PublicHealth
IN THE 406

MONTANA
DPHHS

DEPARTMENT OF
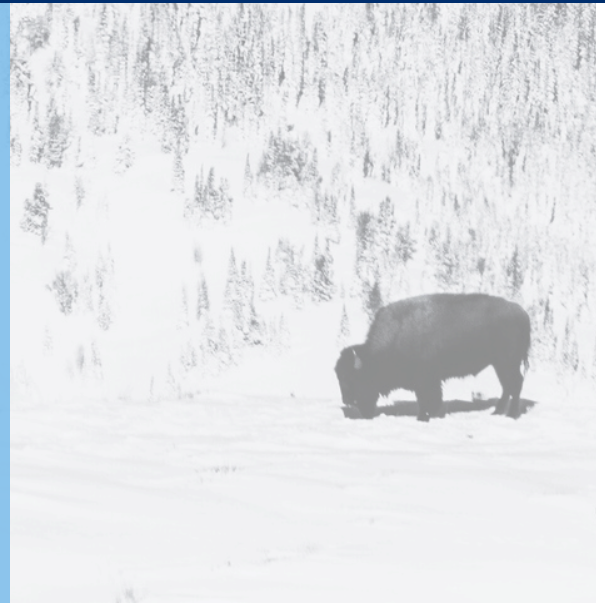**PUBLIC HEALTH &
HUMAN SERVICES**

MONTANA 21C
*Strengthening Public Health
Together*

Montana Public Health Workforce Assessment

Report

2025

Prepared By :

Montana Department of Public Health and Human Services, Public Health and Safety Division, Public Health System Improvement Office in collaboration with Montana 21C

Acknowledgements

Special thanks to the following individuals for their contribution to this report:

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Acronyms

AHEC - Montana Area Health Education Center

AMPHO - Association of Montana Public Health Officials

ASTHO - Association of State and Territorial Health Officials

BA - Bachelor of Arts

BRFSS - Behavioral Risk Factor Surveillance System

BS - Bachelor of Science

BSN - Bachelor of Science in Nursing

CHES - Certified Health Education Specialist

CIC - Certified in Infection Control

CLC - Certified Lactation Counselor

CLE - Certified Lactation Educator

CLS - Certified Lactation Specialist

CPH - Certified in Public Health

CPHA - Confluence Public Health Association

CSKT Confederated Salish & Kootenai Tribes

DPHHS - Department of Public Health and Human Services

SSB - Epidemiology and Scientific Support Bureau

FEMA - Federal Emergency Management Agency

FPHS - Foundational Public Health Services

FTE - Full Time Equivalent

HD - Health Department

HR - Human Resources

IBCLC - International Board of Certified Lactation Consultant

LPN - Licensed Practical Nurse

MA - Master of Arts

MCHES - Master Certified Health Education Specialist

MEHA - Montana Environmental Health Association

MORH - Montana Office of Rural Health

MPH - Master of Public Health

MPHA - Montana Public Health Association

MPHTC - Montana Public Health Training Center

MS - Master of Science

MT - Montana

MTPHI - Montana Public Health Institute

NA - Not Applicable

NACCHO - National Association of County and City Health Officials

NALBOH - National Association of Local Boards of Health

NEHA - National Environmental Health Association

NP - Nurse Practitioner

NWCPHP - Northwest Center for Public Health Practice

PH - Public Health

PH-WINS - Public Health Workforce Interests and Needs Survey

PHEP - Public Health Emergency Preparedness

PHSD - Public Health and Safety Division

PHSIO - Public Health System Improvement Office

PHSS - Public Health Strategic Skills

PM - Performance Management

PTO - Paid Time Off

QI - Quality Improvement

REHS - Registered Environmental Health Specialist

RM-PHTC - Rocky Mountain Public Health Training Center

RN - Registered Nurse

RS - Registered Sanitarian

SDOH - Social Determinants of Health

UM - University of Montana

WF - Workforce

WFD - Workforce Development

Message from Montana 21C:
Strengthening Public Health Together

On behalf of Montana 21C, we sincerely thank everyone who contributed to this workforce assessment. Your time and expertise are invaluable, and without your participation, we would not have the meaningful data needed to strengthen Montana's public health workforce.

We especially want to recognize the Montana 21C Workforce Development Group, made up of local and tribal health department representatives and key state partners. Their leadership ensured the survey was meaningful, and the resulting data can be actionable, helping partners across the state collaborate to address workforce gaps.

Montana 21C will use this data to inform the 2026-28 Montana Public Health Workforce Development Plan, co-develop a Montana-specific Foundational Public Health Services (FPHS) model, and guide policy updates related to workforce and staffing.
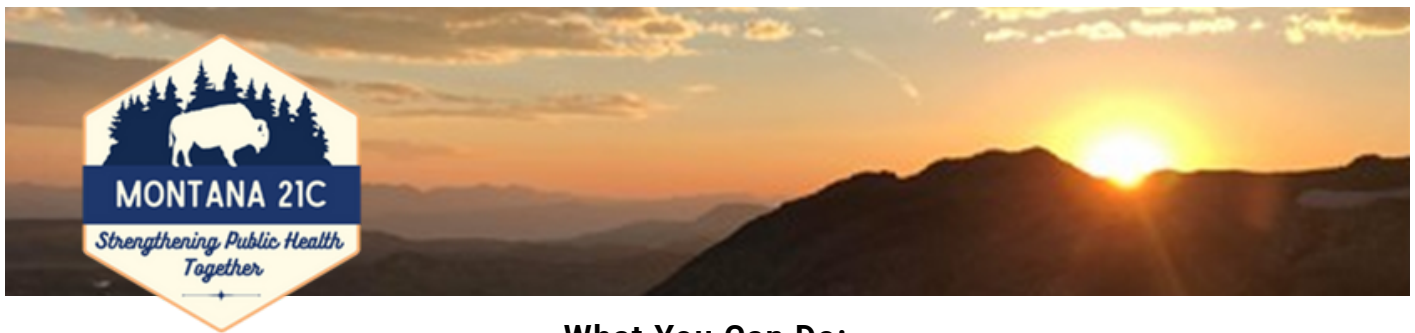
What You Can Do:
Use your jurisdiction-specific survey results to create workforce development plans or training plans within TRAIN Montana and collaborate regionally to support staff development.

How Montana 21C plans to support workforce development:
State-level review of the data will help identify opportunities to support local and tribal health departments in addressing gaps and strengthening the workforce. Montana 21C will support the implementation of the statewide workforce development plan. In addition, the survey and census data provide a clear picture of Montana's public health system to guide resource allocation and improve workforce capacity.

We are grateful for your time, commitment, and dedication. Your participation not only informs statewide planning but helps shape the future of public health in Montana. If you have questions or need more information, please contact info@montanapublichealth21c.org or visit our website https://montanapublichealth21c.org/

Montana Public Health
Workforce Assessment Executive Summary

The Montana 21C Workforce Development Group (WFD Group) works to address Montana's public health workforce needs, and improve the coordination, collaboration, and communication of public health training and education. By working together and sharing resources, the WFD Group addresses current public health workforce needs, specifically for local, tribal, and state health department staff. Montana's public health organizations formed the WFD Group to improve the public health workforce's ability to provide the Foundational Public Health Services, leading to improved health outcomes for all Montanans.

This report summarizes the findings of the 2025 Montana Public Health Workforce Assessment (WF Assessment), a statewide survey of local and tribal governmental public health staff. The survey captured information on workforce demographics and characteristics, workplace environment, and training needs. The survey was designed to capture similar data to that of the 2024 Public Health Interests and Needs Survey (PH WINS). In addition to the national and state health department findings from the 2024 PH WINS, the data collected in the WF Assessment and outlined in this report will be used to inform the 2026-2028 Montana Public Health Workforce Development Plan and guide our collective programming.

The survey launched on June 30 and closed August 24, 2025. All 60 of Montana's local and tribal health departments were invited to participate. In total, 88% of health departments participated, with 448 individual survey responses representative of frontline, supervisory or management, and executive staff. Summary of key findings below.

- Montana's public health workforce is highly educated, with 66% of respondents holding a bachelor's degree or higher. Much of the workforce has earned a degree in a discipline that is not founded in public health, highlighting the need for public health science education and training.

- Approximately 26% of local and tribal health department staff in Montana are age 55 and above. Approximately 29% of the workforce is planning to retire before 2030 or considering leaving for other reasons. The top reasons for voluntary turnover being pay, stress, lack of opportunities for advancement, lack of acknowledgement and recognition, work overload and burnout, and job instability.

Montana Public Health
Workforce Assessment Executive Summary

- Job satisfaction is strong across the workforce. Nine in 10 are satisfied with their job. The top sources of satisfaction being fair treatment, satisfaction with and sense of belonging to program teams, and satisfaction with supervisors. Of those not otherwise planning to retire, 81% reported that they are planning to stay in the workforce. The most important reasons motivating people to stay in their jobs are flexible work schedule, benefits, support from coworkers, and pride in the organization and its mission.

- Pay is the leading source of dissatisfaction across the workforce. Other common sources of dissatisfaction are not feeling a sense of belonging to the health department, lacking the ability to have input in decisions that impact work, fearing trouble for voicing concerns, and burnout. Burnout was reported by 45% of those considering leaving the workforce, compared to just 12% of those who are not. Tribal health department staff expressed significantly lower satisfaction regarding psychological safety and fair treatment regardless of race.

- Across all position types, the top 10 highest training needs are primarily within four main skill areas: Budget and Financial Management, Policy Engagement, Change Management, and Systems and Strategic Thinking. The top overall training need is within Budget and Financial Management: Identifying funding mechanisms and procedures to develop sustainable funding models for programs and services.

- Majority of the workforce prefers in-person, hands-on training and to be notified of upcoming training opportunities via email. Preferred training locations by Association of Montana Public Health Officials (AMPHO) Region are: Region 1 – Miles City, Region 2 – Great Falls, Region 3 – Billings, Region 4 – Helena, and Region 5 – Missoula. The top barriers to participating in training and educational programs are costs, location, and being unaware of training events.

For inquiries about this report, please contact:

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Montana's
Public Health
Workforce

Demographics

DEMOGRAPHICS
SUMMARY

448 | TOTAL SURVEY RESPONSES

327 | **FRONTLINE / PROGRAM SUPPORT**
does not supervise employees; program support

98 | **SUPERVISOR / MANAGER**
responsible for employee's performance, may supervise other supervisors

23 | **EXECUTIVE**
member of senior executive service or equivalent

88% *(53/60*)*

Public health jurisdictions participated

70%
of all County Health Department staff participated

20%
of all Tribal Health Department staff participated
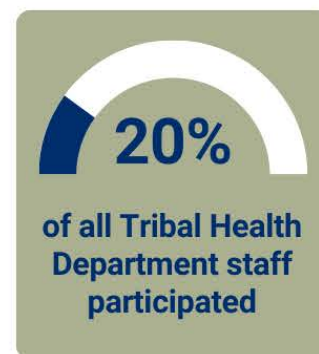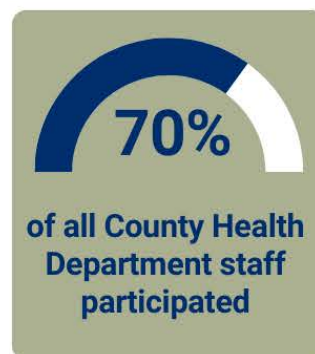
RACE AND ETHNICITY

- ■ American Indian or Alaskan Native
- ■ Hispanic or Latino
- ■ White
- □ Other

Percentages will not add up to 100. Respondents were able to select more than one choice.

Tribal Health Department: 63% | 7% | 41% | 4%

County Health Department: 2% | 3% | 95% | 4%

Statewide: 6% | 3% | 92% | 4%
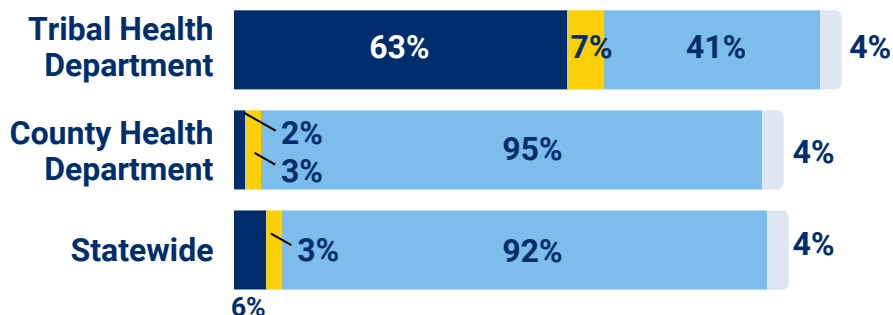
92%
Female
(statewide)

BACHELOR'S DEGREE OR HIGHER

63% | Tribal Health Department

67% | County Health Department

STATEWIDE AGE DISTRIBUTION

| 18 - 34 25% | 35 - 54 48% | 55+ 26% |

*60 jurisdictions include 8 tribal jurisdictions and the Central Montana Health District which includes 5 counties

DEMOGRAPHICS
SURVEY PARTICIPATION

Response Rates by AMPHO Region
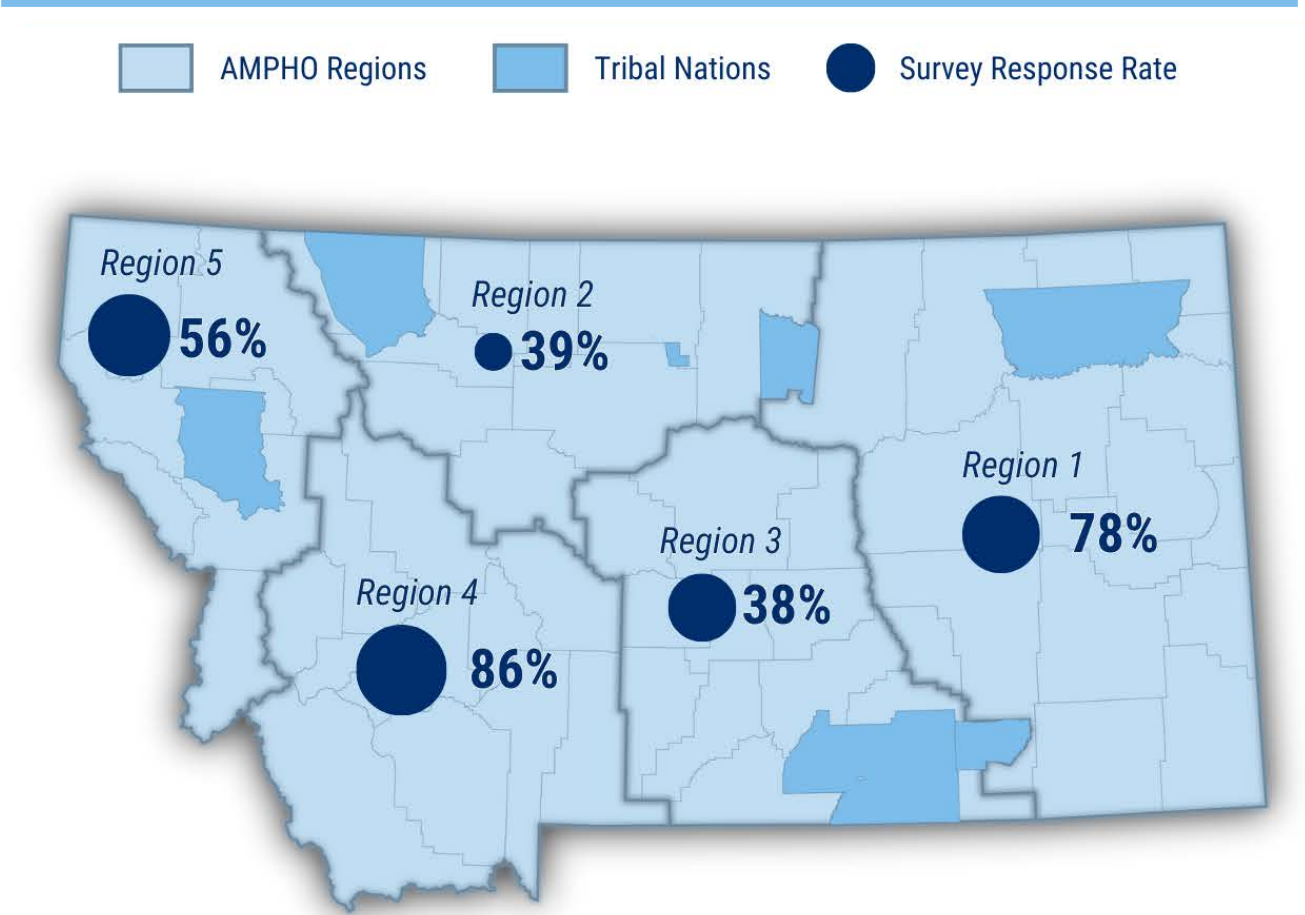
AMPHO Region	Total Jurisdictions	Total Staff	Total Survey Responses	Response Rate
Region 1	18	100	78	**78%**
Region 2	13	134	52	**39%**
Region 3	9	154	58	**38%**
Region 4	12	162	140	**86%**
Region 5	8	214	120	**56%**

DEMOGRAPHICS
SURVEY PARTICIPATION

Health Departments by AMPHO Jurisdiction Size
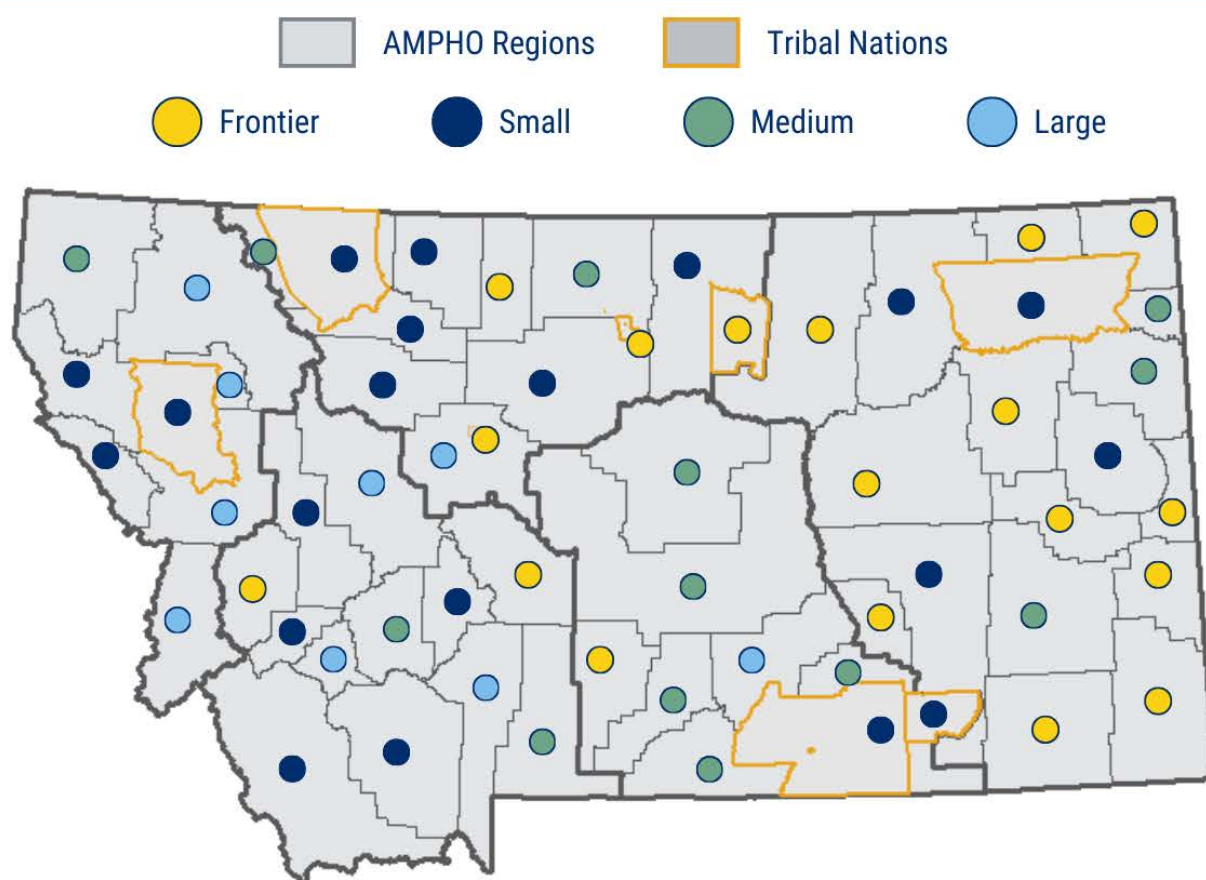
Response Rates by AMPHO Jurisdiction Size

Jurisdiction Size	Total JDs	Population Size Served	FTE Range	Total Staff	Total Survey Responses	Response Rate
Frontier	18	< 5,000	1 − 9	95	27	**28%**
Small	20	5,000 − 9,999	1.75 − 25	182	104	**57%**
Medium	13	10,000 − 29,999	1.2 − 14.3	91	75	**82%**
Large	9	30,000 +	9 − 90.6	396	242	**61%**

Note: Staff counts were self-reported by jurisdictions during the survey or obtained from the Foundational Public Health Services assessment.

DEMOGRAPHICS
SURVEY PARTICIPATION

● Frontier Jurisdictions   Response Rate: **28%**

Total Jurisdictions	18
Population Served	< 5,000
FTE Range	1 – 9
Total Staff	95
Survey Responses	27

Liberty, Ft. Belknap, Daniels, Sheridan, Phillips, McCone, Rocky Boy's, Little Shell, Wibaux, Garfield, Prairie, Meagher, Treasure, Fallon, Granite, Sweet Grass, Powder River, Carter
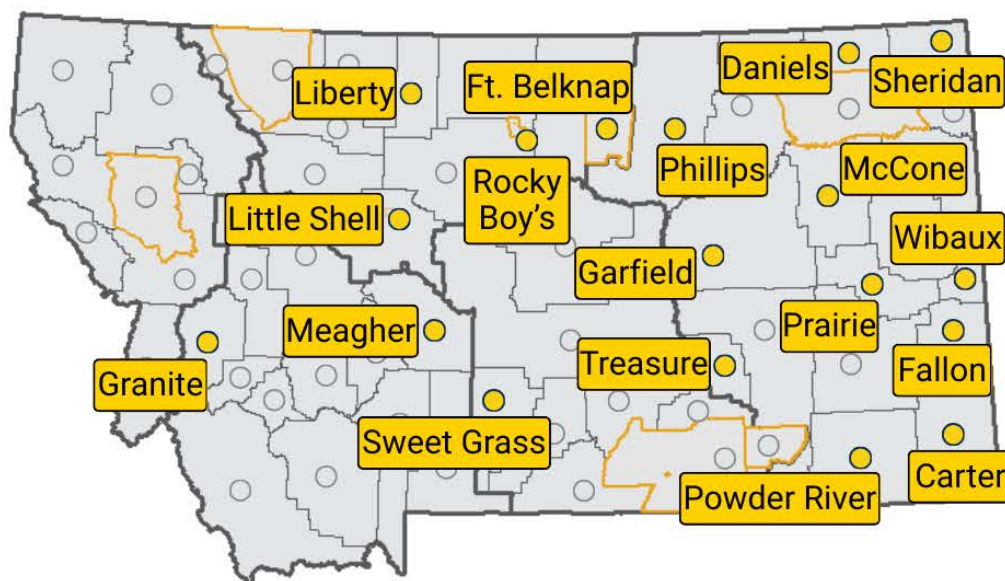
● Small Jurisdictions   Response Rate: **57%**

Total Jurisdictions	20
Population Served	5,000 – 9,999
FTE Range	1.75 – 25
Total Staff	182
Survey Responses	104

Blackfeet, Toole, Blaine, Fort Peck, Sanders, Pondera, Valley, Dawson, Teton, Chouteau, CSKT, Mineral, Powell, Rosebud, Broadwater, Deer Lodge, Northern Cheyenne, Madison, Crow, Beaverhead
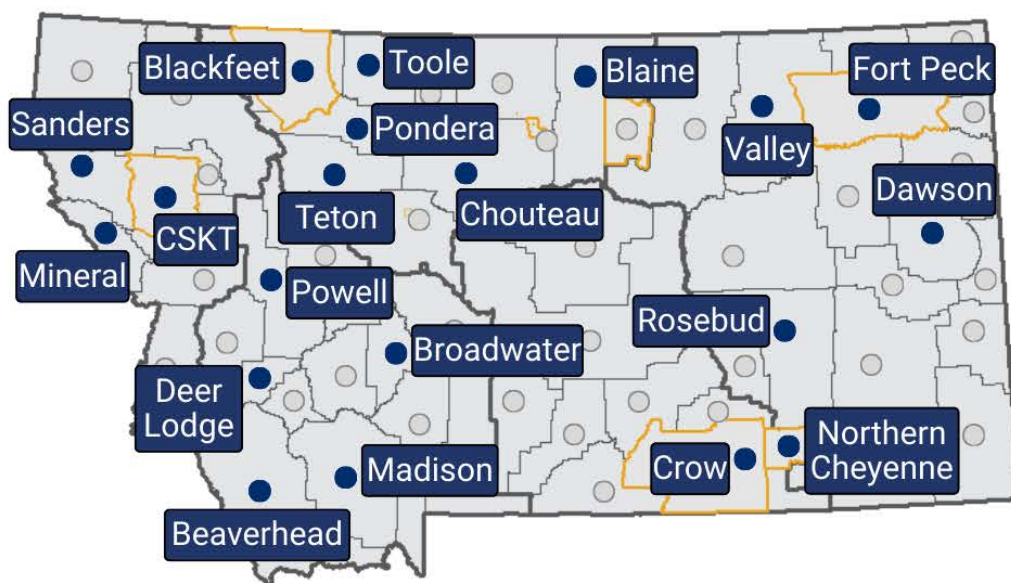
DEMOGRAPHICS
SURVEY PARTICIPATION

Medium Jurisdictions   Response Rate: **82%**

Total Jurisdictions	13
Population Served	10,000 – 29,999
FTE Range	1.2 – 14.3
Total Staff	91
Survey Responses	75

Map labels: Glacier, Hill, Roosevelt, Lincoln, Fergus, Richland, CMHD, Custer, Jefferson, Stillwater, Big Horn, Park, Carbon
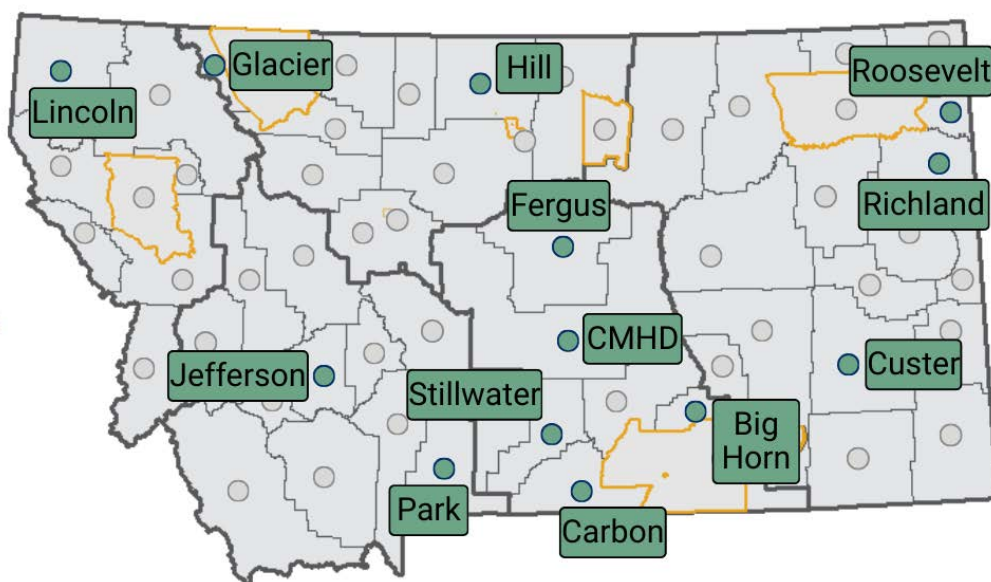
Large Jurisdictions   Response Rate: **61%**

Total Jurisdictions	9
Population Served	30,000 +
FTE Range	9 – 90.6
Total Staff	396
Survey Responses	242

Map labels: Flathead, Lake, Cascade, Missoula, Lewis and Clark, Ravalli, Gallatin, Yellowstone, Butte-Silver Bow
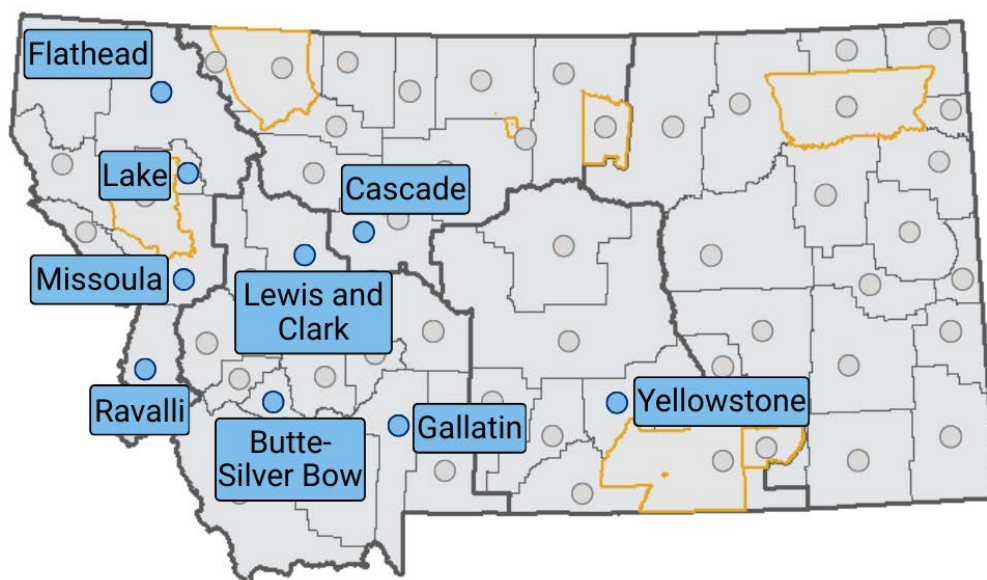
DEMOGRAPHICS
EDUCATION

Proportion of Staff with a Bachelor's Degree or Higher **by Jurisdiction Size**

Although two-thirds of staff statewide hold at least a bachelor's degree, **large health departments are more likely to have highly educated staff than all other jurisdictions.**

The proportion of staff with a bachelor's degree or higher increases with department size. This may reflect challenges faced by smaller health departments: **Limited budgets making it hard to offer competitive wages**, as well as the nature of living in very rural areas, might both contribute to difficulties in recruiting and retaining staff with advanced degrees.

■ Percent with Bachelor's or higher   ⊺ 95% Confidence Interval*

Frontier 30%
Small 51%
Medium 59%
Large 79%

100%
75%
50%
25%
0%

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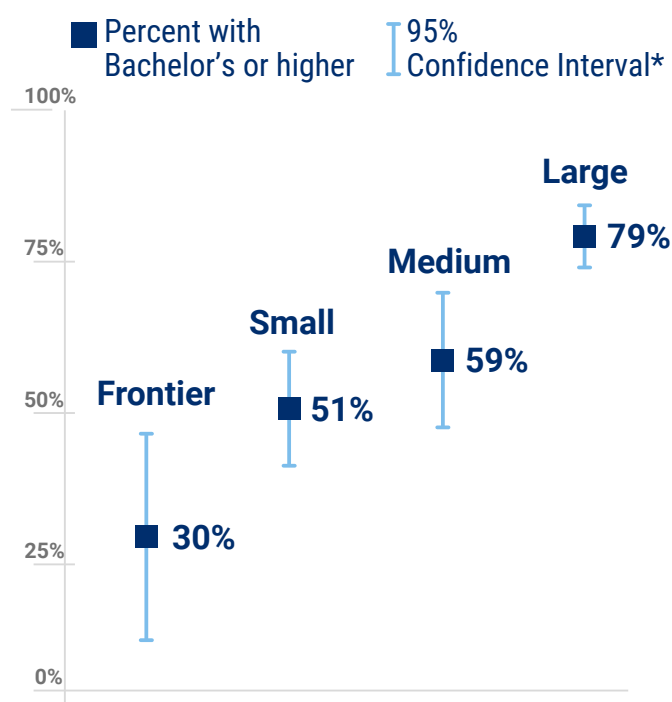
*CONFIDENCE INTERVALS
are a way of being honest about uncertainty. We don't know the exact number, but a confidence interval gives us a range (a lower and upper bound) where we believe the true value likely falls.

When we run a survey, we only hear from some of the people we want to understand. Because of that, our results are <u>estimates</u>, not exact counts.

A confidence interval shows the range where the true number would likely fall, if we had heard from everyone in the entire public health workforce.

upper confidence bound

Estimate
from the survey responses we got

We are confident that, *if* every public health professional had taken the survey, the "true" value would likely be in this range.

lower confidence bound

DEMOGRAPHICS
EDUCATION, CREDENTIALS

61% **Hold at least one formal credential**
(273/498 respondents)

Top Credentials Held	(% out of 273)
Nurse certification (RN/LPN/NP/BSN)	**38%** (105)
Breastfeeding/Lactation Certification (CLC/CLE/CLS/IBCLC)	**19%** (51)
Registered Sanitarian (REHS / RS)	**15%** (42)
Certified in Public Health (CPH)	**7%** (20)
Certified Community Health Worker	**7%** (19)

52% **Expressed interest in obtaining a formal credential**
(232/498 respondents)

Top Credential Interests	(% out of 232)
Certified in Public Health (CPH)	**51%** (118)
Certified Health Education Specialist (CHES or Master CHES)	**25%** (57)
Certified Community Health Worker	**19%** (45)
Infection Control Certification (CIC)	**17%** (39)
Breastfeeding/Lactation Certification (CLC/CLE/CLS/IBCLC)	**16%** (37)

Out of the 297 (66%) of all staff that hold a **BACHELOR'S DEGREE OR HIGHER**

Majority have a **BS/BA 61%** (181)

34% (102) have a **Masters degree or higher**

Second-most common degree overall: **Bachelor of Science in Nursing (BSN) 21%** (62)

Most common degrees:

6% Other Bach.
9% MPH
61% BS/BA
21% BSN
11% MA/MS
5% Other A/S/N
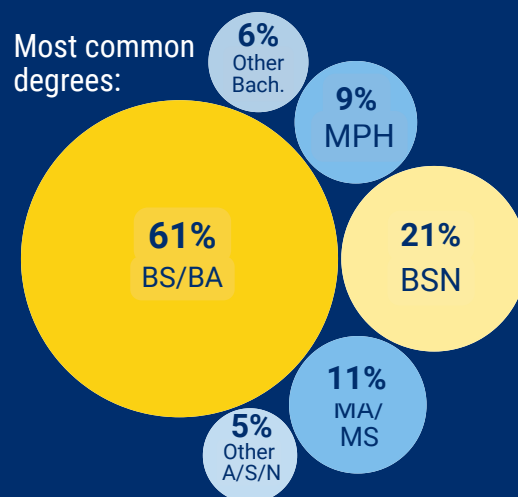
Statewide:

5% **are currently pursuing a degree.** *(22/498)*

DEMOGRAPHICS
AGE AND EXPERIENCE

Statewide Years of Experience in Public Health
(% of all 448 responses)

30%
(136)
10+ years

24%
(109)
5-9 years

5%
unknown

41%
(183)
0-4 years

Supervisors and Executives
tend to be older, have more years of experience, and possess higher educational degrees.
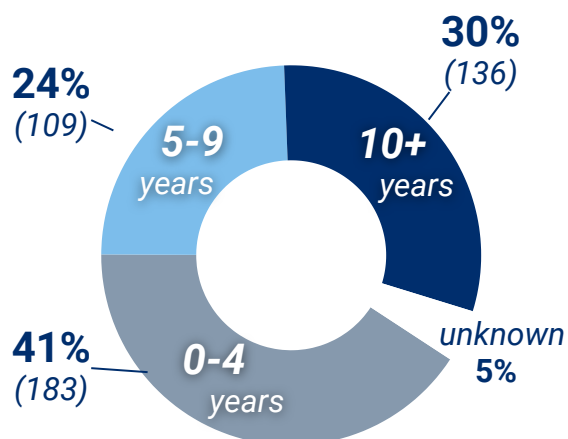
Age Distributions by Position Type

● 18 - 34 ● 35 - 54 ● 55+ ● *Unknown*

	10+ years of experience	**Bachelor Degree or higher** ● **Masters or higher**
Frontline *(n = 327)* — 31% / 45% / 23%	23%	61%
Supervisors *(n = 98)* — 8% / 55% / 36%	44%	82%
Executives *(n = 23)* — 9% / 60% / 30%	75%	74%

DEMOGRAPHICS
RETIREMENT OUTLOOK

13% plan to retire before 2030
(58/448)

The majority of those retiring have 10+ years of experience in public health

Years of experience of those planning to retire:

0-4	5-9	10+
21% (12)	**17%** (10)	**52%** (30)
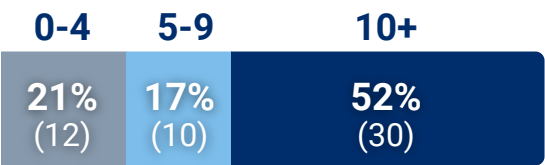
29%
(132/448)

Are either planning to retire before 2030 *or* are otherwise considering leaving the workforce.

This is comparable across and within regions, jurisdiction sizes, and position types.

■ Percent retiring soon *or* considering leaving for other reasons

Ι 95% Confidence Interval

AMPHO Regions
Average: **30%**

40%
20%

1   2   3   4   5

Jurisdiction Size
Average: **28%**

Frontier   Small   Medium   Large

Position Type
Average: **28%**

40%
20%

Frontline   Supervisors   Executives
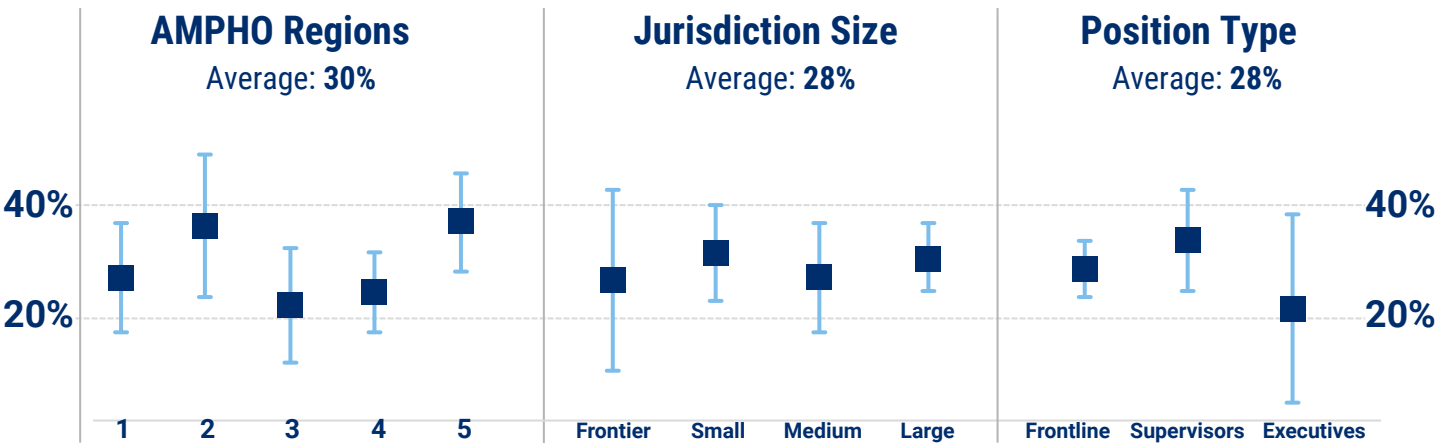
Montana's Public Health Workforce

Satisfaction and Well-being

JOB SATISFACTION

National leaders like the Public Health Accreditation Board emphasize that workforce well-being is not just an HR issue, it's a strategic imperative for strengthening public health.

No matter the role - whether it's nurses in rural counties working overtime to care for their aging neighbors, sanitarians protecting our drinking water, or health officers advocating each legislative session for the critical services our communities need -

every single person working across public health plays a vital role in keeping the system running and our communities healthy.

When staff feel respected and supported, they are more likely to stay, grow, and lead.

This survey was an opportunity to hear directly from the people who make it all happen, and identify where we can better support them. It allowed us to better understand their day-to-day realities: how supported they feel, how manageable their workload is, and whether they have what they need to thrive.

JOB SATISFACTION
SURVEY DESIGN

In this section, public health staff shared how they've been feeling about their jobs over the past month, **reflecting on 22 different aspects of their day-to-day work.** We highlight satisfaction levels across the state's workforce, and dive deeper within groups:

- **Job Satisfaction** (Satisfied with job or Not Satisfied with job)
- **Considering Leaving** (Considering leaving the workforce or Planning to stay)
- **Position Type** (Frontline, Supervisor, Executive)
- **Jurisdiction Size** (Tribal, Frontier, Small, Medium, Large)
- **Agency Type** (County or Tribal Health Department)

Satisfaction Statements	
Job	• I love my job • I am satisfied with my job
Pay and Benefits	• I am satisfied with my pay • I am satisfied with my benefits • I am paid fairly for the job that I do
Workload and Work-Life Balance	• I can easily manage the demands of my job • I can achieve a healthy work/life balance
Organization and Team	• I am satisfied with my organization • I am satisfied with my program team
Voice	• I am happy with how much input I have in decisions that affect my work • I can voice concerns at work without getting into trouble
Supervisor	• I am satisfied with my supervisor • I feel that my supervisor has strong interpersonal skills
Sense of Belonging	• I feel a sense of belonging at my agency • I feel a sense of belonging with my program team
Treated Fairly	• I feel psychologically safe at work • I am treated fairly at work • People here are treated fairly regardless of their [*age, gender, race, sexual orientation, disability status*]

For each topic, staff responded using a scale from either:
a) "Strongly Disagree" to "Strongly Agree," or b) "Never" to "Always."

To calculate the percentage of staff who were satisfied on each topic, we grouped together those who selected "Agree" or "Strongly Agree," or said something happened "Usually" or "Always." When comparing across groups like jurisdiction size or position types, we calculated percentages based on the number of responses in each group, instead of the statewide total.

a)

Strongly Disagree
Disagree
Agree
Strongly Agree

b)

Never
Rarely
Some-times
Usually
Almost Always
Always

PERCENT OF STAFF SATISFIED =

a)

$$\frac{\#\ \text{Agree or Strongly Agree}}{\text{Total \# responses}\ (\textit{either statewide or within group})}$$

- or -

b)

$$\frac{\#\ \text{Usually, always, or almost always}}{\text{Total \# responses}\ (\textit{either statewide or within group})}$$
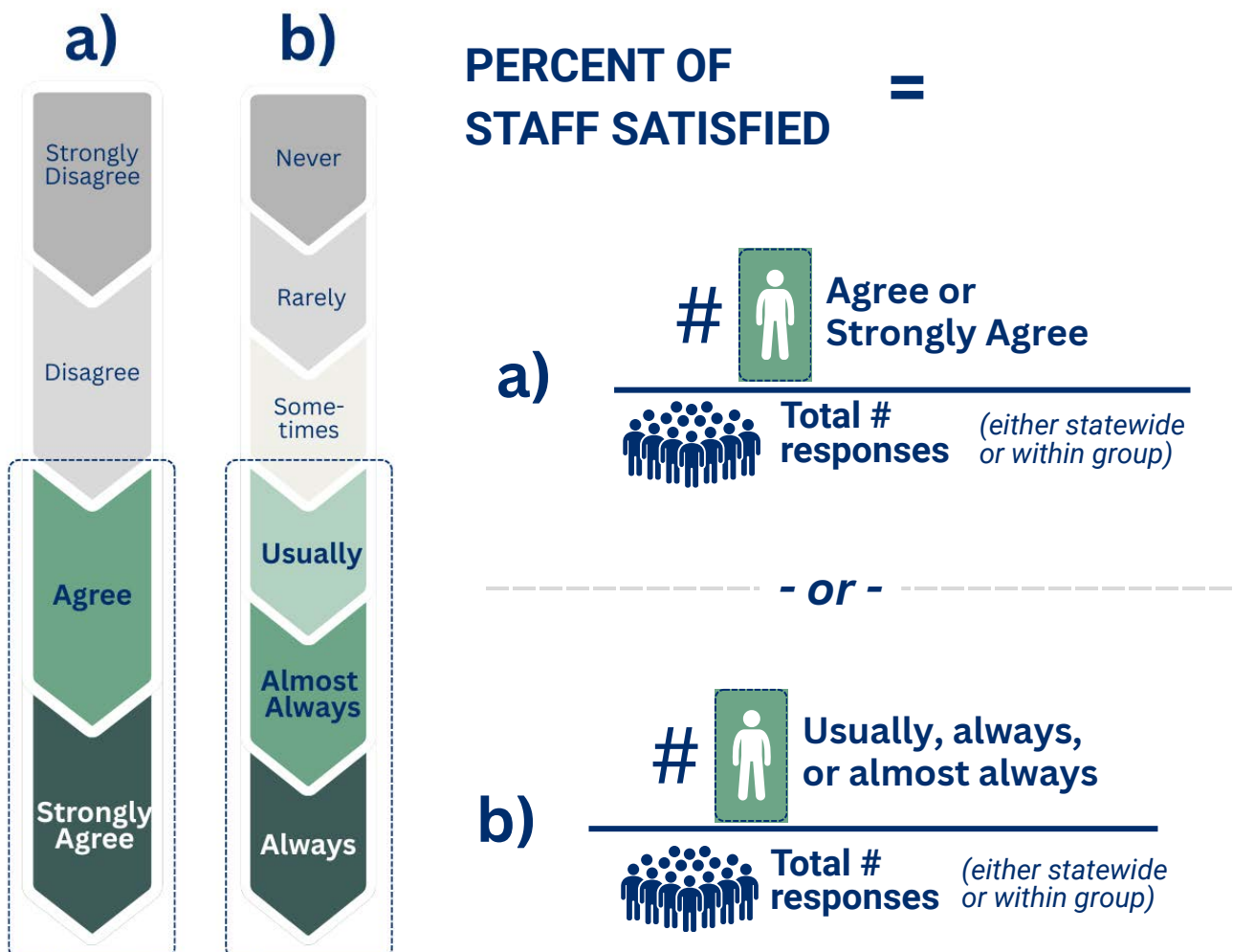
JOB SATISFACTION
KEY FINDINGS

Across the workforce, job satisfaction was strong.

Looking at the state's workforce as a whole, satisfaction levels in most areas of day-to-day work experiences typically ranged from

86% to 93%

TOP OVERALL SOURCES OF SATISFACTION:

- Being **treated fairly**

- Satisfaction with and sense of **belonging to program teams**

- Satisfaction with **supervisors**

9 in 10
are satisfied with their job

Of those not otherwise planning to retire:

81% *(316/390)*
planning to stay in the workforce

19% *(74/390)* **planning to leave**

Most important reasons motivating people to stay in their jobs:

Flexible work schedule

Benefits

Support from coworkers

Pride in the organization and its mission

JOB SATISFACTION
KEY FINDINGS

MOST COMMON SOURCES OF *DISSATISFACTION:*
(besides pay)

- Not feeling a sense of **belonging to health department**

- Lacking the ability to have **input in decisions that impact work**

- Fearing trouble for **voicing concerns**

- **Burnout**

PAY IS THE LEADING SOURCE OF *DISSASTISFACTION*

across the statewide workforce, especially among those who were dissatisfied with their jobs overall.

Tribal Health Department staff are impacted at work in ways that County staff are not.

They expressed significantly lower satisfaction regarding:

- **Psychological safety**

- **Fair treatment regardless of race**

JOB SATISFACTION: RETENTION CHALLENGES

19%

of the state's workforce is considering leaving for reasons other than retirement.
(74/390 respondents)

Most common reasons influencing decisions to leave:

- Pay
- Stress
- Lack of opportunities for advancement
- Lack of acknowledgement and recognition
- Work overload and burnout
- Job Instability

The majority are in frontline positions (77%)
57/74

Compared to those planning to stay, they report lower overall satisfaction with both their job and their organization, and higher rates of burnout.

BURNOUT was reported by **45%** of those considering leaving the workforce, compared to just **12%** who are not.

○ None ○ Some burnout ● Chronic burnout ● Completely burnt out
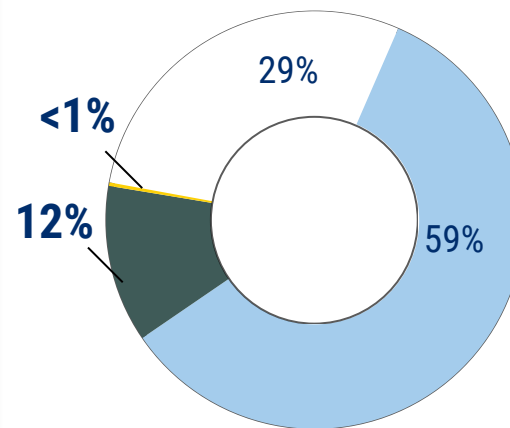
Planning to Stay
n = 316

29%
<1%
12%
59%
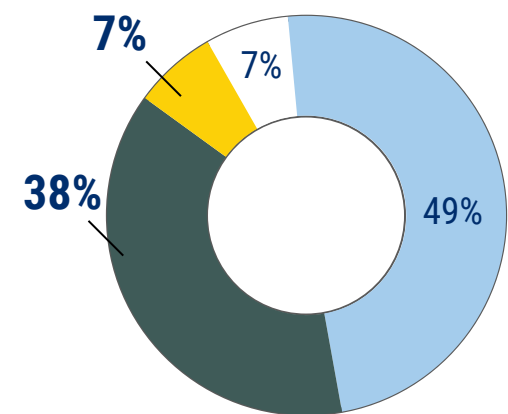
Considering Leaving
n = 74

7%
7%
38%
49%

JOB SATISFACTION: RETENTION CHALLENGES

Comparison of public health staff among **three groups**: those who are satisfied, considering leaving the workforce, or otherwise dissatisfied with their job

Staff grouping: ○ Satisfied with Job (n = 413) ● Considering Leaving the Workforce (n = 74) ● Not Satisfied with Job (n = 35)

Percent of staff satisfied among each group

Question theme	Sense of belonging	Decision Input	Pay and Benefits	Treated Fairly	Free to Voice Concerns
Satisfied with Job	94%	84%	71%	95%	91%
Considering Leaving the Workforce	65%	58%	46%	73%	72%
Not Satisfied with Job	43%	31%	31%	54%	54%

Question text

Sense of belonging	Decision Input	Pay and Benefits	Treated Fairly	Free to Voice Concerns
I feel a sense of belonging at my agency	*I am happy with how much input I have in decisions that affect my work*	*I am paid fairly for the job that I do*	*I am treated fairly at work*	*I can voice concerns at work without getting into trouble*

JOB SATISFACTION
WELL-BEING

Self-Reported
Mental Health Status
Statewide (n=446: 2 not reported)

50%
Very Good or Excellent
(n=244)

35%
Good
(n=157)

13%
Fair
(n=57)

2%
Poor
(n=8)

53%
Participated in a wellness program between 2023-2025

Most accessed wellness programs through their **Workplace** (63%)

66%
Are interested in wellness programs

Wellness Coaching + Guided Meditations
Had the most interest

JOB SATISFACTION
WELL-BEING

The people who need mental health supports the most are the least likely to feel supported by their department's policies.

Across Montana's public health workforce, most staff felt their department had policies that supported their mental health. **Statewide, about 79% agreed**, a pattern consistent across positions, regions, and jurisdiction sizes.

But this high level of agreement reflects something important: **Most staff (about 85%) described their own mental and emotional health as "Good," "Very Good," or "Excellent."** In other words, the majority of our workforce may not be relying heavily on these policies.

When we look specifically at staff who reported **"Fair" or "Poor" mental health, only 48% felt their department had supportive mental health policies**, compared to 85% among those with better overall mental health.

This gap is significant.

Perceived Policy Support by Self-Reported Mental Health Status

Good or better
85% (n=383)

Fair or Poor
48%
(n=65)

100%

75%

50%

25%
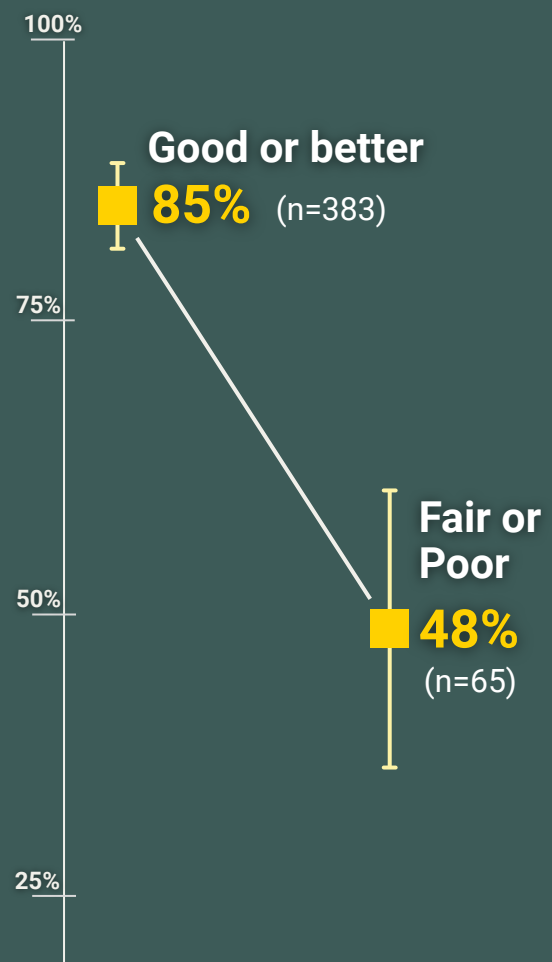
Statement:
"My agency implements policies that support my mental well-being"

Percent of staff who agreed with statement

95% Confidence Interval

Range of Satisfaction Across the Workforce

At the statewide level, satisfaction across all components appeared relatively strong, with the exception of pay.

But when we looked more closely at differences by Jurisdiction Size, Position Type, and Agency, a few key differences emerged. The role someone holds, the size of the jurisdiction they work in, and the agency they work for can meaningfully shape how they feel about their job.

The chart to the right displays the percentage of satisfaction from the statewide workforce as a whole, within the full range of satisfaction across all sub-groups.

The highlighted points represent the groups whose satisfaction was significantly* lower than the statewide percentage.

(*takes into account sample sizes and reflects high confidence)

Legend

△ **Statewide Percentage**

Range of satisfaction across all groups

○ **Significantly lower satisfaction** compared to the statewide percentage

Chart categories (top to bottom): Job; Pay; Benefits; Managing workload; Work-Life Balance; **Completing work within normal hours** (Large HD); Policies that support mental well-being; Comfort using PTO; **Satisfaction with Organization** (Supervisors); Program Team; **Decision Input** (Large HD); Voicing Concerns; Supervisor's Interpersonal Skills; Supervisor; Belonging: Agency; Belonging: Team; **Psychological Safety**; Treated Fairly; Regardless of: Age (Tribal HD); Disability; Gender; **Race**; Sexual Orientation

Axis: 60% — 80% — 100%

JOB SATISFACTION
ACROSS POSITIONS

- **Supervisors** had the lowest satisfaction with their organization

- **Frontline Staff** had the lowest satisfaction with the amount of input they have in decisions impacting their work and voicing concerns

- **Executives** had lowest percent of feeling psychological safety compared to Supervisors and Frontline Staff

- **Supervisors and Executives** reported lower satisfaction with managing workload and maintaining work-life balance

Executives 91%

Supervisors 83%

Frontline 77%

Statement:
"I am happy with how much input I have in decisions that affect my work"

● Percent of staff who agreed with statement

Ⲏ 95% Confidence Interval
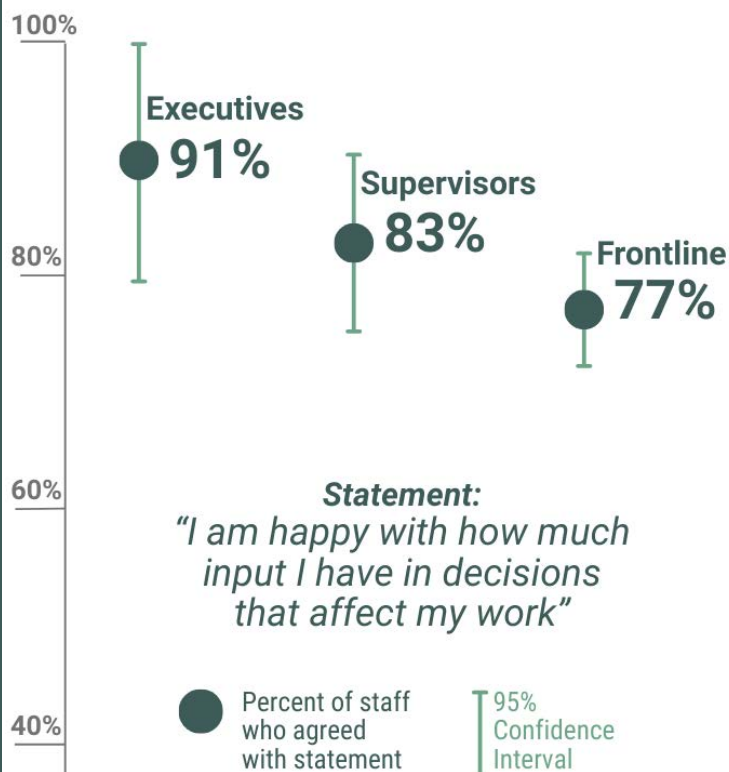
Montana's
Public Health
Workforce

Strategic Skills: Training Needs Assessment

TRAINING NEEDS
STRATEGIC SKILLS OF PUBLIC HEALTH

Public health's core purpose is to protect and improve the well-being of individuals and communities by preventing illness, injury, and harm, and by promoting conditions that support health. In practice, this involves providing the Foundational Public Health Services: assessing community needs, developing and implementing policies and programs, and ensuring that people can access the resources required to improve health outcomes.

This work is led by a diverse public health workforce that includes governmental employees and community-based partners. To strengthen this workforce, several organizations have identified key competencies and skills that guide professional development and training priorities. For instance, the Council on Linkages outlines core competencies across three levels of practice: frontline or program support, supervisory or managerial, and executive leadership. These core competencies provide a foundation for assessing training needs and shaping workforce development initiatives. They are further enhanced by the Public Health Strategic Skills (**PHSS**), a complementary set of cross-cutting abilities designed to help public health professionals more effectively deliver services.

The Relationship between Skills, Services, and Healthy People

" Healthy People 2030 is influenced by public health's ability to carry out services, which is influenced and supported by the public health workforce's skills, knowledge, and abilities. **The Strategic Skills and Core Competencies support the workforce in achieving its ultimate goals.** "

HEALTHY PEOPLE

SERVICES
10 Essential PH Services **+** Foundational PH Services

SKILLS
Strategic Skills + Core Competencies

Note. *Adapted from Figure 1, Adapting and aligning public health strategic skills (de Beaumont Foundation & ASTHO, 2021, p. 2)*

TRAINING NEEDS
STRATEGIC SKILLS OF PUBLIC HEALTH

The workforce assessment survey was completed by local and tribal governmental public health employees across the State of Montana to assess strengths and gaps. The training needs section of the survey included 10 domains adapted from multiple frameworks and competency models, organized to reflect the Public Health Strategic Skills. The survey results provide actionable insight into where future training and development resources should focus.

Public health staff first identified their position type (frontline/program support, supervisor, executive) and rated 29 unique skills across 10 domains. The skills were grouped into four (4) broader categories for visualization purposes only to help compare related areas of training needs across positions.

448

total survey responses:

327 **Frontline**
does not supervise other employees; program support

98 **Supervisor**
responsible for employee's performance, may supervise other supervisors

23 **Executive**
member of senior executive service or equivalent

Domains	# Skills Assessed
Effective Communication	2
Data-Based Decision-Making	3
Programmatic Expertise	2
Justice, Equity, Diversity, and Inclusion	3
Budget & Financial Management	4
Change Management	2
Systems & Strategic Thinking	6
Policy Engagement	2
Community Engagement	3
Cross-Sectional Partnerships	2
Total Skills Assessed:	**29**

TRAINING NEEDS
SURVEY DESIGN

After each respondent identified their position type (frontline/program support, supervisory, or executive), they rated the importance of each of the 29 skills to their current position and, for those identified as moderately or very important, assessed their own current level of proficiency.

All respondents rated the same set of skills, but descriptions were tailored to reflect each position's responsibilities. For example, a supervisor-level skill might focus on program implementation, while the executive version emphasized agency-wide oversight.

1

Position Type

- Frontline
- Supervisor
- Executive

29 skills across 10 domains, tailored to position type

2

Importance to current position

Not at all important

Somewhat important

Moderately important
Very important

3

Current skill level
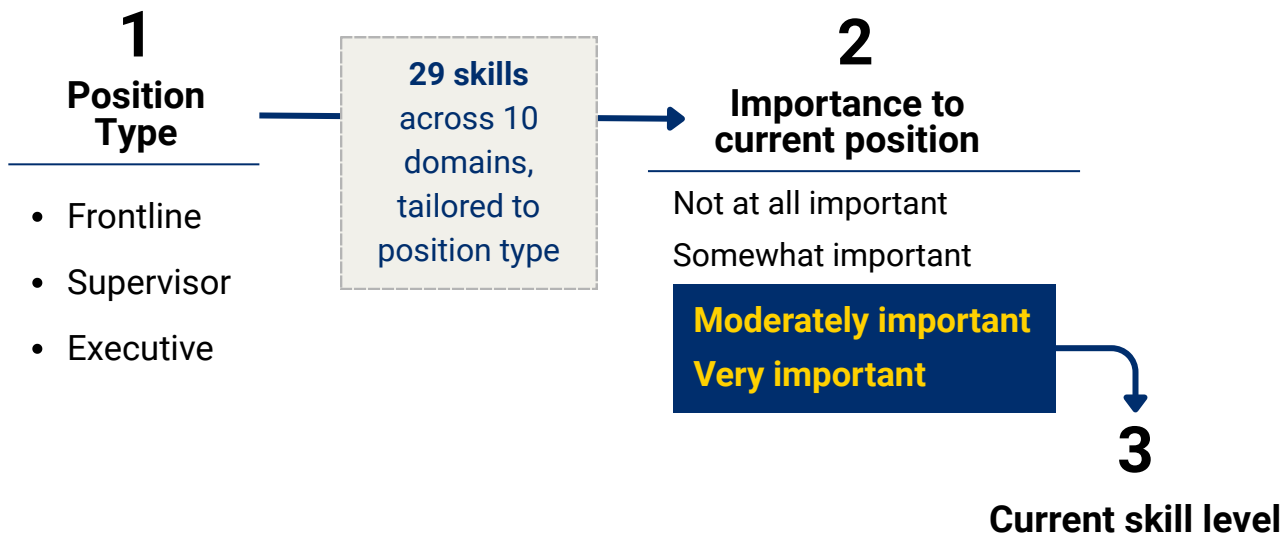
Unable to perform
lacking the necessary skills to perform

Beginner
able to perform with assistance

Proficient
able to perform independently

Expert
able to assist or teach others

TRAINING NEEDS
IDENTIFYING PRIORITIES

To identify the top training needs across positions, each skill was assigned two values:

1) Higher Importance: the percentage ranked as **"moderately" or "very" important,**

and out of those who ranked it as important:

2) Lower Skill Level: the percentage who reported as a **"beginner" or "unable to perform"**

Multiplying those two values together, we get a single priority score value for each skill by position. This value is the percentage of respondents who both view the skill as important and report low skill, in other words: **Higher Value = Higher Training Need/Priority**

We can use both values to create plots that help visualize and compare training needs across skills and positions. **The top-right area is where training needs are greatest** (both the proportion of respondents who rank the skill as important and currently have low skill levels are high). **These plots are only to serve as a visual aid; the lines or quadrants shown are not intended as fixed thresholds or strict cut-off points.**
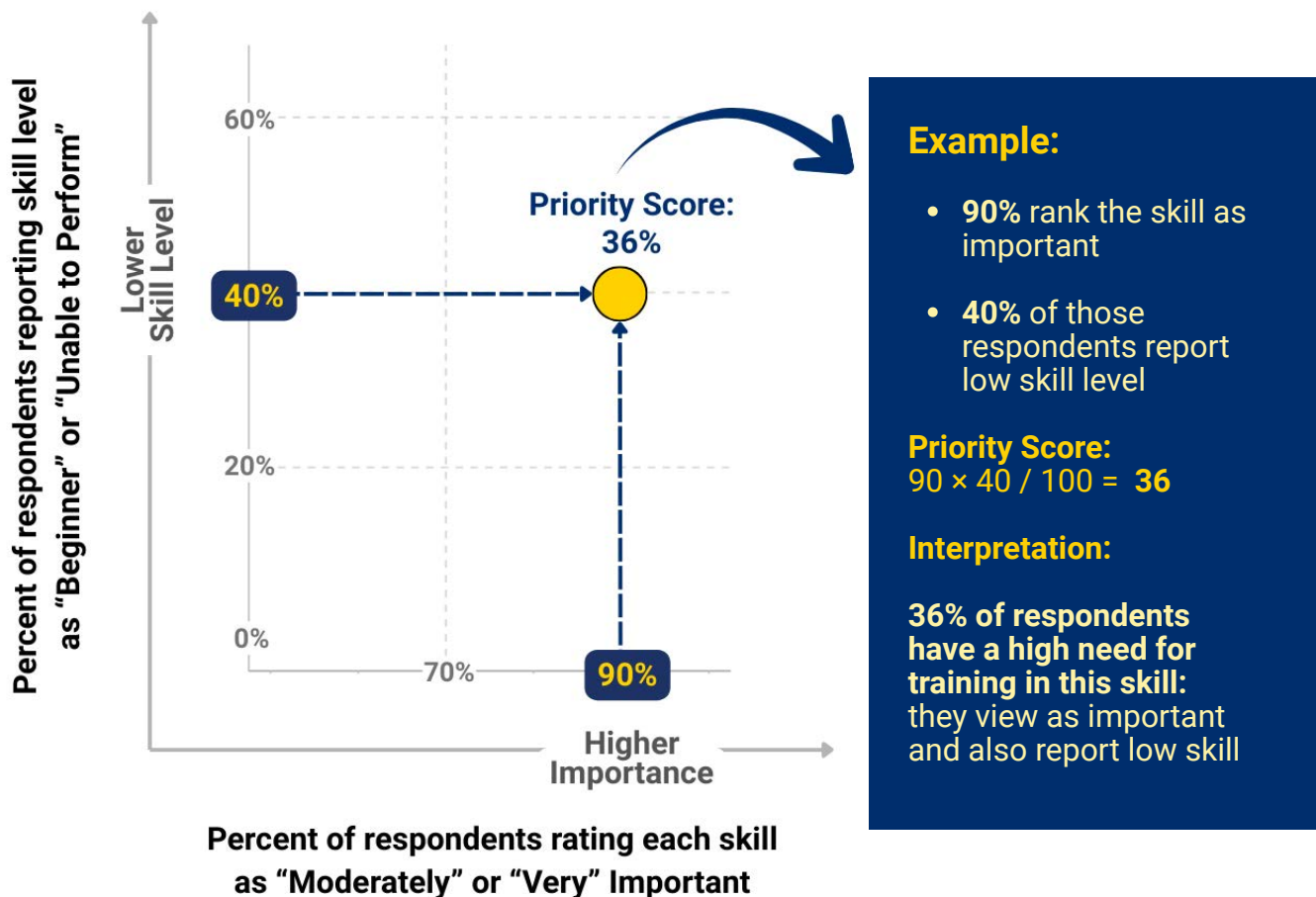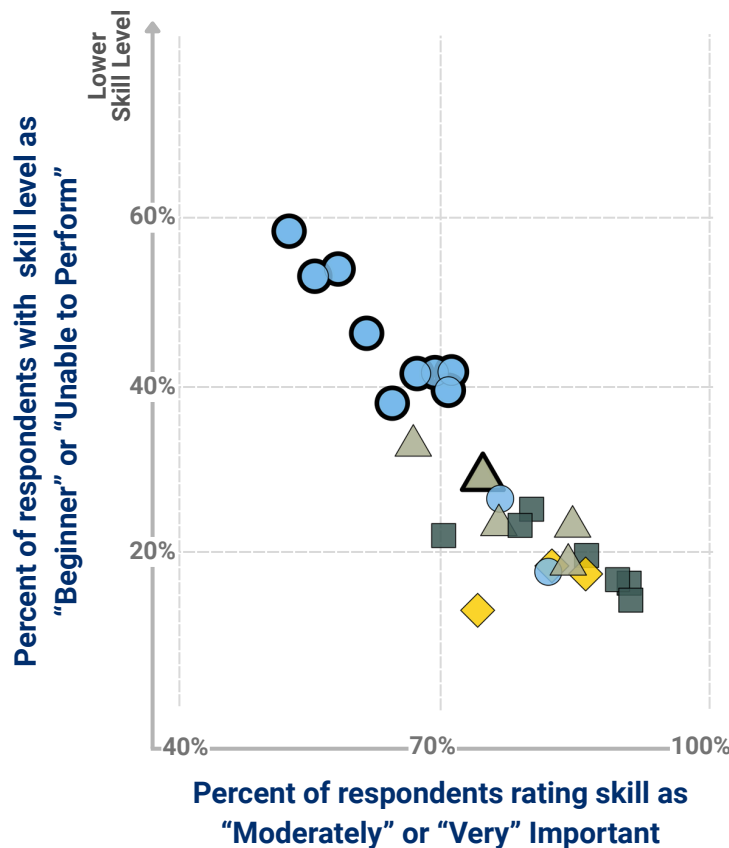
Example:

- **90%** rank the skill as important

- **40%** of those respondents report low skill level

Priority Score:
90 × 40 / 100 = **36**

Interpretation:

36% of respondents have a high need for training in this skill: they view as important and also report low skill

Percent of respondents rating each skill
as "Moderately" or "Very" Important

Frontline

Lower Skill Level

Percent of respondents with skill level as "Beginner" or "Unable to Perform"

60%
40%
20%

40%   70%   100%

Percent of respondents rating skill as "Moderately" or "Very" Important

TOP 10 BY PRIORITY SCORE:

Percent of staff who viewed skill as important to their position and also report low skill levels:	Frontline (n=327)
Describe how public health funding mechanisms support agency programs and services	31%
Describe financial analysis methods applicable to program and service delivery	30%
Describe the value of an agency business plan	29%
Understand the Foundational Public Health Services (FPHS) and how their role contributes to and supports the broader public health system.	29%
Describe the influence of internal changes (e.g., personnel changes, funding cuts, internal policies, etc.) on organizational practices	28%
Collect and summarize information to inform the development of policies external to the organization that affect the health of the community	28%
Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence your work	28%
Describe the relationship between a policy and many types of public health problems.	27%
Participate in quality improvement processes for agency programs and services	25%
Describe the importance of engaging community members in the design and implementation of programs to improve health in a community	22%

Each point represents a single skill-based question in each of the categories listed below. The upper-right area shows the greatest training needs: where many respondents rate a skill as important and report low proficiency.

- **Effective Communication**
- **Data-Based Decision-Making**
- **Programmatic Expertise**

- **Justice, Equity, Diversity, and Inclusion**

- **Budget & Financial Management**
- **Change Management**
- **Systems & Strategic Thinking**
- **Policy Engagement**

- **Community Engagement**
- **Cross-Sectional Partnerships**

Supervisors

Lower Skill Level

Percent of respondents with skill level as "Beginner" or "Unable to Perform"

60%
40%
20%

40% 70% 100%

Percent of respondents rating skill as "Moderately" or "Very" Important

TOP 10 BY PRIORITY SCORE:

Percent of staff who viewed skill as important to their position and also report low skill levels:	Supervisors (n=98)
◯ Identify funding mechanisms and procedures to develop sustainable funding models for programs and services	47%
Implement a business plan for agency programs and services	45%
Identify and assess options for policies external to the organization that affect the health of the community	45%
Examine the feasibility of a policy and its relationship to many types of public health problems	43%
Integrate current and projected trends into strategic planning for programs and services	40%
Effectively communicates how staff work aligns with the FPHS and the broader public health system and encourages staff to integrate and align their efforts with them	40%
Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations.	39%
Modify programmatic practices in consideration of internal and external changes	38%
Assess the drivers in your environment that may influence public health programs and services	38%
Use financial analysis methods in managing programs and services	37%

Each point represents a single skill-based question in each of the categories listed below. The upper-right area shows the greatest training needs: where many respondents rate a skill as important and report low proficiency.

- ■ Effective Communication
- Data-Based Decision-Making
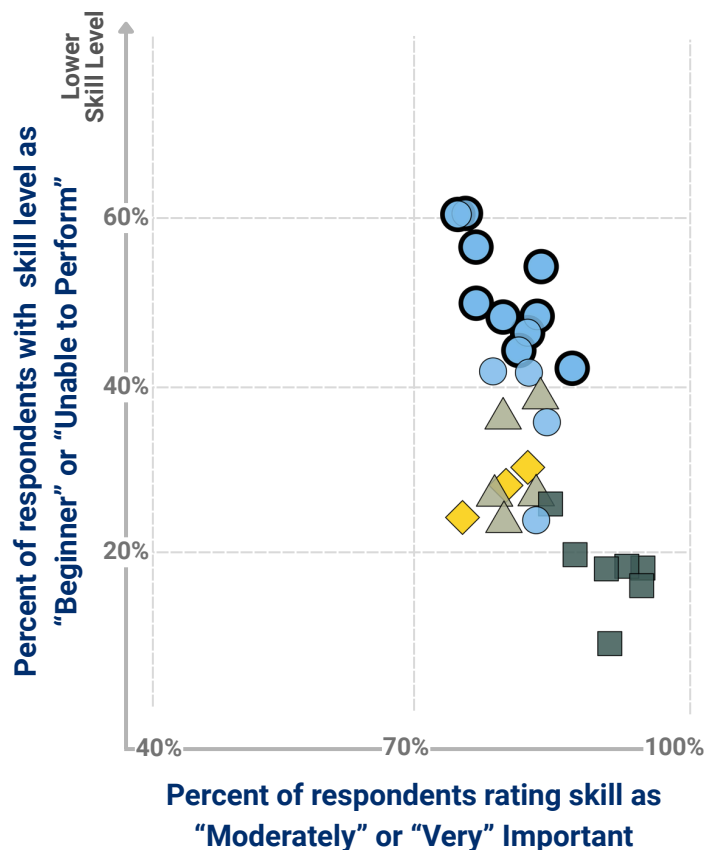- Programmatic Expertise

- ◆ Justice, Equity, Diversity, and Inclusion

- ● Budget & Financial Management
- Change Management
- Systems & Strategic Thinking
- Policy Engagement

- ▲ Community Engagement
- Cross-Sectional Partnerships

Executives

Lower Skill Level

Percent of respondents with skill level as "Beginner" or "Unable to Perform"

60%
40%
20%

40% — 70% — 100%

Percent of respondents rating skill as "Moderately" or "Very" Important

TOP 10 BY PRIORITY SCORE:

	Percent of staff who viewed skill as important to their position and also report low skill levels:	Executives (n=23)
⊙	Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations.	35%
	Design a business plan for the agency	35%
	Leverage funding mechanisms and procedures to develop sustainable funding models for the agency	30%
	Prioritize and influence policies external to the organization that affect the health of the community	30%
◇	Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community	26%
⊙	Ensure the successful implementation of an organizational strategic plan	26%
	Influence policies external to the organization that address social determinants of health	26%
	Determine the feasibility of a policy and its relationship to many types of public health problems.	26%
	Integrate current and projected trends into organizational strategic planning	26%
	Incorporate health equity and social justice principles into planning across the agency	22%

Each point represents a single skill-based question in each of the categories listed below. The upper-right area shows the greatest training needs: where many respondents rate a skill as important and report low proficiency.

- **Effective Communication**
- **Data-Based Decision-Making**
- **Programmatic Expertise**

- **Justice, Equity, Diversity, and Inclusion**

- **Budget & Financial Management**
- **Change Management**
- **Systems & Strategic Thinking**
- **Policy Engagement**

- **Community Engagement**
- **Cross-Sectional Partnerships**

TRAINING NEEDS
TOP PRIORITIES (HIGHEST NEED)

	Percent of staff who viewed skill as important to their position and also report low skill levels:	Frontline (n=327)	Supervisors (n=98)	Executives (n=23)
○	Describe, identify, or leverage funding mechanisms	31%	47%	30%
	Describe the value of, implement, or design an agency business plan	29%	45%	35%
	Collect information on, identify and assess, or influence, policies external to the organization that affect the health of the community	28%	45%	30%
	Describe the relationship between, examine, or determine, the feasibility of a policy and its relationship to many types of public health problems	27%	43%	26%
	Integrate current and projected trends into strategic planning for programs and services	NA	40%	26%
	Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations.	NA	39%	35%
◇	Deliver, or ensure the implementation of: socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community	16%	23%	26%

Note: NA = Frontline staff were not surveyed on these specific skills.

TRAINING NEEDS
KEY FINDINGS

Across all position types, the **top 10** highest training needs were primarily within four main skill areas:

Budget & Financial Management

Policy Engagement

Change Management

Systems & Strategic Thinking

Supervisors need focused skill-building trainings now in these areas, while frontline staff could benefit from tailored training in similar areas to prepare them for future leadership roles and strengthen statewide succession planning.

TOP OVERALL TRAINING NEED:

Identify funding mechanisms and procedures to develop sustainable funding models for programs and services

47%

OF SUPERVISORS

Identified this as important to their position and had low skill level (beginner or unable to perform)

Supervisors and Executives share

3 OF 5

of their highest training needs.

This presents an opportunity for Montana DPHHS, Montana Public Health Training Center, Montana Public Health Institute, Confluence, and other partners, to align resources on training that would benefit a broad segment of the public health workforce, while still tailoring content to the unique responsibilities of supervisory and executive roles.

Budget and Financial Management

Identify and leverage funding mechanisms and procedures to develop sustainable funding models for programs and services.

Design and implement business plans for programs and services

Policy Engagement

Assess options for, prioritize, and influence policies external to the organization that affect the health of the community

TRAINING NEEDS
KEY FINDINGS

Most prefer **in-person, hands-on training workshops (> 80%)**

Costs and the location of trainings are the biggest barriers for most staff

Email is the preferred communication channel

Preferred communication channels

SOCIAL MEDIA — **7%** *(31)*

CONNECTED COMMUNITIES — **11%** *(48)*

EMAIL 95% *(424)*

DIGITAL NEWSLETTER — **18%** *(82)*

AGENCY WEBSITE — **14%** *(63)*

?
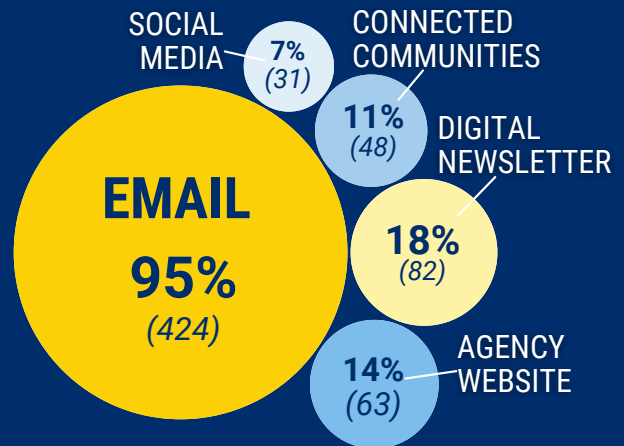
Given the strong preference for in-person, hands-on trainings, how can we improve access by

1) offering more trainings in preferred regional locations

2) reducing costs or increasing financial assistance?

Preferred Training Locations of Staff by AMPHO Region

Tribal Nations   AMPHO Regions   Preferred Training Location *(% of staff in region)*

Region 5

Region 2

Great Falls **98%**

Region 1

Missoula **96%**

Helena **77%**

Region 3

Billings **98%**

Miles City **85%**

Region 4
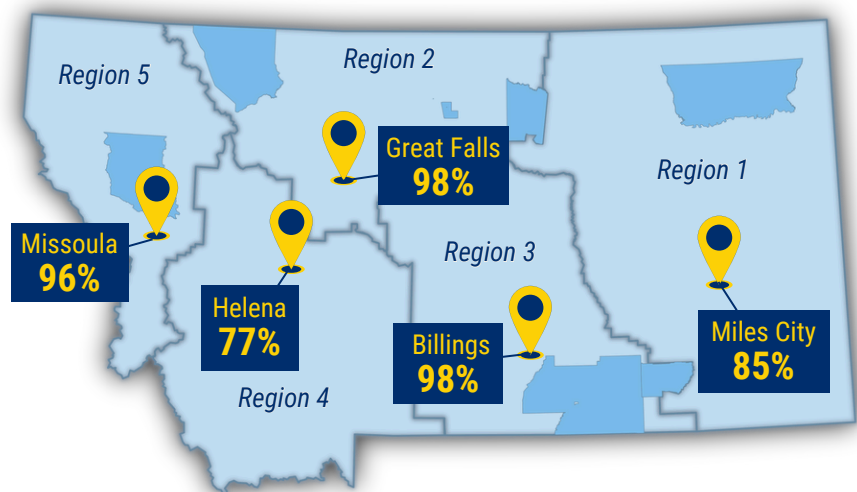
LOOKING AHEAD
BUILDING A SKILLED AND READY WORKFORCE

How can training investments be designed to **1) meet the most pressing needs of today's public health workforce**—especially supervisors—while also **2) strengthening succession for future leadership?**

Success means seeing these skills shift downward, where staff not only recognize a skill's importance but also feel confident in their ability to perform it.

Lower Skill Level

Higher Importance

In the short term, priority should go to skills that are both highly important and currently low in proficiency. Success means seeing these skills shift downward—where staff not only recognize a skill's importance but also feel confident in their ability to perform it.

Succession Planning:
As experienced leaders retire or otherwise leave, supervisors and managers move into executive roles, and frontline staff advance into supervisory positions. Without training in skills that may not yet seem essential, emerging leaders risk re-entering the cycle at the upper right—facing new responsibilities for which they feel unprepared.

The Opportunity:
By investing in both immediate training needs and future readiness, and by leveraging the expertise of existing, highly skilled staff, we can strengthen the workforce of today while building the leadership of tomorrow. This dual focus fosters a more skilled and adaptable workforce, ensures smoother transitions, reduces long-term training costs, and sustains continuity in leadership and service delivery across Montana's public health system.

TRAINING NEEDS
IMPORTANCE OF STRATEGIC SKILLS

👍 **There was broad agreement across the workforce:** every PHSS skill was seen a**s important to at least 50% of staff**, regardless of their role.

Boxplots help visualize how spread out, or concentrated, the values are:

middle 50%
of all values
fall in this range

minimum | maximum
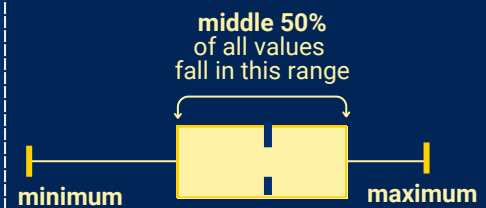
Distribution of Importance Ratings Across Strategic Skills
Percent of respondents rating skill as "Moderately" or "Very" Important

0% | 50% | 100%

Frontline staff (n=327) had a wider range of opinions about the importance of skills, likely reflecting the diverse job duties within this group – from sanitarians and administrative staff to nurses and prevention specialists.

Supervisors (n=98) and Executives (n=23) showed strong consensus in rating most skills as important to their positions.

Frontline
76%
51% | 92%

Supervisors
83%
76% | 97%

Executives
91%
78% | 96%
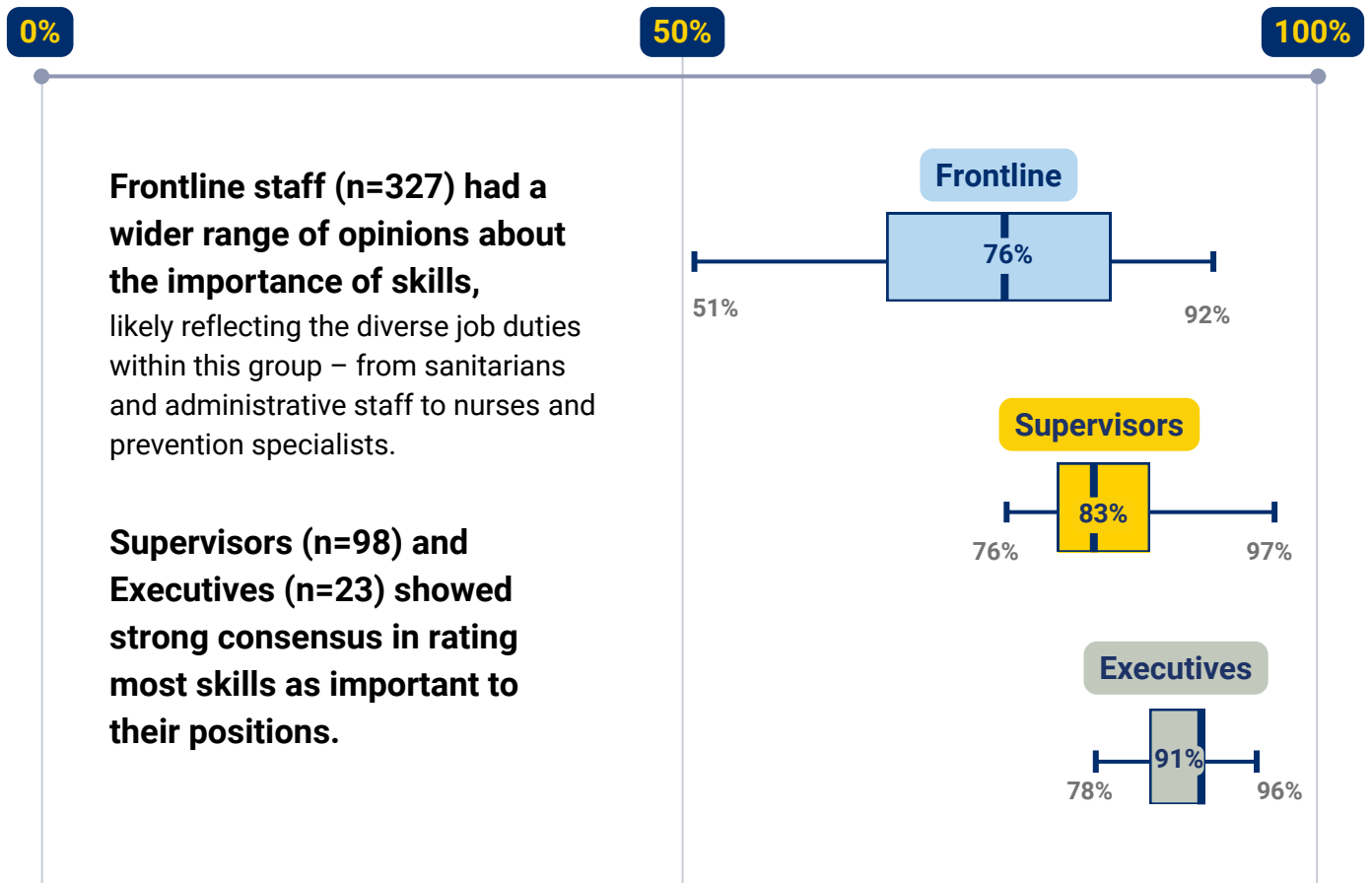
APPENDIX

DEMOGRAPHICS
DEGREES AND CREDENTIALS (STATEWIDE)

Degrees Held (Statewide)

*Percentages calculated only out of those who indicated holding a bachelors degree or higher (297/448 ~66%)

Degree	Percent (n)
BS/BA	61% (181)
BSN	21% (62)
MA/MS	11% (34)
MPH	9% (27)
Other bachelor's degree	6% (18)
Other associate degree	5% (16)
I am currently pursuing a degree	5% (15)
Other master's degree	4% (12)
Associate's degree in nursing	3% (10)
MSN	2% (7)
MSW	2% (6)
MEd	2% (5)
MPA	2% (5)
DNP	1% (4)
MBA	1% (4)
BSPH/BAPH	1% (2)
Other non-public health doctorate	1% (2)
Jurisdiction	<1% (1)
MD/DO	<1% (1)
MHSA	<1% (1)
Other public health doctorate	<1% (1)
PharmD	<1% (1)

Credentials Held (Statewide)

Credential	Percent (n)
Nurse certification (RN/LPN/NP/BSN)	38% (105)
Other Certification	29% (80)
Breastfeeding/Lactation (CLC, CLE, CLS, or IBCLC)	19% (51)
Registered Environmental Health Specialist / Sanitarian (REHS / RS)	15% (42)
Certified in Public Health (CPH)	7% (20)
Certified Community Health Worker	7% (19)
Registered Dietitian (RD)	3% (8)
Certified Health Education Specialist (CHES or Master CHES)	3% (7)
Infection Control Certification (CIC)	1% (4)
Certified Professional - Food Safety (CPFS) and/or Certified Foodborne Outbreak Investigator	1% (4)
Laboratory Certification	1% (3)
Physical Activity in Public Health Specialist (PAPHS)	1% (3)
Dental Public Health - Board Certification (DPH)	1% (2)
Licensed Clinical Social Worker (LCSW)	<1% (1)
Physician Board Certification (MD or DO)	<1% (1)

DEMOGRAPHICS
DEGREES ACROSS POSITION AND JURISDICTION SIZE

Highest Degree Obtained by Position Type

Position Type	High School or Equivalent	Associates	Bachelors (BS/BA)	Masters or Higher
Frontline *(n=321)*	**21%** (67)	**17%** (54)	**44%** (141)	**18%** (59)
Supervisors *(n=97)*	**4%** (4)	**13%** (13)	**52%** (50)	**31%** (30)
Executives *(n=23)*	**9%** (2)	**17%** (4)	**17%** (4)	**57%** (13)

Percent with Bachelor's or Higher by Jurisdiction Size

Jurisdiction Size *(n = number of responses)*	Less than a Bachelor's	Bachelor's Degree or Higher
Frontier *(n=27)*	**70%** (19)	**30%** (8)
Small *(n=104)*	**49%** (51)	**51%** (53)
Medium *(n=75)*	**41%** (31)	**59%** (44)
Large *(n=242)*	**21%** (50)	**79%** (192)

TRAINING NEEDS
IMPORTANCE AND SKILL RATINGS BY PHSS AND POSITION TYPES
Sorted by PHSS: The Top 5 are bolded (based on priority scores)

FRONTLINE

	Domains / Skills	Priority Score	% important (n)	% low skill (n)
Effective Communication	Communicate in a way that persuades others to act	17	88 (287)	20 (57)
	Effectively target communications to different audiences	16	90 (294)	17 (51)
Data-Based Decision-Making	Identify evidence-based approaches to address public health issues	21	81 (264)	26 (68)
	Collect valid data for use in decision making	18	78 (256)	23 (60)
	Identify appropriate sources of data and information to assess the health of a community	16	71 (233)	22 (52)
Programmatic Expertise	Technical skills specific to my programmatic area	16	91 (298)	17 (51)
	Content knowledge specific to my programmatic area	14	92 (301)	15 (46)
Justice, Equity, Diversity, and Inclusion	Deliver socially, culturally, and linguistically appropriate programs and customer service	16	87 (286)	18 (52)
	Support inclusion of health equity and social justice principles into planning for program and service delivery	15	83 (270)	19 (50)
	Describe the value of a diverse public health workforce	10	74 (241)	13 (32)
Budget & Financial Management	**Describe the value of an agency business plan**	**29**	**55 (180)**	**53 (96)**
	Describe how public health funding mechanisms support agency programs and services	**31**	**58 (190)**	**54 (102)**
	Describe financial analysis methods applicable to program and service delivery	**30**	**51 (167)**	**58 (97)**
Change Management	Assess the external drivers in your environment that may influence your work	28	71 (231)	39 (90)
	Describe the influence of internal changes on organizational practices	**28**	**70 (229)**	**41 (93)**
Systems & Strategic Thinking	Describe your agency's strategic priorities, mission, and vision	20	76 (250)	27 (67)
	Participate in quality improvement processes	25	64 (209)	39 (81)
	Describe how social determinants of health impact the health of individuals, families, and the overall community	15	82 (269)	18 (49)
	Understands the Foundational Public Health Services (FPHS) and how their role contributes to and supports the broader public health system	**29**	**68 (223)**	**42 (94)**
Policy Engagement	Collect and summarize information to inform the development of policies external to the organization that affect the health of the community	28	62 (203)	45 (92)
	Describe the relationship between a policy and many types of public health problems	27	66 (216)	41 (88)
Community Engagement	Describe your role in improving the health of the community served by the agency	15	84 (274)	18 (49)
	Describe the importance of engaging community members in the design and implementation of programs to improve health in a community	22	75 (245)	29 (71)
	Describe the value of community strategic planning that results in a community health assessment or community health improvement plan	21	65 (214)	32 (69)
Cross-Sectional Partnerships	Collaborate with public health personnel across the agency to improve the health of the community	20	85 (279)	24 (66)
	Engage community assets and resources to improve health in a community	19	78 (254)	24 (61)

SUPERVISORS

Domains / Skills		Priority Score	% important (n)	% low skill (n)
Effective Communication	Communicate in a way that persuades others to act	17	95 (93)	18 (17)
	Communicate in a way that different audiences can understand	8	94 (92)	9 (8)
Data-Based Decision-Making	Apply evidence-based approaches to address public health issues	17	93 (91)	19 (17)
	Use valid data to drive decision making	18	89 (87)	21 (18)
	Identify appropriate sources of data and information to assess the health of a community	22	87 (85)	26 (22)
Programmatic Expertise	Technical skills specific to my programmatic area	18	97 (95)	19 (18)
	Content knowledge specific to my programmatic area	16	97 (95)	17 (16)
Justice, Equity, Diversity, and Inclusion	Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community	23	82 (80)	29 (23)
	Incorporate health equity and social justice principles into planning for programs and services	26	83 (81)	31 (25)
	Support development of a diverse public health workforce	18	76 (74)	24 (18)
Budget & Financial Management	**Implement a business plan for agency programs and services**	**45**	**76 (74)**	**59 (44)**
	Identify funding mechanisms and procedures to develop sustainable funding models for programs	**47**	**86 (84)**	**55 (46)**
	Use financial analysis methods in managing programs and services	37	83 (81)	44 (36)
	Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations	39	81 (79)	48 (38)
Change Management	Assess the drivers in your environment that may influence public health programs and services	38	89 (87)	43 (37)
	Modify programmatic practices in consideration of internal and external changes	38	83 (81)	46 (37)
Systems & Strategic Thinking	Apply quality improvement processes to improve agency programs and services	34	80 (78)	42 (33)
	Build cross-sector partnerships to address social determinants of health	19	84 (82)	23 (19)
	Demonstrates the expertise and knowledge necessary to effectively interpret and apply public health statutes in interactions with governing bodies or boards of health	31	86 (84)	36 (30)
	Effectively communicates how staff work aligns with the FPHS and the broader public health system, and encourages staff to integrate and align their efforts with them	**40**	**79 (77)**	**51 (39)**
	Implement an organizational strategic plan	35	83 (81)	42 (34)
	Integrate current and projected trends into strategic planning for programs and services	40	84 (82)	48 (39)
Policy Engagement	**Identify and assess options for policies external to the organization that affect the health of the community**	**45**	**76 (74)**	**59 (44)**
	Examine the feasibility a policy and its relationship to many types of public health problems	**43**	**77 (75)**	**56 (42)**
Community Engagement	Assess how agency policies, programs, and services advance population health	33	85 (83)	39 (32)
	Engage community members in the design and implementation of programs to improve health in a community	30	82 (80)	36 (29)
	Apply findings from a community health assessment or community health improvement plan to agency programs and services	18	80 (78)	23 (18)
Cross-Sectional Partnerships	Engage in collaborations within the public health system, including traditional and non-traditional partners, to improve the health of a community	23	86 (84)	27 (23)
	Identify and engage assets and resources that can be used to improve health in a community	21	79 (77)	27 (21)

EXECUTIVES

	Domains / Skills	Priority Score	% important (n)	% low skill (n)
Effective Communication	Communicate in a way that persuades others to act	4	96 (22)	5 (1)
	Communicate in a way that different audiences can understand	9	96 (22)	9 (2)
Data-Based Decision-Making	Ensure the application of evidence-based approaches to address public health issues	9	91 (21)	10 (2)
	Use valid data to drive decision making	9	96 (22)	9 (2)
	Ensure the use of appropriate sources of data and information to assess the health of a community	4	96 (22)	5 (1)
Programmatic Expertise	Technical skills specific to my programmatic area	9	91 (21)	10 (2)
	Content knowledge specific to my programmatic area	4	96 (22)	5 (1)
Justice, Equity, Diversity, and Inclusion	**Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community**	**26**	**96 (22)**	**27 (6)**
	Incorporate health equity and social justice principles into planning across agency	22	91 (21)	24 (5)
	Support development of a diverse public health workforce	17	91 (21)	19 (4)
Budget & Financial Management	**Design a business plan for the agency**	**35**	**83 (19)**	**42 (8)**
	Leverage funding mechanisms and procedures to develop sustainable funding models for the agency	**30**	**91 (21)**	**33 (7)**
	Use financial analysis methods in making decisions about programs and services across the agency	22	91 (21)	24 (5)
	Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations	**35**	**78 (18)**	**44 (8)**
Change Management	Assess the drivers in your environment that may influence public health programs and services across the agency	22	91 (21)	24 (5)
	Manage organizational change in response to evolving internal and external circumstances	17	96 (22)	18 (4)
Systems & Strategic Thinking	Create a culture of quality improvement at the agency or division level	17	91 (21)	19 (4)
	Build cross-sector partnerships to address social determinants of health	26	78 (18)	33 (6)
	Influence policies external to the organization that address SDOH	26	83 (19)	32 (6)
	Effectively communicates how staff work aligns with the FPHS and the broader public health system, and encourages staff to integrate and align their efforts with them	17	87 (20)	20 (4)
	Ensure the successful implementation of an organizational strategic plan	22	78 (18)	28 (5)
	Integrate current and projected trends into strategic planning for programs and services	26	87 (20)	30 (6)
Policy Engagement	**Prioritize and influence policies external to the organization that affect the health of the community**	**30**	**83 (19)**	**37 (7)**
	Determine the feasibility a policy and its relationship to many types of public health problems	26	91 (21)	29 (6)
Community Engagement	Advocate for needed population health services and programs	22	91 (21)	24 (5)
	Ensure community member engagement in the design and implementation of programs to improve health in a community	22	87 (20)	25 (5)
	Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan	13	87 (20)	15 (3)
Cross-Sectional Partnerships	Build collaborations within the public health system among traditional and non-traditional partners to improve the health of a community	4	87 (20)	5 (1)
	Negotiate with multiple partners for the use of assets and resources to improve health in a community	4	87 (20)	5 (1)

TRAINING NEEDS
TRAININGS ATTENDED BETWEEN 2023-2025

***Note:** Because some trainings occurred in multiple years, the percentages are based on **unique staff attendance**. Individuals who attended a training in more than one year were counted only once.*

Training or Conference	Percent Attended (n)
Confluence Conference	**28%** (126)
Other (please specify)	**28%** (125)
MT Public Health Summer Institute	**16%** (70)
Virtual MPHTC Trainings	**15%** (66)
Montana Public Health 101	**14%** (61)
APHA Annual Meeting	**4%** (17)
UM Public Health Certificate Program	**3%** (13)
AMPHO Mentorship Program	**2%** (9)
NEHA Annual Educational Conference	**2%** (8)
Rocky Mountain Tribal Leader Conference	**2%** (8)

Other common trainings listed by staff:

- Breastfeeding Collaborative Trainings: **3%** (15)
- Immunizations or Communicable Disease-related: **2%** (10)
- PHEP or FEMA-related: **2%** (9)
- Perinatal Mental Health Conference: **2%** (8)

~1% of staff attended the following trainings:

- NACCHO 360 Annual Conference
- MEHA RS/SIT Mentorship Program
- NALBOH Annual Conference
- MPHA PH Nurse Mentorship Program
- ToP Facilitation Methods
- Syndemic Symposiums
- NEHA Annual Educational Conference
- Indigenous-Led Public Health Summit (Pablo)
- New to Public Health Residency Program
- NWCPHP Public Health Management Certificate
- Great Beginnings, Great Families Conference

TRAINING NEEDS
BARRIERS TO ATTEND TRAININGS

Barrier	Percent (n)
Costs	42% (188)
Location	38% (172)
Unaware of training events	37% (166)
Logistics of travel	35% (158)
Family Responsibilities	30% (135)
Time of the year	26% (116)
Can't leave department / no back up	17% (78)
Topics that do not interest me	13% (59)
Not allowed work time to participate	6% (25)
Technology	<1% (1)

TRAINING NEEDS
TRAINING PREFERENCES

Training Format Preferences

Training Format	Percent (n)
In-person, hands on workshops	83% (371)
Self-paced online workshops	51% (230)
Live online workshops	50% (225)
1 or 2-day Retreats	44% (199)
Blend of Online and In-person	32% (144)
Group meetings	29% (132)
Multi-session series of trainings	28% (124)
Toolkit / Resource Manual	26% (115)
Lectures	25% (110)
Job shadowing	20% (91)
Meeting one on one with a mentor	14% (63)
Colleagues observing and providing feedback	8% (36)

Preferred Training Locations of Staff by AMPHO Region

1

City	Percent (n)
Miles City	85% (66)
Glendive	79% (62)
Sidney	59% (46)
Billings	58% (45)
Glasgow	32% (25)
Havre	6% (5)
Great Falls	3% (2)

2

City	Percent (n)
Great Falls	98% (51)
Helena	54% (28)
Havre	50% (26)
Kalispell	15% (8)
Missoula	15% (8)
Butte	10% (5)
Billings	6% (3)

3

City	Percent (n)
Billings	98% (57)
Bozeman	50% (29)
Miles City	29% (17)
Great Falls	17% (10)
Helena	17% (10)
Butte	9% (5)
Missoula	9% (5)
Glendive	5% (3)
Havre	5% (3)
Glasgow	3% (2)
Kalispell	3% (2)
Sidney	3% (2)

4

City	Percent (n)
Helena	77% (108)
Bozeman	72% (101)
Butte	64% (90)
Missoula	37% (52)
Great Falls	24% (33)
Billings	17% (24)
Miles City	3% (4)
Kalispell	2% (3)

5

City	Percent (n)
Missoula	96% (115)
Kalispell	51% (61)
Helena	38% (45)
Butte	22% (27)
Bozeman	13% (16)
Great Falls	12% (14)
Billings	5% (6)
Havre	2% (2)