

MONTANA PUBLIC HEALTH

WORKFORCE

DEVELOPMENT PLAN



Montana 21C Workforce Development Group
January 2026 – December 2028





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

- Association of Montana Public Health Officials (AMPHO)
- 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)
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- Montana Public Health Institute (MTPHI)
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Special thanks to the following individuals for their contribution to this plan:

Kate Batchelder	Accreditation and Health Equity Coordinator, Gallatin City-County Health Department
Emily Colomeda	Health Services Director, Lake County Health Department
Sarah Compton	Public Health Program Officer, MTPHI
Lisa Dworak	Executive Director, AMPHO, MPHA, MEHA, CPHA
Holly Gederos	Workforce Support Specialist, PHSIO



David Gilkey	Representative, MEHA
Melody Henry	Director of Strategic Development, Rocky Boy Health Center
Meagan Gillespie	Local and Tribal Support Specialist, PHSIO
Mandy Groseth	Assistant Director, MORH, AHEC
Matt Kelley	Chief Executive Officer, MTPHI
Anna Kiley	Operations Manager, MPHTC, UM
Bridget Kallenberger	Lead Public Health Nurse, Hill County Health Department
Chelsea Kleinmeyer	Public Health Division Director, CSKT Tribal Health
Neva Loney	Local and Tribal Support Specialist, PHSIO
Michelle Merritt	Director, Valley County Health Department
Heather Nevins	PM/QI/Accreditation Coordinator, Richland County Health Dept.
Drenda Niemann	Health Officer, Lewis and Clark Public Health
Taylor Pesanti	Health Promotion and Accreditation Coordinator, City of Butte-Silver Bow Health Department
Kerry Pride	Local and Tribal Support Program Manager, PHSIO
Cassidy Ray	Senior Project Coordinator, RM-PHTC
Desiree Restad	Training Developer & Manager, MPHTC, UM
DeAnna Rumsey	Operations Manager, RM-PHTC
Fred Sargeson	Public Health Operations Manager, Lewis and Clark Public Health
Allison Scheeler	Workforce Program Manager, PHSIO
Kaela Schommer	Instructional Coordinator, PHSIO
Tony Ward	Executive Director, MPHTC, UM

Questions & Comments

For inquiries about this report, please contact:

Allison Scheeler, MPH

Workforce Program Manager

Public Health System Improvement Office, PHSD, MT DPHHS

HHSPHSDBuildingHealthySystems@mt.gov



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Acronyms

AHEC - Area Health Education Center

AMPHO – Association of Montana Public Health Officials

ASTHO - Association of State and Territorial Health Officials

BOH – Board of Health

CBHPSS - Certified Behavioral Health Peer Support Specialist

CDC - Center for Disease Control

CE - Continuing Education

CHES - Certified Health Education Specialist

CLC - Certified Lactation Counselor

CMD – Continuing Medical Education

COVID - Coronavirus Disease 2019

CE – Certificate in Epidemiology

CEHS – Certificate in Environmental Health Sciences

CPH - Certificate in Public Health

CPH - Certificate in Public Health Administration

CPHA - Confluence Public Health Alliance

CSKT – Confederated Salish & Kootenai Tribes

FPHS – Foundation Public Health Services

HB – House Bill

HRSA - Health Resources and Services Administration

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

MCHES - Master Certified Health Education Specialist

MD - Medical Doctor

MEHA – Montana Environmental Health Association

MORH – Montana Office of Rural Health

MPH – Master of Public Health

MPHA - Montana Public Health Association

MPHTC - Montana Public Health Training Center

MSU – Montana State University

MT – Montana

MT DPHHS – Montana Department of Public Health and Human Safety

MTPHI - Montana Public Health Institute

NA – Not Applicable

NCPHWD – National Consortium for Public Health Workforce Development

NEHA – National Environmental Health Association

PHAB – Public Health Accreditation Board

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

PM/QI – Performance Management and Quality Improvement

RM-PHTC - Rocky Mountain Public Health Training Center

RS – Registered Sanitarian

SHA – State Health Assessment

SHIP – State Health Improvement Plan

SME – Subject Matter Expert

UM – University of Montana

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

WF - Workforce

WFD - Workforce Development

WIC - Women, Infants, and Children

Message from Montana 21C: Strengthening Public Health Together

On behalf of Montana 21C, we sincerely thank everyone who contributed to the 2025 Montana Public Health Workforce Assessment. Your time and expertise are invaluable, and without your participation, we would not have the meaningful data needed to strengthen Montana's public health workforce.

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

The Montana 21C Workforce Development Group used the data collected to inform this plan. In addition, Montana 21C will use the data to co-develop a Montana-specific Foundational Public Health Services model and guide policy updates related to workforce and staffing.

What You Can Do:

Use your jurisdiction-specific survey results to create workforce development plans or training plans within TRAIN Montana and collaborate regionally to support staff development.

How Montana plans to support workforce development:

State-level review of the data will help identify opportunities to support local and tribal health departments in addressing gaps and strengthening the workforce. Montana 21C will support the implementation of this workforce development plan.

In addition, the survey and census data provide a clear picture of Montana's public health system to guide resource allocation and improve workforce capacity.

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



Executive Summary

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

The 2026-2028 Montana Public Health Workforce Development Plan (WFD Plan) is informed by multiple sources:

1. The results of the [2025 Montana Public Health Workforce Assessment](#) (WF Assessment): a statewide survey of public health professionals’ training needs completed in 2025. Through the WF Assessment, two priority areas for public health training and education were identified:
 - Budget & Financial Management
 - Policy Engagement
2. The results of the [2024 Public Health Workforce Interests and Needs Survey](#) (PH WINS): a national survey that supports the governmental public health workforce by measuring strengths and gaps to inform future investments in funding, training, recruitment, and retention. The top three training needs among state and local governmental public health employees across the nation were identified:
 - Budget and Financial Management
 - Policy Engagement
 - Systems and Strategic Thinking
3. The results of the [2024 Foundational Public Health Services \(FPHS\) Assessment](#): an assessment of Montana’s local and tribal health departments, conducted through one-on-one interviews. This assessment played a central role in shaping the Montana 21C effort by clarifying how well foundational public health services are being delivered and where gaps in capacity or expertise exist. Findings from the assessment highlighted the top needs and strengths across local public health practice, helping identify which challenges were driven by limited workforce capacity versus those rooted in skill or knowledge gaps. These themes directly informed several of the questions included in the WF Assessment and guided the design of the workforce census tool. In particular,

the assessment illuminated key training priorities:

- Systems Thinking
 - Policy Engagement
 - Succession Planning (through the development of written plans, policies, and procedures)
4. The **2024-2028 Montana State Health Improvement Plan** (MT SHIP): developed by the SHIP Design Team using the results of the 2024 Montana State Health Assessment (SHA), local and tribal health assessments and health improvement plans, community engagement sessions and guided by Healthy People 2030. The 2024-2028 MT SHIP identified three priority areas to focus on:
- Behavioral Health
 - Cardiovascular Health
 - Maternal Health

The WFD Group has created a three-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 January 2026 through December 2028. This plan addresses changes in workforce needs since the last plan was published in 2024. Progress made on the priority areas and related objectives in the WFD Plan will be reviewed each year by the Public Health System Improvement Office (PHSIO) and the WFD Group.

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 analyzed current statewide workforce data to create the 2026-2028 WFD Plan.



Data from the 2025 Montana Public Health Workforce Assessment and other sources, the Association of State and Territorial Health Officials (ASTHO) [Workforce Development Plan Toolkit](#), and the Public Health Accreditation Board (PHAB) [Standards and Measures Version 2022](#), were utilized to create this 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 one state, 52 local, and eight 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 health departments autonomy from the state health department. 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 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.

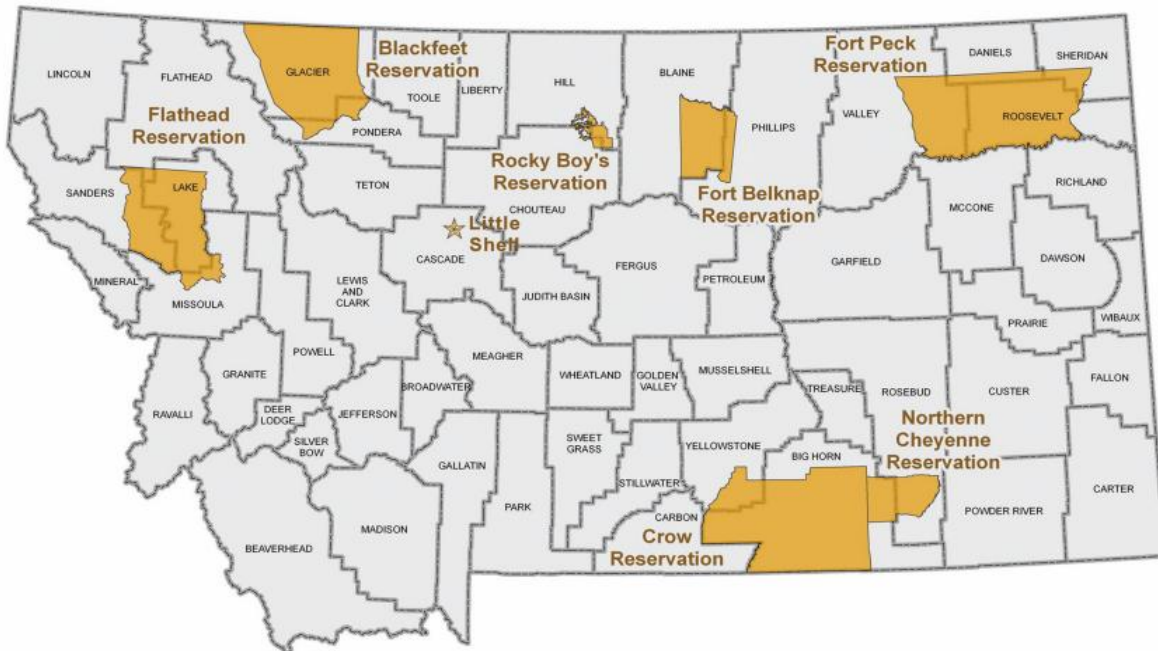


Montana Demographic Profile

Population	
Total Population	1,084,225
Population per square mile	7.4
Land area in square miles	145,550.02
Income	
Median Household Income	\$75,340
Poverty Rate	10.2%
Children under 18 in poverty	11.0%
Age	
Median Age	41.3
Population by Race	
White alone	84.5%
Black or African American alone	0.5%
American Indian or Alaska Native alone	6.2%
Asian alone	0.8%
Native Hawaiian or Other Pacific Islander alone	0.1%
Some other race alone	1.3%
Two or more races	6.6%
Hispanic or Latino (regardless of race)	4.2%
Languages Spoken at Home	
English only	95.5%
Spanish	1.4%
Other Indo-European languages	1.5%
Asian and Pacific Islander languages	0.4%
Other languages	4.2%

Data from the United States Census Bureau: [Montana - Census Bureau Profile](#)

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

Workforce Assessment Demographics and Key Findings

Montana's Public Health Workforce Profile includes demographic data and [key findings from the 2025 Montana Public Health Workforce Assessment](#) (WF Assessment). The data gathered comes from the 448 public health professionals who completed the WF Assessment in full and consented to being included in the report.

KEY FINDINGS

2025 MONTANA PUBLIC HEALTH WORKFORCE ASSESSMENT

SURVEY PARTICIPATION & DEMOGRAPHICS:

88% Public health jurisdictions (53/60*) participated

448 total survey responses:

- 327** **Frontline** does not supervise other employees; program support
- 98** **Supervisor** responsible for employee's performance, may supervise other supervisors
- 23** **Executive** member of senior executive service or equivalent

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

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

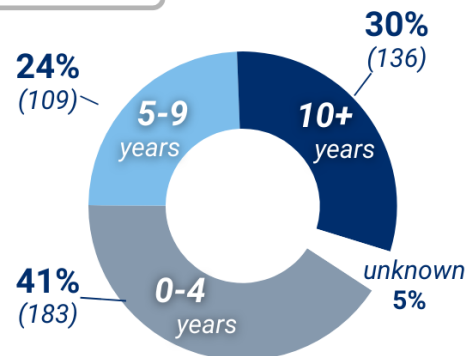
STATEWIDE AGE DISTRIBUTION



92% Female (statewide)

Statewide Years of Experience in Public Health

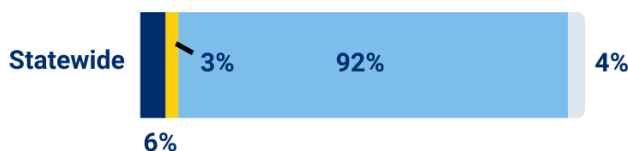
(% of all 448 responses)



RACE AND ETHNICITY

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

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



66% BACHELOR'S DEGREE OR HIGHER (297/498 respondents)

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

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

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

61%

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

KEY FINDINGS

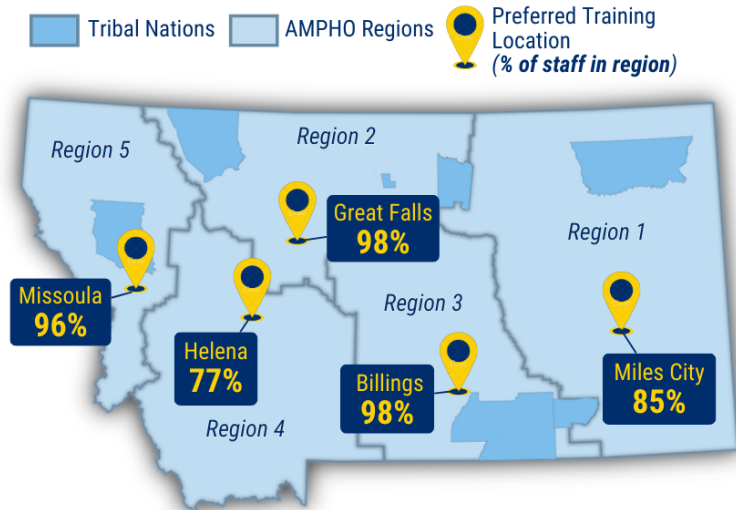
2025 MONTANA PUBLIC HEALTH WORKFORCE ASSESSMENT

TRAINING NEEDS:

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

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

Preferred Training Location by AMPHO Region



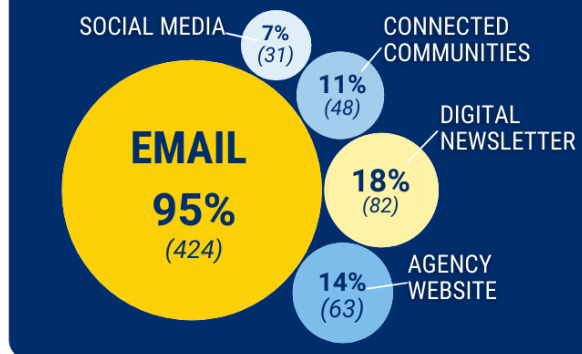
Barriers to Participate in Training

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

Training Format Preferences

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

Preferred Communication Channels



KEY FINDINGS

2025 MONTANA PUBLIC HEALTH WORKFORCE ASSESSMENT

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

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

29%
(132/448)
Are either planning to retire before 2030 or are otherwise considering leaving the workforce.

JOB SATISFACTION:



Most important reasons motivating people to stay in their jobs:

- Flexible work schedule
- Benefits
- Support from coworkers
- Pride in the organization and its mission

Reasons influencing decisions to leave:

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

TOP OVERALL SOURCES OF SATISFACTION:

- Being **treated fairly**
- Satisfaction with and sense of **belonging to program teams**
- Satisfaction with **supervisors**

BURNOUT

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

66%
Are interested in wellness programs

Wellness Coaching + Guided Meditations
Had the most interest

Workforce Census

In addition to the workforce assessment's individual survey results presented in this plan, Montana 21C is conducting a comprehensive census of Montana's local public health workforce. This census was designed to account for every local public health employee and how their programmatic activities align with the Foundational Public Health Services.

The next steps in this process include analyzing the census data to identify differences in staffing across local health departments, examine how federal funds support the workforce, and assess the proportion of health department funding that comes from local, state, and federal sources. Findings from this analysis will be released in a future report, anticipated in 2026.

By aligning the census with the same advisory structure and oversight as the workforce assessment, Montana 21C has ensured that these efforts are complementary and efficient. Care was taken to avoid duplication of questions and assessments, maximizing the value of both efforts.

Future Workforce

The public health field is changing rapidly to face new and evolving challenges in Montana communities. The workforce must change too, requiring new education, resources, and skills to meet these challenges. The focus of this WFD Plan is Budget & Financial Management and Policy Engagement. The WFD Group will also continue to prioritize mental health and resiliency for the public health workforce. By using multiple investigative resources, the WFD Group can obtain a thorough picture of what is needed by the public health 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 education and training is important. In addition, many new professionals are entering the field who will also likely require training and education in the public health sciences. Public health professionals are performing new tasks in their positions and tackling a varied workflow while wearing many hats, therefore tools and skills to manage mental health and the stress and burnout are essential to the sustainability of this workforce.

Effective recruitment processes are key to building a talented, competent, and diverse workforce. According to the [de Beaumont Foundation](#), "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 continue work to strengthen the workforce pipeline and recruitment strategies to promote public health as a career to younger and minority populations. The WFD Group is working to implement a newly developed public health curriculum into Montana's school system. In addition, the WFD Group promotes vacancies to the public health student population, hosts



and attends community career fairs, hosts a [Montana-specific public health job board](#), and 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 has a number of these activities underway or under 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.

Succession, Retention, and Retirement Considerations

Results of the WF Assessment and [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. Approximately 22% of state health department staff and 26% of local and tribal health department staff in Montana are age 55 and above. Approximately 29% of the workforce is planning to retire before 2030 or considering leaving for other reasons. Succession planning, including planning for retiring employees, and staff retention, should be an area of focus for the state, local, and tribal health departments.



Results of the WF Assessment indicated that the top reasons for voluntary turnover are pay, stress, lack of opportunities for advancement, lack of acknowledgement and recognition, work overload and burnout, and job instability. To adequately address staff retention and turnover, health departments need to continue and increase efforts to provide support and opportunities related to these needs.

Public Health Continuing Education and Professional Requirements

Continuing education (CE) is post-secondary learning that is required by certain certificate or licensure programs in order to maintain these certifications. 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 certification or 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 training, sponsoring health certificates and micro-credentials, and hosting and sponsoring conferences. Tracking continuing education hours and maintaining licensure is the responsibility of individual employees. The table below outlines the CE requirements associated with staff disciplines, as of December 2025.

Discipline	Montana CE Requirements
Nurse	Montana Board of Nursing no longer requires CEs to be completed for renewal of a Nursing License. ¹
Health Educator (CHES, MCHES)	75 CEs every 5 years ²
Lactation Counselor (CLC)	18 CEs every 3 years ³
Physician (MD)	CME are not required to renew a license. ⁴
Public Health Practitioner (CPH)	30 CEs every 2 years ⁵
Sanitarian (RS)	Montana Sanitarian Program no longer requires CEs to be completed for renewal of a Sanitarian License. ⁶ National Environmental Health Association (NEHA) Credentials require 24 CEs every 2 years ⁷
Social Worker (LBSW, LMSW, LCPC, LMFT, LAC, CBHPSS)	20 CEs every year ⁸
Women, Infants, and Children (WIC) Staff	12 CEs every year (6 CEs every year for part-time staff) ⁹
Nutritionist	Nutritionist License type was created under HB 806 which passed during the 2025 Legislative Session. The Board is engaged in administrative rulemaking at the time of this document. There is no information on CE Requirements. ¹⁰

Sources: ¹ <https://boards.bsd.dli.mt.gov/nursing/continuing-education>

² <https://www.nchec.org/continuing-education>

³ <https://www.alpp.org/recertification/recertification-clc/>

⁴ <https://boards.bsd.dli.mt.gov/medical-examiners/faq>

⁵ <https://www.nbphe.org/certified-in-public-health/cph-recertification/>

⁶ <https://boards.bsd.dli.mt.gov/sanitaricians/license-information/>

⁷ <https://www.neha.org/continuing-education>

⁸ <https://boards.bsd.dli.mt.gov/behavioral-health/education>

⁹ <https://dphhs.mt.gov/ecfsd/wic/wicstateplan>

¹⁰ <https://boards.bsd.dli.mt.gov/medical-examiners/license-information/nutritionists>

Training and Educational Needs

2025 Montana Public Health Workforce Assessment Results

A statewide workforce assessment is conducted every three years, the results of which are used to inform and update the Montana WFD Plan. The following information is based on results from the 2025 Montana Public Health Workforce Assessment, a statewide survey of local and tribal governmental public health staff. The survey launched on June 30 and closed August 24, 2025. All 60 of Montana’s local and tribal health departments were invited to participate. In total, 88% of health departments participated, with 448 individual survey responses. Of the total survey responses analyzed, 327 were frontline staff, 98 were supervisory staff, and 23 were executive staff. The survey captured information on workforce demographics and characteristics, workplace environment, and training needs. The survey was designed to capture similar data to that of the 2024 Public Health Interests and Needs Survey (PH WINS). Similar to PH WINS, the survey’s training needs section includes 10 domains adapted from multiple frameworks and competency models, organized to reflect the [Public Health Strategic Skills](#) (Strategic Skills). The NCPHWD developed the Strategic Skills 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.

The 10 assessed domains are:

Domain	Code
Effective Communication	EC
Data-Based Decision-Making	DB
Justice, Equity, Diversity, and Inclusion	JEDI
Budget & Financial Management	BFM
Change Management	CM
Systems & Strategic Thinking	SST
Community Engagement	CE
Cross-Sectional Partnerships	CP
Policy Engagement	PE
Programmatic Expertise	PRE

The survey assessed 29 unique skills across domains based on the respondent’s supervisory status. Supervisory status breakdown and definitions are:

- Frontline: does not supervise other employees; program support
- Supervisor: responsible for employee’s performance; may supervise other supervisors
- Executive: member of senior executive service or equivalent

To identify the top training needs across positions, each skill was assigned two values: Higher Importance: the percentage ranked as “moderately” or “very” important, and Lower Skill Level: of those who ranked it as important, the percentage who reported as a “beginner” or “unable to perform.” Multiplying those two values together produces a single priority score value for each skill by position. This value is the percentage of respondents who both view the skill as important and report low skill, in other words: Higher Value = Higher Training Need/Priority. The tables below identify the Top Training Priorities. Reference key provided above with code and color to identify the domain each skill falls under.

ALL STAFF

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

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

FRONTLINE (n=327)

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

SUPERVISORS (n=98)

Skill	Priority Score:
Identify funding mechanisms and procedures to develop sustainable funding models for programs and services (BFM)	47%
Implement a business plan for agency programs and services (BFM)	45%
Identify and assess options for policies external to the organization that affect the health of the community (PE)	45%
Examine the feasibility of a policy and its relationship to many types of public health problems (PE)	43%
Integrate current and projected trends into strategic planning for programs and services (SST)	40%
Effectively communicates how staff work aligns with the FPHS and the broader public health system and encourages staff to integrate and align their efforts with them (SST)	40%
Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations (BFM)	39%
Modify programmatic practices in consideration of internal and external changes (CM)	38%

Assess the drivers in your environment that may influence public health programs and services (CM)	38%
Use financial analysis methods in managing programs and services (BFM)	37%

EXECUTIVES (n=23)

Skill	Priority Score:
Demonstrates the ability to bill for public health services accurately and effectively, while understanding and utilizing revenue generation sources to support and sustain departmental operations (BFM)	35%
Design a business plan for the agency (BFM)	35%
Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (BFM)	30%
Prioritize and influence policies external to the organization that affect the health of the community (PE)	30%
Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community (JEDI)	26%
Ensure the successful implementation of an organizational strategic plan (SST)	26%
Influence policies external to the organization that address social determinants of health (PE)	26%
Determine the feasibility of a policy and its relationship to many types of public health problems (PE)	26%
Integrate current and projected trends into organizational strategic planning (SST)	26%
Incorporate health equity and social justice principles into planning across the agency (JEDI)	22%

Across all position types, the top 10 highest training needs were primarily within four main skill areas: Budget and Financial Management, Policy Engagement, Change Management, and Systems and Strategic Thinking. These results were presented and discussed with the Montana 21C Workforce Development Group. The group members each voted, ranking the domains by priority for training based on the assessment results. The agreed-upon focus areas for training and continued education in this plan are **Budget and Financial Management** and **Policy Engagement**. Related goals and objectives are identified in the Plan Implementation section to measure progress toward increased competency in these areas.

The [2025 Montana Public Health Workforce Assessment Report](#) provides additional information about survey design, analysis, and results.

Other Training and Educational Needs

In addition to the self-identified competency gaps, it will be important to build professional capacity in other areas. The following section highlights other frameworks, models, and reports that add to the context and support of this plan.

Public Health Workforce Interests and Needs Survey

The Public Health Workforce Interests and Needs Survey (PH WINS) is a national survey that supports the governmental public health workforce by measuring strengths and gaps to inform future investments in funding, training, recruitment, and retention. PH WINS was first conducted in 2014 and again every three years thereafter. The survey is the only nationally representative source of data about the governmental public health workforce, capturing demographics of the workforce and individual public health workers' perspectives on key issues such as workforce engagement and morale, training needs, and emerging concepts in public health. The PH WINS training needs section includes 10 domains adapted from multiple frameworks and competency models, organized to reflect the Public Health Strategic Skills.

From the 2024 PH WINS, the top three training needs among state and local governmental public health employees across the nation were identified:

- Budget and Financial Management
- Policy Engagement
- Systems and Strategic Thinking

Montana's state health department had high levels of participation in this survey and is utilizing that data to inform the 2026-2028 Public Health and Safety Division (PHSD) Workforce Development Plan. PHSD did not participate in the state WF Assessment, since data were already available. The PH WINS findings for PHSD were very similar to the WF Assessment Findings. The top training needs for PHSD staff were identified:

- Budget and Financial Management
- Policy Engagement

The top training needs for PHSD staff align with the top training needs for local and tribal health department staff.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) were 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, skills, and abilities



across public health programs and services. 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. Previous Montana workforce assessments have been based on the Core Competency domains and tiers. The WFD Group voted to shift the most recent assessment to align with PH WINS, with a training needs assessment that reflects the Strategic Skills. While these two frameworks have different elements, [there are clear overlaps](#).

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

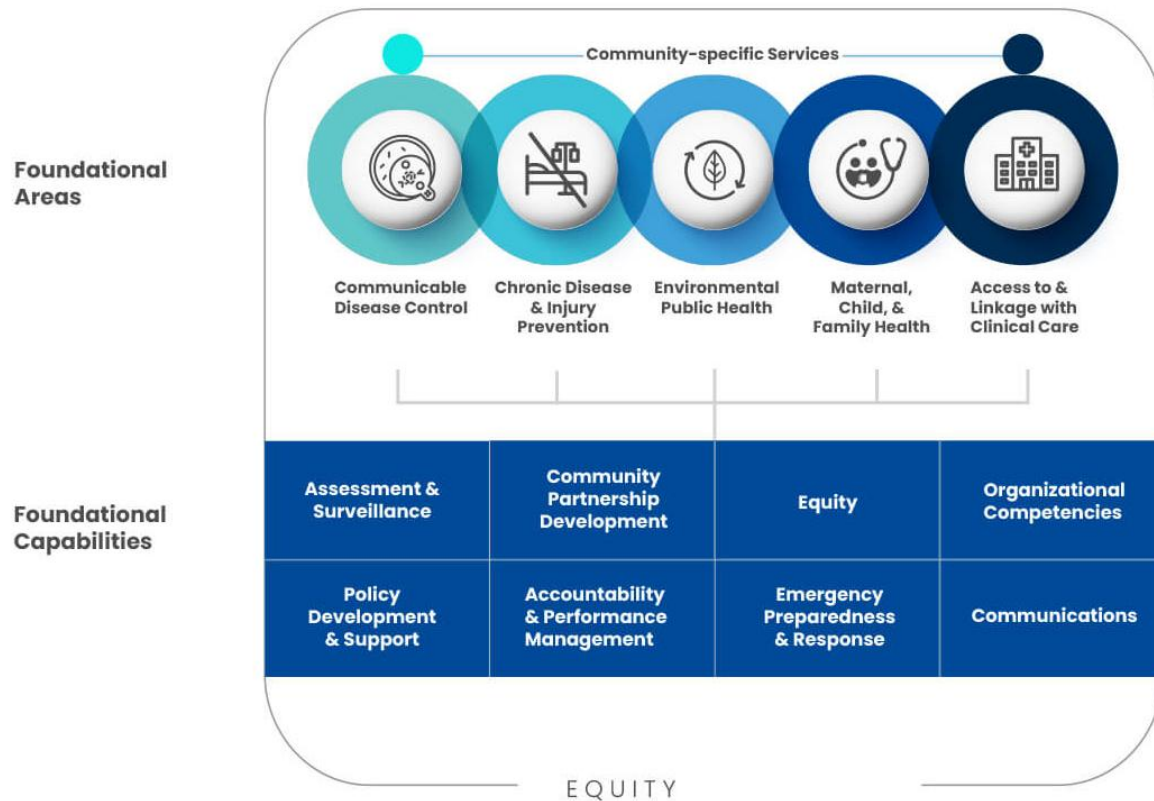
The Core Competency Tiers are:

- Tier 1: Front Line and Program Support Responsibilities
- Tier 2: Program Management and Supervisory Responsibilities.
- Tier 3: Senior Management and Executive Leadership Responsibilities.

Foundational Public Health Services Assessment

The Foundational Public Health Services (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. The FPHS framework outlines the unique responsibilities of governmental public health and can be used to explain the vital role of governmental public health in a thriving community; identify capacity and resource gaps; determine the cost for assuring foundational activities; and justify funding needs. However, to best serve their communities, health departments will provide additional services and may require additional capacity in different areas.

Foundational Public Health Services



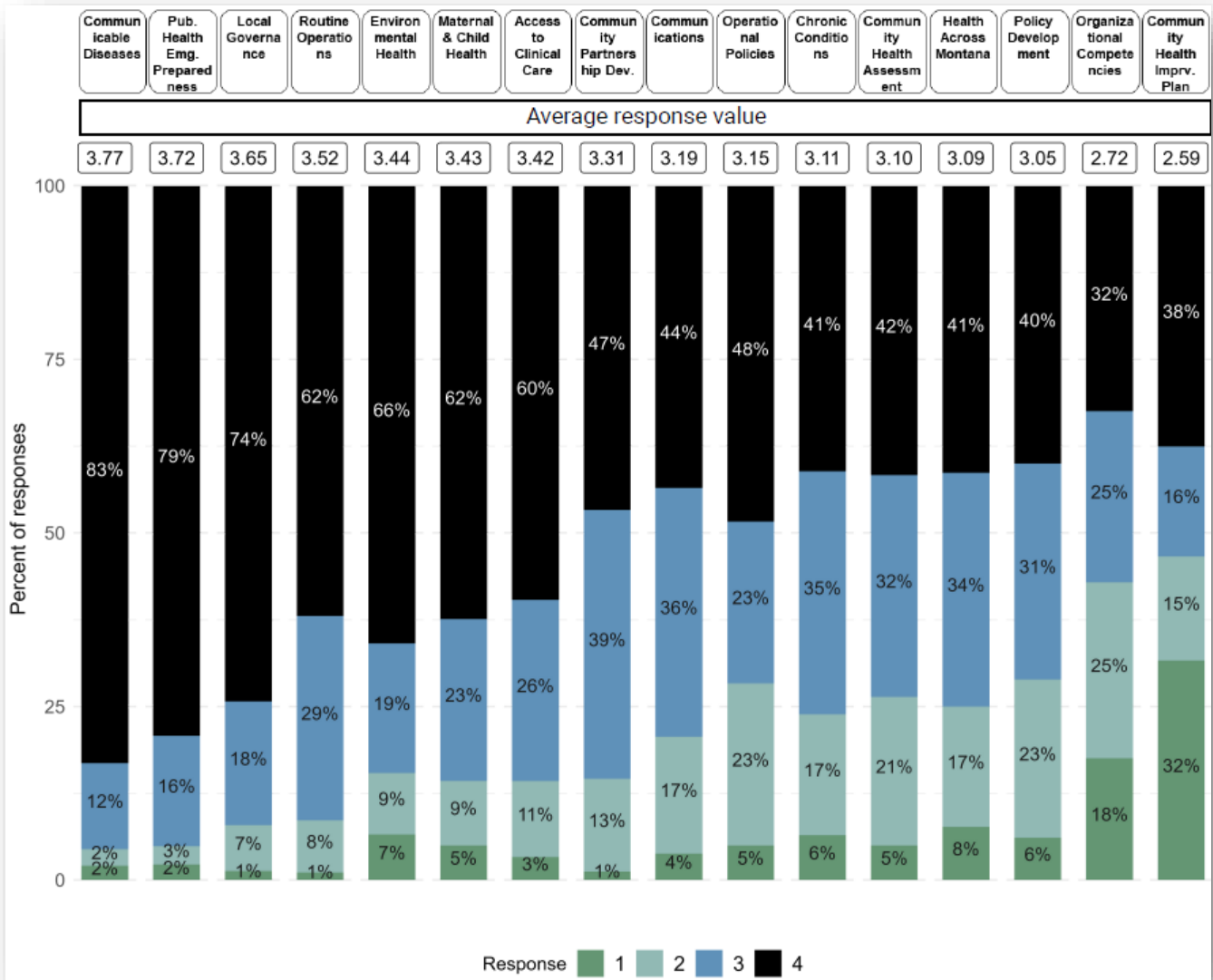
The [2024 FPHS Assessment](#) of Montana’s 60 local and tribal health departments clarifying how well foundational public health services are being delivered and where gaps in capacity or expertise exist. Findings from the assessment highlighted the top needs and strengths across local public health practice, helping identify which challenges were driven by limited workforce capacity versus those rooted in skill or knowledge gaps. These themes directly informed several of the questions included in this workforce development plan and guided the design of the workforce census tool.

The assessment was conducted through one-on-one interviews with each local and tribal health department, typically involving the local health officer and any staff with expertise in the relevant areas. Participants were asked to rate items on a 1–4 scale:

- 1: Not in place or not maintained
- 2: Minimal or ad hoc – completed only when necessary or requested
- 3: Informal process – no written plan, policy, or procedure, and/or not completed routinely

4: Written process – completed routinely and/or supported by a formal written plan or procedure

All 60 local and tribal health departments completed the assessment.



Top Strength Themes:

- Community partnerships and collaboration
- Health department staff and teams
- Knowledge of local communities or health jurisdictions
- Internal communication
- Specific health department programs
- Accessibility to the community

Top Areas for Improvement:

- Succession planning
- Communications plans
- Policies and procedures
- Systems thinking
- Community partnership and collaboration
- Health department operations

During the assessment, all training needs mentioned were compiled and shared with the appropriate subject matter experts at the state health department. Findings from this list align with the findings of the WF Assessment.

Montana State Health Improvement Plan

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 \(SHIP\)](#).

The 2024-28 MT SHIP prioritizes these topic areas:

- Behavioral Health
- Cardiovascular Health
- Maternal Health

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.

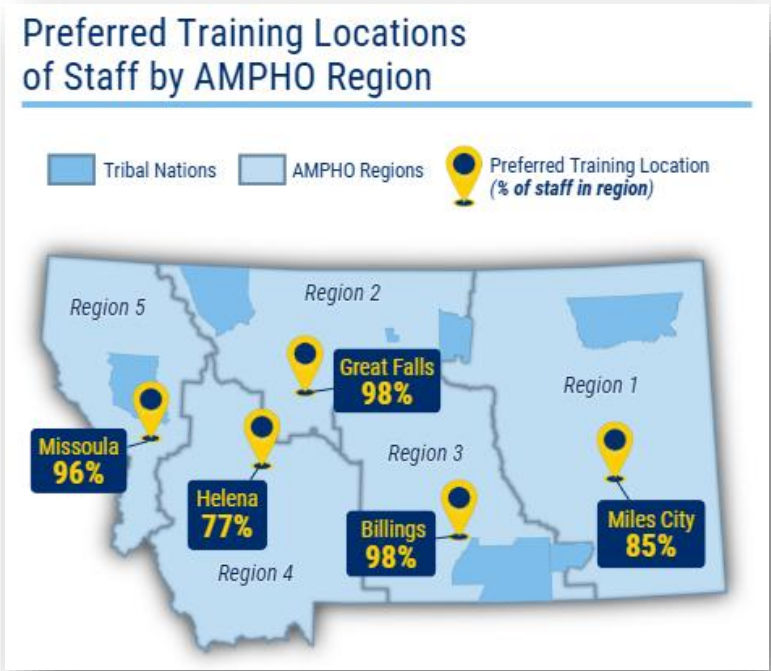
Montana is a rural state in which access to training and educational programs can be difficult. Through the WF Assessment, the WFD Group identified the following as the top barriers to participating in training and educational programs:

1. Costs
2. Location
3. Unaware of training events

The WFD Group will focus their efforts on addressing these identified participation barriers.

The WFD Group will research and promote quality low or no cost training opportunities. In addition, the group will continue to develop live and self-paced virtual training that aligns with identified needs, providing to participants at no cost. Training and educational sponsorships or reduced registration will be offered, when possible, to allow attendance at training events.

Responses from the WF Assessment identified in-person, hands-on workshops, self-paced online workshops, and live online workshops as the most preferred training formats.



Top locations by AMPHO Region were identified as follows:

- Region 1 – Miles City
- Region 2 – Great Falls
- Region 3 – Billings
- Region 4 – Helena
- Region 5 – Missoula

The WFD Group will consider these format and location preferences when planning and developing future training opportunities. The group will also work to improve communication and marketing to increase awareness of training opportunities. Email was identified as the preferred method for training updates and notifications. The group will utilize email when promoting training and professional development opportunities, as well as digital newsletters, organization/agency websites, and Connected Community.

Plan Implementation

Overview

Alongside established priority areas, the WFD Group has identified workforce development objectives through 2028 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 2024 through 2025.

Objectives

Based on the priority areas identified by the WF Assessment, the following are objectives the WFD Group aims to achieve through training, educational programs, and other activities as listed in the next section to take place over the next three years.

Objective	Metric Used	Source(s)
By December 2028, 75% of public health professionals surveyed agree or strongly agree that training and professional development opportunities have improved their Budget & Financial Management skills.	Self-reported data	Training evaluations, workforce survey
By December 2028, 75% of public health professionals surveyed agree or strongly agree that training and professional development opportunities have improved their Policy Engagement skills.	Self-reported data	Training evaluations, workforce survey
By December 2028, 400 unique individuals have participated in a state sponsored training related to Budget and Financial Management or Policy Engagement.	Training attendance registers	MT 21C partner training records
By December 2028, 400 unique users have completed a training plan related to Budget and Financial Management or Policy Engagement on TRAIN Montana.	Course completion, users	TRAIN analytics

Activities

The WFD Group will identify and/or develop training and educational programs to support workforce skill development, in an effort to meet the identified objectives. These training and educational programs will be linked to the PH Strategic Skills and other frameworks and 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. The following list includes some of the key current and future activities but is not comprehensive.

Virtual and In-Person Training

- **TRAIN Montana**: powered by the Public Health Foundation (PHF) and funded by PHSIO is a national learning network that gives Montanans access to a catalog of free high-quality public health training opportunities. TRAIN Montana is here to support public health professionals in a constantly evolving public health world. Through the collaboration of health departments, federal health organizations, emergency preparedness-focused groups, academic institutions, and others dedicated to building a strong public health workforce, TRAIN Montana offers access to over 5,000 courses, many of which offer free CEs. PHSIO has used a localized approach with their TRAIN Montana affiliate site, allowing health departments administrative access. Local and Tribal health departments can enroll all staff in their health department's group, assign and track training courses, run reports and construct comprehensive training plans for staff. Additionally, TRAIN Montana allows users to seamlessly track external CEs and other professional development certificates.

In support of this plan, the PHSIO TRAIN MT Administrator will work to identify quality trainings related to Budget and Financial Management or Policy Engagement and build out training plans for frontline staff, supervisors, and executives in each of these domains. For more information, contact: 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](#), including the following trainings scheduled at the time of this report:
 - Public Health Grant Management 101: Foundations for Local and Tribal Subrecipients – May 7, 2026
 - Public Health Grant Management 101: Implementation, Monitoring and Compliance – May 28, 2026
 - Budgeting and Forecasting: Fun with Numbers – a self-paced course on budgeting with Excel – coming Spring 2026
- **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 PHSIO, 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](#).
- **Graduate Certificate Programs**: PHSD PHSIO, in collaboration with the University of Montana's School of Public and Community Health Sciences (UM SPCHS) and MPHTC, offers sponsorship to Montana's state, local, and tribal health department employees to participate in graduate certificate programs. 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. The programs offered are [Certificate in Public Health \(CPH\)](#), [Certificate in Epidemiology \(CE\)](#), [Certificate in Environmental Health Sciences \(CEHS\)](#), and [Certificate in Public Health Administration \(CPHA\)](#).

The deadline for nominations for the 2026-2027 cohort was December 2025. PHSD PHSIO awarded sponsorship to 26 state, local, and tribal health department employees. Information regarding future sponsorship opportunities will be provided via email and [Connected Community](#).

- **Public Health Management Certificate Program**: PHSD PHSIO offers 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 is provided via email and [Connected Community](#).

Due to federal funding cuts, the 2026-2027 cohort has been put on hold. Updates will be communicated as they are received.

- **New to Public Health Residency Program:** PHSD PHSIO offers public health employees the opportunity to participate in the [New to Public Health \(N2PH\) Residency Program](#), a program designed to support early career public health professionals working in governmental public health organizations.

The 2025-2026 cohort will graduate February 2026. Future sponsorship will be informed by current participant evaluations. Information regarding future sponsorship opportunities will be provided via email and [Connected Community](#).

- **Environmental Health Professional Development Fund:** With support from PHSD PHSIO, CPHA and MEHA are offering professional development funding to support environmental health and public health professionals across Montana. Funds may be used for certification and licensure, conferences and training, online learning, and mentorship or peer-to-peer learning opportunities. Additional information and application can be found at [MEHA Professional Development Fund – Application Form](#).
- **Environmental Health Ambassador Program:** With support from PHSD PHSIO, CPHA and MEHA are launching the Ambassador Program. Ambassadors help strengthen connections among environmental health professionals and support ongoing learning and engagement across the state. In this role, Ambassadors work alongside CPHA staff to share resources, support peer-to-peer connection, and elevate topics that matter to the environmental health workforce. Additional information and application can be found at [MEHA Ambassador Program - Application Form](#).
- **Peer Engagement Opportunities:** With support from PHSD PHSIO, CPHA coordinates and hosts monthly peer-to-peer calls for public health officials, environmental health professionals, and public health nursing professionals. Additional information can be found at [CPHA Engagement Opportunities](#).
- **Connected Community:** [Connected Community](#) is where Montana’s public health professionals come together. Join groups tailored to your role or interests, access useful resources, share ideas, and stay up to date on what’s happening across the state.

Recruitment and Retention

- **Montana Public Health Job Board:** With support from PHSD PHSIO, MPHTC manages 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.



- **Workforce Pipeline Support:** 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](#).
- **Public Health in the Schools Initiative:** With support from PHSD PHSIO, the MPHTC has developed a comprehensive [public health curriculum](#) for high school teachers to incorporate public health lessons into their classes. Public health professionals representing the core disciplines of public health (epidemiology, environmental health, health policy, biostatistics, and social and behavioral sciences) are featured in the lessons with short videos to showcase their work and career pathways. Community health fairs were held across the state to connect K-12 students with opportunities to learn more about public health and public health careers. With support from the Montana Healthcare Foundation, the MPHTC is building a guest speaker toolkit for health departments to engage with K-12 students, expanding engagement opportunities such as job shadowing and career panels, and launching a student-led rebranding campaign in an effort to further connect the field of public health with its future workforce. Additional information can be found at [MPHTC Public Health in Schools Initiative](#).
- **Recruitment Strategies Webinar:** The MPHTC and PHSD PHSIO will host a Recruitment Strategies webinar on April 2, 2026, bringing together a panel of current students in UM's School of Public and Community Health Sciences and representatives from local and tribal public health departments to engage in conversation regarding recruitment. Panelists will share their perspectives on successes and lessons learned with recruiting for open positions, what employers and future employees look for regarding employment, and other discussion items regarding recruitment and retention. Additional information and link to enroll: [Recruitment Strategies for Montana Public Health Departments](#).
- **Retention of Supplemental Staff:** PHSD PHSIO 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. For questions or assistance, please contact: HHSPHSDBuildingHealthySystems@mt.gov.
- **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 AMPHO – Confluence Public Health Alliance	Promote WFD Group training and educational programs.
CPHA Confluence Public Health Alliance	Promote WFD Group training and educational programs. Provide training and educational opportunities that align with the priorities identified in this plan through AMPHO, MEHA, and MPHA. Convene cross-jurisdictional, cross-disciplinary learning and networking opportunities. 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 MEHA – Confluence Public Health Alliance	Promote WFD Group training and educational programs.
MORH, AHEC, MSU Montana Office of Rural Health and Area Health Education Center Montana State University	Promote WFD Group training and educational programs. Provide training and educational opportunities that align with the priorities identified in this plan. Maintain records for MORH, AHEC, MSU offered training and educational programs. Monitor and evaluate training and educational programs. Track progress made towards WFD Group objectives.
MPHA MPHA – Confluence Public Health Alliance	Promote WFD Group training and educational programs.

<p>MTPHI</p> <p>Montana Public Health Institute</p>	<p>Promote WFD Group training and educational programs.</p> <p>Provide support to local and tribal health department staff that aligns with the priorities identified in this plan.</p>
<p>MPHTC, SPCHS, UM</p> <p>Montana Public Health Training Center</p>	<p>Promote WFD Group training and educational programs.</p> <p>Provide training and educational opportunities that align with the priorities identified in this plan.</p> <p>Offer bi-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>Update and promote the Public Health Jobs board and student internship opportunities.</p> <p>Track progress made towards WFD Group objectives.</p>
<p>PHSIO, PHSD, MT DPHHS</p> <p>MT DPHHS PHSD Building Healthy Systems</p>	<p>Provide staff support to 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>Promote WFD Group training and educational programs.</p> <p>Provide training and educational opportunities that align with the priorities identified in this plan.</p> <p>Provide technical assistance to local and tribal health department staff to develop agency WFD plans and TRAIN MT training plans.</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>Rocky Mountain Public Health Training Center</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 build</p>

	<p>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>
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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, digital newsletters, organization/agency websites, and Connected Community.

Tracking and Evaluation

Implementation of the WFD Plan will use a structured approach to implement, track, review and continuously adapt the plan. PHSIO will oversee the coordination of the plan implementation and will be responsible for ensuring that progress on goals, objectives, and strategies is actively monitored.

Progress will be monitored and documented using a combination of sources. Participation in training will be tracked using TRAIN MT and other training systems, sign-in sheets, and certificates of completion. Data collection and compilation will occur during regularly scheduled WFD Group check-ins. To track impact of training on priority skills, training evaluations will include questions to that effect. The WFD Group will also survey the workforce in 2027 and again in 2028 to gauge progress towards objectives. Survey respondents that state they have participated in training and professional development opportunities will be asked to provide their level of agreement that those opportunities improved their skills in Budget and Financial Management and Policy Engagement. The WFD

Group will also utilize results of the 2027 PH WINS to gauge progress towards objectives. The data collected will be used for ongoing quality improvement and to adjust training content, delivery methods, and learning activities as needed.

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. Progress of the group will be shared with the Montana 21C Steering Committee. Training and educational program updates will be provided by the group’s respective organizations and agencies during the regularly scheduled WFD Group meetings and added to the [Events Calendar](#) in Connected Community.

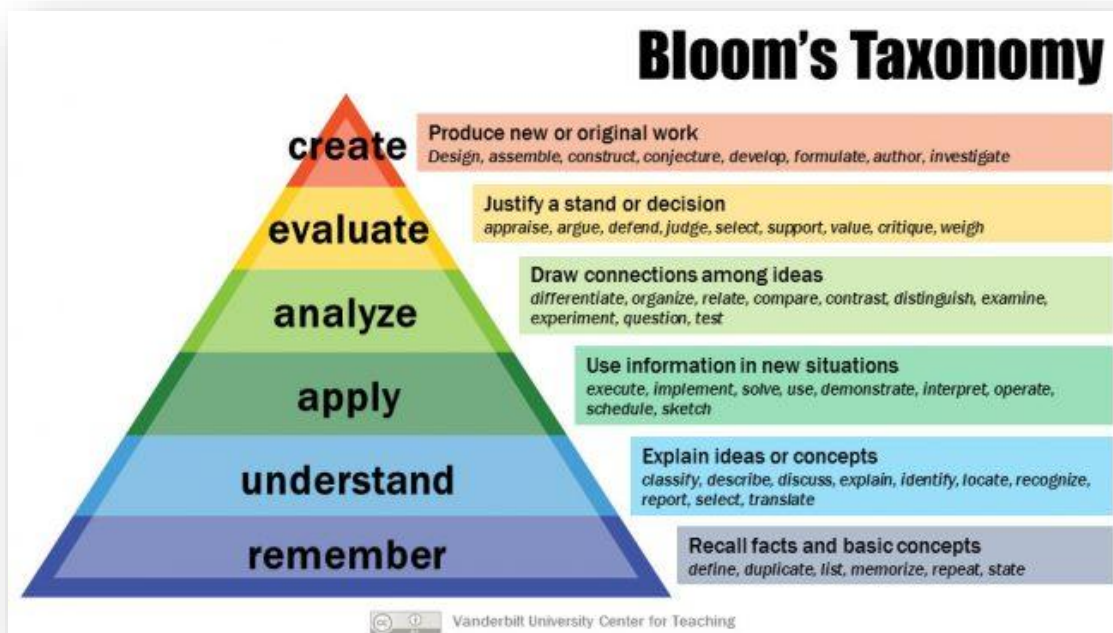
Training Design

To ensure workforce development efforts are effective, relevant and responsive to Montana’s public health practice, training activities should align with the [CDC’s Eight Quality Training Standards](#).



1. Training **needs assessment** informs training development - Ensure IF training is needed by conducting a needs assessment or analyzing existing data. Inform training priorities by identifying workforce gaps, emerging public health issues, feedback from local and Tribal health departments, and statewide workforce assessments.

2. Training includes **learning objectives** – Include clear and measurable learning objectives for what participants should know or be able to do upon completion. Objectives guide training development, activities, and evaluation and align with the goals outlined in the needs assessment.
 - [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.



3. Training content is **accurate and relevant** – Conduct a subject matter expert (SME) review to ensure content is high-quality, evidence-based, and current. Ensure content reflects Montana’s public health system, including rural, frontier, and Tribal considerations when possible. Create an expiration date for trainings to be reviewed, updated, or retired as needed.
4. Training includes opportunities for **learner engagement** – Design training that is interactive and engaging. Use [adult learning principles \(Andragogy\)](#). Incorporate opportunities for participant engagement, such as case examples, reflection questions, discussions, or knowledge checks, to support learning and application to practice.
5. Training is designed for **usability and accessibility** – Training is designed to be accessible to all learners, using clear language, intuitive navigation, and [accessibility best practices](#). Whenever possible, trainings are available in formats that support varied learning needs and technology access across the state.

6. **Training evaluation** informs improvement – Training activities include an [evaluation plan](#) to assess participant satisfaction, learning outcomes, and relevance to practice. Evaluation questions can be adapted from the [CDC's Recommended Training Effectiveness Questions](#) or see [Appendix A](#) for the WFD Group Standard Evaluation.
7. Training includes opportunities for **learner assessment** – Include opportunities for learners to demonstrate understanding, such as quizzes, knowledge checks, or applied activities aligned with the stated learning objectives. Provide feedback to learners on their responses or skills to support further learning. Use assessments that are socially and contextually relevant.
8. Training includes **follow-up support for the learner** – Provide learners with resources, references, or connections to additional learning opportunities. Provide follow-up support ([simple or complex approach](#)) to learners some time after the training is completed.

Conclusion

The 2026-2028 Montana Public Health Workforce Development Plan outlines a plan for the Montana 21C 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

WFD Group Standard Evaluation

The following post course training evaluation template has been adapted from the [CDCs Eight Quality Training Standards](#), part 6 – Evaluation.

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. Rate your knowledge of (or skill in) [priority Strategic Skill] before the course.

- Not at all knowledgeable or skilled
- Slightly knowledgeable or skilled
- Moderately knowledgeable or skilled
- Very knowledgeable or skilled
- Extremely knowledgeable or skilled

6. Rate your knowledge of (or skill in) [priority Strategic Skill] now after the course.

- Not at all knowledgeable or skilled
- Slightly knowledgeable or skilled
- Moderately knowledgeable or skilled
- Very knowledgeable or skilled
- Extremely knowledgeable or skilled

7. Did the course's content meet the learning objective(s): [learning objective(s)]? [Insert learning objectives.]

- Yes
- No

8. 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

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

- Strongly disagree
- Disagree

- Neutral
- Agree
- Strongly agree

10. The content expert(s)/the presenter(s)/the author(s) presented the content effectively.

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

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

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