

MONTANA PUBLIC HEALTH

# WORKFORCE DEVELOPMENT PLAN

Montana Public Health Workforce Development Group  
January 2024 – December 2025





## Acknowledgements

---

The Montana Public Health Workforce Development Plan has been approved and adopted by the following organizations:

- Association of Montana Public Health Officials (AMPHO)
- Carroll College
- Confluence Public Health Alliance (CPHA)
- Montana Environmental Health Association (MEHA)
- Montana Office of Rural Health (MORH), Area Health Education Center (AHEC), Montana State University (MSU)
- Montana Public Health Association (MPHA)
- Montana Public Health Institute (MTPHI)
- Montana Public Health Training Center (MPHTC), University of Montana (UM)
- Public Health System Improvement Office (PHSIO), Public Health and Safety Division (PHSD), Montana Department of Public Health and Human Services (MT DPHHS)
- Rocky Mountain Public Health Training Center (RM-PHTC), Colorado School of Public Health (Colorado SPH)

## Special Thanks

---

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

Emily Colomeda	Health Services Director, Lake County Health Department
Sarah Davis	Associate Director, RM-PHTC
Lisa Dworak	Executive Director, AMPHO, MPHA, MEHA, CPHA
Holly Gederos	Workforce Support Specialist, PHSIO
David Gilkey	Representative, MEHA
Hillary Hanson	Chief Operating Officer, MTPHI
Mandy Hedstrom	Senior Program Manager, MORH, AHEC
Neva Loney	Local and Tribal Support Specialist, PHSIO
Drenda Niemann	Health Officer, Lewis and Clark Public Health
Kelly Parsley	Health Sciences Department Chair, Carroll College
Desiree Rested	Training Developer & Manager, MPHTC, UM
Allison Scheeler	Workforce Program Manager, PHSIO
Kaela Schommer	Instructional Coordinator, PHSIO
Leigh Taggart	Educational Coordinator, MPHTC, UM
Stefanie Tassaró	Public Health Program Specialist / Administrative Coordinator, MTPHI
Alexis Tobin	Director, North Central MT AHEC
Tony Ward	Executive Director, MPHTC, UM

# Questions & Comments

---

For data and other inquiries about this report, please contact:

**Allison Scheeler, MPH**

Workforce Program Manager

Public Health System Improvement Office, PHSD, MT DPHHS

[HHSPHSDBuildingHealthySystems@mt.gov](mailto:HHSPHSDBuildingHealthySystems@mt.gov)

# Table of Contents

---

Acknowledgements .....	1
Special Thanks .....	1
Questions & Comments .....	2
Table of Contents.....	3
Acronyms.....	5
Executive Summary .....	7
Purpose and Introduction.....	8
Public Health System Profile.....	9
Population Served .....	9
Montana Demographic Profile .....	9
Tribal Nations of Montana.....	11
Governance.....	12
Public Health Workforce Profile.....	13
Future Workforce .....	16
Post-COVID Public Health Workforce Considerations.....	17
Succession, Retention, and Retirement Considerations.....	17
Emerging Public Health Considerations.....	18
Public Health Continuing Education and Professional Requirements .....	18
Training and Educational Needs .....	19
Core Competencies for Public Health Professionals .....	19
Workforce Assessment Data .....	20
All Tiers – Local and Tribal Health Department Respondents .....	21
All Tiers – MT DPHHS Respondents .....	21
Tier 1 – Local and Tribal Health Department Respondents.....	21
Tier 1 – MT DPHHS Respondents .....	22
Tier 2 – Local and Tribal Health Department Respondents.....	22
Tier 2 – MT DPHHS Respondents .....	22
Tier 3 – Local and Tribal Health Department Respondents.....	22
Tier 3 – MT DPHHS Respondents .....	22
Other Training and Educational Needs.....	23
Challenges and Solutions .....	24
Plan Implementation.....	25
Overview .....	25

Objectives .....	25
Activities .....	26
Virtual and In-Person Training .....	26
Other Professional Development Opportunities.....	27
Recruitment and Retention .....	27
Roles and Responsibilities.....	28
Communication and Distribution .....	30
Review and Maintenance.....	31
Training Design, Implementation, Tracking, and Evaluation .....	31
Tracking .....	32
Evaluation .....	33
Conclusion.....	33
Appendix A .....	34
Example of Post-Training Evaluation and Rationale.....	34
Post Training Rationale for Questions .....	34
Training Evaluation Templates.....	36

## Acronyms

---

AHEC - Area Health Education Center

ASTHO - Association of State and Territorial Health Officials

CBHPSS - Certified Behavioral Health Peer Support Specialist

CDC - Center for Disease Control

CE - Continuing Education

CHES - Certified Health Education Specialist

CLC - Certified Lactation Counselor

COVID - Coronavirus Disease 2019

CPH - Certified in Public Health

CPHA - Confluence Public Health Alliance

DPHHS - Department of Public Health and Human Safety

FDA - Food and Drug Administration

HRSA - Health Resources and Services Administration

JEDI - Justice, Equity, Diversity, and Inclusion

LAC - Licensed Addiction Counselor

LBSW - Licensed Baccalaureate Social Worker

LCPC - Licensed Clinical Professional Counselor

LMFT - Licensed Marriage and Family Therapist

LMSW - Licensed Master Social Worker

LPN - Licensed Practical Nurse

LMS – Learning Management System

MCHES - Master Certified Health Education Specialist

MD - Medical Doctor

MEHA – Montana Environmental Health Association

MORH – Montana Office of Rural Health

MPHA - Montana Public Health Association

MPHTC - Montana Public Health Training Center

MSU – Montana State University

MTPHI - Montana Public Health Institute

PH - Public Health

PHF - Public Health Foundation

PH WINS - Public Health Workforce Interests and Needs Survey

PHSD - Public Health and Safety Division

PHSIO - Public Health System Improvement Office

PHSITF – Public Health System Improvement Task Force

PHTC - Public Health Training Center

RD - Registered Dietitian

RM-PHTC - Rocky Mountain Public Health Training Center

RN - Registered Nurse

RS – Registered Sanitarian

SHIP – Montana State Health Improvement Plan

UMSPH - University of Michigan: School of Public Health

UM SPCHS – University of Montana School of Public and Community Health Sciences

WF - Workforce

WFD - Workforce Development

WIC - Women, Infants, and Children

# Executive Summary

---

The Montana Public Health 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 [10 Essential Public Health Services](#), leading to improved health outcomes for all Montanans.

The Montana Public Health Workforce Development Plan (WFD Plan) is informed by multiple sources:

1. The results of the **Montana Public Health Workforce Assessment** (WF Assessment): a statewide survey of public health professionals’ competency needs completed in 2022. Through the WF Assessment, four priority areas for public health training and education were identified:
  1. Communication Skills
  2. Leadership and Systems Thinking
  3. Community Partnership
  4. Policy Development and Program Planning
2. The **Montana State Health Improvement Plan** (SHIP): developed by the State Health Improvement Coalition using the results of the 2017 Montana State Health Assessment and guidance of Health People 2030. The 2019-2023 MT SHIP identified five priority areas to focus on:
  1. Behavioral Health
  2. Chronic Disease Prevention and Self-Management
  3. Motor Vehicle Crashes
  4. Healthy Mothers, Babies, and Youth
  5. Adverse Childhood Experiences
3. The **National Consortium for Public Health Workforce Development** (NCPHWD) identified strategic skills. NCPHWD’s Strategic Skills were developed out of a need to enhance existing scientific skills with strategic skills that transcend disciplines, supporting cross-sector collaboration and the leadership needed in the quickly evolving field of public health.
  1. Effective Communication



2. Data-Based Decision Making
3. Justice, Equity, Diversity, and Inclusion (JEDI)
4. Resource Management
5. Change Management
6. Systems and Strategic Thinking
7. Community Engagement
8. Cross-Sectional Partnerships
9. Policy Engagement

The WFD Group has created a two-year workforce development plan that includes the creation of training and educational programs. This work supports statewide public health competency development and the development of strategic skills to enable the public health workforce to realize the vision outlined in the MT SHIP. The schedule of these programs can be found on the [Connected Community Events Calendar](#) and will be updated regularly.

The following WFD Plan is for the period of 2024-2025, addressing changes in workforce needs since the last plan was published. Progress made on the priority areas and related objectives in the WFD Plan will be reviewed each year and reported to the Montana Public Health System Improvement Task Force.

## Purpose and Introduction

---

Workforce development is key to improving public health services and protecting the public's health. Fundamental public health workforce development is identifying gaps in knowledge, skills, and abilities through the assessment of both the public health system and individual needs. Once identified, the gaps are addressed through targeted training and educational programs. To effectively address Montana's public health workforce needs and competency gaps and strengthen the workforce to deliver public health services and protect the public's health, the WFD Group's organizations analyzed current statewide workforce data to create the 2024-2025 WFD Plan.

Data from the WF Assessment, the Association of State and Territorial Health Officials' [Workforce Development Plan Toolkit](#), and the Public Health Accreditation Board [Standards and Measures Version 2022](#), were utilized to create this WFD Plan. This plan will be used by the WFD Group to develop and deliver public health training and educational programs and can support state, local, and tribal health departments in conducting organizational workforce development planning.

# Public Health System Profile

---

## Population Served

Montana is a rural state with roughly 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 25,000 persons and ranks 43 of 50 states in terms of population.

Montana delivers public health services through state, local, and tribal public health agencies, Indian Health Services, health systems, community-based organizations, and other statewide partners. The governmental public health system in Montana is comprised of 1 state, 52 local, and 8 tribal health departments. These agencies provide core public health services across the state and collaborate with organizations that support public health. Montana operates under a decentralized public health system, which gives local and tribal health departments autonomy from the state health department and independent authority to deliver public health services. Local health departments carry out public health activities under authority delegated by the legislature to local boards of health and public health officers. Tribes have independently governed tribal health departments as determined by their tribal governments. Health departments in Montana vary in size, infrastructure, and public health services provided.

While progress has been made to strengthen the capability of health departments in Montana, the substantial variability in size, infrastructure, and services provided creates an ongoing need for public health system improvement. To effectively respond to the health needs of Montanans, statewide public health workforce development is imperative.

## Montana Demographic Profile

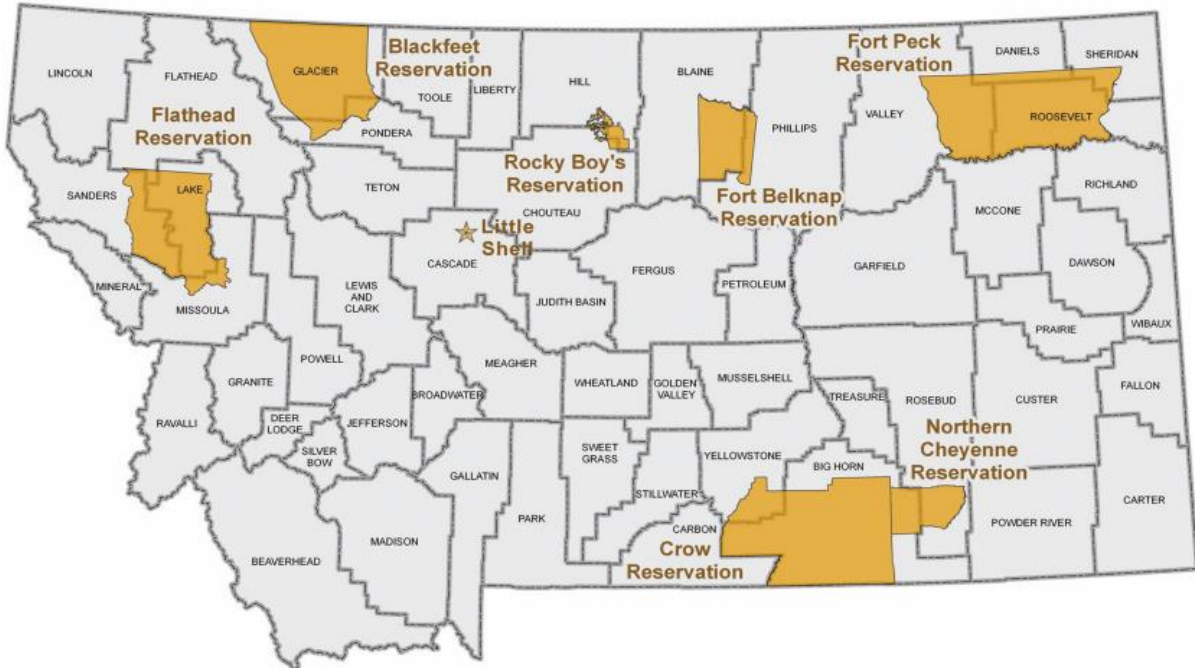
<b>Population</b>	
Total Population	1,122,867
Population per square mile	7.4
Land area in square miles	145,509.20
<b>Income</b>	
Median Household Income	\$67,631
Poverty Rate	12.1%
Children under 18 in poverty	13.4%
<b>Age</b>	

Median Age	40.2
<b>Population by Race</b>	
White alone	88.7%
Black or African American alone	0.6%
American Indian or Alaska Native alone	6.5%
Asian alone	0.8%
Native Hawaiian or Other Pacific Islander alone	0.1%
Some other race alone	0.7%
Two or more races	3.0%
Hispanic or Latino (regardless of race)	4.5%
<b>Languages Spoken at Home</b>	
English only	95.4%
Spanish	1.4%
Other Indo-European languages	1.9%
Asian and Pacific Islander languages	0.5%
Other languages	0.7%

Data from the United States Census Bureau:

<https://data.census.gov/profile/Montana?g=040XX00US30#populations-and-people>

## Tribal Nations of Montana



### BLACKFEET RESERVATION

Home of the Blackfeet Nation headquartered in Browning, Montana

### CROW RESERVATION

Home of the Crow Nation headquartered in Crow Agency, Montana

### FLATHEAD RESERVATION

Home of the Confederated Salish, Pend d'Oreille & Kootenai Tribes headquartered in Pablo, Montana

### FORT BELKNAP RESERVATION

Home of the Gros Ventre & Assiniboine Tribes headquartered in Fort Belknap Agency, Montana

### FORT PECK RESERVATION

Home of the Assiniboine & Sioux Tribes headquartered in Poplar, Montana

### LITTLE SHELL TRIBE OF CHIPPEWA INDIANS

Headquartered in Great Falls, Montana

### NORTHERN CHEYENNE RESERVATION

Home of the Northern Cheyenne Tribe headquartered in Lama Deer, Montana

### ROCKY BOY'S RESERVATION

Home of the Chippewa & Cree Tribes headquartered in Rocky Boy Agency, Montana

Information from the Office of the Governor of Indian Affairs: <https://tribalnations.mt.gov>

## Governance

The purpose of Montana's public health system is defined in Montana law in [Title 50-1-105 of the Montana Code Annotated](#). The following is an excerpt from the 2023 version of the Montana code:

1. It is the policy of the state of Montana that the health of the public is protected and promoted to the extent practicable through the public health system while respecting individual rights to dignity, privacy, and non-discrimination.
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;
  - 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 for 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.

## Public Health Workforce Profile

---

The [Public Health Workforce Profile](#) includes demographic data that was collected from the 2022 Montana Public Health Workforce Assessment. The data gathered comes from the 448 public health professionals who completed the WF Assessment in full and consented to be included in the report.

# Key Findings

## 2022 Statewide Workforce Assessment

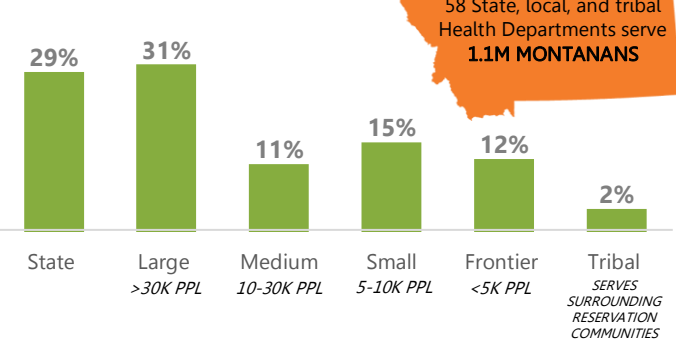
This project was completed by the Montana Public Health Training Center with support from DPHHS Office of Public Health Systems Improvement Office.

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

### MONTANA PUBLIC HEALTH WORKFORCE SUMMARY

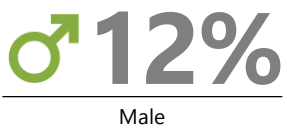
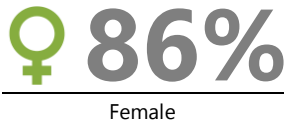


#### HEALTH DEPARTMENT TYPE

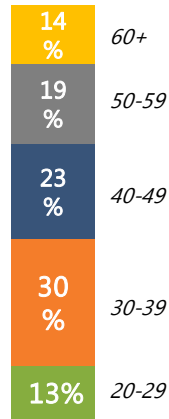


### MONTANA PUBLIC HEALTH WORKFORCE DEMOGRAPHICS

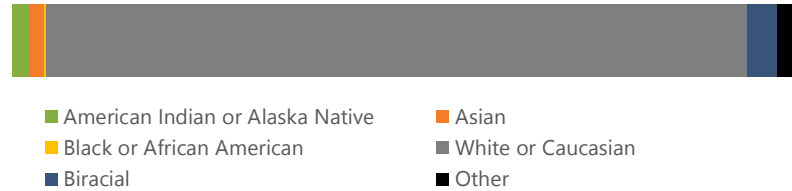
#### GENDER



#### AGE



#### ETHNICITY

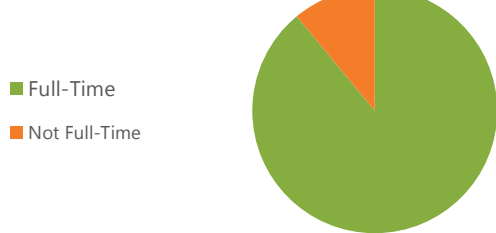


#### HISPANIC ETHNICITY



### WORKFORCE COMPOSITION

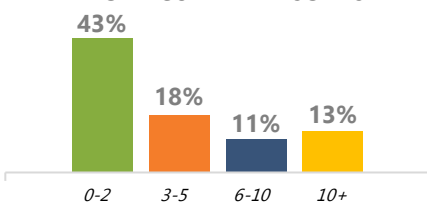
#### POSITION TYPE



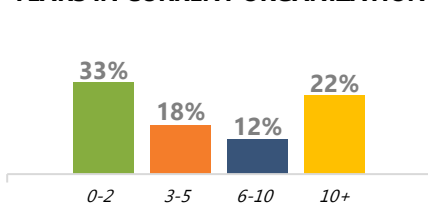
#### POSITION DURATION



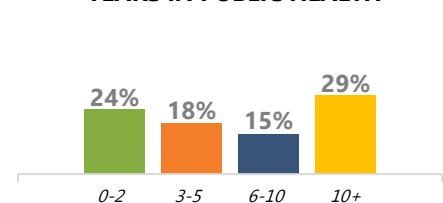
#### YEARS IN CURRENT POSITION



#### YEARS IN CURRENT ORGANIZATION

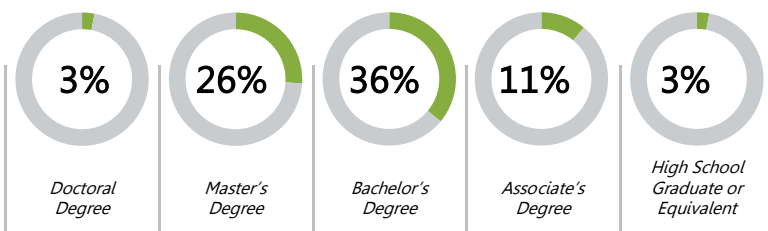


#### YEARS IN PUBLIC HEALTH



## EDUCATION

### HIGHEST LEVEL OF EDUCATION



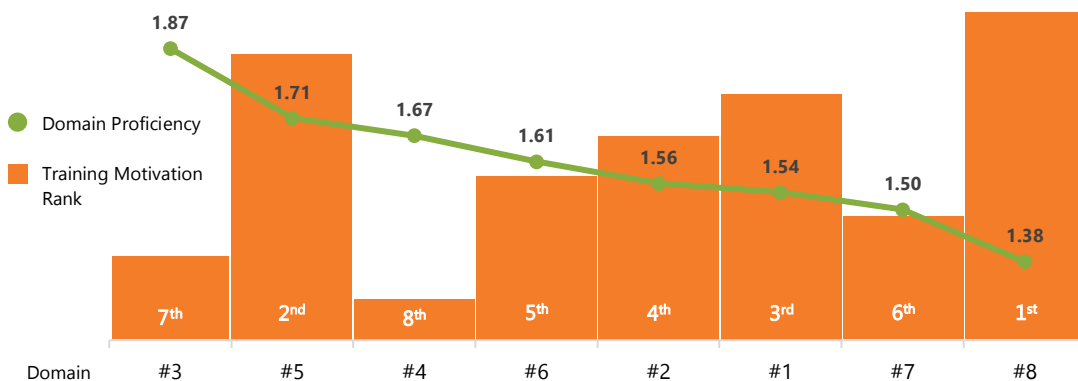
### # OF CERTIFICATES & LICENSES

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

TOTAL = **203**

## WORKFORCE COMPETENCIES & TRAINING SUMMARY

### DOMAIN PROFICIENCY & DOMAIN-RELATED TRAINING MOTIVATION



### DOMAINS

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

## PROFESSIONAL DEVELOPMENT

### ATTENDED TRAININGS

**57%**

Yes

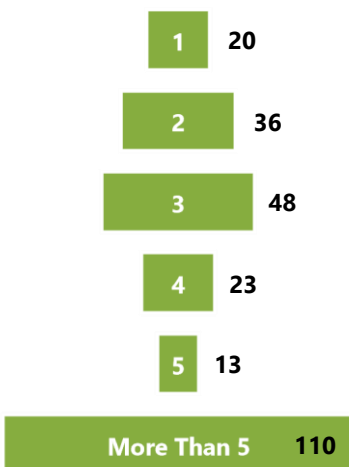
**28%**

No

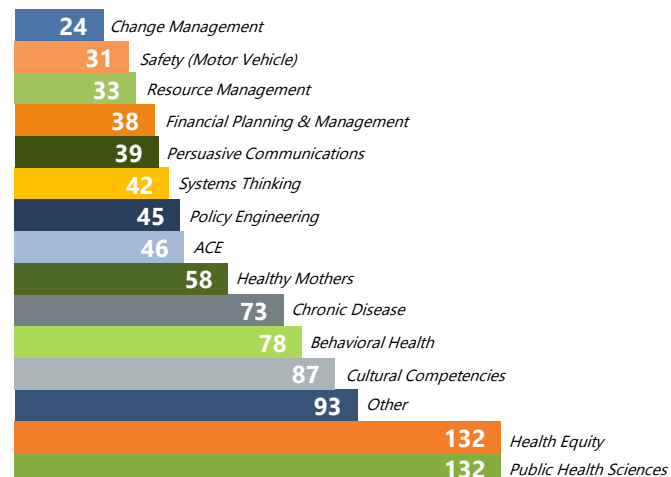
**15%**

Did Not Answer

### # OF TRAININGS ATTENDED

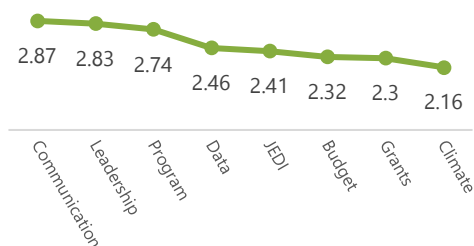


### TRAINING AREAS (# ATTENDED IN LAST 2 YEARS)



### LIKELIHOOD TO ATTEND TRAINING

(OTHER THAN DOMAINS)



### RANKING OF TRAINING INCENTIVES

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

### RANKING OF TRAINING BARRIERS

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



## Future Workforce

The Public Health field is changing rapidly to face new and evolving challenges in Montana communities. The workforce therefore must change too, requiring new education, resources, and skills to meet these challenges. The focus for this WFD Plan will be Communication Skills, Leadership and Systems Thinking, Community Partnership, and Policy Development and Program Planning. The WFD Group will also continue to prioritize mental health and resiliency. By using multiple investigative resources, the WFD Group can obtain a more thorough picture of what is needed by the PH workforce. The new knowledge of Montana's workforce demographics will allow for fine tuning of training and educational opportunities. Much of the workforce has earned a degree in a discipline that is not founded in public health, so the need for public health science is important. With the high rates of turnover, many new professionals are entering the field who will require more public health science education too. Professionals are performing new tasks in their positions and tackling a varied workflow while wearing many hats, therefore it is important to manage mental health and the stress and burnout that can result.

According to the [de Beaumont Foundation](#), "Workforce diversity has been shown to encourage creativity and improve cultural competence, among other benefits. Diversity in public health organizations helps to ensure that programs and interventions are appropriately designed and implemented, resulting in more equitable health outcomes." The WFD Group must broaden and strengthen the workforce pipeline and recruitment strategies to promote public health as a career to minority populations. In addition to promoting vacancies to the public health student population, MPHTC hosts a Montana-specific public health job board. MPHTC, in partnership with MT DPHHS, also utilizes ASTHO's Public Health Careers page, [PublicHealthCareers.org](#), to promote open positions and reach as many potential qualified applicants as possible.

The [National Consortium for Public Health Workforce Development](#) (NCPHWD) has identified public health pathway programs as a successful intervention to diversify and strengthen the government's public health workforce. NCPHWD has defined pathways programs as "non-degree granting programs that support people interested in entering public health as a career, enhancing their public health education, and/or furthering their public health career success." Successful pathway programs, as outlined by NCPHWD, often include a combination of the following:

- Academic preparation and support
- Psychosocial support
- College, graduate school, and career readiness
- Career exposure and experience
- Experiential learning (internships, fellowships, community experience, research)

- Parental engagement
- Mentorship
- Networking opportunities
- Professional and leadership development
- Advocacy training and experience

The WFD Group is doing work in this area and has a number of these activities underway or in consideration.

The understanding of the Montana public health workforce has greatly increased, allowing the WFD Group to dig deeper into what is needed to make it successful. Progress will be evaluated continuously with the vision to support Montana public health professionals in the best way possible.

## Post-COVID Public Health Workforce Considerations

The COVID-19 pandemic has had a significant impact on Montana’s public health workforce. Due to substantial professional and personal pressure caused by the pandemic, Montana has lost numerous public health officials and staff statewide. This substantial turnover has highlighted the need for quality training and professional development. Many of those who have remained in the workforce have experienced burnout and fatigue. There were areas identified for improvement in [Montana’s COVID-19 After Action Reviews](#), a summary written by the Montana Public Health Institute (MTPHI) in partnership with DPHHS. MPHTC, in partnership with PHSD, launched a [Public Health Wellness Program](#) to address the impacts of COVID-19 on the public health workforce and support their overall health through one-on-one therapy, health coaching, workshops, and other wellness activities. The WFD Group will continue to monitor the ongoing response efforts and offer workforce development opportunities that are responsive to current and anticipated needs related to public health emergency preparedness. The COVID-19 pandemic also demonstrated the importance of collaboration and partnership between the state, local, and tribal health departments, public health organizations, and other public health stakeholders.

## Succession, Retention, and Retirement Considerations

Based on demographic data collected from the 2022 Montana Public Health Workforce Assessment, approximately 33% of Montana’s current workforce is within 10 to 15 years of retirement, with about 14% now in the age range for retirement. Succession planning, including planning for retiring employees, and staff retention should be an area of focus for the state, local, and tribal health departments. National-level findings from the [Public Health Workforce Interests and Needs Survey \(PH WINS\)](#), conducted by ASTHO and the de Beaumont Foundation, highlight the importance of planning for staff retention and turnover. The 2017 PH WINS results for Montana indicated that the top five reasons for voluntary

turnover are job satisfaction, lack of opportunity for advancement, lack of support, pay, and stress. To adequately address staff retention and turnover, health departments need to continue and increase efforts to provide support and opportunities related to these needs. There are plans to participate in PH WINS 2024 and the WFD Group will utilize the results to inform priorities and future efforts.

## Emerging Public Health Considerations

Based on Montana’s workforce assessment, [Public Health 3.0](#) has emerged as a key tool to assist the state in shaping and growing a stronger public health workforce. To work towards the Public Health 3.0 model, the WFD Plan should reflect the main components of this framework: the role of [Chief Health Strategist](#), cross-sector partnerships, public health accreditation, actionable data, and innovative funding models. Public Health 3.0 also demonstrates the importance of addressing factors outside the typical realm of public health, including social determinants, health inequities, and the relationship between the environment and health.

The WFD Group should also be proactive in identifying and responding to training needs related to technology and other advancements to support a well-trained and well-informed public health workforce that is prepared to respond to future and emerging public health issues.

## Public Health Continuing Education and Professional Requirements

Continuing education (CE) is post-secondary learning. Within public health, these credits certify that employees are staying up to date with current industry practices and new research and innovations. Various disciplines within public health require CEs for license renewal. CE credits can include self-directed learning, conferences, experiential learning, workforce training, and degree credit courses. The WFD Group supports the development of public health professionals across the state by offering trainings, sponsoring health certificates and micro-credentials, and hosting and sponsoring conferences. Tracking and maintaining licensure is the responsibility of individual employees. The table below outlines the CE requirements associated with PHSD staff disciplines, as of November 2023.

Discipline	Montana CE Requirements
Dietitian (RD)	75 CEs every 5 years
Health Educator (CHES, MCHES)	75 CEs every 5 years
Lactation Counselor (CLC)	18 CEs every 3 years

Physician (MD)	100 CE's every 2 years
Public Health Practitioner (CPH)	50 CE's every 2 years
Sanitarian (RS)	15 CE's every 2 years
Social Worker (LBSW, LMSW, LBSW, LCPC, LMFT, LAC, CBHPSS)	20 CE's every year
Women, Infants, and Children (WIC) Staff	12 CE's every year (6 CE's every year if part-time)

## Training and Educational Needs

---

### Core Competencies for Public Health Professionals

The WFD Group has adopted the Core Competencies for Public Health Professionals (Core Competencies), developed by The Council on Linkages Between Academia and Public Health Practice as a framework for workforce development planning. Based on the 10 Essential Public Health Services, the Core Competencies reflect the foundational knowledge and skills for public health professionals engaging in practice, education, and research. They serve as a starting point for the WFD Group as it works to understand and meet workforce needs, improve performance, and enhance the health of Montana communities. The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing different career stages and responsibilities for public health professionals.

The Core Competency Domains are:

- Data Analytics and Assessment Skills
- Policy Development and Program Planning Skills
- Communication Skills
- Health Equity Skills
- Community Partnership Skills
- Public Health Sciences Skills
- Management and Finance Skills
- Leadership and Systems Thinking Skills

The Core Competency Tiers are:

- Tier 1: Front Line and Program Support Responsibilities.

These may include responsibilities such as collecting and analyzing data; conducting restaurant inspections; assessing environmental hazards; providing health education; building community relationships; providing customer service; delivering services; coordinating meetings; organizing records; supporting programs; and providing technical expertise.

- Tier 2: Program Management and Supervisory Responsibilities.

These may include responsibilities such as developing, implementing, evaluating, and improving programs; supervising and mentoring staff; establishing and maintaining community partnerships; recruiting a diverse workforce; managing timelines, work plans, and budgets; advocating for program resources; making policy recommendations; and providing subject matter expertise.

- Tier 3: Senior Management and Executive Leadership Responsibilities.

These may include responsibilities such as overseeing major programs or operations of the organization; setting a strategy and vision for the organization; building an equitable and inclusive organization; creating a culture of quality within the organization; collaborating with policymakers and politicians; advocating for organizational resources; partnering with community leadership; and leading organizational efforts to achieve health equity and social and environmental justice.

## Workforce Assessment Data

A statewide workforce assessment survey is conducted every two years, the results of which are used to inform and update the Montana WFD Plan. The following information is based on results from the 2022 Montana Public Health Workforce Assessment. The WF Assessment was sent to all 61 Montana health departments, and 41 elected to participate. A total of 448 respondents completed the survey in full and were utilized for data analysis. State, local, and tribal respondents self-reported their proficiency in the Core Competencies, alongside their motivation to participate in related training. The Core Competencies with the lowest reported skill levels and highest reported motivation for training are highlighted to help prioritize the workforce's training and educational needs and guide the WFD Group's activities over the next two years. MT DPHHS made up 30% of the total responses. Those responses were analyzed separately, to accurately identify the training needs of the local and tribal respondents.

Across all tiers, Communication Skills was identified as the lowest competency domain. Leadership and Systems Thinking Skills were identified as one of the highest motivations to train domains in two of three tiers for local and tribal health department respondents and all three tiers for MT DPHHS respondents. The analysis of all tiers combined identified Community Partnership Skills as one of the lowest competency domains and one of the highest motivations to train domains for local and tribal health department respondents, as

well as one of the lowest competency domains for MT DPHHS respondents. Again, considering the analysis of all tiers combined, Policy Development and Program Planning was identified as one of the highest motivations to train domains for local and tribal health department respondents. The results of the 2022 WF Assessment were presented and discussed with the Public Health System Improvement Task Force (PHSITF) in June 2023. The agreed upon focus areas for training and continued education in this plan are Communication, Leadership and Systems Thinking, Community Partnership, and Policy Development and Program Planning. Related goals and objectives are identified in the next section to measure progress toward increased competency in these areas.

**All Tiers – Local and Tribal Health Department Respondents**

Lowest Competency Domains	Highest Motivation to Train
Communication	Leadership and Systems Thinking
Community Partnership	Community Partnership
Health Equity	Policy Development and Program Planning

**All Tiers – MT DPHHS Respondents**

Lowest Competency Domains	Highest Motivation to Train
Communication	Data Analytics and Assessment
Public Health Sciences	Leadership and Systems Thinking
Community Partnership	Public Health Sciences

**Tier 1 – Local and Tribal Health Department Respondents**

Lowest Competency Domains	Highest Motivation to Train
Communication	Community Partnership
Health Equity	Public Health Sciences
Community Partnership	Communication

### Tier 1 – MT DPHHS Respondents

Lowest Competency Domains	Highest Motivation to Train
Communication	Data Analytics and Assessment
Community Partnership	Leadership and Systems Thinking
Health Equity	Public Health Sciences

### Tier 2 – Local and Tribal Health Department Respondents

Lowest Competency Domains	Highest Motivation to Train
Communication	Leadership and Systems Thinking
Policy Development and Program Planning	Management and Finance
Community Partnership	Policy Development and Program Planning

### Tier 2 – MT DPHHS Respondents

Lowest Competency Domains	Highest Motivation to Train
Communication	Leadership and Systems Thinking
Data Analytics and Assessment	Data Analytics and Assessment
Public Health Sciences	Health Equity

### Tier 3 – Local and Tribal Health Department Respondents

Lowest Competency Domains	Highest Motivation to Train
Communication	Leadership and Systems Thinking
Policy Development and Program Planning	Management and Finance
Management and Finance	Policy Development and Program Planning

### Tier 3 – MT DPHHS Respondents

Lowest Competency Domains	Highest Motivation to Train
Communication	Leadership and Systems Thinking
Data Analytics and Assessment	Data Analytics and Assessment
Public Health Sciences	Health Equity

## Other Training and Educational Needs

In addition to the self-identified competency gaps, it will be important to build professional capacity across the strategic skill domains. Strategic Skills allow public health professionals to address emerging needs as they evolve.

The National Consortium for Public Health Workforce Development (NCPHWD) and de Beaumont Foundation identified the following [strategic skills](#). Using the Strategic Skills framework as a basis for workforce development, all public health professionals can learn to think strategically and systematically, manage change and resources, communicate effectively, create action from data, engage with the communities they serve, influence policy, form cross-sector partnerships, and strive for justice, equity, diversity, and inclusion.

1. Effective Communication
2. Data-based Decision Making
3. Justice, Equity, Diversity, and Inclusion (JEDI)
4. Resource Management
5. Change Management
6. Systems and Strategic Thinking
7. Community Engagement
8. Cross Sectoral Partnerships
9. Policy Engagement

The WFD Group will also work to provide training focused on building knowledge necessary to address priority areas identified in the [Montana State Health Improvement Plan \(SHIP\)](#) and provide the [Foundational Public Health Services \(FPHS\)](#).

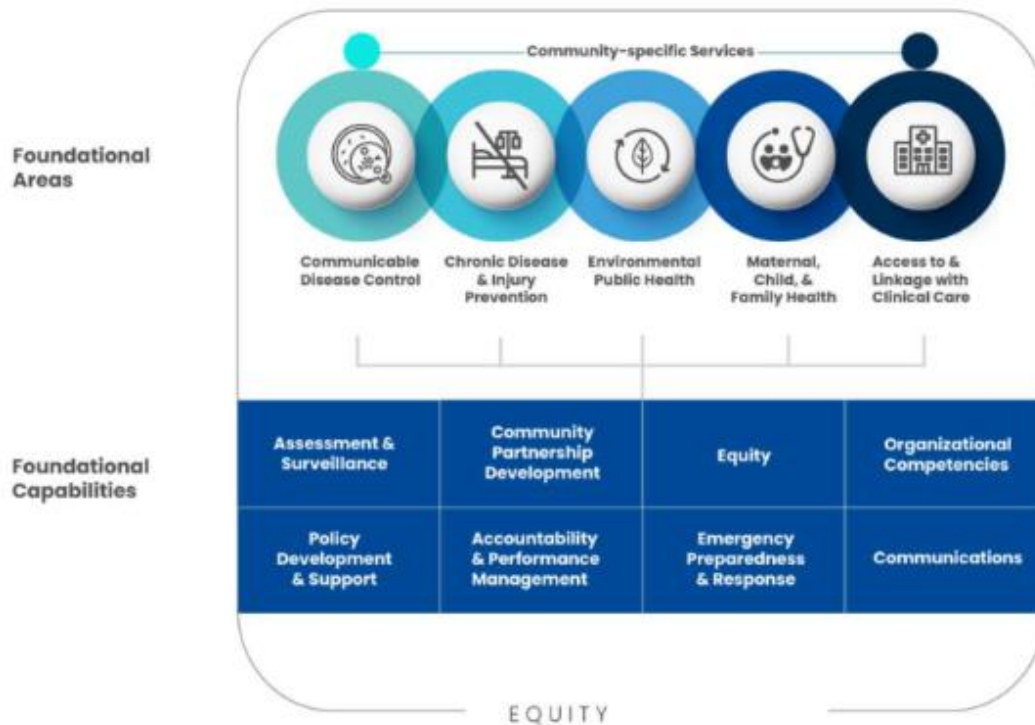
The Montana State Health Improvement Plan (SHIP) prioritizes these topic areas:

1. Behavioral Health
2. Chronic Disease Prevention and Self-Management
3. Motor Vehicle Crashes
4. Healthy Mothers, Babies and Youth
5. Adverse Childhood Experiences

The FPHS framework outlines the unique responsibilities of governmental public health and defines a minimum package of public health capabilities and programs that no jurisdiction should be without.



## Foundational Public Health Services



February 2022

## Challenges and Solutions

Many public health organizations in Montana provide training and educational programs for public health professionals. Some organizations determine professional development priorities and allocate resources based on the organization's individual understanding of workforce needs. By sharing information, limiting duplication, supporting each other's efforts, and partnering on projects, public health workforce needs can be more effectively addressed. The WFD Group will continue to work to improve coordination, collaboration, and communication.

Additionally, Montana is a rural, frontier state in which access to training and educational programs can be difficult. Through the WF Assessment, the WFD Group identified the following as the top three barriers to participating in training and educational programs:

1. Unaware of Trainings
2. Cost
3. Travel

The WFD Group will focus their efforts on addressing these identified participation barriers. The group will work to improve communication and marketing to increase awareness of training opportunities. The WFD Group will research and promote quality low or no cost training opportunities. Training and educational sponsorships or reduced registration will be

offered, when possible, to allow attendance at training events. Learning opportunities will be available online and in a variety of locations across the state for in-person events. Training topics and content will be relevant to the public health workforce through subject matter expert review.

## Plan Implementation

---

### Overview

Alongside established priority areas, the WFD Group has identified workforce development objectives through 2025 to focus efforts on training and educational programs. The implementation plan is outlined below, including objectives, activities, roles and responsibilities, communication and distribution, and review and maintenance. The following information builds on the previous WFD Plan, which was in place from 2021 through 2023.

### Objectives

Based on the priority areas identified by the WF Assessment and their alignment with strategic skills, the following are objectives the WFD Group aims to achieve through training and educational programs over the next two years.

Priority Area / Core Competency	Objective
Communication Skills	By 2025, 75% of public health professionals surveyed agree or strongly agree that training and professional development opportunities have improved their communication skills.
Leadership and Systems Thinking Skills	By 2025, 75% of public health professionals surveyed agree or strongly agree that training and professional development opportunities have improved their leadership and systems thinking skills.
Community Partnership Skills	By 2025, 75% of public health professionals surveyed agree or strongly agree that training and professional development opportunities have improved their community partnership skills.
Policy Development and Program Planning Skills	By 2025, 75% of public health professionals surveyed agree or strongly agree that training and professional development opportunities have improved their policy development and program planning skills.

## Activities

For each objective, the WFD Group will provide training and educational programs to support workforce competency development. These training and educational programs are linked to the Core Competencies and are designed, delivered, and evaluated using adult learning principles and models. The WFD Group will also provide additional opportunities, resources, and support to strengthen Montana's public health workforce.

## Virtual and In-Person Training

- [TRAIN Learning Network](#): Powered by the Public Health Foundation (PHF), TRAIN is a national learning network that provides a centralized training platform for the public health workforce. Through the collaboration of over 3,000 agencies, organizations, and training providers, such as the CDC, FDA, and 30 states, employees can access, track, and share a catalog of free trainings to include courses that offer CEs. As of the publication of this document, PHSD has become a TRAIN Affiliate and has plans to roll out administrative access and training for local and tribal health department use. For more information, contact: [HHSPHSDBuildingHealthySystems@mt.gov](mailto:HHSPHSDBuildingHealthySystems@mt.gov).
- [Montana Public Health Training Center](#) (MPHTC): Provides capacity-building and professional development opportunities for public health and healthcare professionals throughout Montana. Their aim is to strengthen the technical, scientific, managerial, and leadership competencies of the state's current and future workforce with support from the Montana Department of Public Health and Human Services (DPHHS), Montana Healthcare Foundation, and Rocky Mountain Public Health Training Center. A list of their upcoming and on-demand trainings can be found at [MPHTC Trainings](#).
- [Montana Public Health Summer Institute](#): The MT Public Health Summer Institute provides short-term, intensive educational opportunities for public health system professionals, community partners, and students every summer since 2002. This event is organized by the PHSD Public Health System Improvement Office (PHSIO). Information for future events will be posted at [MT DPHHS PHSD Building Healthy Systems](#) and communicated through email and [Connected Community](#).
- [Confluence Annual Conference](#): Montana's annual public and environmental health conference is hosted by Confluence Public Health Alliance (CPHA). Information for future events will be posted at [Confluence Conference](#) and communicated through [Connected Community](#).
- [Rocky Mountain Public Health Training Center](#) (RM-PHTC): One of the 10 Public Health Training Centers identified by the Health Resource and Services Administration (HRSA). RM-PHTC is housed in the Center for Public Health Practice at the Colorado

School of Public Health. Working with subject matter experts, the training center can provide training to public health professionals throughout the region, often at no cost to the participant. A list of their trainings can be found at [RM-PHTC Trainings](#).

- [Montana Office of Rural Health and Area Health Education Center \(MORH/AHEC\)](#): Based at Montana State University, MORH/AHEC works to enhance access to quality healthcare through community and academic educational partnerships. MORH/AHEC can provide free training and continuing education programs to health professionals throughout Montana with support from HRSA.

## Other Professional Development Opportunities

- **Mentorship Programs:** With support from PHSD, CPHA is providing mentorship opportunities for Lead Local Public Health Officials, Public Health Nurses, and Sanitarians or Sanitarians-In-Training. Additional information can be found at [CPHA Mentorship Programs](#).
- **Certificate Programs:** MPHTC, in collaboration with the University of Montana's School of Public and Community Health Sciences (UM SPCHS), is offering Montana public health employees the opportunity to participate in the School's certificate programs. With support from the PHSD PHSIO, all costs for tuition, fees, and textbooks are covered. These online certificate programs (four semesters) are designed for working professionals who would like to advance their education in public health, epidemiology, or environmental health. Additional information can be found at [MPHTC PH Certificate Scholarship Program](#).

PHSIO will be offering public health employees the opportunity to participate in the Northwest Center for Public Health Practice [Public Health Management Certificate](#) Program. Additional information on the program and how to apply will be provided via email and [Connected Community](#).

## Recruitment and Retention

- **Montana Public Health Job Board:** A centralized resource for public health employment opportunities in Montana. To submit a job for posting, use the [MPHTC Job Posting Form](#). There is also an option on the form to post any positions to the ASTHO national job board, [publichealthcareers.org](http://publichealthcareers.org). MPHTC can also provide technical assistance with writing job descriptions to help health departments attract qualified candidates.

- Workforce Pipeline Support: With support from PHSD PHSIO, MPHTC is connecting public health student interns to state, local, and tribal health departments to assist with identified projects. To request a student intern, use the [MPHTC Intern Posting Form](#).
- Retention of Supplemental Staff: PHSD is providing financial support to local and tribal health departments to hire and retain supplemental staff to increase department capacity and capabilities to deliver the Foundational Public Health Services.
- Public Health Wellness Program: MPHTC, in partnership with PHSD, launched a wellness program to address the impacts of COVID-19 on the public health workforce and support their overall health through health coaching, workshops, and other wellness activities. Additional information can be found at [MPHTC Public Health Wellness Program](#).

## Roles and Responsibilities

The table below identifies organizational roles and responsibilities for the implementation of this plan.

Organization	Roles and Responsibilities
AMPHO <a href="#">AMPHO – Confluence Public Health Alliance</a>	Promote WFD Group training and educational programs.
Carroll College <a href="#">Public Health   Carroll College</a>	Promote WFD Group training and educational programs.
CPHA <a href="#">Confluence Public Health Alliance</a>	Promote WFD Group training and educational programs.  Provide training and educational opportunities related to Communication Skills, Leadership and Systems Thinking Skills, Community Partnership Skills, and Policy Development and Program Planning Skills through AMPHO, MEHA, and MPHA.  Maintain records for AMPHO, MEHA, and MPHA offered training and educational programs.  Monitor and evaluate training and educational programs.  Track progress made towards WFD Group objectives
MEHA	Promote WFD Group training and educational programs.

<p><a href="#">MEHA – Confluence Public Health Alliance</a></p>	
<p>MORH, AHEC, MSU <a href="#">Montana Office of Rural Health and Area Health Education Center   Montana State University</a></p>	<p>Promote WFD Group training and educational programs.</p> <p>Provide training and educational opportunities related to Public Health Science.</p> <p>Maintain records for MORH, AHEC, MSU offered training and educational programs.</p> <p>Monitor and evaluate training and educational programs.</p> <p>Track progress made towards WFD Group objectives.</p>
<p>MPHA <a href="#">MPHA – Confluence Public Health Alliance</a></p>	<p>Promote WFD Group training and educational programs.</p>
<p>MTPHI <a href="#">Montana Public Health Institute</a></p>	<p>Promote WFD Group training and educational programs.</p>
<p>MPHTC, SPCHS, UM <a href="#">Montana Public Health Training Center</a></p>	<p>Promote WFD Group training and educational programs.</p> <p>Provide training and educational opportunities related to Communication Skills, Leadership and Systems Thinking Skills, Community Partnership Skills, and Policy Development and Program Planning Skills.</p> <p>Offer weekly public health wellness seminars that are open to the public health workforce outside of UM.</p> <p>Maintain records for MPHTC, UM offered training and educational programs.</p> <p>Monitor and evaluate training and educational programs.</p> <p>Track progress made towards WFD Group objectives.</p>
<p>PHSIO, PHSD, MT DPHHS <a href="#">MT DPHHS PHSD Building Healthy Systems</a></p>	<p>Coordinate and facilitate meetings for WFD Group.</p> <p>Coordinate routine updates and annual progress reviews.</p> <p>Coordinate WF Assessment and maintain WFD Plan.</p> <p>Provide staff support to WFD Group.</p>

	<p>Promote WFD Group training and educational programs.</p> <p>Provide training and educational opportunities related to Communication Skills, Leadership and Systems Thinking Skills, Community Partnership Skills, and Policy Development and Program Planning Skills.</p> <p>Maintain records for PHSIO offered training and educational programs.</p> <p>Monitor and evaluate training and educational programs.</p> <p>Track progress made towards WFD Group objectives.</p>
<p>RM-PHTC</p> <p><a href="#">Rocky Mountain Public Health Training Center</a></p>	<p>Promote WFD Group training and educational programs.</p> <p>Design and offer high-quality and engaging, primarily distance-based training and educational opportunities related to that build skills in the areas of diversity, equity, inclusion, and systems thinking, among other topics.</p> <p>Maintain records for RM-PHTC offered training and educational programs.</p> <p>Monitor and evaluate training and educational programs.</p> <p>Track progress made towards WFD Group objectives.</p> <p>Provide instructional design support for MT entities looking to offer learning opportunities to build skills among public health professionals.</p> <p>Research and share findings with MT WFD Group related to workforce development efforts to support addressing complex public health issues through learning.</p>

## Communication and Distribution

PHSIO will maintain the WFD Plan and make it publicly available on the [MT DPHHS PHSD Building Healthy Systems website](#). The WFD Plan will be distributed to public health leadership and staff of state, local, and tribal health departments through email announcements, newsletters, calendars, and websites operated by WFD Group member organizations. Public health competency-based training and educational programs provided by the WFD Group member organizations will be shared with the statewide public health workforce through email announcements, newsletters, calendars, and websites.

## Review and Maintenance

The WFD Group will conduct an annual review of the WFD Plan in a virtual meeting, coordinated by PHSIO. The annual review will include a discussion of emerging public health workforce needs, updates to the WFD Group's training calendar, and individual reports from member organizations on progress made toward the achievement of the WFD Group's workforce development objectives. Training and educational program updates will be provided by WFD Group organizations during quarterly PHSITF meetings and added to the [Events Calendar](#) in Connected Community.

## Training Design, Implementation, Tracking, and Evaluation

---

In the development, implementation, and evaluation of training and educational programs, the WFD Group adheres to the [CDC's Eight Quality Training Standards](#). The process begins with a needs assessment to identify knowledge gaps and ascertain the appropriateness of training. Subsequently, clear and measurable learning objectives are developed that align with the goals outlined in the needs assessment. To ensure high quality content, the WFD Group collaborates closely with subject matter experts in the development of content. During content creation, close attention is paid to ensure the training is accurate, relevant, engaging, and guided by the principles of Andragogy, an adult learning theory. This ensures that training is not only effective but also tailored to the specific needs and preferences of the public health workforce. The WFD Group is committed to fostering an inclusive learning environment with an emphasis on accessibility for all learners. This dedication to inclusivity encompasses diverse learning styles, backgrounds, and abilities, reinforcing the WFD Group's commitment to providing comprehensive and effective training for all of Montana's public health workforce.

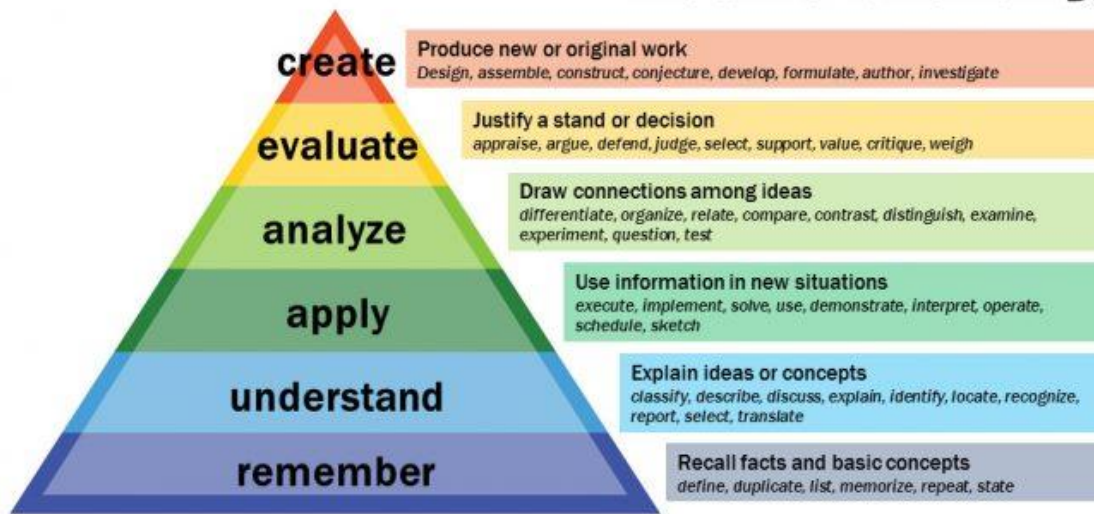
In addition to Andragogy principles, the WFD Group utilizes frameworks and models to guide the development and implementation of all training and professional development opportunities. Through this process, the WFD Group can ensure that all learning opportunities are relevant, impactful, and meet high-quality standards. The frameworks and models utilized by the WFD Group are below:

- [Andragogy](#) emphasizes providing opportunities for self-directed learning and responsibility in outcomes for the learners. There are six principles within this theory:
  1. Why and How: Learners need to know the reason behind why they are learning the content.
  2. Experience: Adults need to have a foundation to build on to provide the basis for learning.



3. Self-Concept: Adult learners are responsible for their decisions regarding their learning.
  4. Readiness: Adults are most interested and therefore learn more about subjects that have immediate relevance to their work.
  5. Orientation: Adult learning should be problem-centered rather than content-oriented.
  6. Motivation: Intrinsic motivation will yield better results than external motivators.
- [Bloom's Taxonomy](#) is used to classify different learning outcomes into six levels of learning. The higher levels depend on learners acquiring the previous knowledge and skills from lower levels.

## Bloom's Taxonomy



Vanderbilt University Center for Teaching

- [Learning Pyramid](#) is used to evaluate learning activities or methods of study for their effectiveness in long-term retention. The Learning Pyramid study shows that when they were teaching others, learners are likely to retain 90% of the content. Comparatively, those listening to a lecture typically remember only 5% of the content taught.

## Tracking

Training will be tracked according to the type of training course and the course provider. Completion of documents, certifications, and continuing education credits is the responsibility of staff and their supervisor. The WFD Group will aid in this by providing tracking abilities and transcripts through the Montana TRAIN affiliate site.

## Evaluation

Following the CDC's Eight Quality Training Standards, the WFD Group evaluates educational programs and training to inform improvement. Evaluations are developed to gather information to help inform and create new trainings or improve existing trainings. Evaluations allow learners to provide feedback on the training and should include open-ended feedback. Evaluation questions can be adapted from the [CDC's Recommended Training Effectiveness Questions](#), reference [Appendix A](#) for templates. Data from evaluations is used for ongoing quality improvement and to adjust training content, delivery methods, and learning activities, focusing on areas of greatest need. In addition to the evaluation, there should be an opportunity to assess if learners have met the learning objectives. Learner assessments can take many forms, (e.g., knowledge check, observed practice, questionnaire, or case scenarios) depending on the training and learning objectives. Learner assessments also aid in the process of awarding certificates or CE credits.

## Conclusion

---

The Montana Public Health Workforce Development Plan outlines a plan for the Montana Public Health Workforce Development Group to support and develop a knowledgeable, skilled, and adaptable statewide public health workforce. The WFD Plan is a living document that will grow through feedback and assessment of the workforce for whom this plan is designed. With a strategic approach and collaborative effort, the WFD Group will help the public health workforce to create a healthier Montana.

# Appendix A

## Example of Post-Training Evaluation and Rationale

Recommended Training Effectiveness Questions for Post-course Evaluations from the Centers for Disease Control and Prevention: Center for Surveillance, Epidemiology, and Laboratory Services.

### Post Training Rationale for Questions

Rationale	Question
Learning – This measures a learner’s perceived understanding or skill prior to the training. It is valuable to give learners an opportunity to express how much they feel they learned as a result of the training.	Rate your knowledge of (or skill in) the course topic <b>before</b> the course. <input type="checkbox"/> Not at all knowledgeable <input type="checkbox"/> Slightly knowledgeable <input type="checkbox"/> Moderately knowledgeable <input type="checkbox"/> Very knowledgeable <input type="checkbox"/> Extremely knowledgeable
Learning – This measures a learner’s perceived understanding or skill prior to the training. It is valuable to give learners an opportunity to express how much they feel they learned as a result of the training.	Rate your knowledge of (or skill in) the course topic <b>after</b> the course. <input type="checkbox"/> Not at all knowledgeable <input type="checkbox"/> Slightly knowledgeable <input type="checkbox"/> Moderately knowledgeable <input type="checkbox"/> Very knowledgeable <input type="checkbox"/> Extremely knowledgeable
Relevance – This question assesses the learner’s perception of the utility and relevance of the training. The higher the relevancy of a training, the higher retention of the content.	How relevant is this course to your current work? <input type="checkbox"/> Not at all relevant <input type="checkbox"/> Slightly relevant <input type="checkbox"/> Moderately relevant <input type="checkbox"/> Very relevant <input type="checkbox"/> Extremely relevant
Characteristics of training – Learning needs to be structured in a way that learners	What is your opinion of the balance of lecture and interactivity in this course? <input type="checkbox"/> Too much lecture and not enough interactive learning <input type="checkbox"/> Right amount of both lecture and interactive learning

have time to understand the content, and then apply the new skills to boost retention.	<input type="checkbox"/> Too much interactive learning and not enough lecture
Intent to use or apply – Use of content is to gauge whether or not the training is effective.	<p>Will you use what you learned in this course in your work?</p> <input type="checkbox"/> Definitely not <input type="checkbox"/> Probably not <input type="checkbox"/> Possibly <input type="checkbox"/> Probably yes <input type="checkbox"/> Definitely yes <input type="checkbox"/> Not applicable—I did not learn anything new from this course
Suspected barriers to use or application – Research shows that after-training support is essential for learners being able to apply what they have learned.	<p>What factors will keep you from using the content of this course in your work? (Select all that apply)</p> <input type="checkbox"/> I need additional training in the subject matter <input type="checkbox"/> I will not have the resources I need <input type="checkbox"/> I will not be provided opportunities to use what I learned <input type="checkbox"/> I will not have the time to use what I learned <input type="checkbox"/> My supervisor will not support me in using what I learned <input type="checkbox"/> My colleagues will not support me in using what I learned <input type="checkbox"/> The course content is not relevant to my current work <input type="checkbox"/> Other (please specify):
Intent to use of apply – Prompting learners to identify how they will utilize new knowledge helps solidify new concepts according to research.	What, if anything, do you plan to use from this course? (open-ended)
Training weaknesses – This allows the training to be improved.	How could this course be improved to make it a more effective learning experience? (open-ended)
Training strengths - This allows the training to be improved.	What part of this course was most helpful to your learning? (open-ended)

For accessible version of this table please view the pdf version of the [Recommended Training Effectiveness Questions for Postcourse Evaluations User Guide](#)

## Training Evaluation Templates

The following postcourse training evaluation templates are a part of the [CDCs Eight Quality Training Standards](#), part 6 – Evaluation. The questions are aligned with the rationale provided above. Templates can be adapted and edited as necessary to fit the needs of the training.

### Follow-Up Training Evaluation Template 1

1. Did you use anything you learned in this course in your work?  
 Yes       No
  
2. What factors kept you from using the content of this course in your work? Please select all that apply.
  - None, I have used this content in my work.
  - I need additional training in the subject matter.
  - I did not remember the course content well enough to use it.
  - I did not have the resources I needed in my workplace.
  - I did not have the opportunities to use what I learned.
  - I did not have the time to use what I learned.
  - My supervisor did not support me in using what I learned.
  - My colleagues did not support me in using what I learned.
  - The course content was not relevant to my work.
  - Other, please specify: \_\_\_\_\_.
  
3. What factors helped you use the content of this course in your work? Please select all that apply.
  - I had reminders (e.g., job aids, tip sheets, or emails) of key learning concepts or skills.
  - I had the resources I needed in my workplace.
  - I had opportunities to apply what I learned.
  - My supervisor supported me in using what I learned.
  - My colleagues supported me in using what I learned.
  - Other, please specify: \_\_\_\_\_.
  - Not applicable, I did not use what I learned in this course in my work.
  
4. What, if anything, did you use from this course? (Short answer)
  
5. As a result of this course, I have: (select all that apply)
  - Not improved.
  - Maintained my competence.
  - Increased my competence.
  - Improved my performance.
  - Provided clinical interventions in practice.
  - Developed strategies I use in practice.

- Other, please specify: \_\_\_\_\_.
  - Not applicable, I did not use anything from this course.
6. How did you benefit your team because of what you learned? (select all that apply)
- I provided better communication across my interprofessional team(s) (any team with people from different professions).
  - I shared information with colleagues to improve patient education.
  - I identified changes needed in practice.
  - I increased participation in shared decision making across my interprofessional team(s) (any team with people from different professions).
  - Other, please specify: \_\_\_\_\_.
  - Not applicable, I did not learn from the course and/or it will not benefit my team.
7. Have you recommended this course to anyone else?
- Yes                       No

### **Follow-Up Training Evaluation Template 2**

1. How relevant is this course to your current work?
- Not at all relevant
  - Slightly relevant
  - Moderately relevant
  - Very relevant
  - Extremely relevant
2. Will you use what you learned in this course in your work?
- Definitely not
  - Probably not
  - Possibly
  - Probably will
  - Definitely will
  - Not applicable, I did not learn anything new from this course.
3. How will you use what you learned from this course? I will: (select all that apply)
- Maintain my competence.
  - Increase my competence.
  - Improve my performance.
  - Provide interventions in practice.
  - Develop strategies I can use in practice.
  - Other, please specify: \_\_\_\_\_.
  - Not applicable, I did not learn from this course.
  - Not applicable, I do not plan to use anything from this course.
4. What, if anything, do you plan to use from this course? (Short answer)

5. What factors will keep you from using the content of this course in your work? Select all that apply.
- None, I will use this content in my work.
  - I need additional training in the subject matter.
  - I will not have the resources I need in my workplace.
  - I will not be provided opportunities to use what I learned.
  - I will not have the time to use what I learned.
  - My supervisor will not support me in using what I learned.
  - My colleagues will not support me in using what I learned.
  - The course content is not relevant to my current work.
  - Other, please specify: \_\_\_\_\_.
6. How will your team benefit because of what you learned? I will: (select all that apply)
- Provide better communication across my interprofessional team(s) (any team with people from different professions).
  - Share information with colleagues to improve client services.
  - Identify changes needed in practice.
  - Increase participation in shared decision making across my interprofessional team(s) (any team with people from different professions).
  - Other, please specify: \_\_\_\_\_.
  - Not applicable, I did not learn from the course and/or it will not benefit my team.
7. Rate your knowledge of (or skill in) [learning objective] **before the course**. [Insert learning objective. Question may be duplicated for additional learning objectives.]
- Not at all knowledgeable or skilled
  - Slightly knowledgeable or skilled
  - Moderately knowledgeable or skilled
  - Very knowledgeable or skilled
  - Extremely knowledgeable or skilled
8. Rate your knowledge of (or skill in) [learning objective] now **after the course**. [Insert learning objective. Question may be duplicated for additional learning objectives.]
- Not at all knowledgeable or skilled
  - Slightly knowledgeable or skilled
  - Moderately knowledgeable or skilled
  - Very knowledgeable or skilled
  - Extremely knowledgeable or skilled
9. Was the course's content relevant to the learning objective(s): [learning objective(s)]? [Insert learning objectives.]
- Yes       No
10. What is your opinion of the balance of instruction and interactive learning in this course? [Examples of interactive learning include knowledge checks, case studies, question & answer sessions, exercises, etc.]

- Too much instruction and not enough interactive learning.
- Right amount of both instruction and interactive learning.
- Too much interactive learning and not enough instruction.

**11.** The instructional strategies (e.g., lecture, case studies, figures, tables, or media) helped me learn.

- Strongly disagree.
- Disagree
- Neutral
- Agree
- Strongly agree.

**12.** The content expert(s)/the presenter(s)/the author(s) presented the content effectively.  
[Modify this question according to the format of the training.]

- Strongly disagree.
- Disagree
- Neutral
- Agree
- Strongly agree.

**13.** What part of this course was most helpful to your learning? (Short answer)

**14.** How could this course be improved to make it a more effective learning experience?  
(Short answer)

**15.** Did the course's content address a need in your professional practice?

- Yes
- No
- Not sure

**16.** Was the learning environment conducive to learning? [This question is only recommended for in-person events.]

- Yes
- No

**17.** How did you hear about this course? Please select all that apply.

- Website, please specify: \_\_\_\_\_.
- Search on Google or another search engine
- Social media, please specify: \_\_\_\_\_.
- E-newsletter, please specify: \_\_\_\_\_.
- A presentation, please specify: \_\_\_\_\_.
- A referral from a colleague, peer, supervisor, or organization.
- Required by my organization.



Other, please specify: \_\_\_\_\_.

**18.** Did the course meet your expectations based on reading the course's description?

- Yes
- Somewhat
- No

**19.** How likely are you to recommend this course to someone else?

- Not at all likely
- Somewhat likely
- Very likely

**20.** What other topic(s) related to this course would you like to learn more about? (Short answer)

**21.** What challenges, if any, did you experience when using the [Learning Management System (LMS)]? Please select all that apply. [If training was presented in a Learning Management System (LMS), insert virtual learning platform name here.]

- Creating a [LMS] account.
- Finding the course.
- Registering for the course.
- Launching the course.
- Completing this postcourse evaluation.
- Obtaining technical assistance and support.
- Other, please specify: \_\_\_\_\_.
- Not applicable; I did not experience any challenges using the [LMS].

**22.** What additional features would you like to see in [Learning Management System (LMS)]? [If training was presented in a virtual learning platform]

**23.** What is your primary profession? Please select one answer.

- Administration or operations professional
- Behavioral health professional
- Laboratory professional
- Community health worker
- Emergency preparedness professional
- Environmental health worker
- Epidemiologist
- Evaluator
- Health communicator or public information specialist
- Health educator

- Teacher or instructor
- Librarian
- Nurse
- Oral health professional
- Pharmacist or pharmacy technician
- Physician
- Physician assistant
- Social worker
- Statistician
- Student
- Veterinarian
- No longer in the workforce (e.g., retired, disabled)
- Other, please specify: \_\_\_\_\_.

**24.** What is your primary job setting or affiliation? Please select one answer.

- Clinical laboratory
- Federal agency
- Hospital, medical center, or clinic
- Local government
- Long-term care or skilled nursing facility
- Pharmacy
- Private for-profit business
- Private industry
- Private nonprofit organization or foundation
- Public health laboratory
- School or university
- State government
- Territorial government
- Tribal government
- Other, please specify: \_\_\_\_\_.

**25.** How many years have you worked in your current profession?

- Less than 1 year
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- 21 years or more
- No longer in the workforce

**26.** Do you feel this course was free of commercial bias or influence?

- Yes
- No

**27.** If you answered No, please explain. [Only included if learner responds No to Q26]