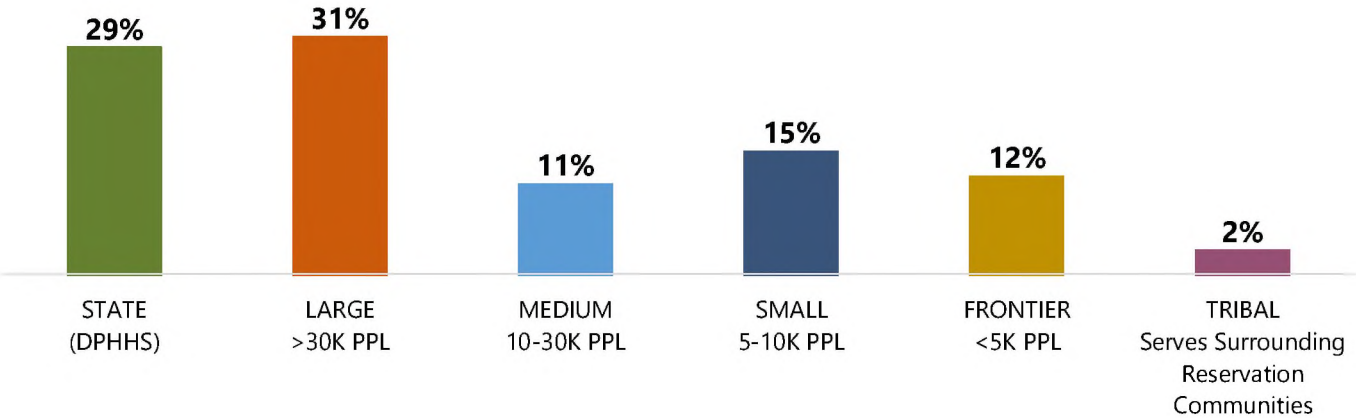
Only 448 complete responses were used for the data analysis. One respondent did not consent to the assessment, and 65 answered only the four demographic questions, not the self-assessment portion. One typographical error in Domain 6 was identified on November 14, 2022, at 9 am. Consequently, we eliminated 49 responses received before the error was corrected.

Survey Results

Health Department Representation

Health Department Type

DIVISION OF HEALTH DEPARTMENTS BY SIZE (% OF TOTAL)



OF RESPONDENTS BY HEALTH DEPARTMENT



*Did not respond: 57, respondents were allowed to answer more than once.

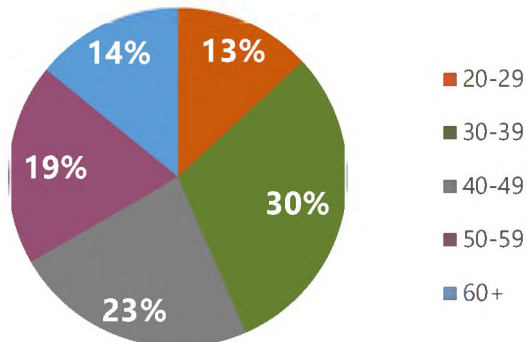
STRENGTHS: There is good representation from nearly all local health departments (LHD) sizes. There is a clear delineation between DPHHS and Lewis and Clark Health Department (LCHD), resolving an issue that arose in the 2020 Assessment.

OPPORTUNITIES: Engage more medium and tribal health departments for the assessment. *Note: Tribal public health executed its workforce assessment in 2022, which may have impacted our efforts.*

Demographics

Age

AGE BREAKDOWN (% OF TOTAL)

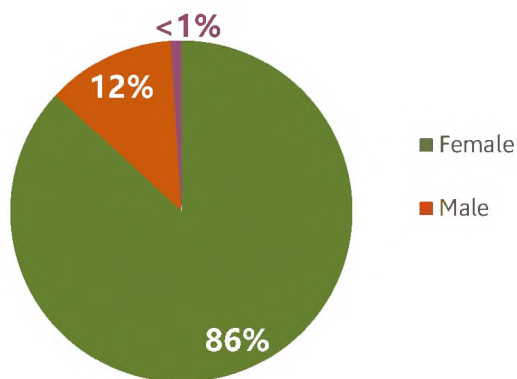


STRENGTHS: 66% of respondents are under 50, representing a younger workforce compared to the 2020 Statewide Workforce Assessment (58% under 50).⁴ If retention strategies are adequately addressed, Montana is primed to ensure an adequate workforce in the future.

OPPORTUNITIES: Leaders must develop succession planning strategies, as 14% of the workforce is over 60. Recognizing that a portion of the workforce will retire or leave provides an opportunity to prepare new and younger professionals to step into leadership roles. Promoting PH as a career of choice in high schools and undergraduate settings could also ensure a robust future workforce.

Gender

GENDER BREAKDOWN (% OF TOTAL)



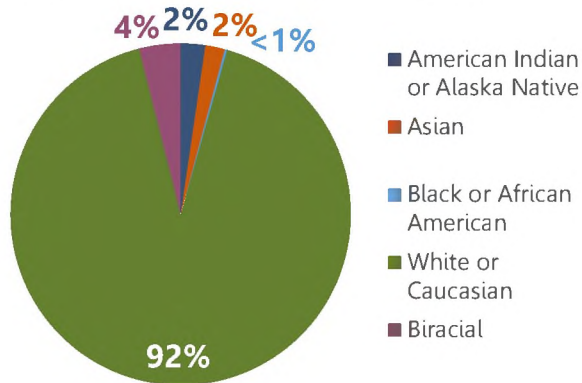
STRENGTHS: Women strongly represent the public health workforce in Montana, as also seen in the 2020 Workforce Assessment.

OPPORTUNITIES: Developing strategies to close the gender gap needs to be a priority for PH leaders. Efforts should also be placed on recruitment in gender-neutral and LGBTQ+ populations. In addition, supporting this population sector to achieve education and credentialing in public health could address health equity and impact health disparities.

⁴ Tobin, A. & Weiler, E. (2020). Montana Public Health Workforce Assessment. <https://www.umt.edu/mt-public-health-training/mt-ph-wf-report-full>

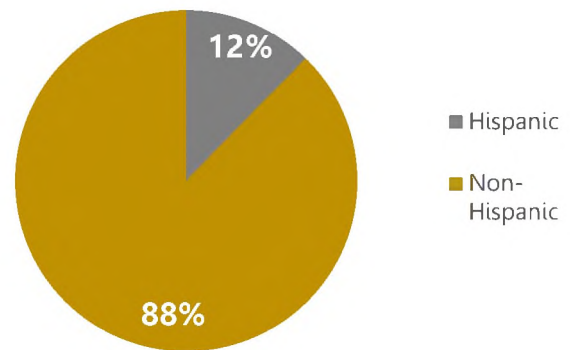
Ethnicity

ETHNICITY BREAKDOWN (% OF TOTAL)



STRENGTHS: Overall, our results closely represent the composition of Montana’s population.

HISPANIC ETHNICITY (% OF TOTAL)



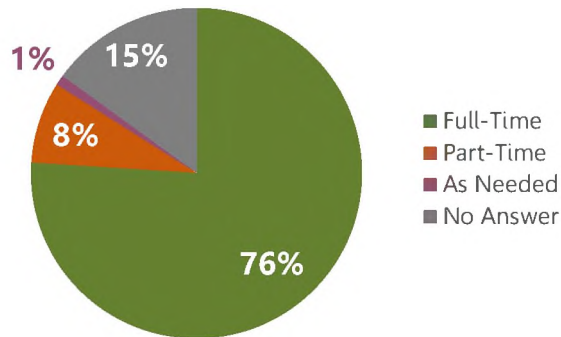
OPPORTUNITIES: Individuals from diverse ethnic backgrounds disproportionately represent health inequities. The Montana PH leaders need to encourage more individuals from underserved populations to enter the workforce. Finding ways to support this population sector to achieve education and credentialing in public health will promote health equity and address health disparities.

Workforce Composition

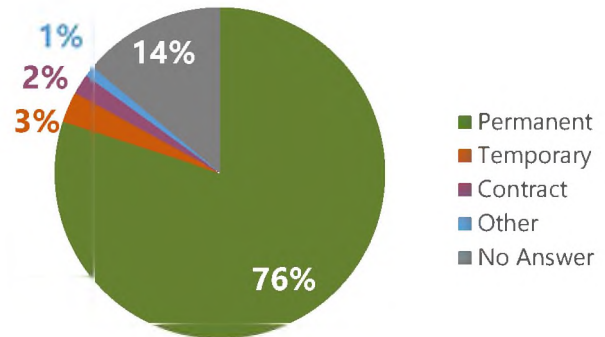
For this assessment section, participants were asked various questions about their job composition. Participants were required to answer all questions, and each question included an option to *prefer not to answer*. Of the participants, 15% preferred not to answer.

Position Type

FULL-TIME VS. PART-TIME POSITIONS (% OF TOTAL)



PERMANENT VS. TEMPORARY POSITIONS (% OF TOTAL)

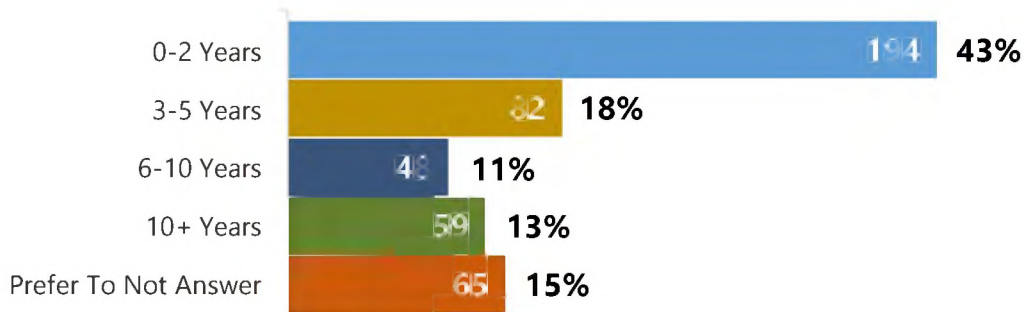


STRENGTHS: Most of the public health workforce in Montana is full-time and permanent.

OPPORTUNITIES: Leaders could consider efforts to diversify the workforce composition. Tapping into sectors of the workforce who prefer part-time work has the potential to fill staffing gaps. Also, utilizing temporary and contract workers to address needs during surges could solve immediate workforce vacancies.

Years in Current Position

OF YEARS IN CURRENT POSITION (% OF TOTAL)

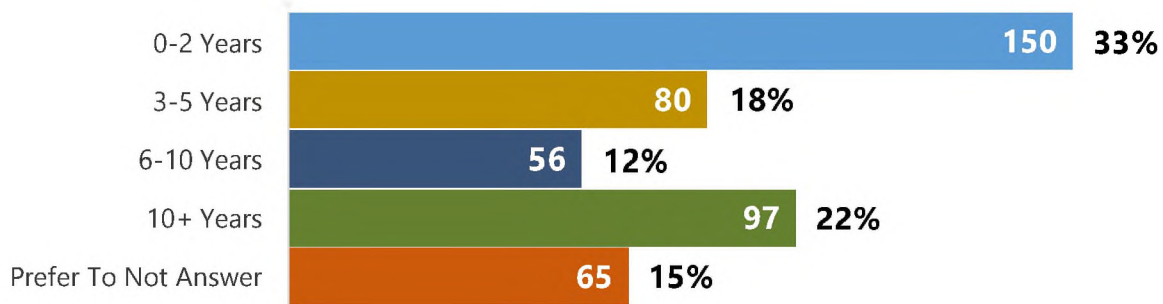


STRENGTHS: 24% of the workforce has been in their current position for over six years. There is solid potential to leverage these workers for mentoring and succession planning.

OPPORTUNITIES: 61% of respondents have been in their position for less than five years—of which close to half (43%) have been in their current position for less than two years. This represents a new, energetic workforce that requires priority for learning and training opportunities that support their growth.

Years in Current Organization

OF YEARS WITH THE CURRENT ORGANIZATION (% OF TOTAL)



STRENGTHS: Half of the respondents (51%) have been in their organization for less than five years. This supports national statistics on PH turnover during Covid.⁵ With new staff comes fresh ideas and renewed enthusiasm. Leadership must find ways to nurture new staff to ensure they are growing in their careers.

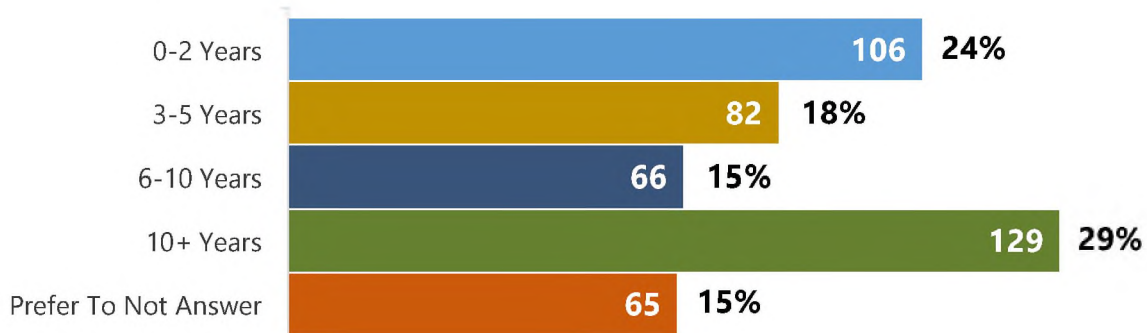
OPPORTUNITIES: According to the PH WINS reports, nearly one in three public health employees are considering leaving their organization in the next year citing work overload/burnout and stress.⁶ Leadership must prioritize orientation and onboarding for new hires and ensure recruits receive enough support to launch their career successfully.

⁵ Leider, J. P., Castrucci, B. C., Robins, M., Hare Bork, R., Fraser, M. R., Savoia, E., Piltch-Loeb, R., & Koh, H. K. (2023). The Exodus of State and Local Public Health Employees: Separations Started Before and Continued Throughout Covid-19. *Health Affairs*, 42(3), 338-348. <https://doi.org/10.1377/hlthaff.2022.01251>

⁶ de Beaumont Foundation, (2022). Rising Stress and Burnout in Public Health: Results of a National Survey of the Public Health Workforce. https://debeaumont.org/wp-content/uploads/dlm_uploads/2022/03/Stress-and-Burnout-Brief_final.pdf

Years in Public Health

OF YEARS IN PUBLIC HEALTH (% OF TOTAL)



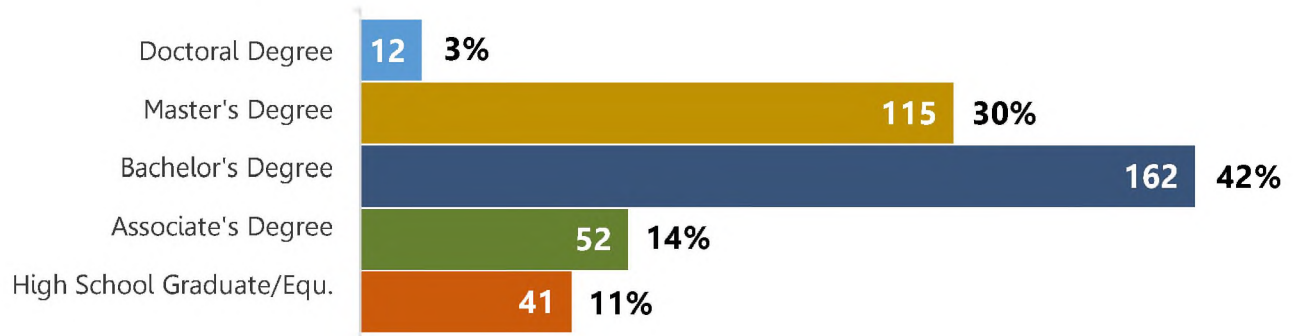
STRENGTHS: Almost half (43%) of the PH workforce has been in the field for over five years. This reflects a substantial depth of knowledge in the workforce. The high number of respondents who are new in their position can also be viewed positively. If supported appropriately, we have a workforce with fresh ideas and the potential to change our system significantly.

OPPORTUNITIES: Almost half (42%) of the workforce has been in PH for less than five years. Strategies to support this sector over the next two years must be highly prioritized. Ensuring this workforce sector has access to timely and appropriate training, professional development, and career advancement is crucial to retention. It is also critical that wages and compensations remain competitive to prevent a shift away from PH to more lucrative positions.

Education

Highest Level of Education

LEVEL OF EDUCATION BREAKDOWN (% OF TOTAL)



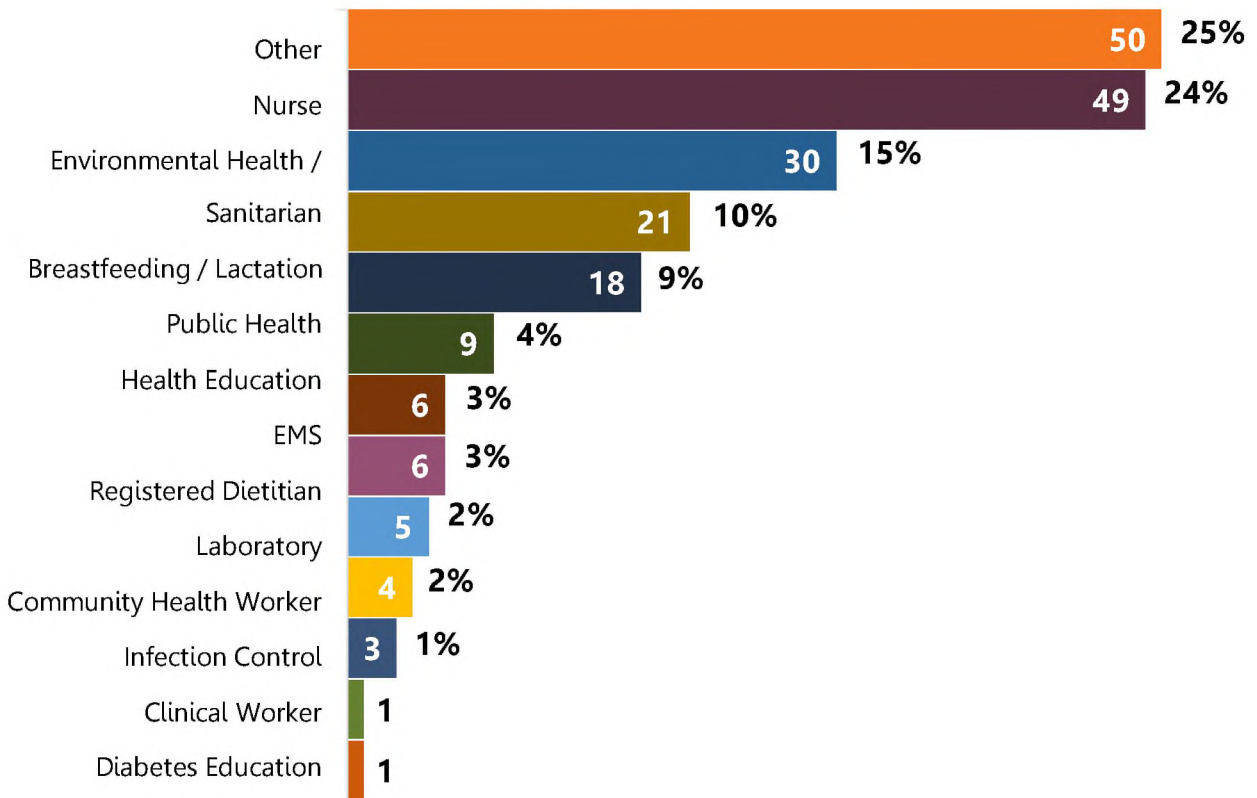
STRENGTHS: 65% of the workforce earned a bachelor's degree or higher.

OPPORTUNITIES: Montana must ensure a wide diversity of skills and education levels in our workforce. The [Workforce Calculator](#), designed by the Public Health National Center for Innovations (PHNCI)⁷, is one tool to help health departments prioritize their personnel matrix to ensure the foundational services of public health are achieved in their community. There are also opportunities for Montana's colleges and universities to offer degree and certificate programs that will bridge students in public health. Promoting public health as a career to high school students is another important strategy to focus on in the future.

⁷ Public Health Workforce Calculator, User Guide. (2022) Public Health National Center for Innovations (PHNCI). <https://phnci.org/uploads/resource-files/public-health-workforce-calculator-user-guide.pdf>

Credentials and Licensures

OF CERTIFICATES AND LICENSURES (% OF TOTAL)



STRENGTHS: Nearly half of the respondents (200+) possess a certificate or license—25% were nurses, and 25% included certificates that support public health. Examples include public health management, teachers, emergency medical technicians, physical therapy, and informatics.

OPPORTUNITIES: Public health leaders should increase accessibility to certificates and licensure in the next two years. Focusing on entry-level positions and certificate programs is prudent. Reducing barriers for rural practitioners to complete certificates or degrees in their area of expertise can also be prioritized.

The Council on Linkages Core Competencies Self-Assessment

This section asked respondents to complete a self-assessment using the Council on Linkages Core Competencies. The core competencies “reflect the foundational and crosscutting knowledge and skills for professionals engaging in the practice, education, and research of public health.”⁸

Core competencies are broken down into eight domains, each containing four to 13 subdomains. These domains represent the skills and competencies required to perform the 10 Essentials of Public Health and the Public Health Foundational Services.

Eight Domains of Core Competencies

Domain #	Definition
Domain 1	Data Analytics and Assessment Skills
Domain 2	Policy Development and Program Planning Skills
Domain 3	Communication Skills
Domain 4	Health Equity Skills
Domain 5	Community Partnership Skills
Domain 6	Public Health Sciences Skills
Domain 7	Management and Finance Skills
Domain 8	Leadership and Systems Thinking Skills

The self-assessment is further classified into three tiers which describe different responsibilities within public health organizations:

1. Front line and program support.
2. Program management and supervisory.
3. Senior management and executive leadership.

The following are definitions for each tier defined by the Council on Linkages.

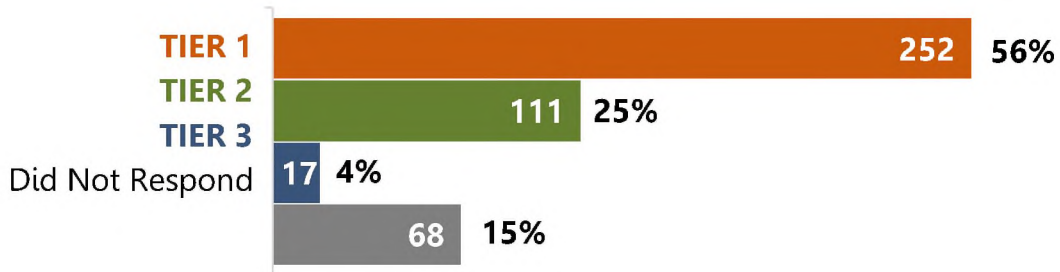
⁸ Core Competencies for Public Health Professionals (October 2021). The Council on Linkages Between Academia and Public Health Practice. Published Online October 2021.

https://www.phf.org/resourcestools/Documents/Core_Compentencies_for_Public_Health_Professionals_2021October.pdf

Three Tiers of Responsibility

Tier 1	<p>Front Line and Program Support Responsibilities</p> <p>May include collecting and analyzing data, conducting restaurant inspections, assessing environmental hazards, providing health education, building community relationships, providing customer service, delivering services, coordinating meetings, organizing records, supporting programs, and providing technical expertise.</p>
Tier 2	<p>Program Management and Supervisory Responsibilities</p> <p>May include developing, implementing, evaluating, and improving programs; supervising and mentoring staff; establishing and maintaining community partnerships; recruiting a diverse workforce; managing timelines, work plans, and budgets; advocating for program resources; making policy recommendations; and providing subject matter expertise.</p>
Tier 3	<p>Senior Management and Executive Leadership Responsibilities</p> <p>May include overseeing major programs or operations of the organization, setting a strategy and vision for the organization, building an equitable and inclusive organization, creating a culture of quality within the organization, collaborating with policymakers and politicians, advocating for organizational resources, partnering with community leadership, and leading organizational efforts to achieve health equity and social and environmental justice.</p>

TIER OF RESPONSIBILITY BREAKDOWN (% OF TOTAL)



STRENGTHS: 56% of staff identified as Tier 1. Due to Montana’s decentralized public health system, every health department’s composition will be different—there is no recommended matrix. Focusing on job functions instead of job titles is one way to ensure that staff execute the programs as defined by the 10 Essentials of Public Health and the Foundations of Public Health Services.

OPPORTUNITIES: 17 of the 448 respondents identified as Tier 3 executives and senior management. In many small health departments, staff members do the work of a senior manager, but their title and salary are Tier 2 personnel. Researching this gap could help retain leadership in small and local health departments.

Self-Assessment: Core Competency Domains

The following results were aggregated for all tiers to provide adequate data to drive decision-making for training and learning needs. This decision was discussed extensively with the Workforce Advisory Council, and the consensus was to aggregate responses for the most valuable data.

Respondents were asked to rate themselves on a scale of 0-3. The four levels included:

- 0 – Unsure or Unable to Perform
- 1 – Beginner
- 2 – Proficient
- 3 – Expert

Responses were compiled and averaged to create a ranking for each subdomain. These numbers are displayed in the graphics in this report and represent additional areas for consideration. Subdomains that rank very low have been identified as an opportunity for additional training.

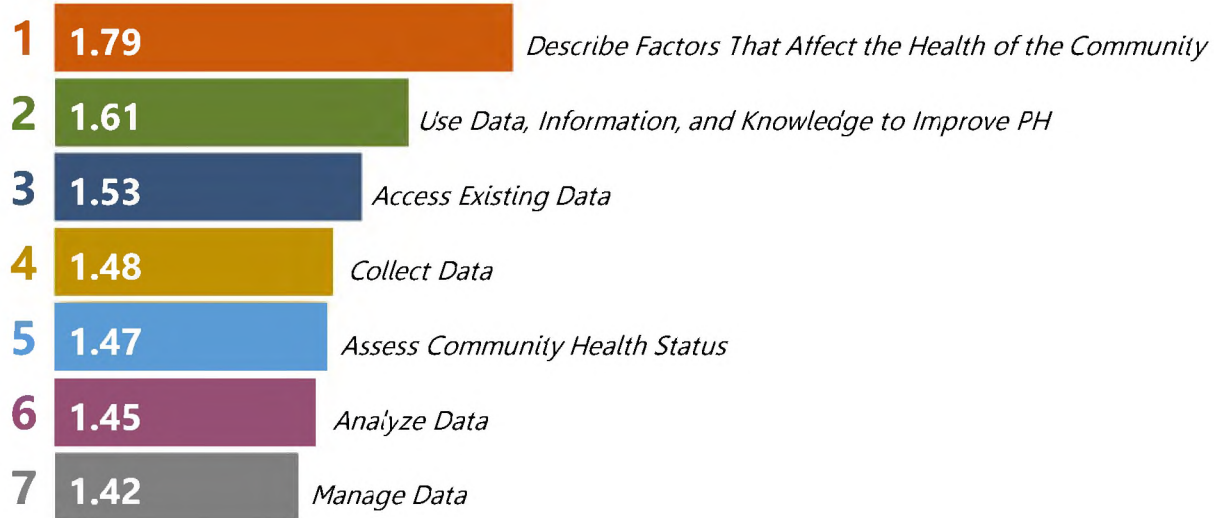
It was noted several times previously that many PH professionals need to understand the core competencies better. For this assessment, the Workforce Advisory Council spent significant time refining the domain definitions presented in the core competencies to help participants understand what each domain was asking. Therefore, our goal is to provide greater clarity and allow for responses that closely resemble the survey respondents' true knowledge.

Below are the reported self-assessment results for each domain, including the domain competency statement, a ranking of the subdomain competencies, and notes on strengths and opportunities.

Domain 1: Data Analytics and Assessment

COMPETENCY STATEMENT: Data Analytics and Assessment includes understanding how issues like homelessness, food security, and access to healthcare affect your community. It also includes assessing your comfort level with accessing, collecting, and analyzing data from sources such as statewide dashboards, environmental monitoring, or community health assessments.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



STRENGTHS: Generally, the current workforce is comfortable describing factors that affect their community. They are also comfortable using data, information, and knowledge to improve public health.

OPPORTUNITIES: These results reflect a knowledge gap and an opportunity to address the subdomains of managing, analyzing, and collecting data. There is an opportunity to develop and offer training regularly that covers these skills.

Domain 2: Policy Development and Program Planning Skills

COMPETENCY STATEMENT: These skills include responsibilities such as accessing, understanding, and implementing policies, programs, and services within your organization, external to your organization, and in collaboration with others. This includes performance management and quality improvement skills, organizational strategic planning, and community health improvement planning.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



STRENGTHS: Implementing and improving policies, programs, and services ranked highest—and this is the bulk of our public health work! It is also encouraging that participants are confident in their skills in improving policies, programs, and services and engaging in organizational strategic planning.

OPPORTUNITIES: Influencing policies, programs, and services are challenging skills, but strategies must be developed to help PH professionals become more comfortable in this area. Advocacy organizations like Confluence and Montana Public Health Institute (MTPHI) can offer mentoring and guidance. These organizations are also poised to mentor health department leaders in engaging in community health improvement planning, another subdomain that ranked low.

Domain 3: Communications

COMPETENCY STATEMENT: These skills include responsibilities such as developing and disseminating public health data and information to internal and external partners (i.e., staff, elected officials, community organizations, the public, etc.), assessing the communication preference of your target audience and developing messaging for that audience, and communicating information to influence behavior and improve health in your community.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



STRENGTHS: The public health workforce reports high proficiency in communicating with external and internal audiences. In a time when public health has been criticized for its ability to communicate with the public, this represents a strength. Also noteworthy is the high ranking of all subdomains in Domain 3 (averaging 1.80-1.98). *Compared to Domain 2 (which ranges from 1.42-1.69) and represents a significant knowledge gap.*

OPPORTUNITIES: Improving communication skills is a lifelong effort. Even the best leaders can continually improve their communication skills. We must continue to offer training that builds on current competencies to help the PH workforce feel more competent when facing the next public health crisis.

Domain 4: Health Equity Skills

COMPETENCY STATEMENT: These skills include applying principles of ethics, diversity, equity, inclusion, and justice in designing, implementing, evaluating, and improving policies, programs, and services. These skills include collaborating with your community and partner organizations to identify and reduce systemic and structural barriers perpetuating health inequities.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



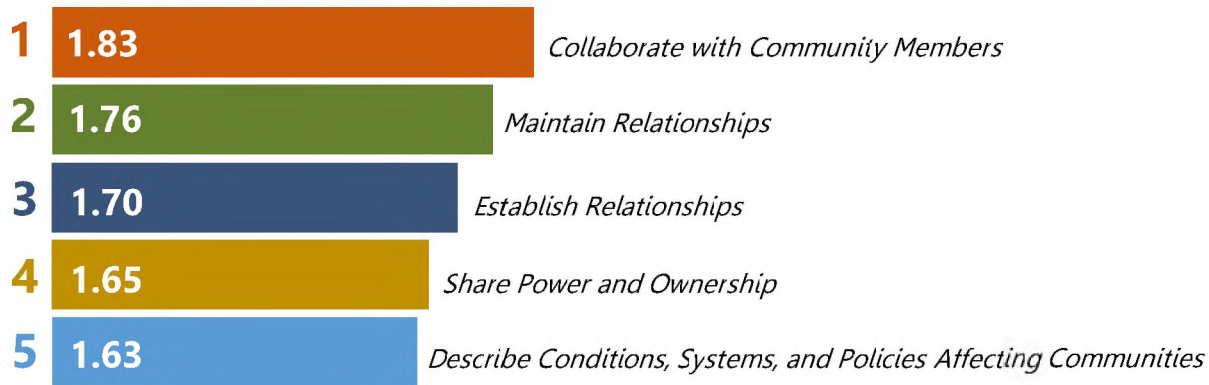
STRENGTHS: The workforce feels competent in recognizing diversity and engaging in self-reflection. These skills are critical for achieving proficiency in the remaining subdomains. There was a wide range of reported confidence between the subdomains: the two highest ranking subdomains are very high (1.99, 1.92) and then drop off substantially for the lowest (1.42, 1.36).

OPPORTUNITIES: Strategies must be prioritized to support Tier 2 and Tier 3 leaders to build competency in implementing organizational policies, programs, and services to achieve health equity; and contribute to achieving and sustaining a diverse, inclusive, and competent workforce. Succession planning in health departments should be offered through training or workshops. Public Health leaders need to feel comfortable recruiting and retaining a diverse staff to ensure a robust workforce for the future.

Domain 5: Community Partnership Skills

COMPETENCY STATEMENT: These skills include responsibilities such as describing current conditions, systems, and policies affecting community health and resilience that may contribute to health disparities and inequities. These skills also include building and maintaining relationships that improve community health and resilience while sharing power and ownership with community members and others.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



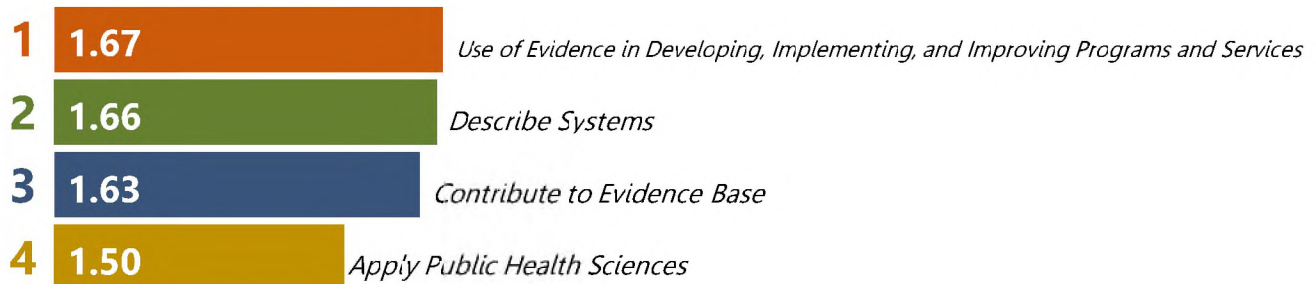
STRENGTHS: Respondents feel comfortable collaborating with community members. Continuing to develop these skills is crucial to the work of public health and building relationships for program success.

OPPORTUNITIES: Public health professionals rank themselves as beginners to advance beginners in all subdomains. There is an opportunity to build skills in these areas by undertaking Community Health Improvement Plans (CHIPs) and Community Health Assessments (CHAs). Ensuring adequate mentorship and guidance will build confidence and strengthen the public health system.

Domain 6: Public Health Sciences Skills

COMPETENCY STATEMENT: These skills include responsibilities such as understanding how current systems, policies, and events impact public health and ensuring the use of public health sciences (e.g., epidemiology, environmental health, social and behavioral sciences, etc.) in delivering the 10 Essential Public Health Services. These skills also include engaging in community-based participatory research to contribute to the evidence-based for improving the public's health.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



STRENGTHS: Respondents are comfortable in using evidence for their programs and services. They ranked higher in areas of describing systems and contributing to the evidence base, as compared to applying public health sciences.

OPPORTUNITIES: Academia and certificate programs have an opportunity to ensure their curricula include content that develops these skills. Incorporating the 10 Essentials of Public Health, the Core Competencies, and the Foundations of Public Health Services into all PH degree programs, certificates, and training curricula will narrow the knowledge gap and increase confidence in this domain.

Domain 7: Management and Finance Skills

COMPETENCY STATEMENT: These skills include responsibilities such as identifying factors affecting the health of an organization, developing strategies to recruit and maintain a diverse, inclusive, and competent workforce, participating in professional development activities, determining how resources are distributed, and establishing priorities for organizational budgets, and engaging in contingency planning.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)



STRENGTHS: The top three responses are essential characteristics for all public health professionals. It is encouraging that these skills ranked in the top three.

OPPORTUNITIES: Managing and securing human and financial resources are skills expected of Tier 2 and Tier 3 positions. Public health leaders must include these skills in mentorship programs and training for all staff to build our workforce and provide growth for newer staff.

Domain 8: Leadership and Systems Thinking

COMPETENCY STATEMENT: These skills include responsibilities such as creating opportunities for public health, healthcare, and other organizations to work collaboratively together to improve the health of a community, as well as identifying internal and external barriers impacting the delivery of the 10 Essential Public Health Services. These skills also include fostering creativity and innovation, responding to emerging needs, and building public confidence and trust in public health professionals and messaging.

RANKING OF SUBDOMAINS (HIGHEST TO LOWEST)

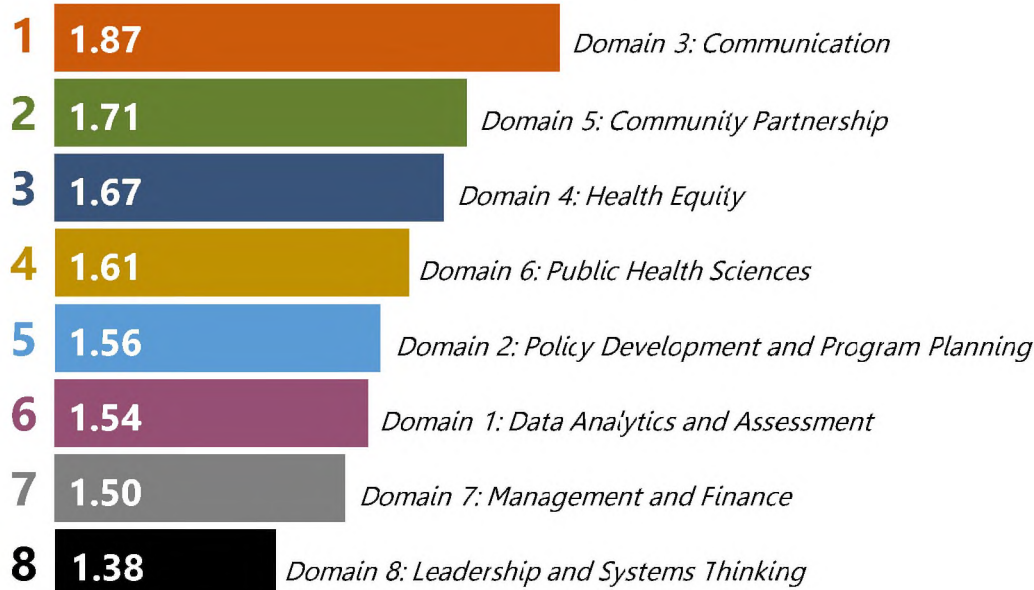


STRENGTHS: Respondents feel comfortable advocating for public health and responding to emerging needs, both critical for public health. This workforce has gained incredible experience through the Covid-19 pandemic, and with that comes a level of confidence that (if the need arises) they are prepared to respond again.

OPPORTUNITIES: Providing guidance for health department staff to advocate for themselves and public health is critical for a healthy community. We must utilize public health organizations, like MTPHI and Confluence, to mentor health department staff and build knowledge and skills in engaging politicians, policymakers, and the public.

Overall Ranking by Domain (All Tiers)

RANKING OF ALL DOMAINS (HIGHEST TO LOWEST)



Three highest skill domains:

- Communication
- Community Partnership
- Health Equity

STRENGTHS: At a time when communication is critical, the PH workforce rates themselves high in communication skills.

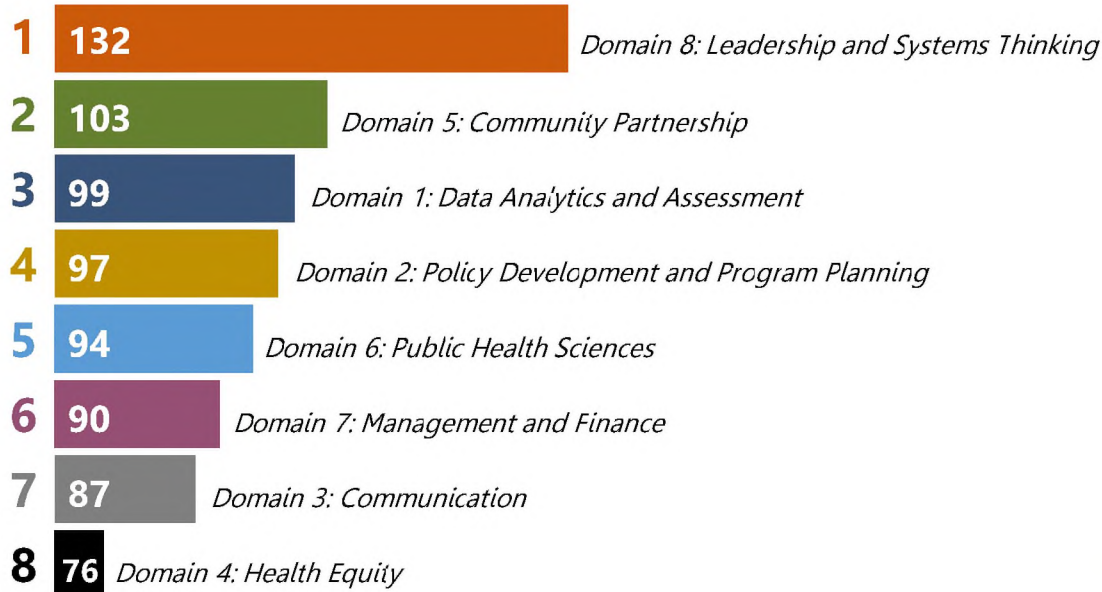
Three lowest skill domains:

- Leadership and Systems Thinking
- Management and Finance
- Data Analytics and Assessment

OPPORTUNITIES: Training and workshops to address the knowledge gaps for Domain 8, Domain 7, and Domain 1 need to be priorities in the next two years.

Motivation To Attend Training by Domain (All Tiers)

RANKING OF DOMAINS BY THE MOTIVATION TO ATTEND TRAINING (# HIGHEST TO LOWEST)



*Respondents could choose up to 2 answers.

High Motivation:

- **Domain 8:** Leadership and Systems Thinking
- **Domain 5:** Community Partnership
- **Domain 1:** Data Analytics and Assessment

Low Motivation:

- **Domain 4:** Health Equity
- **Domain 3:** Communication
- **Domain 7:** Management and Finance

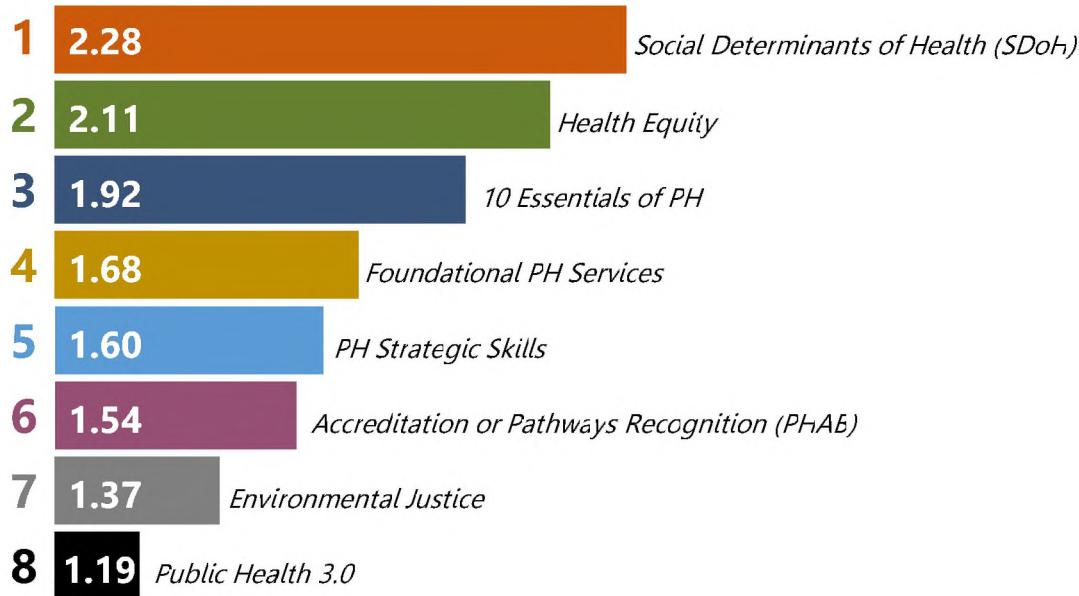
STRENGTHS: Health Equity ranked high in knowledge and low in motivation. This is also true with Domain 3, Communication. Domain 8, Leadership and Systems Thinking ranked low proficiency but high motivation to attend, consistent with the 2020 Statewide Workforce Assessment results.⁹

OPPORTUNITIES: Domain 7, Management and Budgeting, is a domain that needs to improve proficiency and motivation. One consideration is to include management and budgeting in all future training to allow for continuous exposure and reinforcement of these skills for all public health workers.

⁹ Tobin, A. & Weiler, E. (2020). Montana Public Health Workforce Assessment. <https://www.umt.edu/mt-public-health-training/mt-ph-wf-report-full>

Knowledge of Public Health Frameworks and Concepts

RANKING OF PH CONCEPTS AND FRAMEWORK KNOWLEDGE (HIGHEST TO LOWEST)



STRENGTHS: The top three rankings are critical frameworks that drive public health work.

OPPORTUNITIES: [Public Health 3.0](#)¹⁰ strives to engage multiple sectors and community partners to generate collective impact and improve SDoH. Providing opportunities to incorporate Public Health 3.0 in all orientations and training materials would increase knowledge of this critical PH framework. There is also an opportunity for degree and certificate programs to include this information in their curriculum.

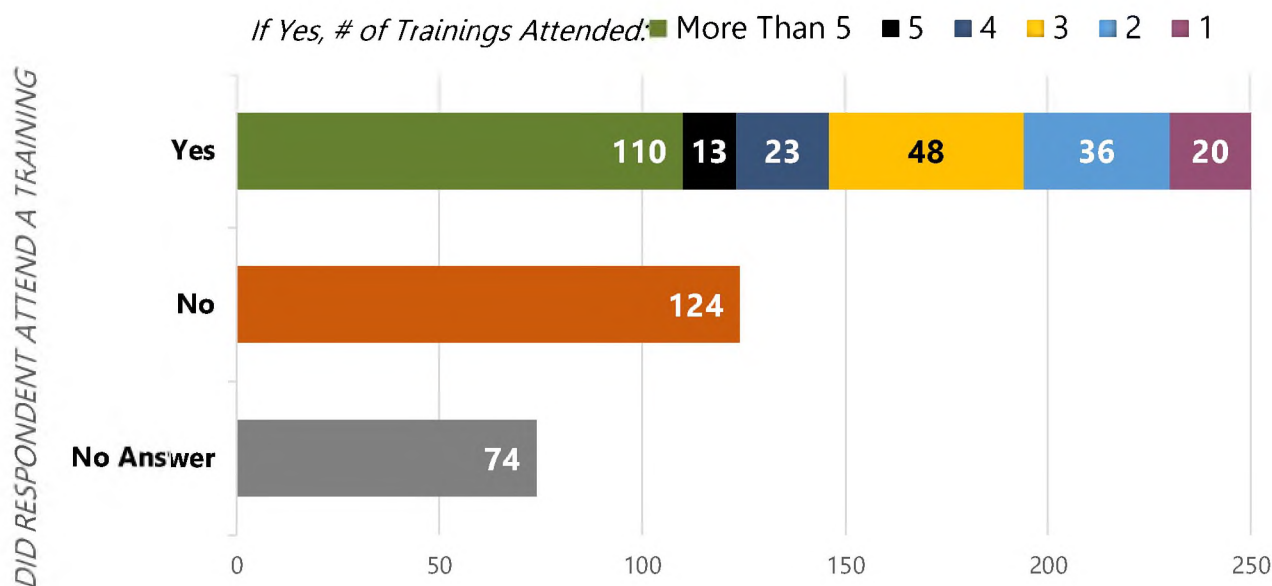
¹⁰ DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 2017;14:170017. DOI: https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Workforce Training Needs

Professional Development

Training Attended

OF TRAININGS ATTENDED (2020-2022)



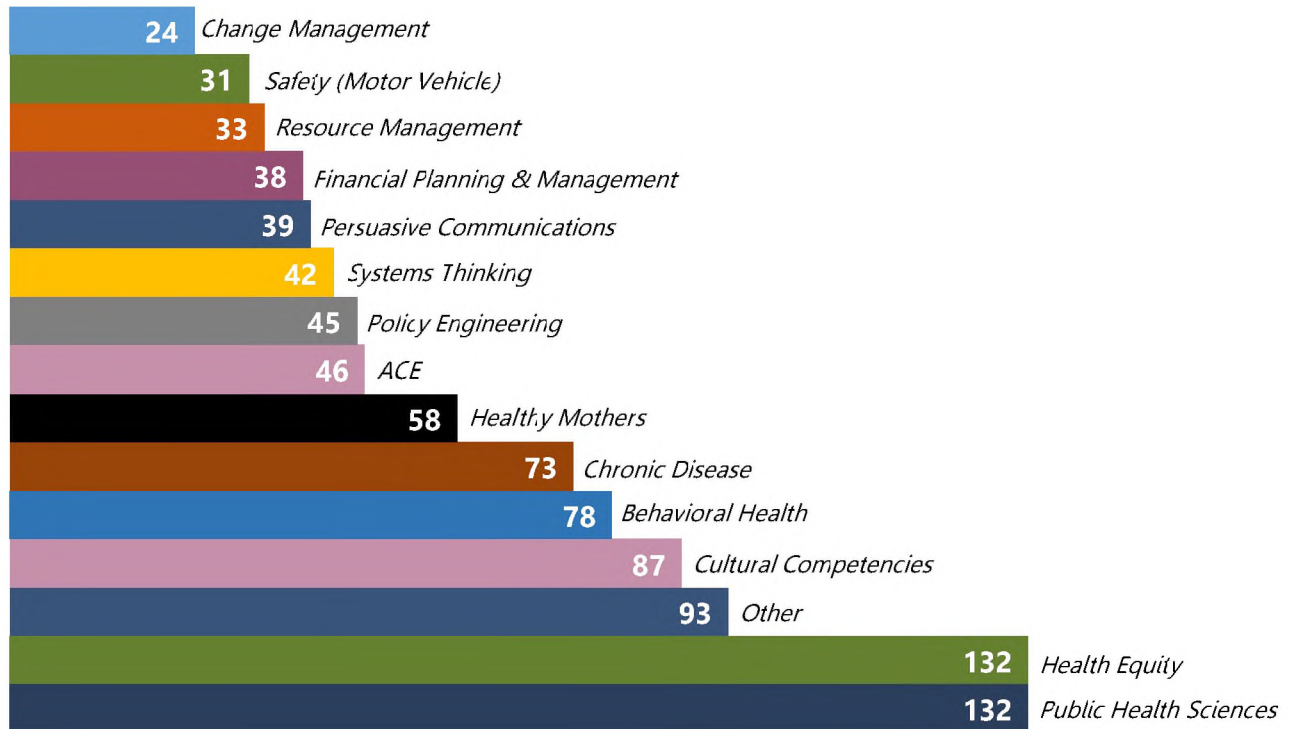
STRENGTHS: 56% of respondents (250) attended at least one training in the past two years. Of those, 44%, or 110 respondents, attended more than five trainings. Public health professionals took advantage of the training offered over the past two years!

OPPORTUNITIES: Public health professionals need to receive continual support to attend training in a range of areas. As with many health professions that require contact hours and continuing education, the public health workforce would benefit from required annual training. Staying current on skills and expanding personal knowledge creates a robust, prepared workforce.

Areas of Training Attended

The assessment provided a list of 14 options. Respondents could choose more than one option. There were a total of 913 responses.

OF TRAININGS ATTENDED BY TOPIC (2020-2022)



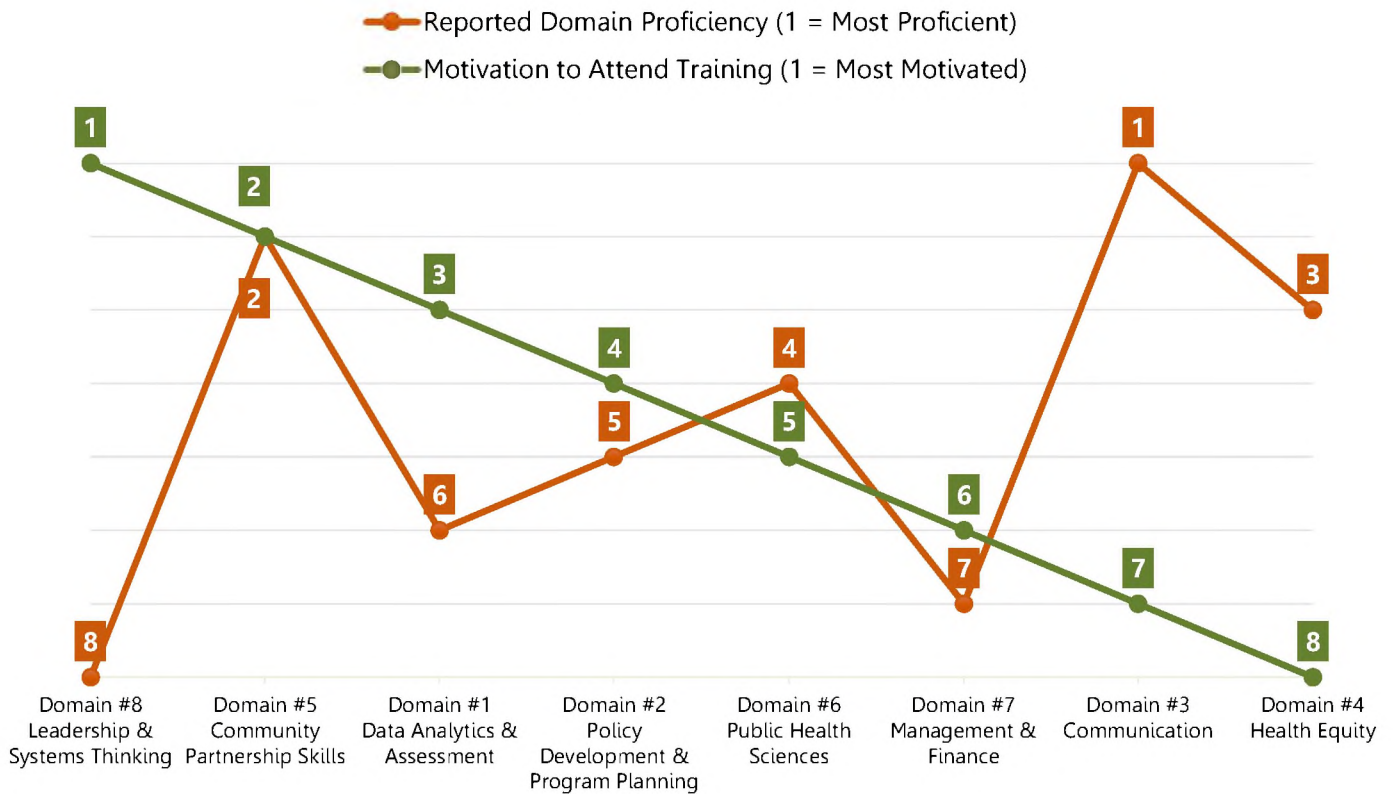
STRENGTHS: Respondents attended training in Health Equity and Public Health Sciences in the past two years. Health Equity ranked very high in the self-assessment (third), which may reflect the training attended from 2020-2022. The provided list of trainings was not exhaustive, and there were 93 'other' responses, which indicates the workforce attended a wide range of trainings.

OPPORTUNITIES: We can track the skills and knowledge of the public health workforce with assessments like this and the one completed in 2020. Observing positive changes in self-assessment responses from 2020 to 2022, especially in domains like Health Equity and Public Health Sciences is encouraging. Continuing efforts to evaluate the impact of training offered and identify and address emerging needs is essential to ensuring a robust and prepared PH workforce.

Motivation to Attend Future Domain-Related Training

The following chart compares the reported core competency domain knowledge and the reported motivation to attend domain-related training as found in our assessment, each ranked one to eight (with one being the most proficient and most motivated).

REPORTED PROFICIENCY VS. MOTIVATION TO ATTEND TRAINING BY DOMAIN (RANKED 1-8)



High Motivation:

- **Domain 8:** Leadership and Systems Thinking
- **Domain 5:** Community Partnerships
- **Domain 1:** Data Analytics and Assessment

Low Proficiency:

- **Domain 8:** Leadership and Systems Thinking
- **Domain 7:** Management and Finance
- **Domain 1:** Data Analytics and Assessment

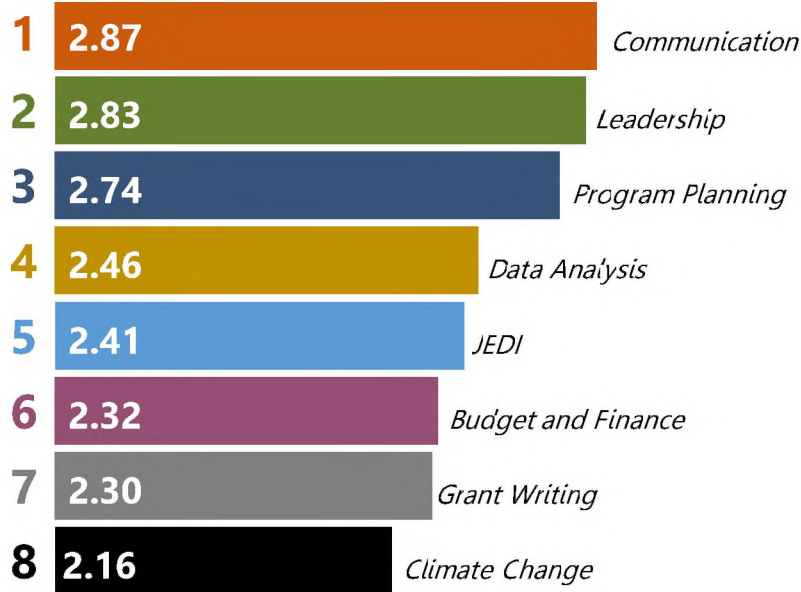
STRENGTHS: Domain 8, Leadership and Systems Thinking, ranked lowest in proficiency but highest in motivation to attend training. Public health professionals recognize their areas of weakness and are motivated to attend training in this domain.

OPPORTUNITIES: Training entities, like the Montana Public Health Training Center (MPHTC) and others, must ensure domains that ranked low in proficiency are addressed in their offered trainings.

Likelihood to Attend Other Training

The following public health concepts and frameworks that are not explicitly related to core competencies were included in the survey. Participants were asked to rank all on a scale of one to four.

RANKING OF LIKELIHOOD TO ATTEND TRAINING BASED ON TOPIC (HIGHEST TO LOWEST)

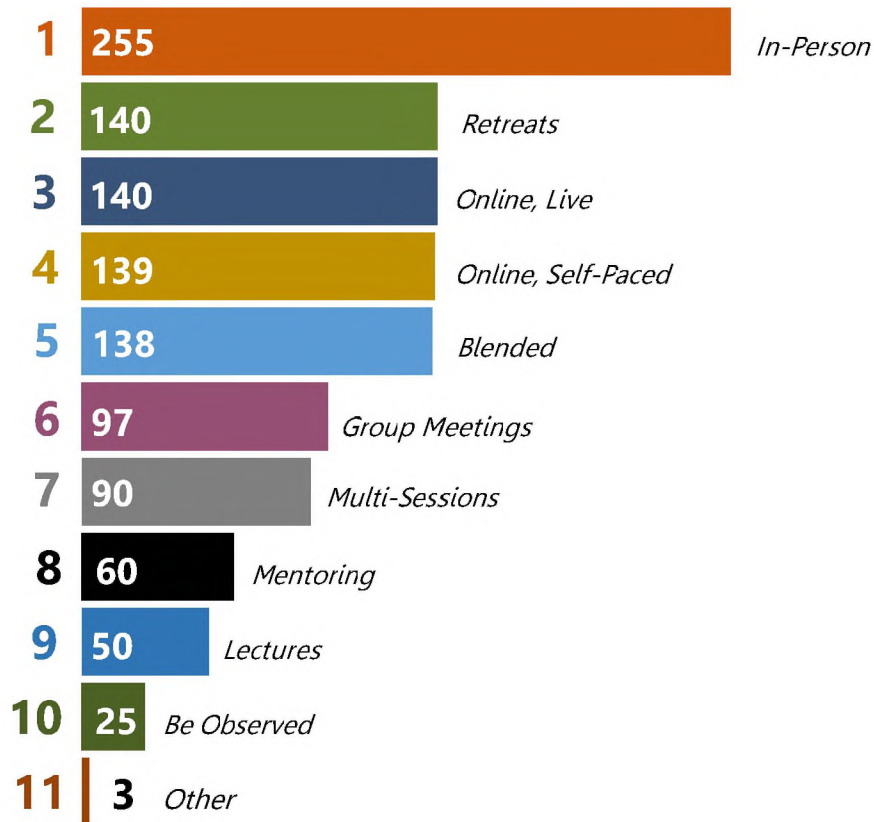


STRENGTHS: Many respondents are interested in attending leadership training, aligning with the earlier lowest ranking in this domain. There are also opportunities to offer training in program planning and grant writing. Note that grant writing is not explicitly identified in the core competencies.

OPPORTUNITIES: Budget and finance rank low in motivation to attend training and self-assessment. Finding creative ways to close this knowledge gap must be a high priority for leaders and educators in the future.

Preferred Training Formats

RANKING OF PREFERRED TRAINING FORMATS (# HIGHEST TO LOWEST)



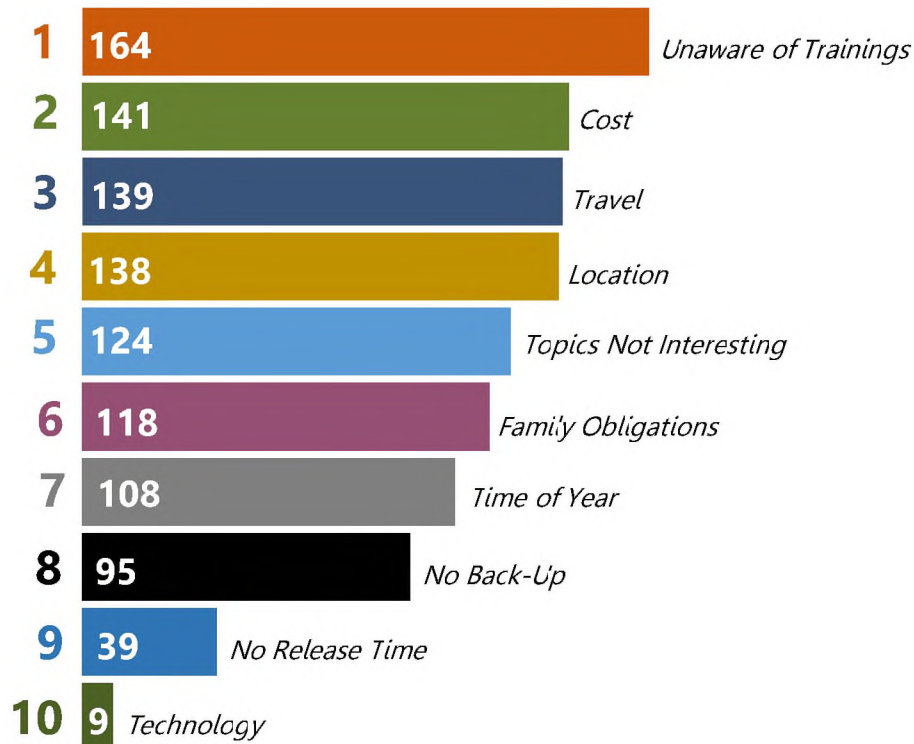
*Respondents could choose up to 3 answers.

STRENGTHS: The public health workforce wants to attend trainings in person. This format has been embraced in the past year, post-Covid, but needs to continue to be recognized as a positive strategy for offering trainings and conferences.

OPPORTUNITIES: Recognizing people's learning styles is critical to addressing knowledge gaps. We must utilize tools that track and evaluate how trainings are offered and diversify the training types to meet the workforce's needs.

Barriers to Attend Training

RANKING OF BARRIERS TO ATTENDING TRAINING (HIGHEST TO LOWEST)



*Respondents could choose up to 3 answers.

Top three training barriers:

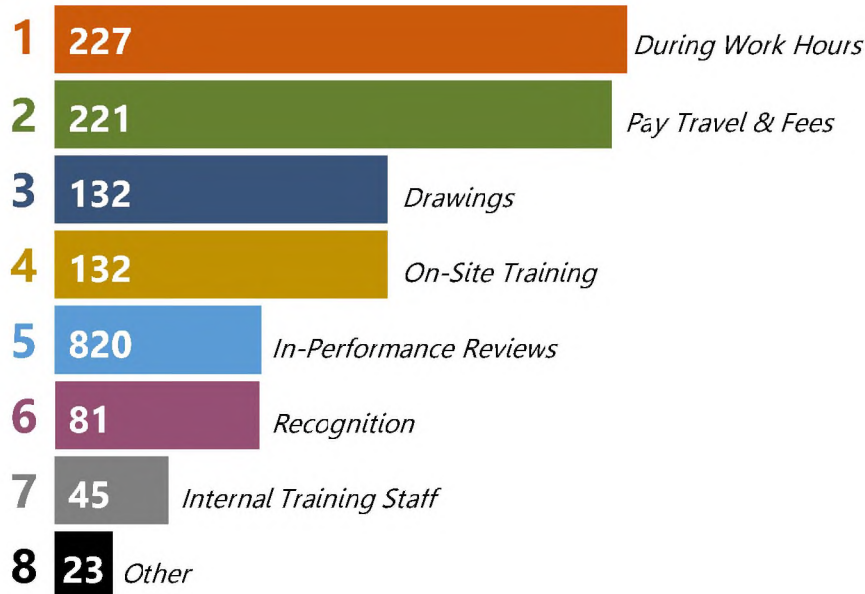
- Unaware of Trainings
- Cost
- Travel

STRENGTHS: The ability to get time off and technology were not perceived as barriers for the workforce to attend trainings.

OPPORTUNITIES: The most significant finding is that awareness of training is the greatest barrier. Training providers need to do a better job marketing and advertising upcoming trainings. A universal announcement board would be helpful—today, each agency promotes their own trainings.

Incentives to Attend Training

RANKING OF INCENTIVES TO ATTEND TRAINING (# HIGHEST TO LOWEST)



*Respondents could choose up to 3 answers.

Top three training incentives:

- During Work Hours (training scheduled during business hours, not evenings or weekends)
- Paid Travel and Fees (paid by employer or training facility)
- Drawings (monetary incentives potentially won by attending)

STRENGTHS: Agencies, like the Montana Public Health Training Center (MPHTC), have consistently offered training during business hours or asynchronously online so professionals can attend on their time. This follows best practices and is consistent with other training centers, like the Rocky Mountain Public Health Training Center in Colorado.

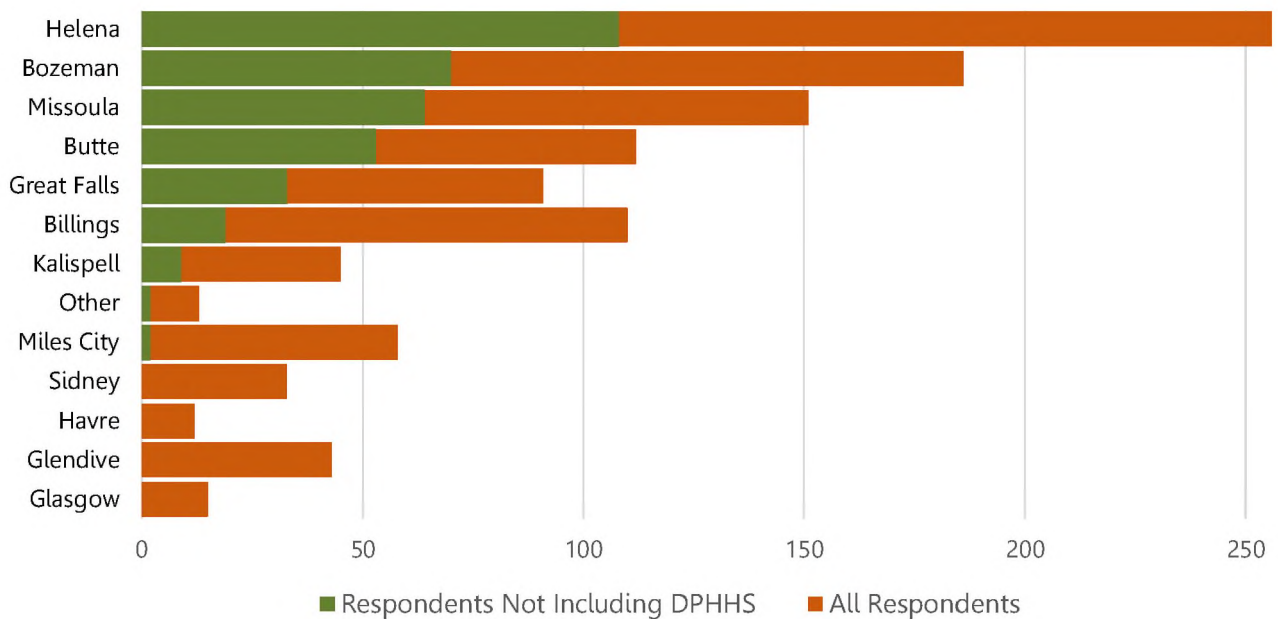
OPPORTUNITIES: Managers should encourage and facilitate opportunities for employees to attend training during business hours, especially if the trainings are offered online. For training that requires travel, respondents wish to be supported by their place of work.

Location of Training

Respondents were asked: *In which locations are you most likely to attend a one-day training?*

Responses were analyzed in two ways. The orange bar reflects all responses. The green bar eliminates DPHHS responses to clearly define training locations preferred by local and tribal health departments.

OF RESPONSES BY TRAINING LOCATION (WITH AND WITHOUT DPHHS)



Top three location rankings (with and without DPHHS):

- Helena
- Bozeman
- Missoula

STRENGTHS: Trainings are currently being offered in various locations around the state, including conferences like Confluence/MPHA in Helena in 2022 and Summer Institute in Missoula in 2023.

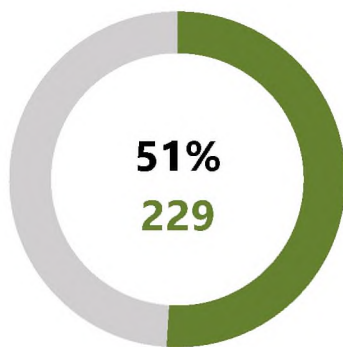
OPPORTUNITIES: Knowing the most desired locations for in-person trainings will help guide planning in the next two years.

Workplace Wellness

Over half of the workforce attended workplace wellness events in the past two years. These programs were offered through the work site, the MPHTC Wellness Program, or their insurance company. When asked if participants would be interested in a workplace wellness program in the coming two years, 58% of respondents said yes!

Attended a Workplace Wellness Event

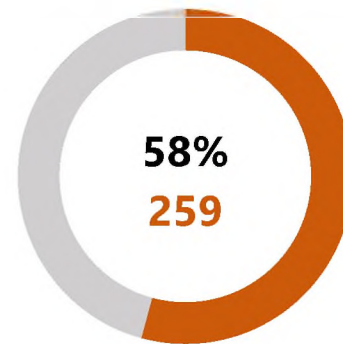
ATTENDED A WORKPLACE WELLNESS EVENT IN THE LAST 2 YEARS (% OF TOTAL)



STRENGTHS: The past three years have strained many public health workers' physical and mental health. In the past two years, respondents took advantage of wellness programs offered in their organization. The fact that even more workers are interested in attending wellness programs or events in the coming two years indicates that those who attended in the past found it valuable!

Interested in Workplace Wellness Program

INTERESTED IN A WORKPLACE WELLNESS PROGRAM IN NEXT 2 YEARS (% OF TOTAL)



OPPORTUNITIES: Worksites need to offer wellness programs to their staff. These can vary in length, content, and delivery style—but having these services will increase staff morale and ultimately improve the health and well-being of Montana's PH workforce.

Summary of Key Findings

- 66% of the workforce is under 50 years old.
- 44% of the workforce has been in public health for over five years.
- 65% of the workforce has a bachelor's degree or higher.
- 42% of respondents are pursuing degrees now, and 127 individuals are interested—public health professionals are ambitious to earn certificates and degrees!
- 56% of respondents attended training in the last two years. Of those, 44% attended more than five trainings!
- Of the training attended, many addressed the domains where skills were identified as low in 2020, including Public Health Sciences, Cultural Competency, and Health Equity.
- Respondents are highly motivated to attend training related to the domains identified as low skills in 2022, including Leadership and Data Analysis.
- The PH workforce wants to gather in person for their learning needs.
- All respondents' most prominent barrier to attending the training was *Unawareness of the Training*.
- Workplace wellness programs are critical to respondents. The public health workforce indicated that they want a worksite wellness program in the next two years!

Recommendations

The public health workforce has been pushed to its limits in the past two years. Publications like the PH WINS report (2023)¹¹ revealed gaps in knowledge, burnout, and low retention rates nationwide. The public health system in Montana mirrored some of these challenges.

The following five recommendations are for consideration by public health leaders, agencies, and higher education institutes to ensure the PH workforce's current needs are met.

1). Continue to Leverage Events

Use events to provide training on relevant topics identified in this assessment. Applicable events include Confluence Public Health Conference, Summer Institute, and MPHTC opportunities. We must prioritize developing a mechanism for all training agencies to market and promote training that reaches all public health professionals. Events should be held in various settings across the state to allow more significant equity and inclusion.

2). Address Knowledge Gaps

A priority should be placed on addressing knowledge gaps identified in this assessment. Public health stakeholders should also coordinate their efforts, and avoid duplication to ensure the workforce's needs

¹¹ De Beaumont Foundation. 2022. The Impact of the COVID-19 Pandemic: Rising Stress and Burnout in Public Health, Results of a National Survey of the Public Health Workforce. https://debeaumont.org/wp-content/uploads/dlm_uploads/2022/03/Stress-and-Burnout-Brief_final.pdf

are met across all areas. Inviting local public health staff at all levels to sit on panels that engage in decision-making is also important. Specific opportunities could be related to issues like budget management, leadership, and how to foster a healthy workplace culture within a government environment.

3). Strengthen Undergraduate and Certificate Programs

Colleges and universities have an opportunity to strengthen undergraduate and certificate programs. Identifying strategies to promote public health as a career of choice in high schools must be a top priority. Opportunities for scholarships, paid internships, and tuition reimbursement will incentivize this generation to enter public health. Initiatives like the Academic Health Department help form robust relationships between health departments and academia, providing excellent opportunities for collaboration on current and emerging public health issues across the state.

4). Support Montana’s Young PH Workforce

Montana’s workforce is young and new to PH and needs to be supported now. Mentorship programs, peer groups, and collaboration platforms are critical to ensuring this workforce sector are retained and offered opportunities to grow in their new positions. These opportunities can be offered in person or as a hybrid option. Tapping into the fresh ideas from this generation will promote new leaders for the future. Leveraging public health agencies like Confluence, Montana Public Health Training Center, and Montana Public Health Institute has the potential to strongly support the workforce in their educational and professional goals.

5). Promote Workplace Wellness Programs

Workplace wellness programs need to be supported. Our workforce values wellness and needs opportunities to address physical and mental health with their peers at work. These opportunities must be supported by leadership and can be sponsored by the site or offered through other services like the MPHTC Wellness Program or insurance companies. Expanding programs that move toward resilience, interprofessional collaboration, and healthy work culture will build a healthy, robust workforce.