

Montana Public Health Workforce Development Plan

Prepared by the

Montana Public Health Workforce Development Group



Adopted on 07/25/2018
Revised on 07/25/2018 last draft

Acknowledgements

This plan has been approved and adopted by the following organizations:

- Area Health Education Center (AHEC), Montana State University (MSU)
- Association of Montana Public Health Officials (AMPHO)
- Montana Environmental Health Association (MEHA)
- Montana Public Health Association (MPHA)
- Public Health System Improvement Office (PHSIO), Public Health and Safety Division (PHSD), Montana Department of Public Health and Human Services (DPHHS)
- Rocky Mountain Public Health Training Center (RM-PHTC), Colorado School of Public Health (ColoradoSPH)
- School of Public and Community Health Sciences, University of Montana (UM)

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Executive Summary

The Montana Public Health Workforce Development Group addresses Montana's public health workforce needs and improves the coordination of training and education events. Multiple public health organizations formed this collaborative and agreed to focus on select public health workforce competencies.

The group identified needs through evaluation of four workforce surveys and a review of local workforce development plans. Top needs were identified by ranking priorities within each survey and trends in available local workforce development plans. Top identified training needs include:

- Performance Management and Improvement
- Community Health Improvement Planning
- Program Planning and Evaluation
- Public Health Leadership and Management

For each training focus area, the work group planned training events that would support competency development objectives. Working together, and sharing resources, the group is already conducting training events related to the needs as identified in the training schedule found in the appendix of this document.

This plan is for the period of 2019-2021. Progress on this plan will be reviewed each year and a report of progress will be presented to the Montana Public Health System Improvement Task Force.

Purpose and Introduction

Workforce training and development is one part of a comprehensive strategy toward improving the quality of public health services. Fundamental to designing and delivering training and workforce development opportunities is identifying gaps in knowledge, skills, and abilities through the assessment of both the system and individual needs. Once identified, the gaps are addressed through targeted training and professional development opportunities.

To address Montana’s public health workforce needs, and improve the coordination of training and education events, multiple state public health organizations have agreed on workforce development priorities and are collaborating on ways to address them statewide.

The Association of State and Territorial Health Officials’ “Workforce Development Plan Toolkit”¹ and the Public Health Accreditation Standard 8.2.2B: *Implement an agency workforce development plan that addresses the training needs of the staff and development of core competencies*², were used as guides in the creation of this document. This plan should be used by local and Tribal health departments when conducting organizational workforce development planning.

¹ <http://www.astho.org/Accreditation-and-Performance/Workforce-Development-Plan-Toolkit/Home/>

² <https://phaboard.org/standards-and-measures-for-initial-accreditation/>

Montana Public Health System Profile

Montana is a large rural state with one million residents and nearly 146,000 square miles. Over one-half of the population lives in rural or frontier areas. Montana has seven cities with a population greater than 20,000 persons, 56 counties ranging in population from around 500 to over 145,000 persons, and seven American Indian Reservations. Under State law, Montana's public health system is governed by local boards of health (BOH). Local health departments carry out public health activities under authority delegated by the legislature to the local BOH and public health officers. Each of the seven American Indian Reservations is governed by a group of elected officials who serve on the Tribal Council. American Indian Reservations have an independently governed Tribal health department as determined by their Tribal government. Thus, health departments in Montana vary in size, infrastructure requirements, and public health services provided. While progress has been made to strengthen local and Tribal health departments in Montana, the substantial variability in size, infrastructure, and capability among health departments creates an ongoing need for public health system improvement. To effectively respond to the ever-changing landscape of health and the health needs of Montanans, statewide public health workforce development is imperative.

The purpose of Montana's public health system is defined in Montana law in Title 50-1-105 of the Montana Code Annotated³. The following is an excerpt from the 2018 version of the Montana code:

1. It is the policy of the state of Montana that the health of the public be protected and promoted to the extent practicable through the public health system while respecting individual rights to dignity, privacy, and nondiscrimination.
2. The purpose of Montana's public health system is to provide leadership and to protect and promote the public's health by:
 - a. promoting conditions in which people can be healthy;
 - b. providing or promoting the provision of public health services and functions, including:
 - i. monitoring health status to identify and recommend solutions to community health problems;
 - ii. investigating and diagnosing health problems and health hazards in the community;
 - iii. informing and educating individuals about health issues;
 - iv. coordinating public and private sector collaboration and action to identify and solve health problems;
 - v. developing policies, plans, and programs that support individual and community health efforts;
 - vi. implementing and enforcing laws and regulations that protect health and ensure safety;
 - vii. linking individuals to needed personal health services and assisting with needed health care when otherwise unavailable;
 - viii. to the extent practicable, providing a competent public health workforce;
 - ix. evaluating effectiveness, accessibility, and quality of personal and population-based health services; and
 - x. to the extent that resources are available, conducting research for new insights on and innovative solutions to health problems;
 - c. encouraging collaboration among public and private sector partners in the public health system;

³ http://leg.mt.gov/bills/mca/title_0500/chapter_0010/part_0010/section_0050/0500-0010-0010-0050.html

- d. seeking adequate funding and other resources to provide public health services and functions or accomplish public health system goals through public or private sources;
- e. striving to ensure that public health services and functions are provided and public health powers are used based upon the best available scientific evidence; and
- f. implementing the role of public health services and functions, health promotion, and preventive health services within the state health care system.

Montana Public Health Workforce Profile

Information on the Montana public health workforce is limited. A statewide public health workforce assessment is planned for 2019 to obtain a more comprehensive profile. This section will be updated with data from this assessment.

Public Health Continued Education and Professional Requirements

Multiple public health related disciplines require continuing education (CE) for ongoing licensing and practice. Licensures held by staff, and their associated CE requirements, are shown in the table below. This section describes State of Montana mandatory education and professional requirements for public health workers.

Public Health Discipline	Montana CE Requirements
Nursing (RN, LPN)	24 CEUs every 2 years
Registered Sanitarian	15 CEUs every 2 years
Health Educator (CHES/MCHES)	75 CECHs every 5 years
Certified Public Health Practitioner	50 CPH recertification credits every 2 years
Registered Dietitian, Licensed Nutritionist	75 CPEUs every 5 years

Training Needs

Introduction

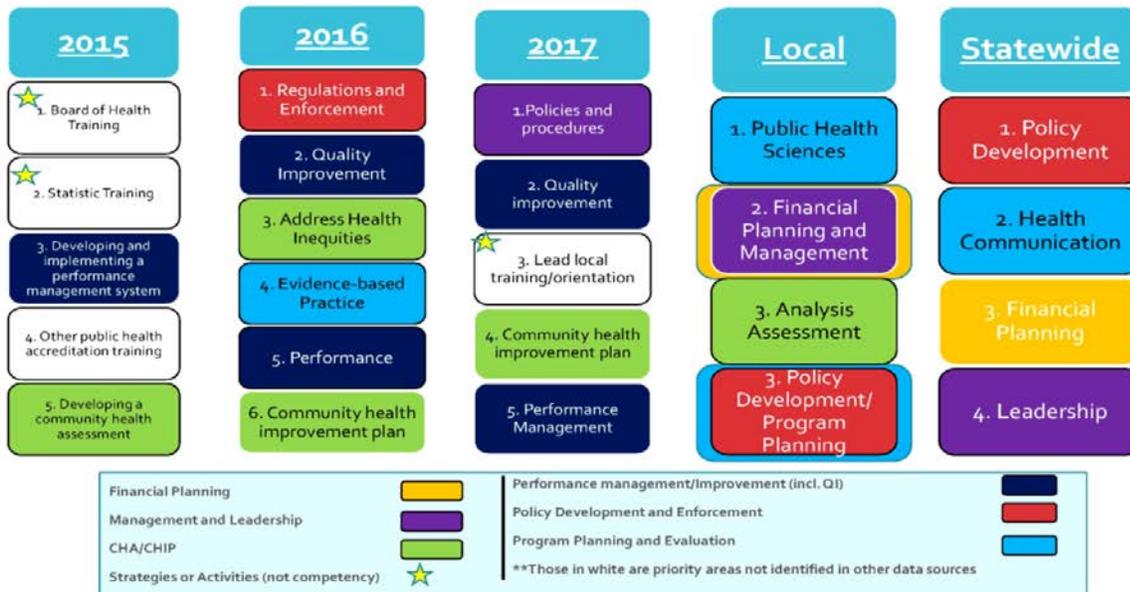
This section describes identified training needs for Montana Public Health workers and targets for achieving specific competencies. The training needs were identified through four surveys and a review of local workforce development plans.

Needs Assessment Overview

A total of five sources were used to identify specific public health training focus areas. These data sources include three lead local public health official surveys from 2015, 2016, and 2017; a statewide workforce analysis survey from 2016; and current local health department workforce development plans from Cascade, Missoula, Gallatin, Toole, Valley, Lewis and Clark, and Hill Counties. The top focus areas were identified by ranking priorities within each survey and identifying common training needs between the local workforce development plans (Figure 1). Top training needs were compared to one another from each of the data sources.

The limitations presented during the data analysis include: the analysis of different variables between data sources, the focus on different competencies in each data source, and the difference in populations being targeted in each survey.

Figure 1. Breakdown of focus areas from each data source.



Training Needs cont.

Competency-based Training Needs

The workforce development group conducted a review of each data source to determine the top training needs. Comparisons were then made between the data sources. After this review and a consideration of the supporting organizations' capabilities, the group selected the following statewide focus areas:

- Performance Management and Improvement
- Community Health Improvement Planning
- Program Planning and Evaluation
- Public Health Leadership and Management

After identifying focus areas, the group then paired training needs with competencies from the Council on Linkages between Academia and Public Health Practice's "Core Competencies for Public Health Professionals." Focus areas were aligned to public health competency terms and references. To supplement this effort and ensure consensus, the group members completed a survey that gathered feedback from their represented organizations about how to order the competencies in relation to the focus need areas.

Other Training Needs

After reviewing workgroup member surveys and scoring the competencies, the group conducted an analysis to determine which competencies were the most applicable across multiple focus areas. Competencies that aligned with multiple training needs, such as those that could be implemented statewide, were determined to be the most valuable for the workforce development group collaboration. The crosswalk analysis of competencies identified by the workgroup can be found in the Appendix A.

Challenges and Solutions

Many public health organizations in Montana provide training and education opportunities for public health professionals. In the past, organizations decided on training and education priorities and allocated resources based on their understanding of workforce needs. However, the use of surveys or other input mechanisms to determine training topics and coordination between training providers were not standardized among public health organizations. Decisions on what trainings to offer were not always communicated to other organizations that provide training. Training focus areas may not have addressed the areas of greatest need, as identified by local and Tribal health departments. In addition to these challenges, Montana is a rural state in which access to training events may be difficult. As a result, the workgroup identified the following as possible barriers to attending training events:

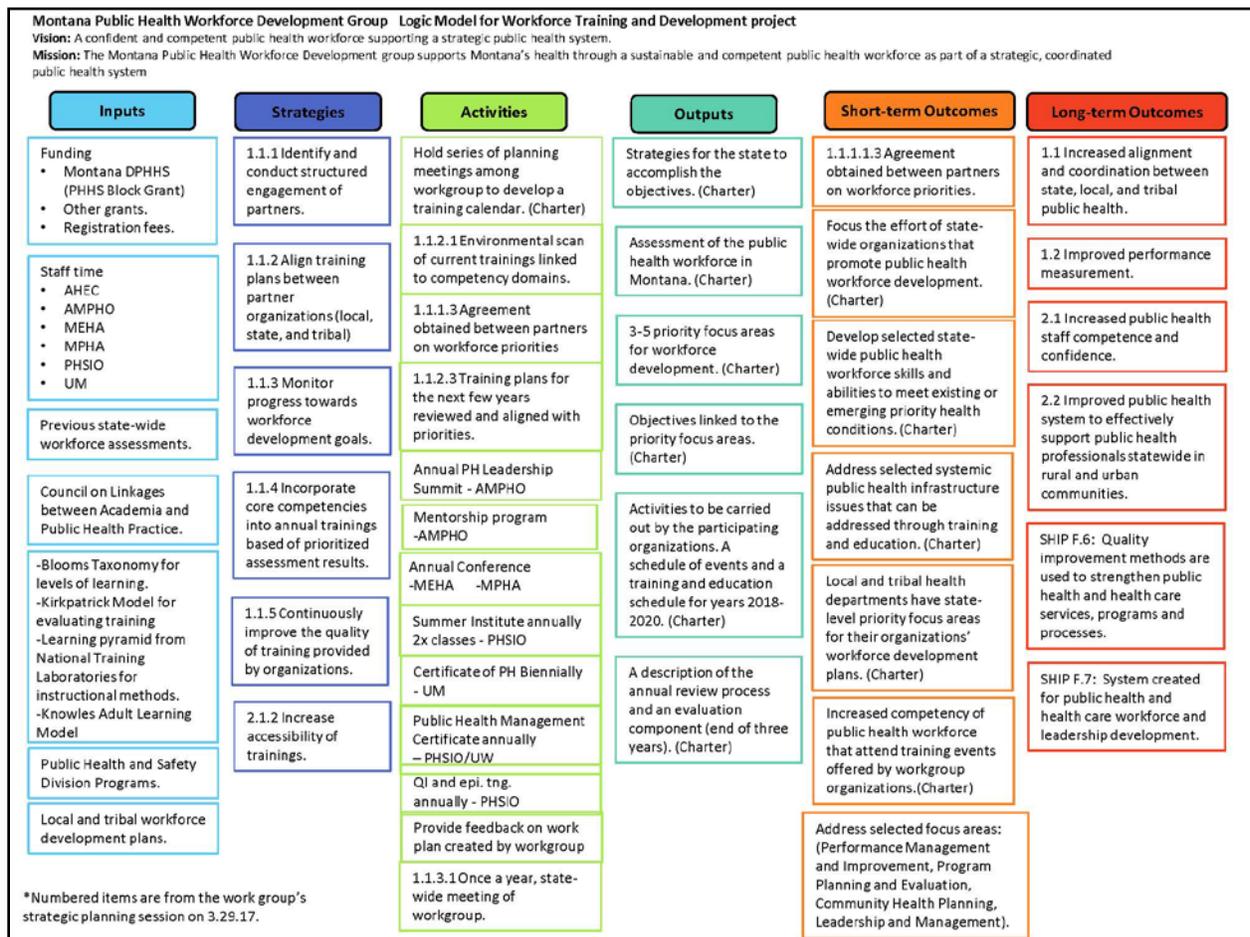
- Funding needed to travel and attend training
- Travel time and distance to training
- Lack of staff to cover for individuals attending training
- No alternatives to attending training in-person

Plan Implementation

Overview

This section presents training objectives, associated activities, and workgroup member organizational responsibilities. The group created a logic model to help ensure activities and resources are linked to intended outcomes. See Figure 2 below.

Figure 2. Montana Public Health Workforce Development Group Logic Model for Workforce Training and Development project.



Objectives

Based on the training needs, the group identified a three-year objective for each focus area. See Table 3 below.

Table 3. Training focus areas and associated objectives.

Focus Area	Objective
Performance Management and Improvement	By 2022, 90% of public health workers surveyed agree or strongly agree that opportunities provided by the workgroup’s organizations have improved their ability to measure, evaluate, and improve performance of their organization, program, or work activities.
Program Planning and Evaluation	By 2022, 90% of public health workers surveyed agree or strongly agree that opportunities provided by the workgroup’s organizations have improved their ability to conduct program planning and evaluate program success using an evidenced based model.
Community Health Planning	By 2022, 90% of public health workers surveyed agree or strongly agree that opportunities provided by the workgroup’s organizations have improved their ability to conduct or coordinate the activities associated with creating a Community Health Assessment and Community Health Improvement Plan.
Leadership and Management	By 2022, 90% of public health workers surveyed agree or strongly agree that opportunities provided by the workgroup’s organizations have improved their ability to lead or manage tasks, programs, or organizations.

Activities and Competencies

For each training focus area, the work group also identified training events that would support accomplishing stated objectives. The training events were then linked to core public health competencies found in the Council on Linkages between Academia and Public Health Practice’s “Core Competencies for Public Health Professionals.” See tables 4 through 7 below.

Table 4. Performance Management and Improvement Training Events and Competencies.

Performance Management and Improvement	
Training Event	Competencies Addressed
UM Certificate of Public Health	5B8,6B7, 8B10

Northwest Center for Public Health Practice (NWCPHP), University of Washington (UW) Public Health Management Certificate	2B11
PHSIO Basics of Public Health Epidemiology	6B7, 2B11
PHSIO Planning and Mgmt. Grant	5B8, 6B7, 2B11, 2B10, 2B12, 7B16, 8B9
PHSIO QI Training	5B8, 6B7, 7B16, 8B9
PHSIO Summer Institute 2019	5B8, 6B7, 2B11
PHSIO Summer Institute 2020	5B8, 6B7, 2B11, 2B12, 7B16, 8B9
PHSIO Summer Institute 2021	2B11, 7B16
RM-PHTC synchronous and asynchronous distance-based trainings including, but not limited to: Leading Improvement Projects online toolkit	7B15, 7B16, 8B9

Table 5. Program Planning and Evaluation Training Events and Competencies.

Program Planning and Evaluation	
Training Event	Competencies Addressed
UM Certificate of Public Health	5B8, 6B7, 2B11, 2B2, 3B3, 3B5, 3B6, 4B4, 4B6, 6B3
NWCPHP, UW Public Health Management Certificate	2B11, 3B3, 4B6
PHSIO Basics of Public Health Epidemiology	6B7, 2B11, 3B5
PHSIO PH Planning and Mgmt. Grant	5B8, 6B7, 2B11, 2B2, 3B3, 3B5, 3B6, 4B4, 4B6, 6B3
PHSIO QI Training	5B8, 6B7
PHSIO Summer Institute 2019	5B8, 6B7, 2B11, 2B2, 4B6
PHSIO Summer Institute 2020	5B8, 6B7, 2B11
PHSIO Summer Institute 2021	2B11
RM-PHTC: Evidence-Based Public Health online course; Identifying Evidence-Based Practices online module	1B1, 1B2, 1B4, 1B13, 1B14, 2B2, 2B3, 2B6, 2B8, 2B11, 6B1, 6B2, 6B5, 6B7

Table 6. Community Health Planning Training Events and Competencies.

Community Health Planning	
Training Event	Competencies Addressed
UM Certificate of Public Health	1B2, 1B14, 3B7, 5B6, 7B14, 8B4
NWCPHP, UW Public Health Management Certificate	7B14, 8B4
PHSIO Basics of Public Health Epidemiology	1B2, 1B14
PHSIO Planning and Mgmt. Grant	1B2, 1B14, 3B7, 5B6, 7B14, 8B4, 8B10

PHSIO Summer Institute 2019	7B14
PHSIO Summer Institute 2020	1B2
AMPHO Leadership Development Program	Domain(s) – Leadership and Systems Thinking, Financial Planning and Management; Competencies TBD
RM-PHTC: Evidence-Based Public Health online course; Identifying Evidence-Based Practices online module	1B1, 1B2, 1B4, 1B13, 1B14, 6B1, 6B2, 6B5, 6B7

Table 7. Leadership and Management Training Events and Competencies.

Leadership and Management	
Training Event	Competencies Addressed
NWCPHP, UW Public Health Management Certificate	7B5, 7B6, 7B8, 7B10, 7B11
PHSIO Planning and Mgmt. Grants	7B3, 7B5, 7B6, 7B8, 7B10, 7B11, 7B13, 8B2
AMPHO Leadership Development Program	Domain(s) – Leadership and Systems Thinking, Financial Planning and Management; Competencies TBD
RM-PHTC: Communicating Evidence to Decision Makers online module; Grants 101 online toolkit	3B4, 3B5, 3B6, 7B6, 7B8, 7B10, 7B14, 7B15, 7B16

Roles and Responsibilities

This section provides information regarding roles and responsibilities related to the implementation of the workforce development plan. The table below identifies organizational roles and responsibilities for the implementation of this plan.

Table 8. Plan Roles and Responsibilities

Who	Roles and Responsibilities
PHSIO	<p>Provide staff support to the workforce development group and coordinate all group meetings.</p> <p>Maintain the workforce development plan for the group, coordinate annual progress reviews and routine updates.</p> <p>Provide training opportunities related to community health improvement planning, public health management, and quality improvement focus areas.</p> <p>Maintain records for PHSIO offered training and monitor the effectiveness of training events.</p>
AHEC, MSU	Work with other organizations in the workgroup on advertising and delivering training opportunities through electronic, web-based, systems.
AMPHO	Provide training opportunities related to public health leadership.

	Maintain records for AMPHO offered training and monitor the effectiveness of training events.
MPHA	Provide training opportunities related to public health sciences. Maintain records for MPHA offered training and monitor the effectiveness of training events.
MEHA	Provide training opportunities to the environmental health community. Maintain records for MEHA offered training and monitor the effectiveness of training events.
RM-PHTC	Provide on-line training opportunities related to focus areas. Maintain records for RM-PHTC offered training and monitor the effectiveness of training events.
UM	Provide training opportunities related to public health sciences. Maintain records for UM offered training and monitor the effectiveness of training events.

Communication Plan

This plan was reviewed by the Public Health System Improvement Taskforce (PHSITF). Final approval was given by the Montana Public Health Workforce Development Group.

The PHSIO will maintain the plan and make it available to the public through the Healthier Montana website⁴. The plan will be a living document that supports the State Health Improvement Plan, and its priorities and objectives.

This plan will be communicated to public health staff by the Montana Public Health Workforce Development Group. The finalized plan will be distributed to public health leadership and staff of state, local, and Tribal health departments through email announcements, newsletters, websites and calendars operated by the workgroup.

Training opportunities identified in the plan will be shared with Montana’s public health workforce through emails and newsletters sent out by the workgroup’s organizations, and the Area Health Education Center’s website and calendar.

⁴ <https://dphhs.mt.gov/ahealthiermontana>

Monitoring Progress

Review and Maintenance

The Montana Public Health Workforce Development group will conduct an annual review of this plan each Fall at a face-to-face meeting, coordinated by the PHSIO.

The annual review will provide updates to the workforce profile, training calendar, and progress made towards the achievement of the group's workforce development objectives.

Training updates will be provided by all organizations during monthly meetings, and added to the plan on a regular basis by the PHSIO.

Tracking and Monitoring

A training calendar will be used to track training events hosted by the workgroup's organizations. By maintaining a training calendar, training events will better address the public health core competencies and priority areas for improvement identified in the needs assessments noted above. See the training calendar in Appendix B.

To promote and monitor progress towards the achievement of the workgroup's workforce development objectives, the training calendar will include the following information:

- Training event date, title, and description
- Priority topic(s) covered during the training event
- Public health competency/competencies addressed during the training event

Each organization will be responsible for delivering the information listed above for all training events to the PHSIO, which will be responsible for updates to the training calendar. Participating organizations will track training data as it pertains to organizational strategic planning and employee performance management on an individual basis.

Training Evaluation

The workgroup identified and agreed to use four education models when designing, delivering, and evaluation training events: Bloom's Taxonomy – learning objectives, the Learning Pyramid – knowledge retention, the Kirkpatrick Model – training evaluation, and the Knowles Adult Learning Theory – principles of andragogy.

Bloom's Taxonomy promotes the ability to apply or analyze selected tasks through training. The Learning Pyramid ensures that training methods include demonstration, discussion, and practice as ways to develop selected competencies. The Kirkpatrick Model is used to evaluate training outcomes, and the Knowles Adult Learning Theory provides guidance on training for the adult learner.

By integrating principles found in the four education models into the evaluation of training events, the workgroup can measure training effectiveness and demonstrate progress made in the achievement of the workforce development objectives.

Using a Likert scale, the workgroup’s organizations will assess trainings using evaluation questions like those below. Evaluations should take the four education models into account, and include a question related to one of the workgroup’s focus area identified in Table 9.

Evaluation results and reports will be communicated by each organization at the annual meetings to monitor progress towards the achievement of the workgroup’s workforce development objectives.

See Table 9 and Figure 3 below for guidance when developing a training evaluation.

Table 9. General Post-Training Evaluation Questions and Purpose

Post-Training Evaluation Questions	Question Purpose
I understood the learning objectives and achieved them through the training.	Training was clear and realistic
I found the training content to be clear and easy to follow.	Content was understandable
I will be able to apply what I learned to my work.	Subject matter was relevant
My learning was enhanced by the knowledge and experience of the trainer.	Trainer was expert
I found the trainer to be well prepared and effective in delivery.	Trainer was organized and successful
I was engaged and actively involved in the training.	Trainer was engaging
I feel that the time allotted for the training was sufficient.	Scheduled time was adequate
My expectations were met by the training.	Training went as expected
I found the training to be interesting and enjoyable.	Training was engaging

Figure 3. Training Evaluation Example Template

TITLE

Training Evaluation

DATE – TIME

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1) I understood the learning objectives and achieved them through the training.	○	○	○	○	○
2) I found the training content to be clear and easy to follow.	○	○	○	○	○
3) My understanding of the subject matter has improved since participating in the training.	○	○	○	○	○
4) I will be able to apply what I learned to my work.	○	○	○	○	○
5) My learning was enhanced by the knowledge and experience of the trainer.	○	○	○	○	○
6) I found the trainer to be well prepared and effective in delivery.	○	○	○	○	○
7) I was engaged and actively involved in the training.	○	○	○	○	○
8) I feel that the time allotted for the training was sufficient.	○	○	○	○	○
9) My expectations were met by the training.	○	○	○	○	○
10) I found the training to be interesting and enjoyable.	○	○	○	○	○
11) I would recommend this training to others.	○	○	○	○	○

12) What was the most helpful portion of this training and why?

13) What was the least helpful portion of this training and why?

14) What can we do to improve this training?

15) Other comments or suggestions?

Appendix A: Crosswalk Analysis of Public Health Competencies & Focus Areas for Improvement

The section below outlines the crosswalk analysis performed to pair public health competencies with focus areas for improvement.

Competency Number	Competency	# of Times Mentioned	Focus Area(s) Included
5B8	Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	4	Performance Management, Performance Improvement, Program Planning, and Program Evaluation
6B7	Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	3	Performance Management, Performance Improvement, and Program Evaluation
2B11	Evaluates policies, programs, and services	2	Performance Management and Program Evaluation
1B2	Determines quantitative and qualitative data and information needed for assessing the health of a community	1	Community Health Planning
1B14	Makes evidence-based decisions	1	Community Health Planning
2B2	Develops program goals and objectives	1	Program Planning
2B10	Explains the importance of evaluations for improving policies, programs, and services	1	Performance Management
2B12	Implements strategies for continuous quality improvement	1	Performance Improvement
3B3	Solicits input from individuals and organizations for improving the health of a community	1	Program Planning
3B5	Conveys data and information to professionals and the public using a variety of approaches	1	Program Planning
3B6	Communicates information to influence behavior and improve health	1	Program Planning
3B7	Facilitates communication among individuals, groups, and organizations	1	Community Health Planning
4B4	Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	1	Program Planning

4B6	Assesses the effects of policies, programs, and services on different populations in a community	1	Program Evaluation
5B6	Facilitates collaborations among partners to improve health in a community	1	Community Health Planning
6B3	Applies public health sciences in the delivery of the 10 Essential Public Health Services	1	Program Planning
7B3	Implements policies and procedures of the governing body or administrative unit that oversees the organization	1	Public Health Management
7B5	Justifies programs for inclusion in organizational budgets	1	Public Health Management
7B6	Develops program budgets	1	Public Health Management
7B8	Prepares proposals for funding	1	Public Health Management
7B10	Uses financial analysis methods in making decisions about policies, programs, and services	1	Public Health Management
7B11	Manages programs within current and projected budgets and staffing levels	1	Public Health Management
7B13	Motivates personnel for the purpose of achieving program and organizational goals	1	Public Health Leadership
7B14	Uses evaluation results to improve program and organizational performance	1	Community Health Planning
7B16	Uses performance management systems for program and organizational improvement	1	Performance Management
8B2	Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	1	Public Health Leadership
8B4	Collaborates with individuals and organizations in developing a vision for a healthy community	1	Community Health Planning
8B9	Contributes to continuous improvement of individual, program, and organizational performance	1	Performance Improvement
8B10	Advocates for the role of public health in providing population health services	1	Community Health Planning

Appendix B: Training Schedule 2019-2021

The section below outlines the schedule of training events from 2019 to 2021. This training schedule will be updated annually.

2019				
Training Event	Date	Focus Area	Description	Competency/Competencies
PHSIO Summer Institute	July	Program Planning and Evaluation	Program Planning: 1.5-day course Program Evaluation: 1.5-day course	2B2, 2B11, 4B6, 5B8, 6B7, 7B14
AMPHO Leadership Program	July	Leadership and Management	TBD	TBD
PHSIO Grant	August	Performance Management and Improvement; Community Health Planning	Grant opportunity for local and Tribal health departments to work on community health assessments, community health improvement plans, organizational strategic plans, workforce development plans, and quality improvement plans.	One or more of the following competencies, depending on the grant work selected by the health department: 1B2, 1B14, 2B2, 2B10, 2B11, 2B12, 3B3, 3B5, 3B6, 3B7, 4B4, 4B6, 5B6, 5B8, 6B3, 6B7, 7B3, 7B5, 7B6, 7B8, 7B10, 7B11, 7B13, 7B14, 7B16, 8B2, 8B4, 8B9, 8B10
NWCPHP, UW Public Health Management Certificate	July	Performance Management and Improvement; Program Planning and Evaluation; Leadership and Management	The Public Health Management Certificate helps public health professionals increase efficiency, effectiveness, and accountability at their workplace by developing core management functions—planning, organizing, budgeting, and analyzing performance.	2B11, 3B3, 4B6, 7B5, 7B6, 7B8, 7B10, 7B11, 7B14, 7B16, 8B4

RM-PHTC Evidence-Based Public Health online course	August- September September- November	Program Planning and Evaluation; Community Health Planning	The online training series covers core concepts like: defining public health issues, conducting community assessments, prioritizing options, and evaluating program and policy impacts. The online course uses a flipped classroom approach. This gives participants the opportunity to work through course content prior to connecting with a small group of peers during a live learning session.	1B1, 1B2, 1B4, 1B13, 1B14, 2B2, 2B3, 2B6, 2B8, 2B11, 6B1, 6B2, 6B5, 6B7
MPHA Conference	September	Community Health Planning; Leadership and Management	TBD	Competencies will be developed as we identify and find the trainings that match the focus areas. MPHA will be developing a new 3-5 yr. strategic plan in December and workforce development will be included in our strategic planning. MPHA has a conference and continuing education committee and they will participate in choosing the competencies. MPHA will be focusing on the Tier 2 level.
MEHA Conference	September	Public Health Science Skills	Environmental and Health Sciences.	Based on current performance and workforce goals, trainings are likely to address the following competencies, with an emphasis on Core Competency 6: 1A14, 1B14, 1B15, 1C14, 1B15, 2A6, 2A8; 3A2, 3C8; 5A9, 5B10, 5C10; almost all aspects of 6; 7A1, 7A2, 7A3, 7B1, 7B2, 7B3, 7C1, 7C2, 7C3, 8A8, 8B8, 8C8

PHSIO Quality Improvement	September	Performance Management and Improvement	This two-day QI training will be an interactive workshop to support the development of basic QI capacity using the PDSA method and launch of QI projects.	5B8, 6B7, 7B16, 8B9
RM-PHTC Leading Improvement Projects; Communicating Evidence to Decision Makers; Identifying Evidence-Based Practices; Grants 101	On-demand, ongoing	Performance Management and Improvement; Program Planning and Evaluation	<p>The Leading Improvement Projects online toolkit was developed for people that will be helping to facilitate QI projects within their agency and are looking for tools, templates and experience with doing so. Modules cover The Process; Scope & Resources; LEAN Problem Solving.</p> <p>In the Communicating Evidence to Decision Makers online module, participants will explore effective strategies for communicating evidence to decision-makers and acquire tools and resources to create and disseminate messages about evidence-based solutions on different platforms for diverse audiences.</p> <p>The Identifying Evidence-Based Practices online module leads participants through the process used in systematic reviews and identifies key practice-relevant resources that summarize the literature on effective public health interventions.</p> <p>The Grants Management 101 Toolkit provides tools to enhance grant writing skills and provides guidance on developing goals, objectives, and activities.</p>	1B1, 1B2, 1B4, 1B13, 1B14, 3B4, 3B5, 3B6, 7B6, 7B8, 7B10, 7B14, 7B15, 7B16, 8B9

2020				
Training Event	Date	Focus Area	Description	Competency/Competencies
PHSIO Basics of Public Health Epidemiology	April	Program Planning and Evaluation; Community	TBD	1B2, 1B14, 2B11, 3B5, 6B7

		Health Planning		
PHSIO Summer Institute	July	Performance Management and Improvement; Community Health Planning	Quality Improvement: 1.5-day course Community Health Planning: 1.5-day course	1B2, 2B11, 2B12, 5B8, 6B7, 7B16, 8B9
PHSIO Grant	August	Performance Management and Improvement; Community Health Planning	Grant opportunity for local and Tribal health departments to work on community health assessments, community health improvement plans, organizational strategic plans, workforce development plans, and quality improvement plans.	One or more of the following competencies, depending on the grant work selected by the health department: 1B2, 1B14, 2B2, 2B10, 2B11, 2B12, 3B3, 3B5, 3B6, 3B7, 4B4, 4B6, 5B6, 5B8, 6B3, 6B7, 7B3, 7B5, 7B6, 7B8, 7B10, 7B11, 7B13, 7B14, 7B16, 8B2, 8B4, 8B9, 8B10
NWCPHP, UW Public Health Management Certificate	July	Performance Management and Improvement; Program Planning and Evaluation; Leadership and Management	The Public Health Management Certificate helps public health professionals increase efficiency, effectiveness, and accountability at their workplace by developing core management functions—planning, organizing, budgeting, and analyzing performance.	2B11, 3B3, 4B6, 7B5, 7B6, 7B8, 7B10, 7B11, 7B14, 7B16, 8B4
RM-PHTC Evidence-Based Public Health online course	August-September September-November	Program Planning and Evaluation; Community Health Planning	The online training series covers core concepts like: defining public health issues, conducting community assessments, prioritizing options, and evaluating program and policy impacts.	1B1, 1B2, 1B4, 1B13, 1B14, 2B2, 2B3, 2B6, 2B8, 2B11, 6B1, 6B2, 6B5, 6B7

			The online course uses a flipped classroom approach. This gives participants the opportunity to work through course content prior to connecting with a small group of peers during a live learning session.	
MPHA Conference	September	Community Health Planning; Leadership and Management	TBD	Competencies will be developed as we identify and find the trainings that match the focus areas. MPHA will be developing a new 3-5 yr. strategic plan in December and workforce development will be included in our strategic planning. MPHA has a conference and continuing education committee and they will participate in choosing the competencies. MPHA will be focusing on the Tier 2 level.
MEHA Conference	September	Public Health Science Skills	Environmental and Health Sciences.	Based on current performance and workforce goals, trainings are likely to address the following competencies, with an emphasis on Core Competency 6: 1A14, 1B14, 1B15, 1C14, 1B15, 2A6, 2A8; 3A2, 3C8; 5A9, 5B10, 5C10; almost all aspects of 6; 7A1, 7A2, 7A3, 7B1, 7B2, 7B3, 7C1, 7C2, 7C3, 8A8, 8B8, 8C8
UM Certificate of Public Health (CPH)	September – 1 st semester	Program Planning and Evaluation; Community Health	The Certificate of Public Health is geared towards those who: currently work in a public health setting but may have no formal public health training, wish to update their public health training, work in related fields and wish to	One of more of the following competencies, depending on which class the student is attending: 1B2, 1B14, 2B2, 2B11, 3B3, 3B5, 3B6, 4B4, 4B6,

		Planning; Leadership and Management	broaden their knowledge of public health issues and concepts.	5B6, 5B8, 6B3, 6B7, 7B14, 8B4, 8B10
PHSIO Quality Improvement	September	Performance Management and Improvement	This two-day QI training will be an interactive workshop to support the development of basic QI capacity using the PDSA method and launch of QI projects.	5B8, 6B7, 7B16, 8B9
RM-PHTC Leading Improvement Projects; Communicating Evidence to Decision Makers; Identifying Evidence-Based Practices; Grants 101	On-demand, ongoing	Performance Management and Improvement; Program Planning and Evaluation	<p>The Leading Improvement Projects online toolkit was developed for people that will be helping to facilitate QI projects within their agency and are looking for tools, templates and experience with doing so. Modules cover The Process; Scope & Resources; LEAN Problem Solving.</p> <p>In the Communicating Evidence to Decision Makers online module, participants will explore effective strategies for communicating evidence to decision-makers and acquire tools and resources to create and disseminate messages about evidence-based solutions on different platforms for diverse audiences.</p> <p>The Identifying Evidence-Based Practices online module leads participants through the process used in systematic reviews and identifies key practice-relevant resources that summarize the literature on effective public health interventions.</p> <p>The Grants Management 101 Toolkit provides tools to enhance grant writing skills and provides guidance on developing goals, objectives, and activities.</p>	1B1, 1B2, 1B4, 1B13, 1B14, 3B4, 3B5, 3B6, 7B6, 7B8, 7B10, 7B14, 7B15, 7B16, 8B9

2021				
Training Event	Date	Focus Area	Description	Competency/Competencies
UM Certificate of Public Health	January – 2 nd semester	Program Planning and Evaluation; Community Health Planning; Leadership and Management	Depends on student schedule	One of more of the following competencies, depending on which class the student is attending: 1B2, 1B14, 2B2, 2B11, 3B3, 3B5, 3B6, 4B4, 4B6, 5B6, 5B8, 6B3, 6B7, 7B14, 8B4, 8B10
UM Certificate of Public Health	May – 3 rd semester	Program Planning and Evaluation; Community Health Planning; Leadership and Management	Depends on student schedule	One of more of the following competencies, depending on which class the student is attending: 1B2, 1B14, 2B2, 2B11, 3B3, 3B5, 3B6, 4B4, 4B6, 5B6, 5B8, 6B3, 6B7, 7B14, 8B4, 8B10
PHSIO Summer Institute	July	Performance Management and Improvement; Program Planning and Evaluation	Performance Management: 1.5-day course Program Evaluation: 1.5-day course	2B11, 7B16
NWCPHP, UW Public Health Management Certificate	July	Performance Management and Improvement; Program	The Public Health Management Certificate helps public health professionals increase efficiency, effectiveness, and accountability at their workplace by developing core management functions—planning, organizing, budgeting, and analyzing performance.	2B11, 3B3, 4B6, 7B5, 7B6, 7B8, 7B10, 7B11, 7B14, 7B16, 8B4

		Planning and Evaluation; Leadership and Management		
PHSIO Grant	August	Performance Management and Improvement; Community Health Planning	Grant opportunity for local and Tribal health departments to work on community health assessments, community health improvement plans, organizational strategic plans, workforce development plans, and quality improvement plans.	One or more of the following competencies, depending on the grant work selected by the health department: 1B2, 1B14, 2B2, 2B10, 2B11, 2B12, 3B3, 3B5, 3B6, 3B7, 4B4, 4B6, 5B6, 5B8, 6B3, 6B7, 7B3, 7B5, 7B6, 7B8, 7B10, 7B11, 7B13, 7B14, 7B16, 8B2, 8B4, 8B9, 8B10
RM-PHTC Evidence-Based Public Health online course	August-September September-November	Program Planning and Evaluation; Community Health Planning	The online training series covers core concepts like: defining public health issues, conducting community assessments, prioritizing options, and evaluating program and policy impacts. The online course uses a flipped classroom approach. This gives participants the opportunity to work through course content prior to connecting with a small group of peers during a live learning session.	1B1, 1B2, 1B4, 1B13, 1B14, 2B2, 2B3, 2B6, 2B8, 2B11, 6B1, 6B2, 6B5, 6B7
MPHA Conference	September	Community Health Planning; Leadership and Management	TBD	Competencies will be developed as we identify and find the trainings that match the focus areas. MPHA will be developing a new 3-5 yr. strategic plan in December and workforce development will be included in our strategic planning. MPHA has a conference and continuing education committee and they

				will participate in choosing the competencies. MPHA will be focusing on the Tier 2 level.
MEHA Conference	September	Public Health Science Skills	Environmental and Health Sciences.	Based on current performance and workforce goals, trainings are likely to address the following competencies, with an emphasis on Core Competency 6: 1A14, 1B14, 1B15, 1C14, 1B15, 2A6, 2A8; 3A2, 3C8; 5A9, 5B10, 5C10; almost all aspects of 6; 7A1, 7A2, 7A3, 7B1, 7B2, 7B3, 7C1, 7C2, 7C3, 8A8, 8B8, 8C8
PHSIO Quality Improvement	September	Performance Management and Improvement	This two-day QI training will be an interactive workshop to support the development of basic QI capacity using the PDSA method and launch of QI projects.	5B8, 6B7, 7B16, 8B9
UM Certificate of Public Health	September – 4 th semester	Program Planning and Evaluation; Community Health Planning; Leadership and Management	Depends on student schedule.	One of more of the following competencies, depending on which class the student is attending: 1B2, 1B14, 2B2, 2B11, 3B3, 3B5, 3B6, 4B4, 4B6, 5B6, 5B8, 6B3, 6B7, 7B14, 8B4, 8B10
RM-PHTC Leading Improvement Projects; Communicating Evidence to Decision Makers; Identifying	On-demand, ongoing	Performance Management and Improvement; Program Planning and Evaluation	The Leading Improvement Projects online toolkit was developed for people that will be helping to facilitate QI projects within their agency and are looking for tools, templates and experience with doing so. Modules cover The Process; Scope & Resources; LEAN Problem Solving.	1B1, 1B2, 1B4, 1B13, 1B14, 3B4, 3B5, 3B6, 7B6, 7B8, 7B10, 7B14, 7B15, 7B16, 8B9

<p>Evidence-Based Practices; Grants 101</p>			<p>In the Communicating Evidence to Decision Makers online module, participants will explore effective strategies for communicating evidence to decision-makers and acquire tools and resources to create and disseminate messages about evidence-based solutions on different platforms for diverse audiences.</p> <p>The Identifying Evidence-Based Practices online module leads participants through the process used in systematic reviews and identifies key practice-relevant resources that summarize the literature on effective public health interventions.</p> <p>The Grants Management 101 Toolkit provides tools to enhance grant writing skills and provides guidance on developing goals, objectives, and activities.</p>	
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