

2025 Public Health Learning Forum

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PHF E-News

Monthly newsletter with the latest tools and resources for workforce development, quality improvement, and performance management



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Health Communications Consultants
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Strategic communications partner for public health leaders

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CONTRIBUTORS



Empowering Professionals: Knowledge • Skills • Mastery

THANK YOU!!!!



Kathleen Amos



Yasmin Abdu



Mayela Arana



Michael Barry



Amrita Bhatt



Ron Bialek



Cheryl Butler



Jenna Constable



Morgan Major



Carol Moehrle

From Vision to Impact: Montana's Collaborative Approach to Workforce Development



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Public Health Program
Officer, Montana Public
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Local & Tribal Support
Specialist, Public Health
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Montana Department of
Public Health and Human
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Bureau Chief, Family and
Community Health
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Montana 21C



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Instructional Coordinator
& TRAIN Montana Admin,
Public Health System
Improvement Office,
PHSD, MT DPHHS





MONTANA 21C

Strengthening Public Health
Together



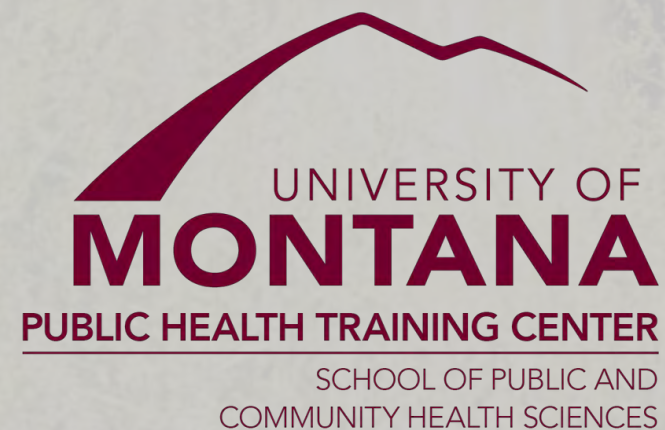


WELCOME AND PURPOSE

Anna Kiley, MEd

Sarah Compton, MPH

Meagan Gillespie, MBA
Jacqueline Isaly, MPH
Kaela Schommer, MEd



MONTANA
PUBLIC HEALTH INSTITUTE





GOALS AND OBJECTIVES

THROUGH REAL-WORLD EXAMPLES AND CANDID DISCUSSION, ATTENDEES WILL GAIN INSIGHTS INTO:

- **HOW MONTANA IS ALIGNING WORKFORCE DEVELOPMENT WITH NATIONAL FRAMEWORKS AND LOCAL NEEDS**
- **THE POWER OF CROSS-SECTOR COLLABORATION IN DRIVING SUSTAINABLE CHANGE**
- **PRACTICAL STRATEGIES FOR USING TRAIN AND PHF TOOLS TO SUPPORT WORKFORCE PLANNING AND TRAINING**

BY THE END, PARTICIPANTS SHOULD BE ABLE TO:

- **DESCRIBE HOW MONTANA LEVERAGES TRAIN AND PHF TOOLS TO SUPPORT WORKFORCE DEVELOPMENT.**
- **IDENTIFY KEY COMPONENTS OF A SUCCESSFUL WORKFORCE DEVELOPMENT INITIATIVE.**
- **EXPLAIN HOW CROSS-SECTOR COLLABORATION ENHANCES PUBLIC HEALTH CAPACITY.**
- **APPLY LESSONS FROM MONTANA'S EXPERIENCE TO THEIR OWN WORKFORCE PLANNING EFFORTS.**



UNIVERSITY OF
MONTANA
PUBLIC HEALTH TRAINING CENTER
SCHOOL OF PUBLIC AND
COMMUNITY HEALTH SCIENCES

The logo graphic consists of a dark red, stylized mountain range silhouette with three peaks of varying heights, positioned above the text.

**ANNA KILEY, MED
OPERATIONS MANAGER,
MONTANA PUBLIC HEALTH TRAINING CENTER**

ABOUT US



We provide capacity-building and professional development opportunities for public health and healthcare professionals throughout Montana.

Our aim is to strengthen the technical, scientific, managerial, and leadership competencies of our state's current and future workforce.

Support provided by the Montana Department of Public Health and Human Services (DPHHS), Montana Healthcare Foundation, and Rocky Mountain Public Health Training Center.

OUR PROGRAMS



TRAINING

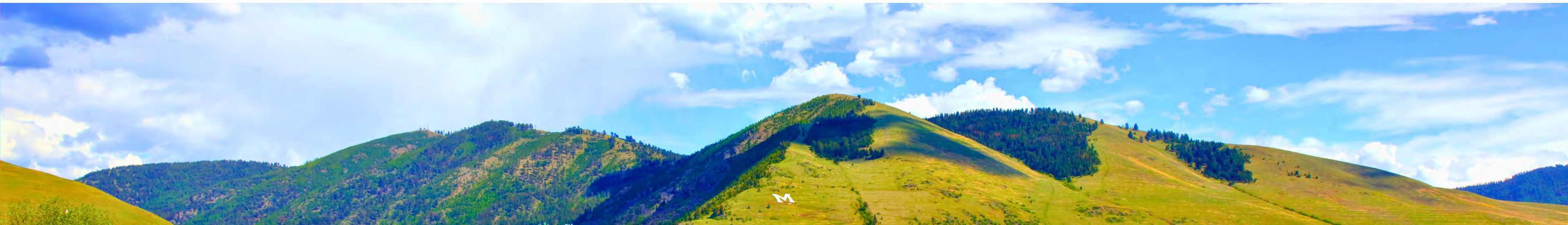
- Provide accessible, free, and high-quality continuing education for public health professionals.
- Formats include live virtual instructor-led trainings, on-demand trainings, and in-person workshops.

OUR PROGRAMS



WELLNESS

- Training and support for worksite Wellness Navigators to help teams develop resilient, positive work environments.
- Facilitate bi-weekly Wellness Waypoints virtual series to improve and support the well-being of Montana's public health workforce.



OUR PROGRAMS



WORKFORCE

- Advise and assist Montana's local and tribal health departments with recruiting staff for vacant and new positions.
- Connect health departments with student interns and career development tools.



OUR PROGRAMS

TECHNICAL ASSISTANCE

- Provide oversight, training, and technical assistance to community-based prevention specialists.
- Support the implementation of culturally appropriate community-based prevention strategies.

OUR PROGRAMS



PUBLIC HEALTH IN THE SCHOOLS INITIATIVE

- Train and support public schools with the implementation of a comprehensive public health curriculum, guest speakers, and career highlights.
- Facilitate community-based health fairs in select communities to feature public health.
- Coming soon: Engaging health departments, re-branding public health campaign.

OUR PROGRAMS



GRADUATE PROGRAMS

- With support from the Public Health System Improvement Office and in partnership with the School of Public and Community Health Sciences, we support the tuition, fees and textbooks for a cohort of students to complete the online certificate program in public health.
- Certificates can be applied toward a Masters in Public Health.



LEARN MORE



UMT.EDU/MT-PUBLIC-HEALTH-TRAINING

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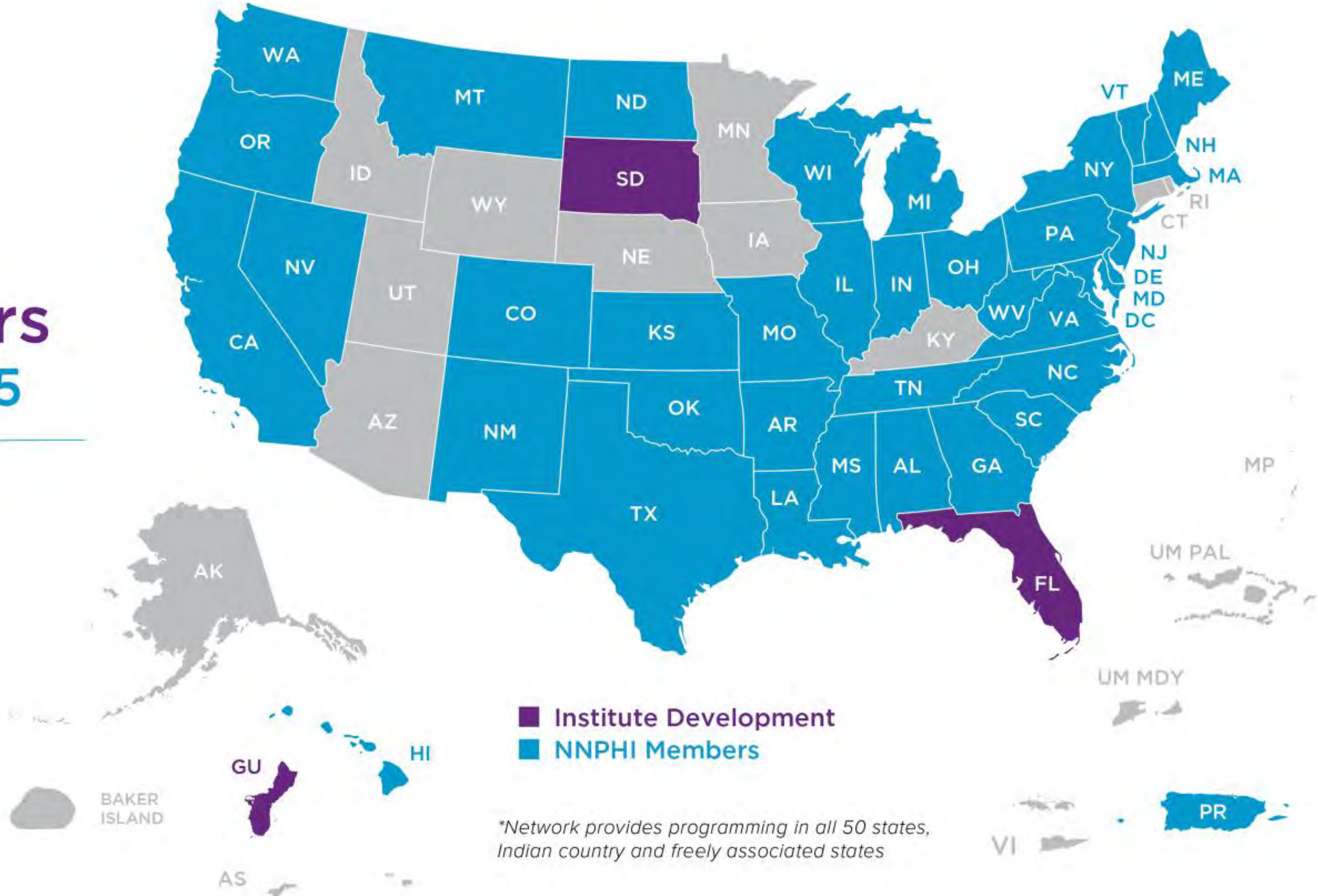


MONTANA

PUBLIC HEALTH INSTITUTE

SARAH COMPTON, MPH
PUBLIC HEALTH PROGRAM OFFICER
MONTANA PUBLIC HEALTH
INSTITUTE

NNPHI Members as of 2025



■ Institute Development
■ NNPHI Members

**Network provides programming in all 50 states, Indian country and freely associated states*

MONTANA PUBLIC HEALTH INSTITUTE



VISION:

Healthy Montana communities supported by a cohesive, responsive, and informed public health system.

MISSION:

The Montana Public Health Institute optimizes the health and quality of life of Montanans by strengthening the public health system through collaboration, leadership, and the advancement of health equity.



MTPHI APPROACH



Communities of Practice

that promote peer learning and collaboration among Montana's public health professionals



Technical Assistance & Tools

to address gaps and emerging needs through the development of tools and templates, as well as direct advice and counsel to support strategic implementation and sustainability



Systems & Funding

that allow us to build collaborative systems as well as innovative ways to channel funding to local and tribal health departments



MTPHI CONCEPTUAL MODEL





DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES



MEAGAN GILLESPIE, MBA
JACQUILINE ISALY, MPH
KAELA SCHOMMER, MED

MONTANA DPHHS



DEPARTMENT OF HEALTH AND HUMAN SERVICES OVERVIEW

- The largest agency within the state government.
- Biennial budget of ~\$5 billion
- 3,000+ employees, 2,500 contracts, and 150 major programs.
- In comparison to the MT State Government, with 11K staff.

PUBLIC HEALTH SYSTEM IMPROVEMENT OFFICE

- Within the Public Health and Safety Division.
- Workforce Development
- Performance Excellence
- Local and Tribal support Program





LOCAL AND TRIBAL SUPPORT PROGRAM



MEAGAN GILLESPIE, MBA
LOCAL & TRIBAL SUPPORT SPECIALIST

LOCAL AND TRIBAL SUPPORT PROGRAM

COMMUNITY HEALTH PLANNING

Community Health Assessments, Community Health Improvement Plans, and Strategic Plan

ACCREDITATION & PATHWAYS

BOARD OF HEALTH

MONTANA 21C

LEAD LOCAL ORIENTATION





WORKFORCE DEVELOPMENT PROGRAM

**KAELA SCHOMMER, MED
INSTRUCTIONAL COORDINATOR & TRAIN MONTANA ADMIN
KAELA.SCHOMMER@MT.GOV**



WORKFORCE DEVELOPMENT PROGRAM



FUNDING FOR SUPPLEMENTAL POSITIONS

Funding 35+ FTE across 38 Local & Tribal Health Jurisdictions.

TRAINING AND PROFESSIONAL DEVELOPMENT

PROVIDE SPONSORSHIPS

MENTORSHIP PROGRAMS

RUN AND PROVIDE SUPPORT FOR **TRAIN** Montana



FAMILY & COMMUNITY HEALTH BUREAU

EARLY CHILDHOOD & FAMILY SUPPORT DIVISION

JACQUELINE ISALY
FAMILY & COMMUNITY HEALTH BUREAU CHIEF
JACQUELINE.ISALY@MT.GOV



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

EARLY CHILDHOOD & FAMILY SUPPORT DIVISION



VISION:

Children, youth, and families are healthy and thriving.

MISSION:

The Early Childhood and Family Support Division provides coordinated services and resources to promote well-being and support the health and development of children, individuals, families, and communities.



FAMILY & COMMUNITY HEALTH PROGRAMS



MATERNAL & CHILD HEALTH COORDINATION

Educate, coordinate, and support maternal and child health partners in Montana by leveraging data to guide evidence-informed interventions and recommendations.

- Title V Maternal & Child Health Block-grant funding to local public health
- Fetal Infant Child Mortality Review
- Montana Obstetrics & Maternal Support Program
- Maternal Mortality Review & Prevention Program

FAMILY & COMMUNITY HEALTH PROGRAMS



HEALTH MONTANA FAMILIES HOME VISITING

Nurture healthy parent-child relationships, build resilient families, connected children, and robust communities.

Voluntary, family-centered services in the home to pregnant women and families with new infants and children under age 6.

Evidence-Based Home Visiting models:

- Parents as Teachers
- Nurse Family Partnership
- SafeCare
- Family Spirit

FAMILY & COMMUNITY HEALTH PROGRAMS



WIC-SUPPLEMENTAL NUTRITION FOR WOMEN, INFANTS, & CHILDREN

Provide nutrition education, breastfeeding support, healthy food, and referrals for women, infants, and children to ensure that families in Montana have a healthy start in life.

- Participant-centered nutrition and breastfeeding education and support
- Supplemental food benefits
- Health screenings
- Substance Abuse and Mental Health screenings and referrals
- Referrals and service coordination for health and social services
- Farmers Market benefits offered through 8 local agencies



FAMILY & COMMUNITY HEALTH PROGRAMS

CHILDREN'S SPECIAL HEALTH SERVICES

Support families with children and youth with special healthcare needs, with an emphasis on the medical home and transition to adult care.

- Family Peer Support
- Montana Access to Pediatric Psychiatry Network
- Statewide Genetics Program
- Newborn Screening Program
- Transitions Project
- High School Peer Support Program

FAMILY & COMMUNITY HEALTH PROGRAMS



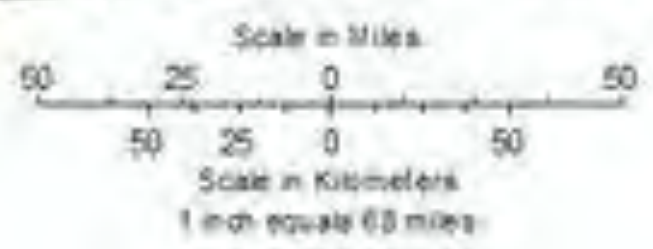
COMMUNITY HEALTH

Collaboratively provides coordinated services and resources to promote well-being and support the equitable health and development of children, individuals, families, and communities.

- Adolescent Health Programs
 - Sexual Violence Prevention & Victims Services
 - Sexual Risk Avoidance Education
 - Personal Responsibility Education Program
- Primary Care Office
- Montana Oral Health Program



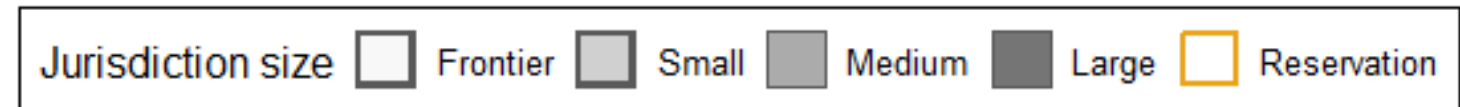
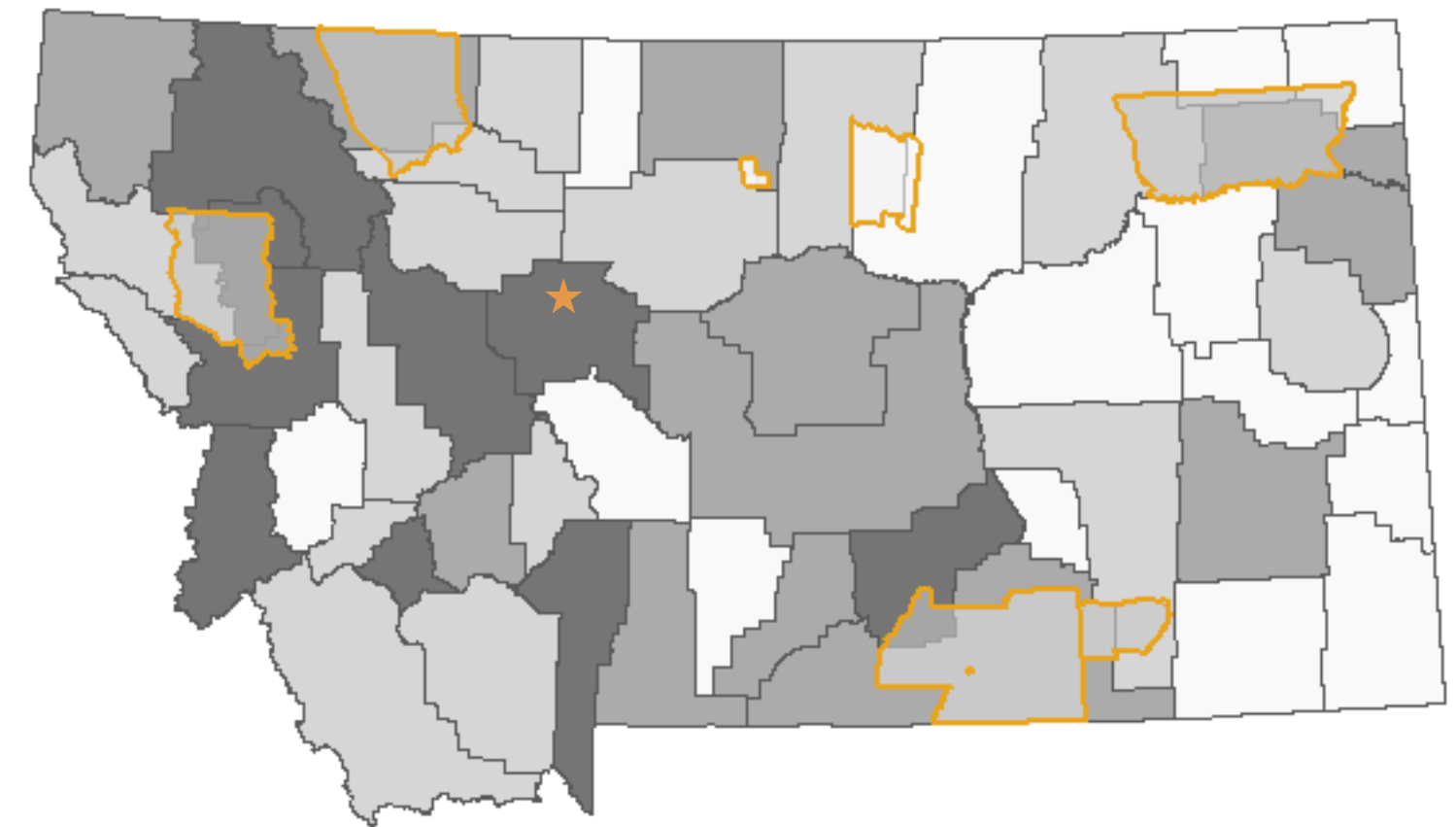
MONTANA'S PUBLIC HEALTH SYSTEM



FTE BREAKDOWN



	Population	FTE Range
Frontier	Fewer than 5,000 residents (18 jurisdictions)	1 – 9 FTE
Small	Between 5,000 and 9,999 residents (20 jurisdictions)	1.75 – 25 FTE
Medium	Between 10,000 and 29,999 residents (13 jurisdictions)	1.2 – 14.3 FTE
Large	30,000 or more residents (9 jurisdictions)	9 – 90.62 FTE

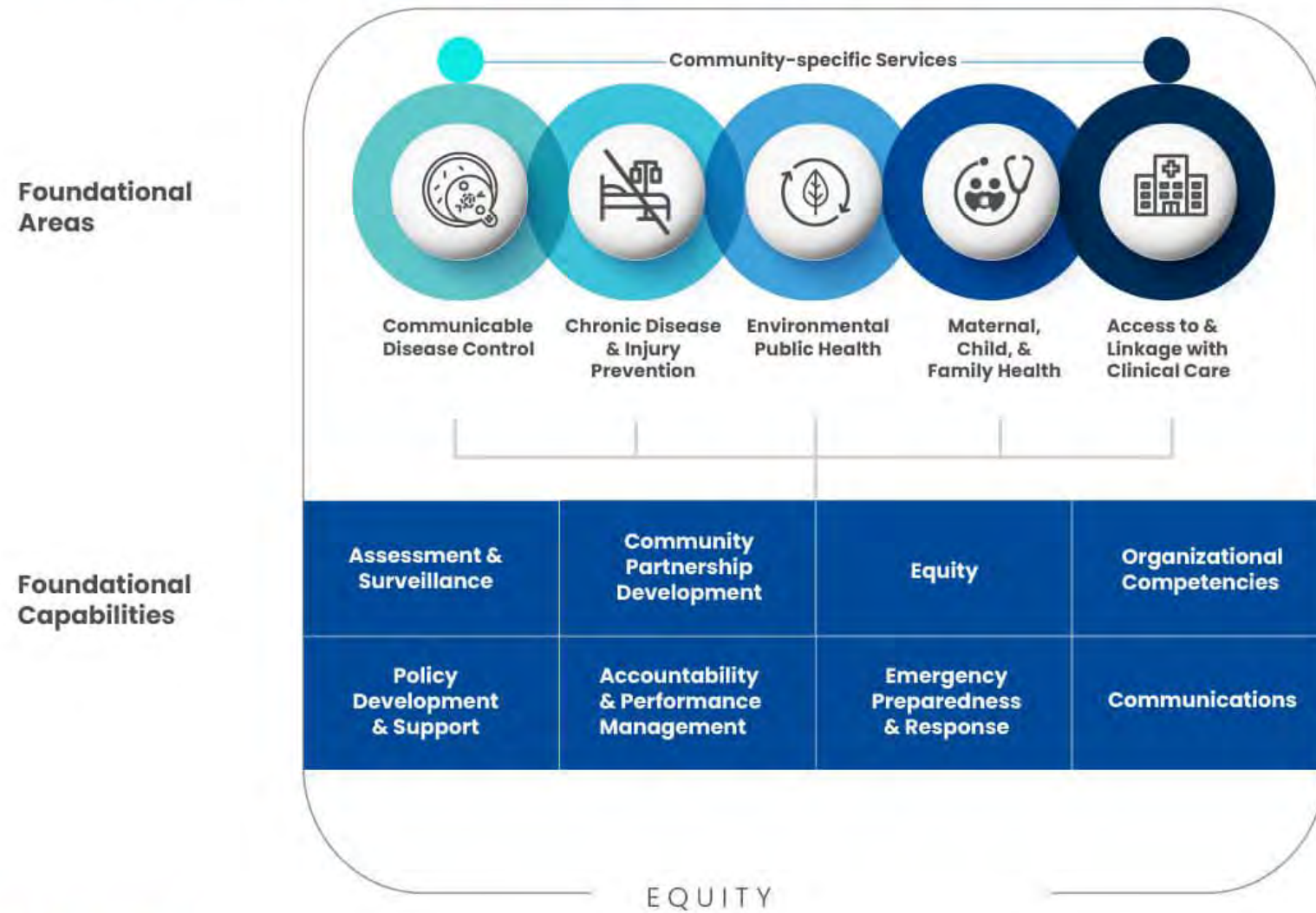




WHAT IS MONTANA 21C?

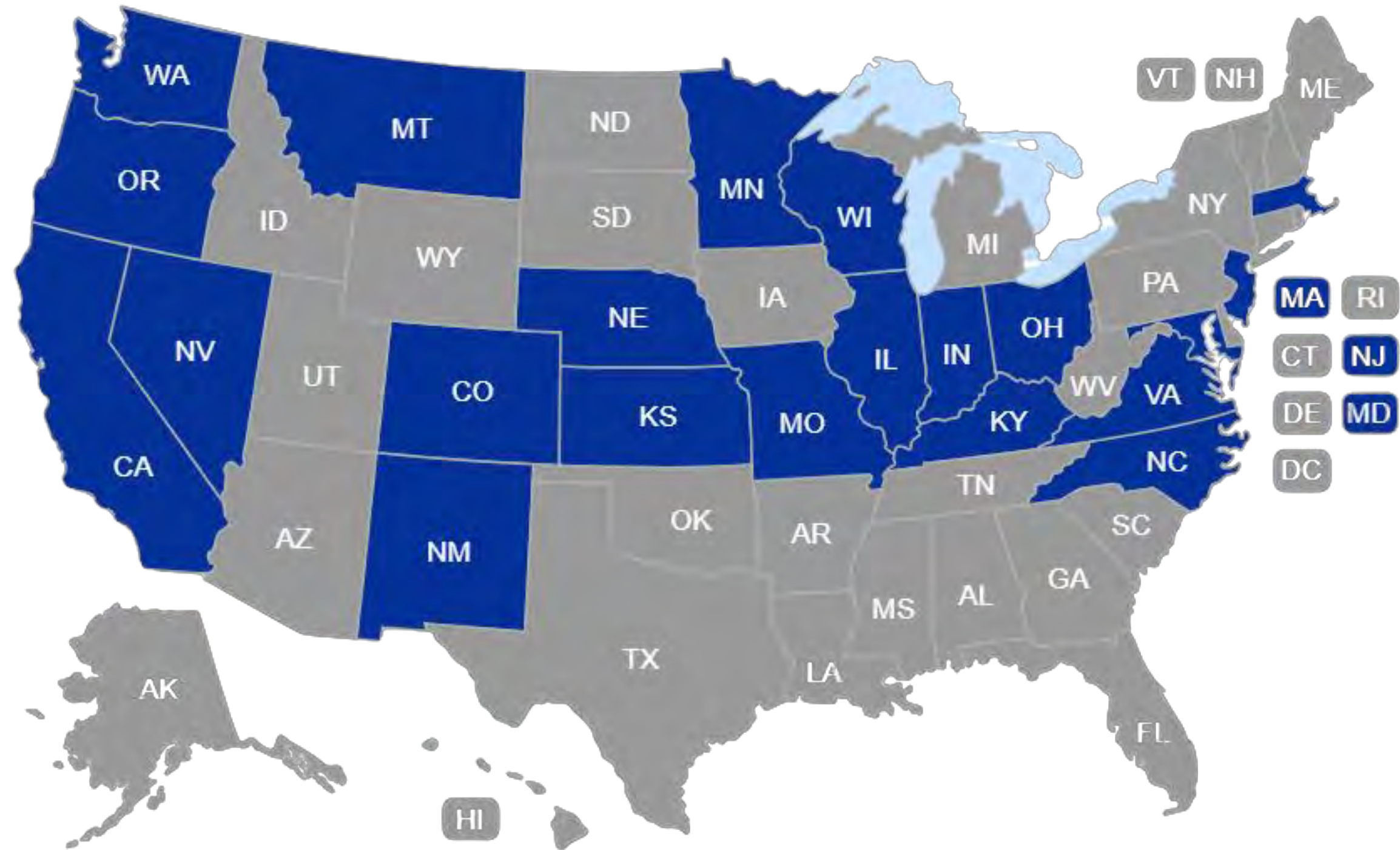


Foundational Public Health Services



THE FOUNDATIONAL PUBLIC HEALTH SERVICES

21C STATES





MONTANA 21C
Strengthening Public Health
Together





MONTANA 21C

Mission

Foster trust and collaboration across Montana's public health system to enhance the delivery of the foundational public health services that promote health and wellbeing.

Vision

We envision a strong and agile public health system at all levels.

Values

Public health is a shared responsibility. We foster partnerships across government agencies, healthcare providers, community organizations, and community members to create lasting solutions for better health.



SYSTEM COORDINATION

Act as a cohesive public health system across all levels to enhance preparedness, response, and the delivery of the foundational public health services.



DELIVERY OF PUBLIC HEALTH SERVICES

Addressing gaps and fulfill needs across the system to effectively deliver the foundational public health services.



WORKFORCE DEVELOPMENT

Ensure that the public health workforce has access to the necessary tools, resources, and training to effectively carry out their duties and provide essential public health services.



POLICY AND FUNDING

Advocate for the necessary funding to effectively provide the foundational public health services and ensure that state statutes and codes are current.

ASSESSMENT



Foundational Public Health System Capacity Assessment.

- Public Health Workforce Census.



- Public Health Workforce Survey.

ANALYSIS

- Identify strengths & gaps in system.
- Build statewide consensus on minimum FPHS services for all Montana counties and tribal communities.
- Pursue cost analysis measuring current and desired FPHS service.
- Identify policy solutions.

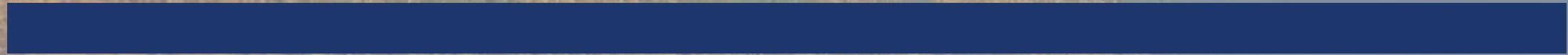
IMPACT

- Consensus understanding of minimum FPHS for Montana.
- Training and support to address identified priorities and gaps.
- Increased state funding to meet minimum standards.
- Legislative action to initiate and sustain change.
- Integrated Health System





FPHS ASSESSMENT



Foundational Public Health Services



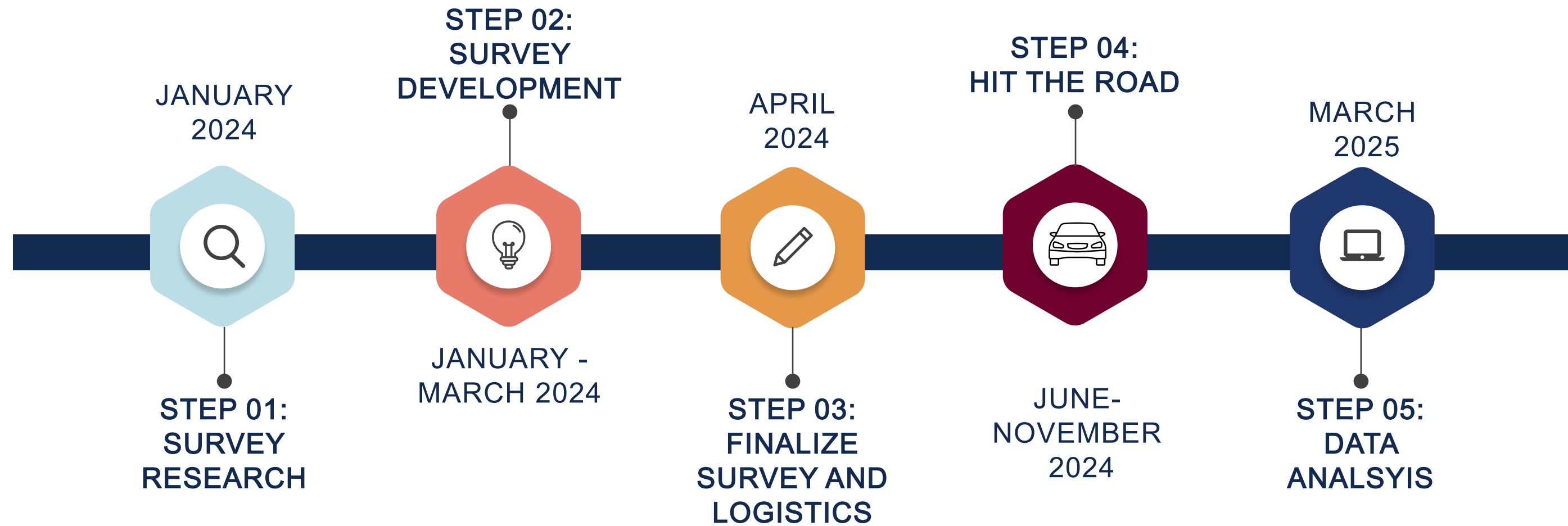
Foundational Areas



Foundational Capabilities

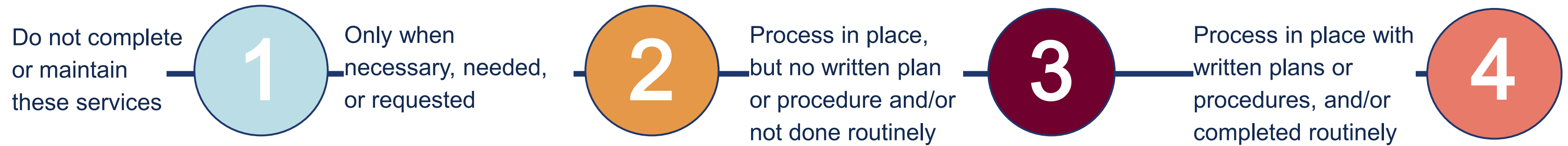


MONTANA'S FPHS ASSESSMENT



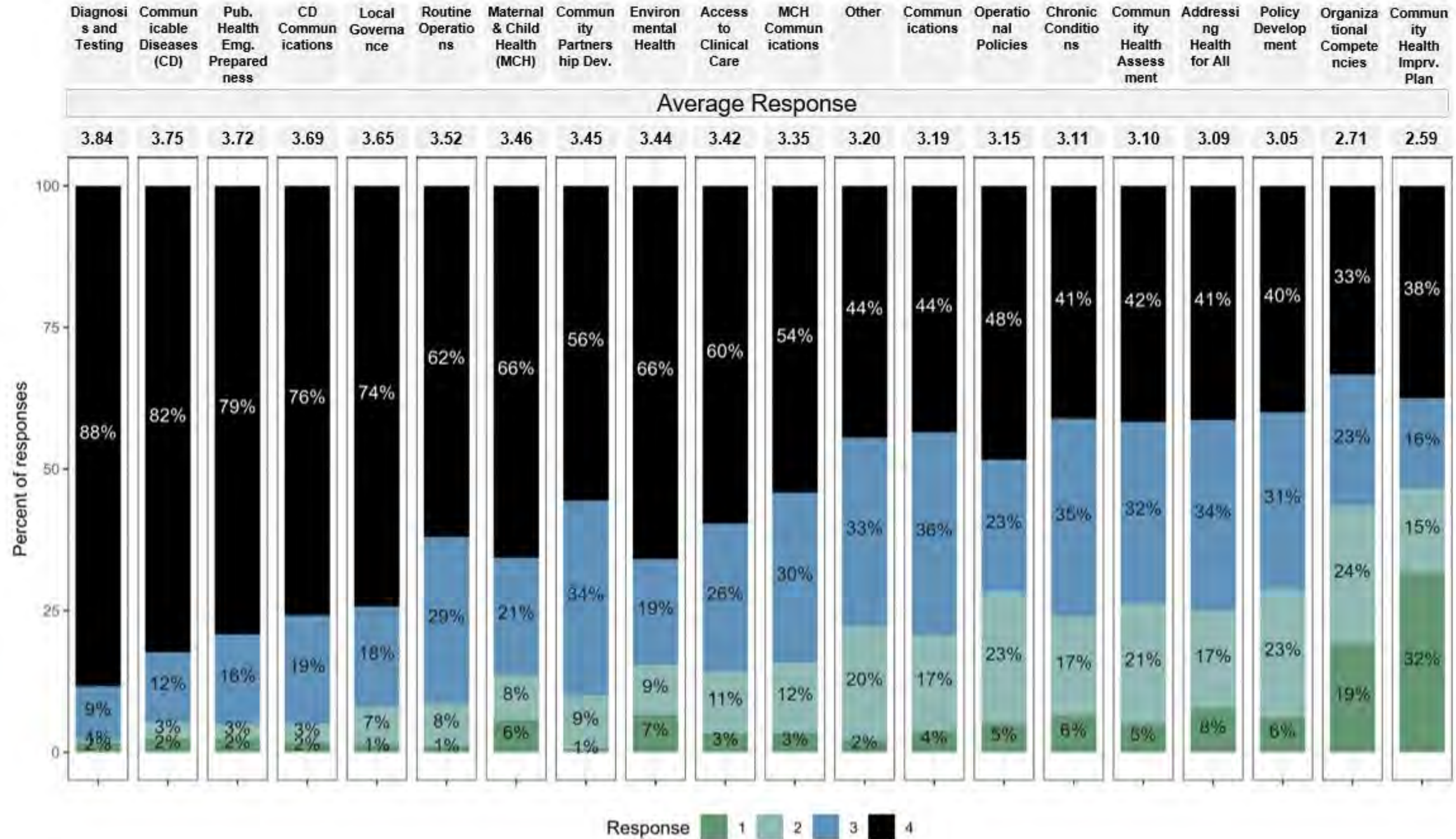


SURVEY DEVELOPMENT



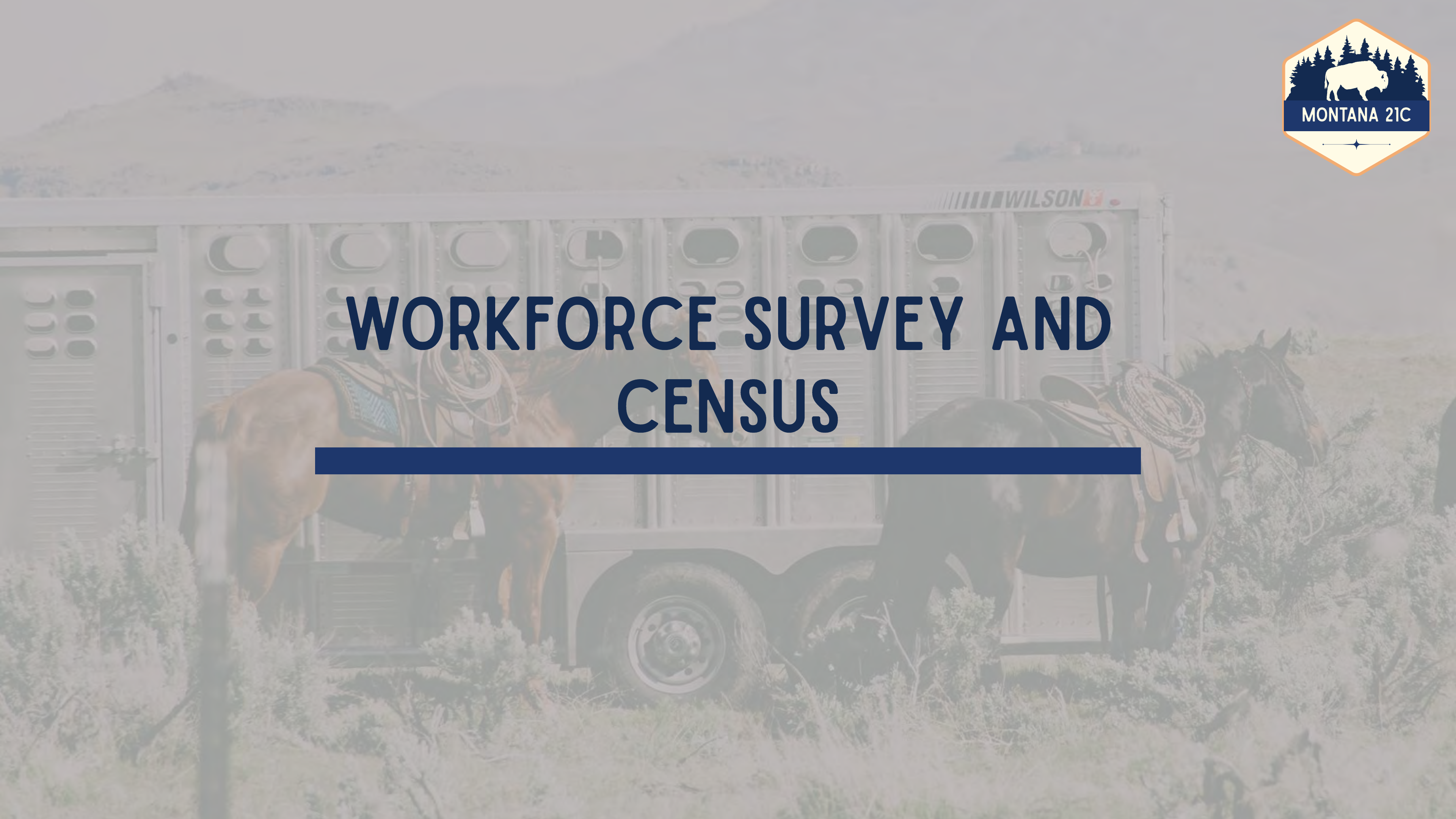
The jurisdiction select a response value of 1, 2, 3, or 4 for each question, with examples provided for standardization.

RESULTS





WORKFORCE SURVEY AND CENSUS



HISTORICAL TIMELINE OF MONTANA'S PUBLIC HEALTH WORKFORCE ASSESSMENTS

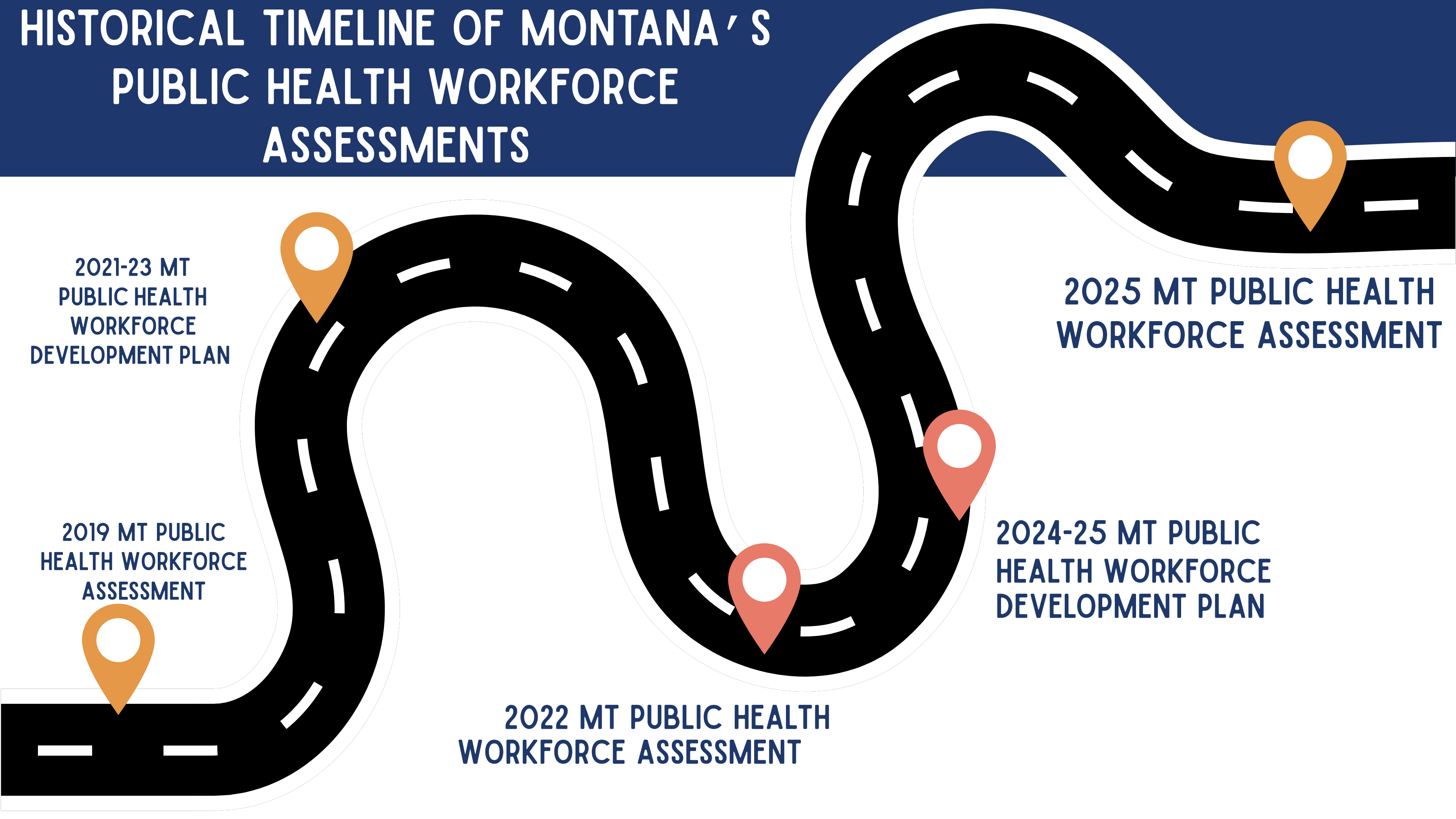
2021-23 MT
PUBLIC HEALTH
WORKFORCE
DEVELOPMENT PLAN

2019 MT PUBLIC
HEALTH WORKFORCE
ASSESSMENT

2022 MT PUBLIC HEALTH
WORKFORCE ASSESSMENT

2024-25 MT PUBLIC
HEALTH WORKFORCE
DEVELOPMENT PLAN

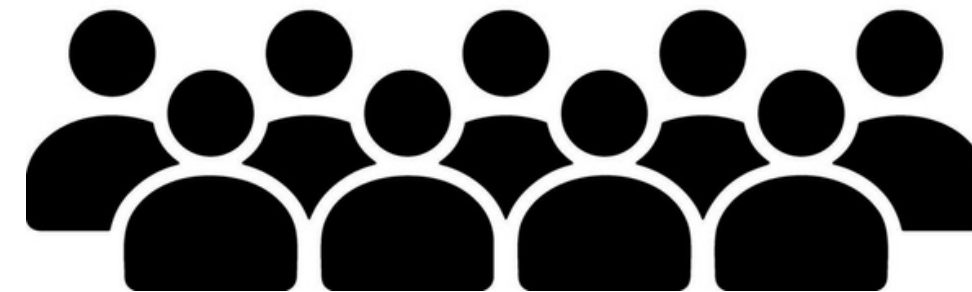
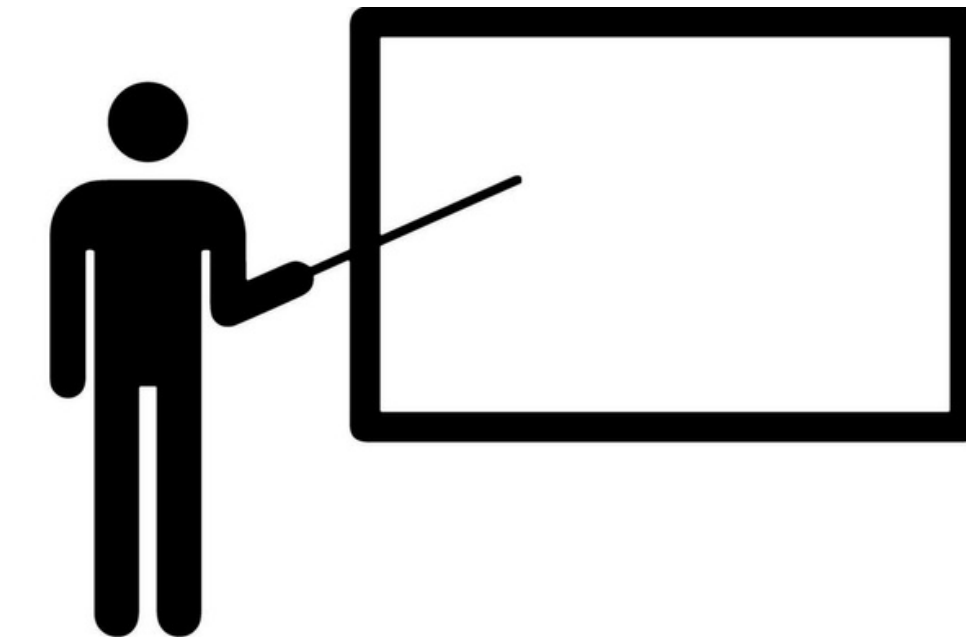
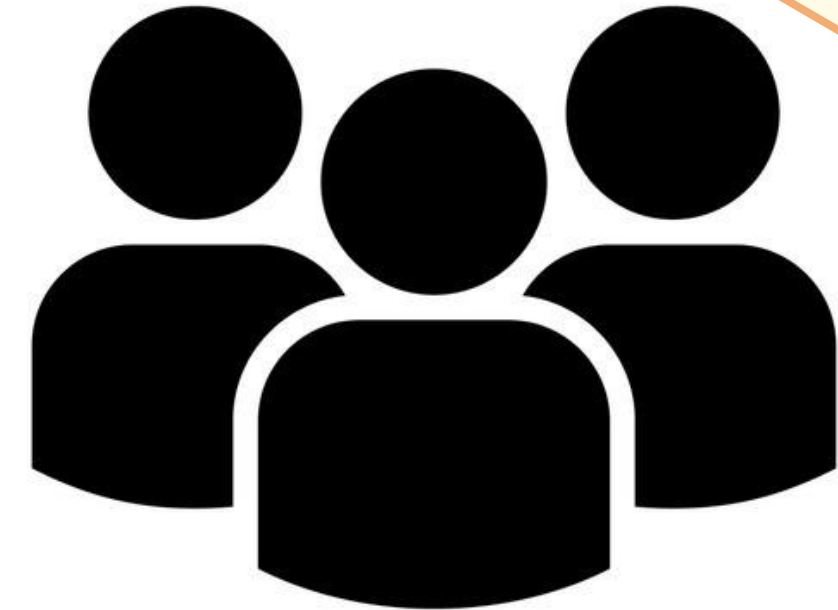
2025 MT PUBLIC HEALTH
WORKFORCE ASSESSMENT





INDIVIDUAL SURVEY

- **WORKPLACE ENVIRONME**
- **DEMOGRAPHICS**
- **WORKFORCE**
- **CHARACTERISTICS**
- **TRAINING NEEDS BASED ON PUBLIC HEALTH STRATEGIC SKILLS**

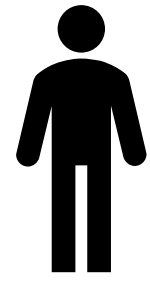


Employee Job Title (as per organization)	4a. For the Foundational AREAS , please indicate what % of your time is spent on any of the following during a routine week where 4 hours = 10% , 2 hours= 5%, and 1 hour= 2.5%. For activities that are <u>seasonal or do not occur regularly</u> consider those over the whole year where 200 hours = 10%, 100 hours= 5%, and 50 hours= 2.5%. <i>NOTE: While 'Access' may overlap with another area, estimate time toward 'Access' if that is the expertise you are using regardless of the topic of the work. Areas should not add up to more than 100% total per person.</i>					Total effort toward FPHS areas (max 100%)	4b. For the Foundational CAPABILITIES , please indicate what % of your time is spent on any of the following during a routine week where 4 hours = 10% , 2 hours = 5%, and 1 hour = 2.5%. For activities that are <u>seasonal or do not occur regularly</u> consider those over the whole year where 200 hours = 10%, 100 hours= 5%, and 50 hours= 2.5%. <i>NOTE: Estimate time toward capabilities if that particular expertise is being used in your work. Capabilities should not add up to more than 100% total per person and likely WILL NOT add up to 100%.</i>									Total effort toward FPHS Capabilities (max 100%)	Total effort toward FPHS Areas AND Capabilities (max 100%)
	Communicable Disease Control	Chronic Disease & Injury	Environmental Public Health	Maternal, Child, & Family Health	Access to and Linkage with Clinical Care		Assessment & Surveillance (Data Analysis)	Policy Development & Support	Community Partnership Development	Accountability & Performance Management	Equity	Emergency Preparedness & Response	Organizational Competencies	Communications			
Park County Director	5%	0%	40%	1%	1%	47%	0%	6%	10%	7%	0%	15%	0%	15%	53%	100%	
Sanitarian	5%	0%	95%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	
Sanitarian	5%	0%	95%	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	
Administrative assistant	30%	0%	40%	10%	0%	80%	0%	0%	0%	5%	0%	0%	0%	15%	20%	100%	
WIC Manager	10%	0%	0%	70%	0%	80%	0%	0%	5%	10%	0%	0%	0%	5%	20%	100%	
BFPC	0%	0%	0%	100%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	

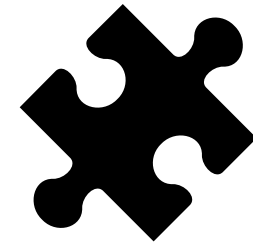
WORKFORCE CENSUS AND BUDGET INFO

- FTE Info
- Salary info
- FPHS Areas and Capabilities
- Work activities
- Grant funding of positions
- Budget breakdown of local, state, and federal revenue

INDIVIDUAL WORKFORCE SURVEY AT A GLANCE

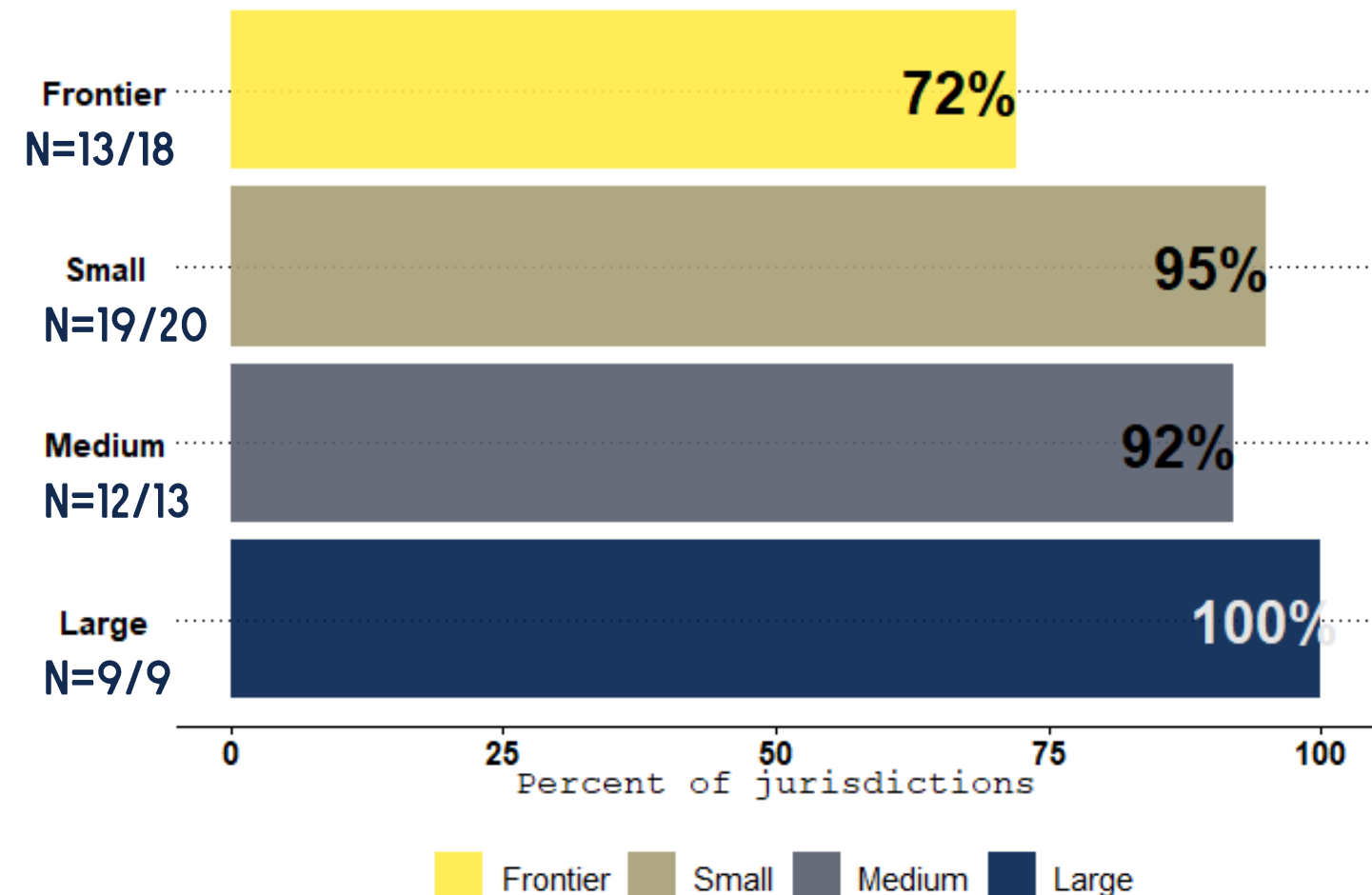


57% RESPONSE RATE

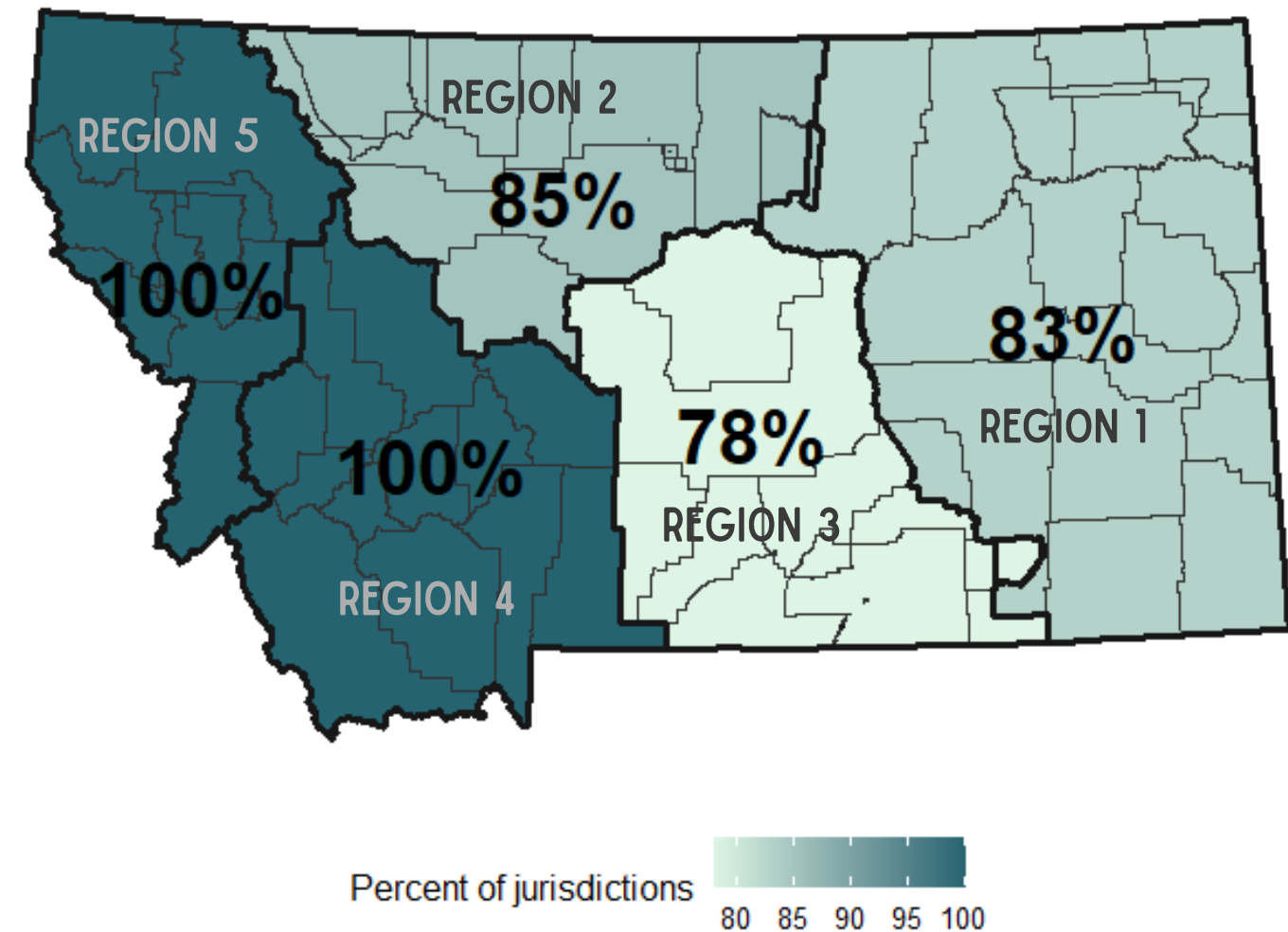


**53 UNIQUE JURISDICTIONS
COUNTY + TRIBAL PUBLIC HEALTH**

LARGE AND SMALL JURISDICTIONS HAD HIGHEST % OF ≥ 1 RESPONDENTS



100% JURISDICTIONS IN REGIONS 4&5 HAD ≥ 1 RESPONDENTS



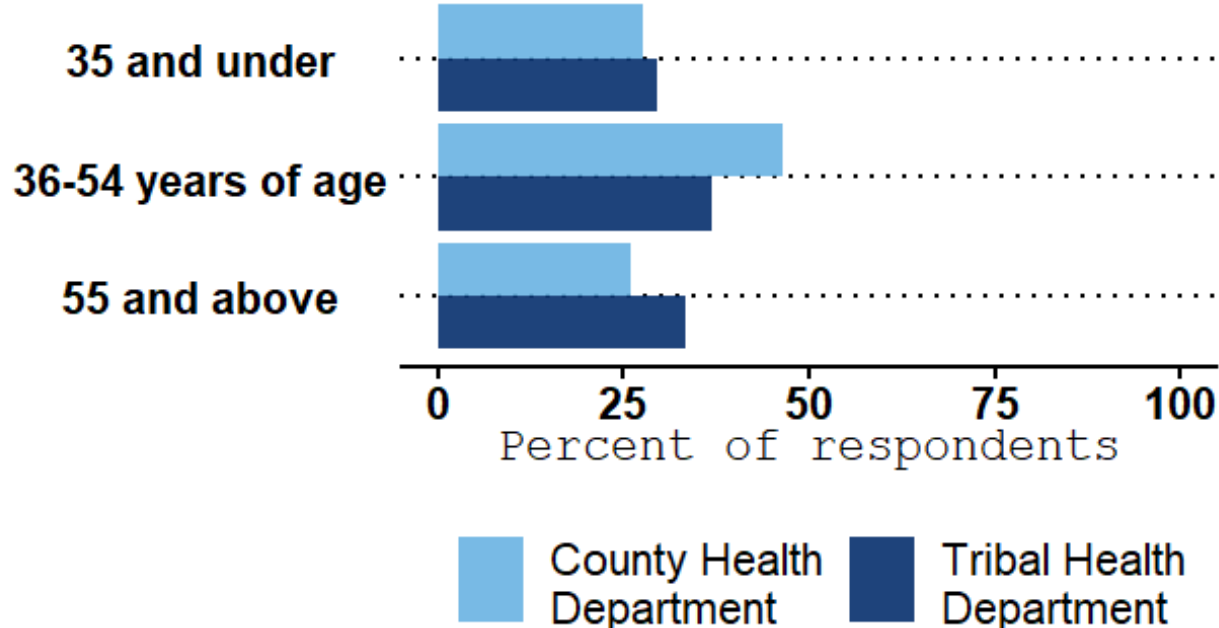
WORKFORCE CHARACTERISTICS



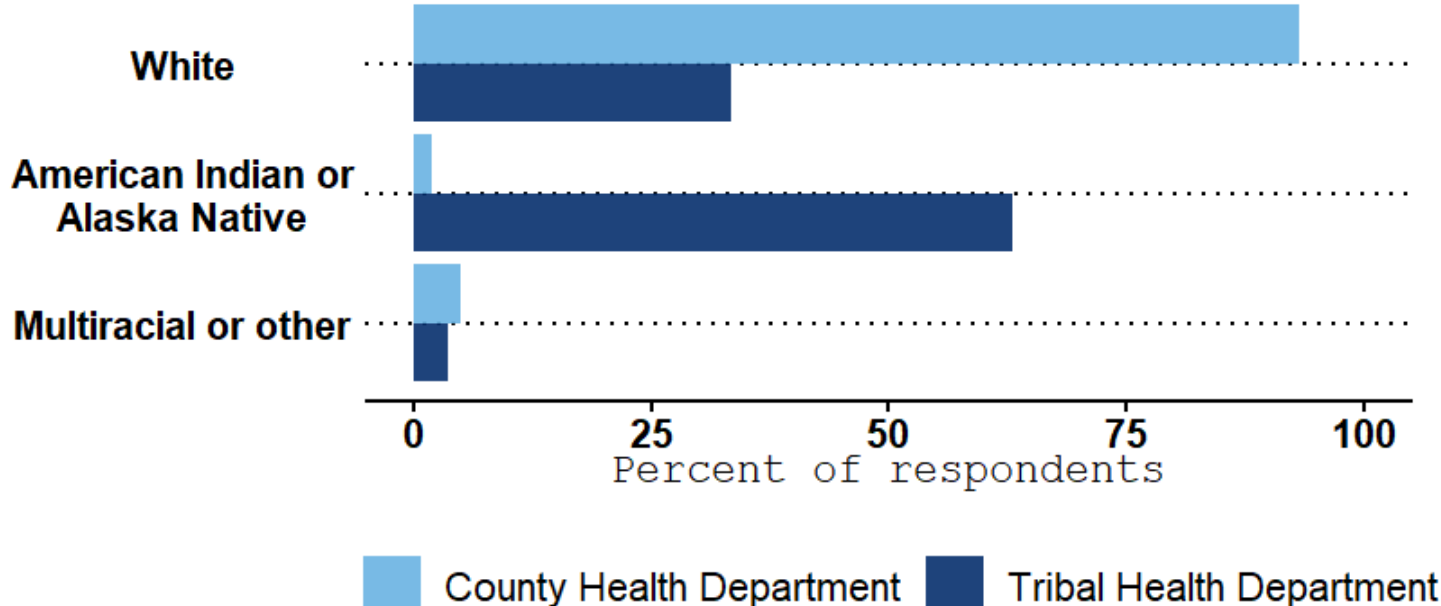
92% OF THE WORKFORCE IS FEMALE



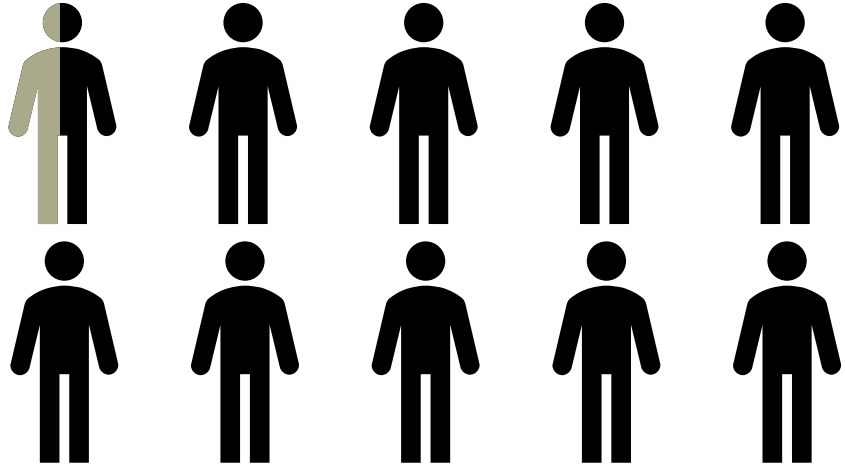
AGE STRUCTURE IS



THE MOST COMMON RACIAL GROUPS ARE WHITE AND AMERICAN INDIAN;



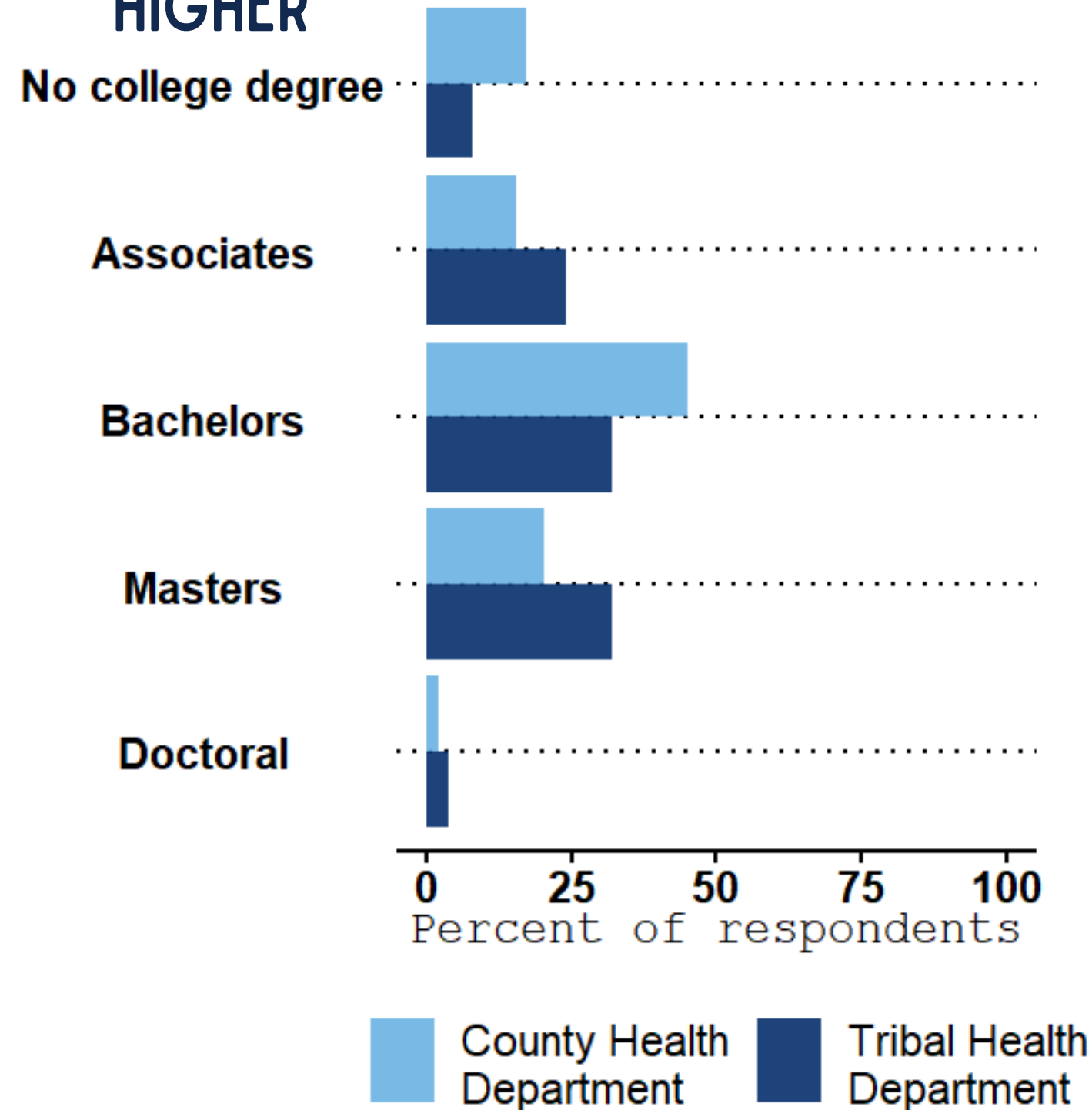
3% OF THE WORKFORCE IS HISPANIC



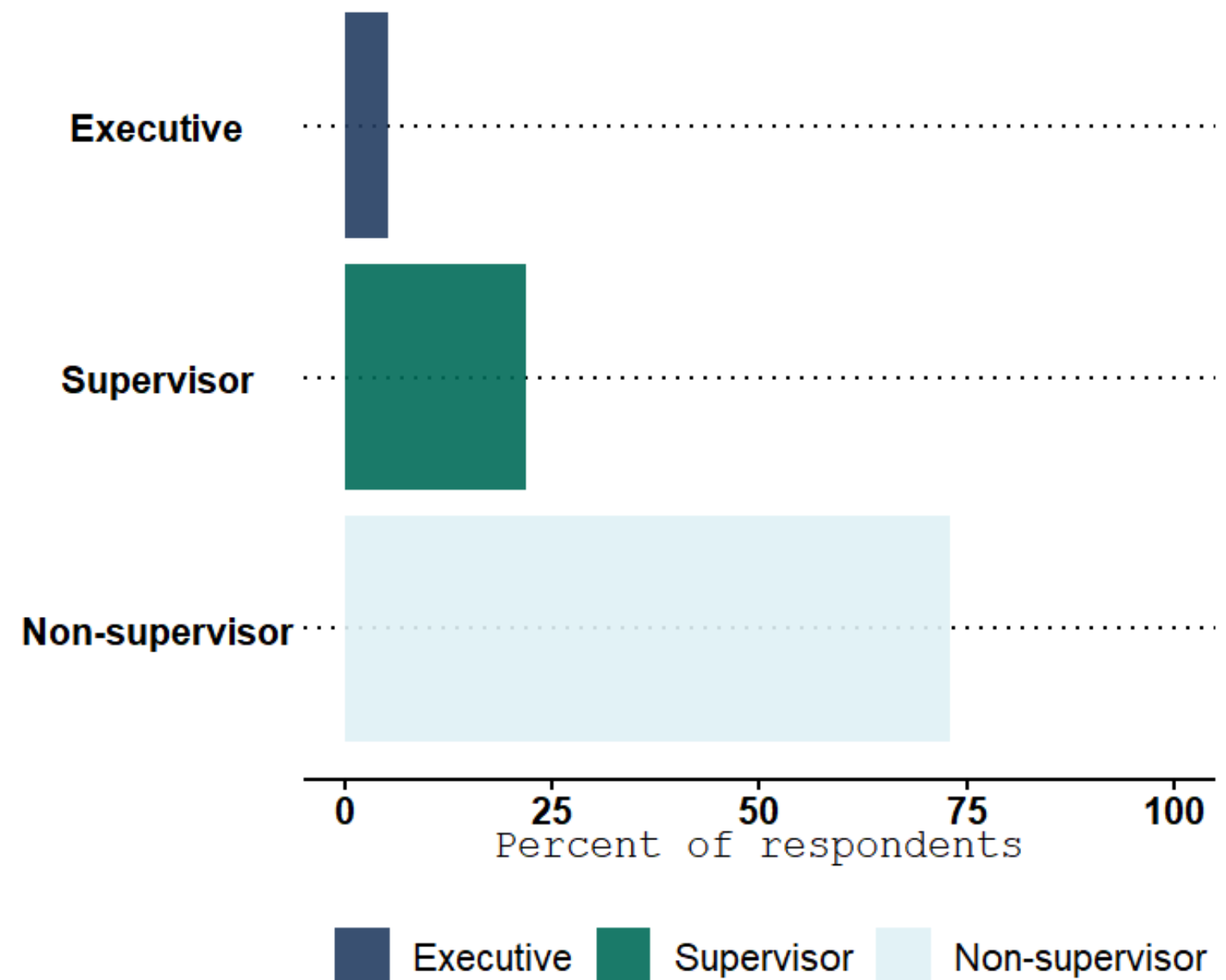


WORKFORCE CHARACTERISTICS

67% OF THE WORKFORCE HAS A BACHELOR'S DEGREE OR HIGHER



27% OF THE WORKFORCE IS IN AN EXECUTIVE OR SUPERVISORY POSITION



MONTANA'S PUBLIC HEALTH WORKFORCE

STRATEGIC SKILLS: TRAINING NEEDS ASSESSMENT

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

TRAINING NEEDS KEY FINDINGS

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



Budget & Financial Management



Policy Engagement

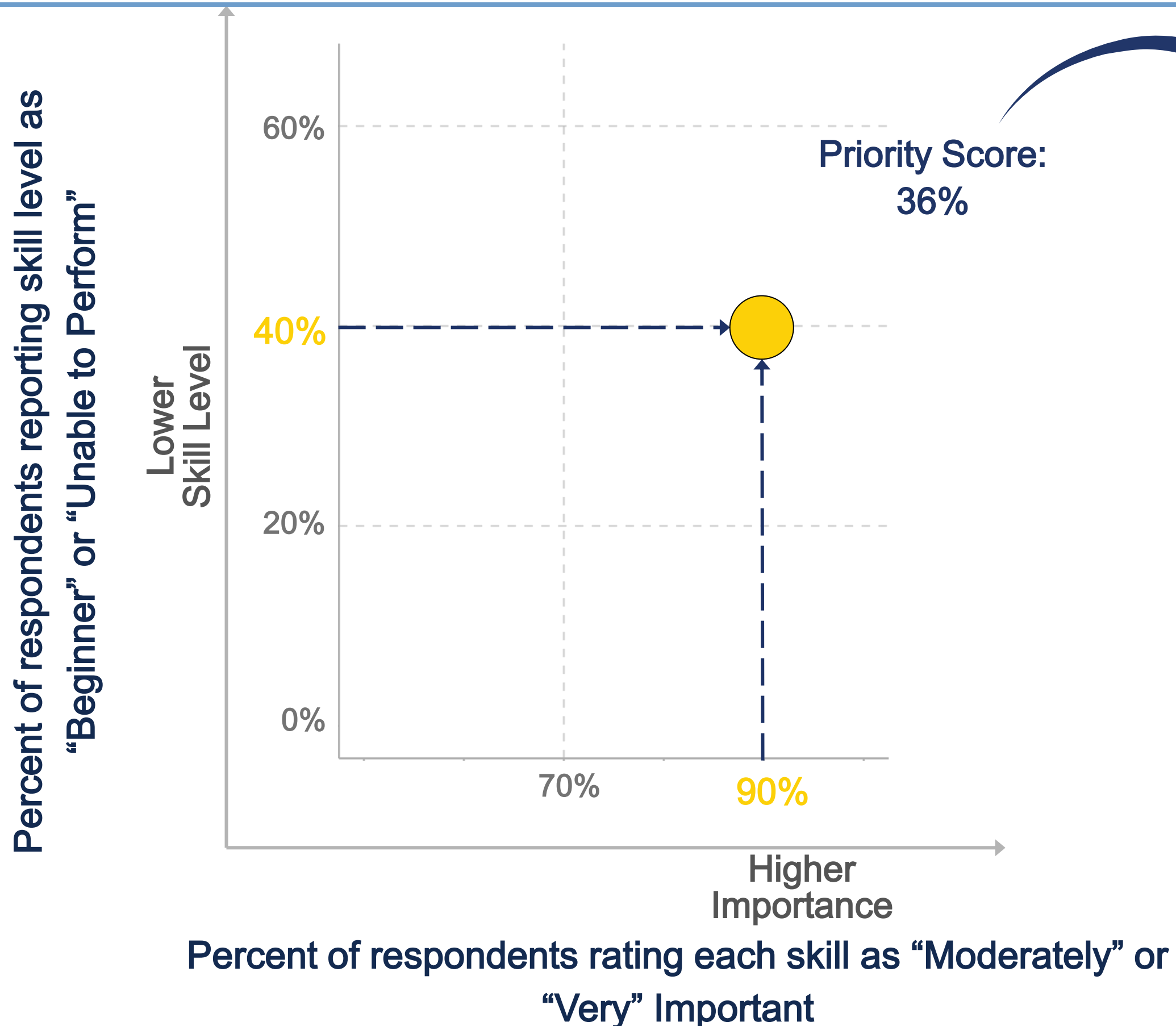


Change Management



Systems & Strategic Thinking

TRAINING NEEDS: IDENTIFYING PRIORITIES



Example:

- 90% rank the skill as important
- 40% of those respondents report low skill level

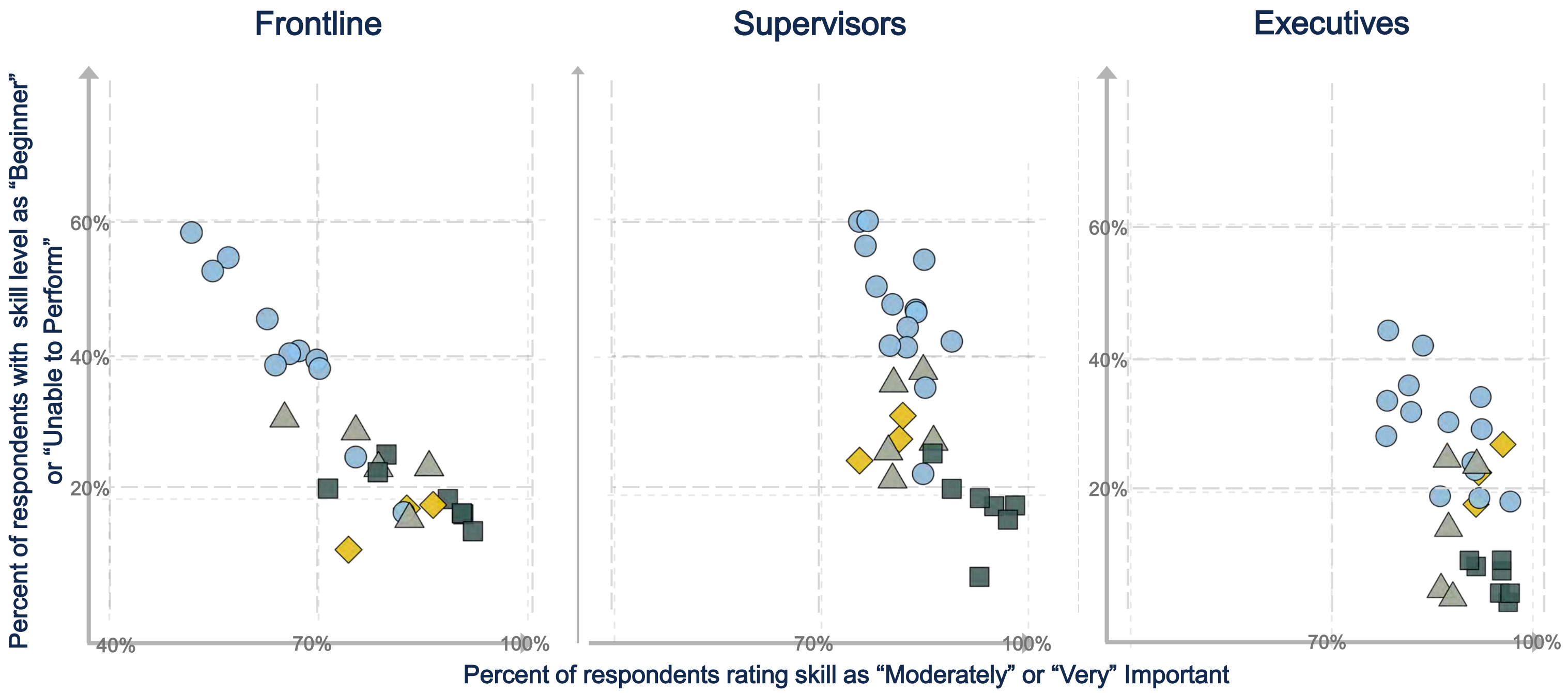
Priority Score:

$$90 \times 40 / 100 = 36$$

Interpretation:

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

TRAINING NEEDS: PRIORITY SCORE PLOTS BY POSITION



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

- Effective Communication
- Justice, Equity, Diversity, and Inclusion
- Budget & Financial Management
- Community Engagement
- Data-Based Decision-Making
-
- Change Management
- Cross-Sectional Partnerships
- Programmatic Expertise
-
- Systems & Strategic Thinking
-
- Policy Engagement
-



WORKFORCE DEVELOPMENT PLAN PRIORITIES

PUBLIC HEALTH STRATEGIC SKILLS TO BE ADDRESSED IN 2026-2028:

Budgeting and Financial
Management

Policy Engagement



MONTANA 21C

Strengthening Public Health Together

A decorative flourish consisting of a horizontal line with a central diamond shape and two small circles at the ends.



CONTACT US

 <https://montanapublichealth21c.org/>

 info@montanapublichealth21c.org



PANEL DISCUSSION

Thank You for Joining Us

All sessions were recorded and will be available on the TRAIN Learning Network.

Please complete the conference evaluation by returning to the conference page in TRAIN and clicking the “Continue” button below the conference description.

