

Final Report

2016 Tribal Public Health
Workforce Needs Assessment





The Rocky Mountain Tribal Epidemiology Center empowers American Indian Nations and urban Indian populations by building community-driven public health and epidemiological capacity through outreach and creative partnerships.

We would like to offer special thanks to the tribal public health professionals who completed the Work Force Needs Assessment. Funding for the WFNA came from the Rocky Mountain Public Health Training Center.

Staff at the Rocky Mountain Tribal Epidemiology Center helped pilot the survey along with several tribal professionals and programs. We know that public health makes a difference in the lives of community members and future generations.

We honor the workers, leaders, and supporters of public health initiatives throughout Indian Country. Thank you.



Contents

1	Executive Summary
2	Findings
3	Background
3	Methods
4	Results
5	Discussion
5	Limitations
6	Key Findings
7	Overview of Tribal Public Health Workforce
8	Profile of Surveyed Tribal Public Health Professionals
19	Comparison of Tribal, State, and National Assessments
23	Recommendations
24	About RMTEC and RMPHTC
25	Appendix A: Survey
33	Appendix B: Gift Card Winner

For more information about the survey or tribal public health training opportunities, visit our website at www.rmtec.org.

Executive Summary

This report summarizes the findings from the Rocky Mountain Tribal Epidemiology Center (RMTEC) Public Health Workforce Needs Assessment (WFNA). The purpose of this assessment was to document the needs of tribal public health workforce professionals and to highlight priorities for future training and budget priorities.

30
tribal public health
professionals
surveyed

This assessment was developed using the ASTHO national workforce survey methodology. The survey was developed and piloted by RMTEC over a 2-month period. In September 2016, RMTEC reached out to all tribal health programs and urban Indian health centers in Montana and Wyoming (RMTEC service areas), as well as Idaho (served by RMTEC's parent organization, the Rocky Mountain Tribal Leaders Council). RMTEC also worked closely with the Billings Area Indian Health Service. The final survey was uploaded to Qualtrics.com, an online survey tool. RMTEC emailed and called all directors to encourage participation in the survey. The survey was also posted on the Rocky Mountain Tribal Leaders Council website (www.rmtlc.org).

69%
assessment
response rate

Of the 13 tribal organizations recruited to participate in the survey, 9 (69%) completed the survey. Thirty tribal public health professionals from urban Indian, tribal and federal programs participated.

Findings

Demographics

The majority of respondents were American Indian (86%). Most were over 40 years of age (86.67%) and spoke English (96%). The highest level of education completed was a master's degree (13.79%) followed by bachelors (44.83%) and associates (27.59%). Fifty percent of respondents have been in their current public health profession less than five years and the majority plan to stay in their current positions indefinitely (73.33%).

Results

Tribal public health professionals were most proficient in understanding the needs of tribal constituents and ensuring programs are managed within current and forecasted budgets. The most important areas of their jobs include providing culturally responsive services, engaging partners, understanding the needs of tribal constituents, gathering reliable information, and communicating ideas and information. We expand on these areas in this report.

Needs facing the tribal public health workforce include the recruitment and retention of qualified tribal members as public health professionals, and leadership and systems thinking. Public health priorities include prevention, outreach and education followed by alcohol and drugs. Using the WFNA results as a guide, RMTEC will work with the Rocky Mountain Public Health Training Center and tribal health leaders to develop training opportunities that enhance the skills and knowledge of tribal health professionals.



Background

The public health workforce is shrinking. There are 50,000 fewer public health workers in the United States today compared to 20 years ago —tribes have been impacted by the shortage of tribal public health workers and ongoing funding deficits within the Indian Health Service. National, state, and regional public health workforce assessments do not include the tribal public health workforce. Tribal public health professionals are in charge of hospitals and health care, and they initiate and maintain data surveillance systems. Others provide critical services in the way of environmental engineering, environmental health, epidemiology, infection control, social work occupational safety, nursing, and nutrition.

Public health professionals play an important role in closing health disparities gap among American Indian populations. American Indians born today have a life expectancy that is 4.4 years less than the US population (73.7 vs. 78.1). The leading causes of death among American Indians include diseases of the heart, malignant neoplasms, unintentional injuries, chronic lower respiratory diseases, and diabetes mellitus.

Methods

The Rocky Mountain Tribal Epidemiology Center received funding from the Rocky Mountain Public Health Training Center (www.publichealthpractice.org) to develop and implement a 2-phase tribal public health workforce needs assessment (WFNA). During phase 1 (July 2016), RMTEC met with state, local, urban, and tribal area public health professionals to learn about the kinds of training opportunities available through the RMPTHC. RMTEC presented information about the unique needs of the tribal public health workforce to the RMTPHC advisory committee in August 2016. RMTEC reached out to the Association for State and Territorial Health Officials to review results from the 2015 Public Health Workforce Needs Assessment (www.astho.org/). After reviewing national and state-level public health workforce assessment reports, RMTEC developed a tribal public health workforce needs assessment. RMTEC consulted with tribal leaders, health directors, and workers in the development of the assessment. Additional questions were added to address contextual factors including: poverty and rural locations of reservations, unique funding status of Indian Health Service and tribal 638 programs, historical and present-day trauma, and holistic approaches to public health service delivery.

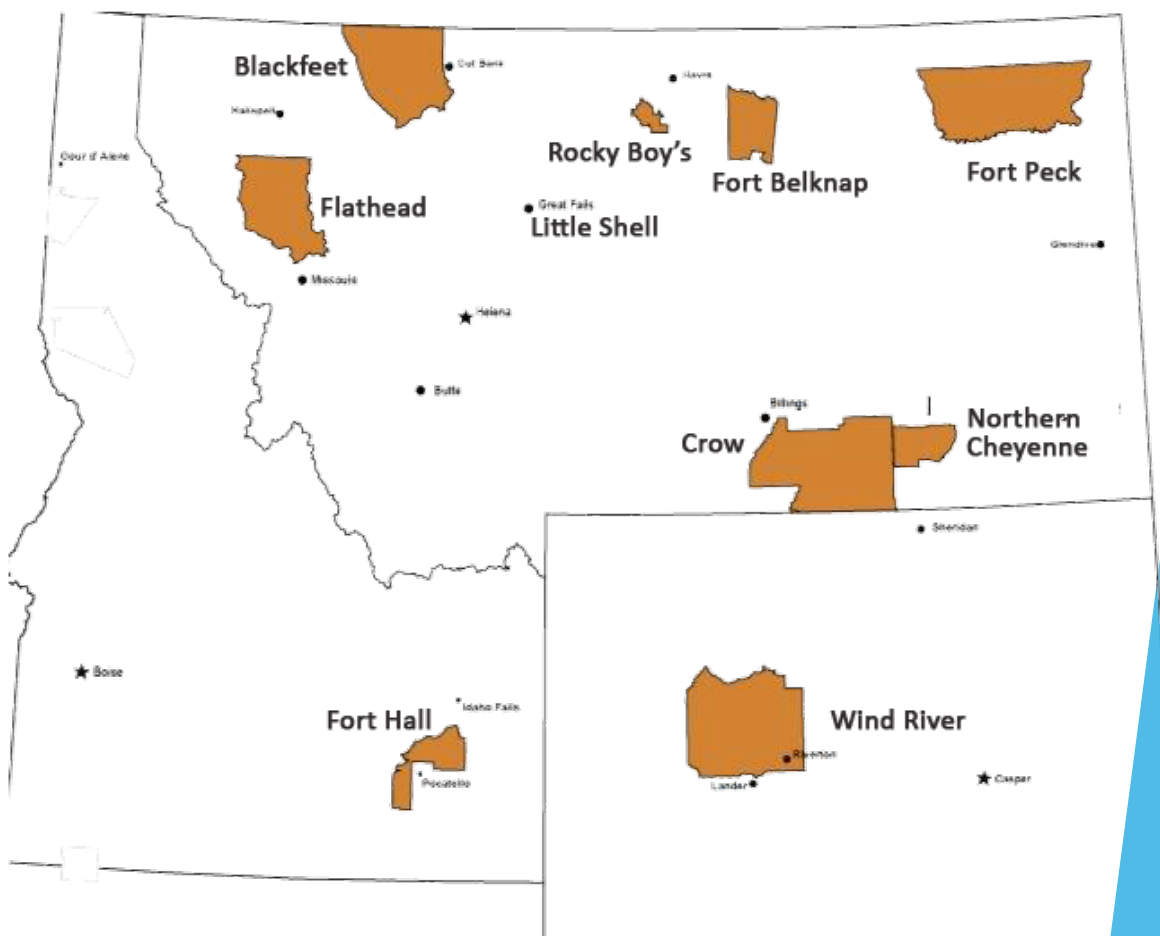
The Billings Area's 2016 User Population is estimated at 72,664. Public health services are provided by six (6) Federal Service Units: Blackfeet (Heart Butte), Crow (Pryor,

Lodge Grass), Ft. Belknap (Hays), Ft. Peck (Wolf Point), Northern Cheyenne, Wind River (Ft. Washakie), five (5) Urban health programs and two (3) Tribally operated health programs. In addition to the Billings Area Indian Health Service, RMTEC serves the Shoshone Bannock Tribes of the Fort Hall Indian Reservation in Idaho and there 5,300 members.

During phase 2, RMTEC worked with tribal leaders and health directors to implement the WFNA. This process included multiple communications and outreach: (1) emails to all tribal health directors, urban health center directors, Billings Area Indian Health Service directors, and select tribal leaders, and (2) follow-up phone calls, (3) in-person meetings, and (4) posting WFNA online to increase participation. In phase 2 (November 2016) the WFNA was completed by 30 tribal health professionals over a 1-month period.

Results

This project was designed to document the tribal public workforce needs among tribal public health organizations in Montana, Wyoming, and Idaho. Results from this assessment illustrate the strengths of the tribal public health workforce, along with the areas of need for future training.



Discussion

Ultimately, the WFNA shows that tribal public health workers are older and have more experience than the national public health workforce. Educational attainment among tribal professionals is lower than state and national professionals surveyed. Tribal professionals make significantly less than their national counterparts, where 50% of tribal professional's report making less than \$45,000 per year compared to just 25% of public health professionals across the nation. Despite the lower pay, most tribal professionals are committed to staying in their positions indefinitely.

The WNFA is a first step in building a strong, resilient, and knowledgeable tribal public health workforce. A comprehensive training agenda focused on the areas of greatest need including culturally responsive service delivery, trauma informed approaches, and interpreting public health data is necessary. Training must be delivered in a manner that is culturally responsive to the needs of tribal members; this includes in-person in tribal communities, or in-person at other locations. Due to some limitations with technology in rural and reservation locations, online training delivery may not be feasible.

Limitations

The current WFNA results do not represent every tribe or urban health center in Montana, Wyoming, and Idaho. Similarly, the WNFA results do not represent every tribal public health discipline and profession. Despite these limitations, we encourage tribal leaders, policy makers, and funding agencies to become more aware of the tribal public health workforce needs through this report. In doing so, agencies, educators, and leaders can be part of a changing paradigm that supports public health for all.

Key Findings

Tribal Public Health in Montana, Wyoming, and Idaho

The tribal public health workforce provides access to public health services in rural and isolated communities with the support of diverse programs and partners. Tribal professionals ensure access to traditional healing methods and direct services for tribal members using a culturally-responsive public health service delivery approach.

Most professionals are satisfied with their current job (83%) and plan to stay in their current job indefinitely (73%).

Overall needs of the tribal public health professionals include recruitment and retention of tribal members (50%), use of leadership and systems thinking (38%), and policy development and program planning (34%).

Public health competency gaps include: utilizing a trauma-informed approach in all aspects of service delivery and care, interpreting public health data to answer questions that inform future efforts, and providing culturally responsive services to individuals and communities served.

Training and professional development opportunities are needed and more than 64% of tribal public health professionals prefer in-person trainings in their communities.

83%
of tribal public
health professionals
are satisfied with
their current job

73%
of tribal public
health professionals
plan to stay in
their current jobs
indefinitely

64%
of tribal public
health professionals
prefer in-person
trainings in their
communities

Overview of Tribal Public Health Workforce

Age

25 or below	0%
26-30	6%
31-35	3%
36-40	3%
41-45	27%
46-50	13%
51-55	23%
56-60	3%
61-65	13%
66-70	3%
71-75	3%
76 or above	0%

Salary / Wage

Less than \$25,000	10%
\$25,001-\$35,000	10%
\$35,001-\$45,000	30%
\$45,001-\$55,000	7%
\$55,001-\$65,000	17%
\$65,001-\$75,000	13%
\$75,001-\$85,000	7%
Prefer not to answer	7%

Funding for Position

638 Program	48%
Federal Funds	28%
Grant Program Funds	38%
Tribal Program Funds	14%
Other	3%

Employer

Urban Indian Organization	13%
Tribal Health	83%
Other	3%

Language Fluency

English	96%
Native American Language	20%
Other*	3%
*German and Spanish	

Participation in WFNA*

Shoshone Bannock	6
Northern Cheyenne	6
North American Indian Alliance	5
Blackfeet	4
Fort Peck	3
Fort Belknap	2
Billings Area	2
Indian Health Service	
Crow	1
Eastern Shoshone	1
Total	30

*Declined: Flathead, Rocky Boy, Northern Arapaho, Indian Family Health Clinic Great Falls, Helena Indian Alliance, Missoula Urban Indian Health Center, Indian Health Board Billings

Tribal Affiliation

American Indian	86%
White	13%
Multiple Ethnicity	3%

Intent to Leave

Staying in current job indefinitely	73%
Leaving in Next 3 Yrs	10%
Retiring Before 2020	3%
Other*	13%
*Depends on funding	

Tribal College Attendance

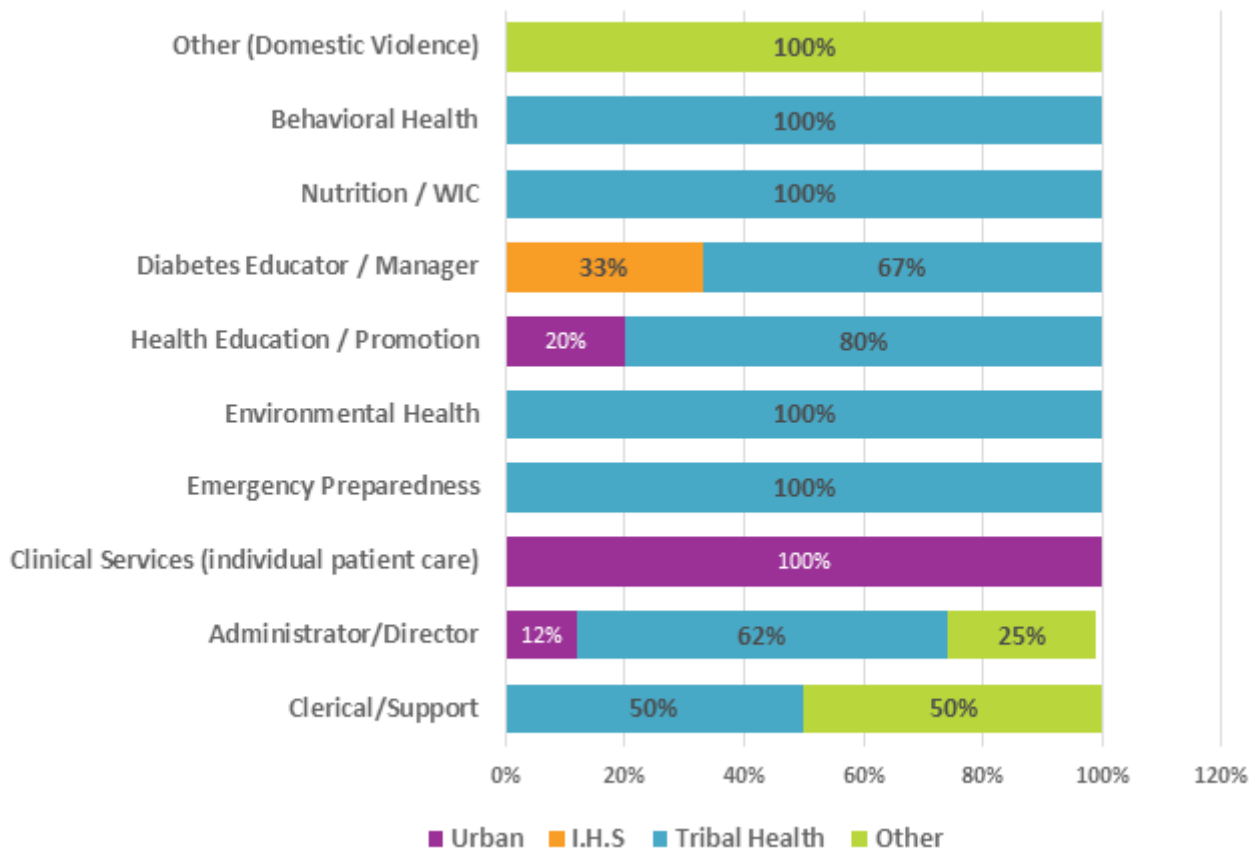
Haskell	2
Northwest Indian College	1
Chief Dull Knife College	2
Salish Kootenai College	4
Fort Belknap Community College	1
Blackfeet Community College	1
Fort Peck Community College	2

Education

High School Diploma / GED	3%
Associates	
Bachelors	28%
Masters	45%
Doctorate	14%
Prefer not to answer	0%
	10%

Profile of Tribal Public Health Professionals

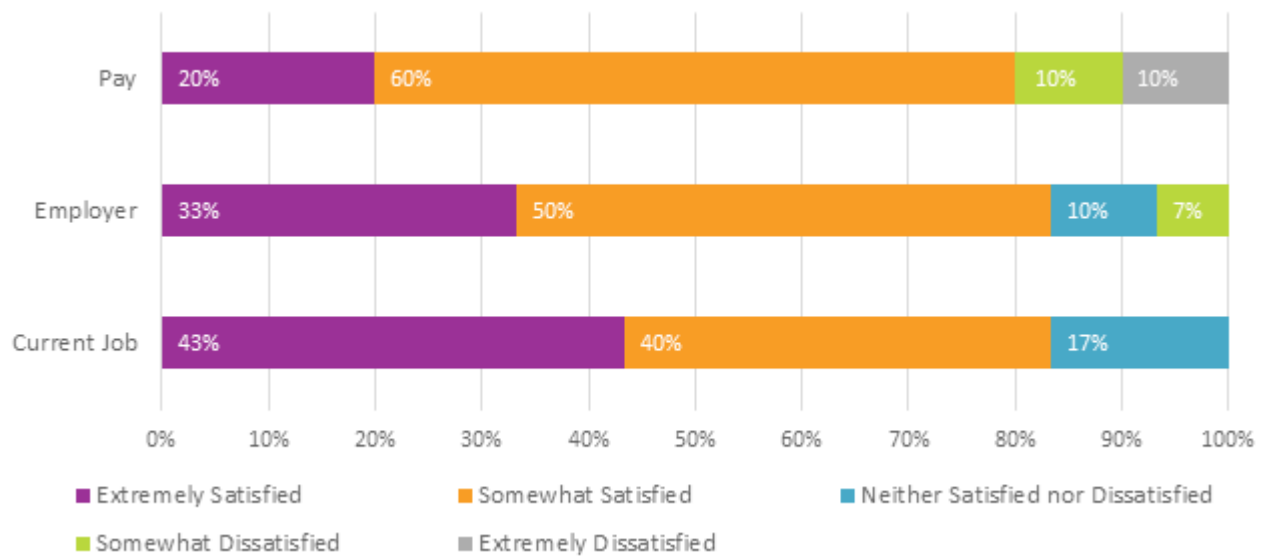
WFNA Professions and Organizations



Highlights

- **70%** of professionals surveyed worked for tribal organizations.
- **33%** of WFNA respondents identified as health education and health promotion professionals.
- **26%** were administrators or directors of urban Indian clinics or tribal health organizations.

Job Satisfaction



Question	Extremely Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Extremely Dissatisfied
Current job	43.33%	40.00%	16.67%	0.00%	0.00%
Employer	33.33%	50.00%	10.00%	6.67%	0.00%
Pay	20.00%	60.00%	0.00%	10.00%	10.00%

Highlights

- Most professionals surveyed were satisfied with their jobs.
- Only 20% of professionals surveyed were dissatisfied with their pay.

Professional Culture and Learning

Question	Yes	No	Unknown
Allow you to use working hours to participate in training (s).	96.67%	0.00%	3.33%
Offer on-site training (s).	83.33%	3.33%	13.33%
Pay travel and registration fees for trainings that you attend.	100.00%	0.00%	0.00%
Require continuing education.	43.33%	46.67%	10.00%
Include education and training in annual performance reviews.	43.33%	30.00%	26.67%

Highlights

- All organizations (100%) pay travel and registration fees for trainings.
- The majority of organizations offer on-site training (83%)
- About 43 percent of organizations require continuing education and include education and training in performance reviews.
- Despite a high level of organizational support for training, 41% of professionals reported there were trainings they wanted to attend but could not attend.
- The most common reasons professionals could not attend trainings include scheduling conflicts (83%) followed by funding for travel (16%), cost of registration (16%), and lack of support from supervisor (8%).
- Only 10% of professionals reported they attended trainings in the last year that were not useful. When asked why these trainings were not useful, one professional wrote, "... refresher course of the same information (I already know)."

WFNA Importance of Public Health Competencies

Question	Very Important	Somewhat Important	Not Important	N/A
Influencing the development of policy (tribal and national).	64.00%	24.00%	0.00%	12.00%
Assessing factors that influence public health problems	76.00%	24.00%	0.00%	0.00%
Understanding relationships between policy and public health problems.	76.00%	20.00%	0.00%	4.00%
Ensuring programs are managed within current and forecasted budget constraints.	88.00%	8.00%	0.00%	4.00%
Providing culturally responsive services to the individuals and communities I serve.	92.00%	8.00%	0.00%	0.00%
Utilizing evidence based approaches to solve public health problems.	76.00%	24.00%	0.00%	0.00%
Interpreting public health data to answer questions and inform future efforts.	80.00%	16.00%	0.00%	4.00%
Engaging partners beyond my organization to collaborate.	76.00%	24.00%	0.00%	0.00%
Gathering reliable information to answer questions.	84.00%	12.00%	4.00%	0.00%
Communicating ideas and information.	84.00%	16.00%	0.00%	0.00%
Understanding the unique needs of tribal constituents that I serve.	88.00%	12.00%	0.00%	0.00%
Utilizing a trauma-informed approach in all aspects of service delivery and care.	66.67%	33.33%	0.00%	0.00%

WFNA Competencies and Skills

Question	High Skill	Medium Skill	Low Skill	N/A
Influencing the development of policy (tribal and national).	15.00%	50.00%	15.00%	20.00%
Assessing factors that influence public health problems	30.00%	55.00%	15.00%	0.00%
Understanding relationships between policy and public health problems.	25.00%	50.00%	20.00%	5.00%
Ensuring programs are managed within current and forecasted budget constraints.	35.00%	55.00%	5.00%	5.00%
Providing culturally responsive services to the individuals and communities I serve.	25.00%	45.00%	30.00%	0.00%
Utilizing evidence based approaches to solve public health problems.	20.00%	60.00%	20.00%	0.00%
Interpreting public health data to answer questions and inform future efforts.	15.00%	45.00%	30.00%	10.00%
Engaging partners beyond my organization to collaborate.	25.00%	65.00%	10.00%	0.00%
Gathering reliable information to answer questions.	25.00%	65.00%	10.00%	0.00%
Communicating ideas and information.	25.00%	65.00%	5.00%	5.00%
Understanding the unique needs of tribal constituents that I serve.	35.00%	55.00%	5.00%	5.00%
Utilizing a trauma-informed approach in all aspects of service delivery and care.	5.00%	50.00%	40.00%	5.00%

WFNA Top Training Needs



Highlights

- **95%** of Tribal professionals feel that providing culturally responsive services to individuals and communities served is very important and 30% of tribal professionals surveyed report having low skills.
- **67%** of Tribal professionals ranked utilizing trauma informed approaches in all aspects of service delivery and care as very important, yet 40% report having a low skill in this area.
- **80%** of Tribal professionals report that interpreting public health data to answer questions and inform future efforts is very important but 30% report limited skills in this area.

Needs of Tribal Public Health Workforce

Continuing Education Opportunities	7.69%
Access to Local Degree Programs (Tribal Colleges/Universities)	23.08%
Recruitment and Retention of Qualified Tribal Members/Professionals	50.00%
Policy Development/ Program Planning	34.62%
Improved Communication	23.08%
Cultural Responsiveness	19.23%
Financial Planning and Management	11.54%
Leadership and Systems Thinking	38.46%
Other*	3.85%

*Other- Health profession promotion to young students

Highlights

- Half of professionals surveyed (50%) feel recruitment and retention of qualified tribal members as public health professionals is the greatest need facing the work force.
- More than one-third (38%) of professionals feel that leadership and systems thinking is the greatest need facing the workforce.

Strengths of Tribal Public Health Workforce

Access to public health services in rural/isolated communities	46.15%
Culturally responsive public health service delivery	19.23%
Access to traditional healing methods	23.08%
Diverse partners and programs	34.62%
Tribal leaders support programming and policy needs	15.38%
Access to tribal colleges and universities	11.54%
Direct public health services are available to tribal members from tribal members	30.77%
Use of a holistic model to achieve population health	7.69%
Use of trauma-informed public health practices	0.00%
Access to telemedicine	3.85%
Other*	3.85%

*Other- Preventative Health Integration

Highlights

- Nearly half (46%) of professionals feel the greatest strength of the tribal public health workforce is providing access to public health services in rural and isolated communities.
- More than one-third (34%) of professionals felt the diverse partners and programs are the greatest strength.
- Additional efforts may be needed to increase the use of trauma-informed public health practices.

Training Preferences

	1st Choice	2nd Choice	3rd Choice	4th Choice	5th Choice	6th Choice
In-person, face-to-face training in my community	64.00%	8.00%	4.00%	8.00%	8.00%	8.00%
In-person, face-to-face training in other location/ community	10.00%	45.00%	20.00%	0.00%	20.00%	5.00%
Video Webinar	14.29%	4.76%	38.10%	14.29%	19.05%	9.52%
Self-study/ Independent Learning	11.11%	5.56%	27.78%	27.78%	11.11%	16.67%
On-line learning modules	0.00%	18.18%	22.73%	31.82%	18.18%	9.09%
One-on-one training with an instructor	10.53%	31.58%	0.00%	15.79%	5.26%	36.84%

Highlights

- In-person or face-to-face training is the preferred training method for professionals surveyed.
- More than half (64%) of professionals ranked in-person trainings in their communities as their number one choice.
- More than 45% of professionals ranked in-person trainings in another location or community as their second choice.
- Only 14 percent of professionals prefer video webinars.
- More than one-third (36%) of professionals ranked one-on-one training with an instructor as their least preferred training format.

Training Assets

- Most professionals (73%) are willing to provide training or technical assistance to other Tribes and communities.
- The types of training professionals are willing to provide include: policies and procedures, fitness classes, tobacco prevention, patient-centered medical home principles, historical trauma via the community resilience model, community partnerships, diabetes education, office functions, end of life decision making and issues, planning and budgeting, wound care, cultural trainings, and nutrition related trainings.

Public Health Priorities

	#1 Priority	#2 Priority	#3 Priority	Total (%)
Prevention, Outreach, and Education	6	6	9	21
Diabetes	5	1	1	7
Funding	4	-	1	5
Alcohol and Drugs (prevention/treatment)	4	4	3	11
Mental Health/Trauma	2	2	1	5
Elder Care	1	-	-	1
Cancer	1	-	1	2
Dental	1	-	1	2
Access to health care	-	3	2	5
Heart Disease	-	2	2	4
Housing / Food	-	4	1	5
Lupus	-	1	-	1
Sexually transmitted diseases	-	-	1	1

Highlights

- Public health prevention, outreach, and education ranked highest among priorities listed by professionals (30%).
- Alcohol and drug prevention and treatment was the second highest priority (16%).
- Diabetes prevention was the third highest priority (10%).
- Other significant public health priorities listed include funding (7%), access to health care (7%), housing and food (7%), and mental health and trauma (7%).
- These results show moderate consensus across tribal organizations, where open text responses were similar despite differences in public health profession or organization location.

Professional Certifications

Teaching	CNA, BLS CPR Instructor
National AFAA Instructor	Dental Technician, Tobacco Use Prevention Specialist
CNA	Licensed Practical Nurse
AAS Child Development	National Environmental Health Technician and Mosquito Abatement Certification
BS Workplace Training & Leadership	Computer Applications
CRM Trainer (Community Resiliency Model), Grief Recovery Specialist, Trauma Resiliency Model (TRM Level I)	Business with Accounting Option, Secretarial Management
Certified Lactation Counselor	National Environmental Health Technician and Mosquito Abatement Certification

- Continuing education opportunities in nursing, trauma, leadership, and prevention may support tribal public health professionals in maintaining their certifications.

Public Health Trainings Attended in the Past Year

Have attended conferences as it relates to our program's 4 specific areas of Domestic Abuse, Stalking, Teen Dating, Sexual Assault, and Sex Trafficking
Data training
American Lung Association - Freedom from Smoking - facilitator training- In-person, ALA American Lung Association- N-O-T Not On Tobacco-Facilitator Training -ALA/Portland Area I.H.S. Native Wellness -Adults Working with Youth-Training of Trainers -in-person - Native Wellness
Childhood Immunizations (local training), Zika Virus (web), OSHA safety (on site), emergency preparedness (onsite/ web)
Native American Healthcare Conference WEAVE-NW training (includes sustainability training) GHWIC training (chronic disease prevention through policy, system, environment) AAAHC (accreditation training)
Injury Prevention Environmental Health
MSPI Kickoff Meeting in-person IHS Methamphetamine Symposium in-person RMTLC 2016 Behavioral Health Conference in-person IHS/NIHB National Tribal Health Conference in-Peron NIHB Injury Prevention Strategic Intervention Workshop in-person IHS
Tobacco Prevention Training
New-Employee Training Sept 2016
Diabetes webinars, Suicide Prevention, Immunization, IHS webinars
Medicaid training
Child Health Measures, Diabetes Core Concepts
Diabetes webinars, Immunization, RPMS
CPR, First Responder
Online classes, webinar and trainings local and away
Montana Immunization Updates, in-person, Montana DPPH
Several trainings by NIHB
MTUPP monthly webinars
Breastfeeding Collaborative Training - WIC - In-person The Montana Academy of Nutrition and Dietetics Annual Conference - In-person
Hazardous Waste - in person

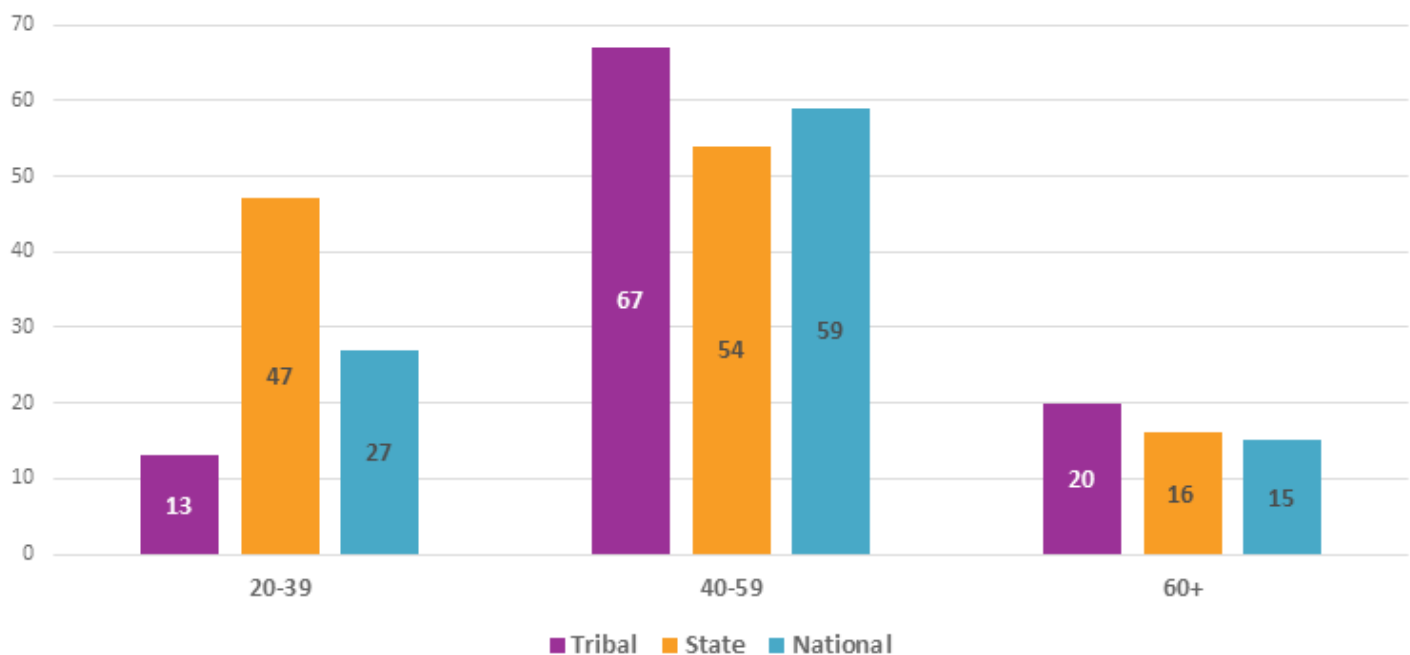
Highlights

- Most trainings relate to the professional's current position, certification, or organization.
- Most trainings were in-person, although some were webinars, and online.

Comparison of Tribal, State, and National Assessments

In this section, we compare tribal public health workforce demographics and experience with state and national public health workforce assessments. Limitations to these data include sample size, different sampling years (2013, 2014, and 2006) and slight differences in survey questions and methodologies.

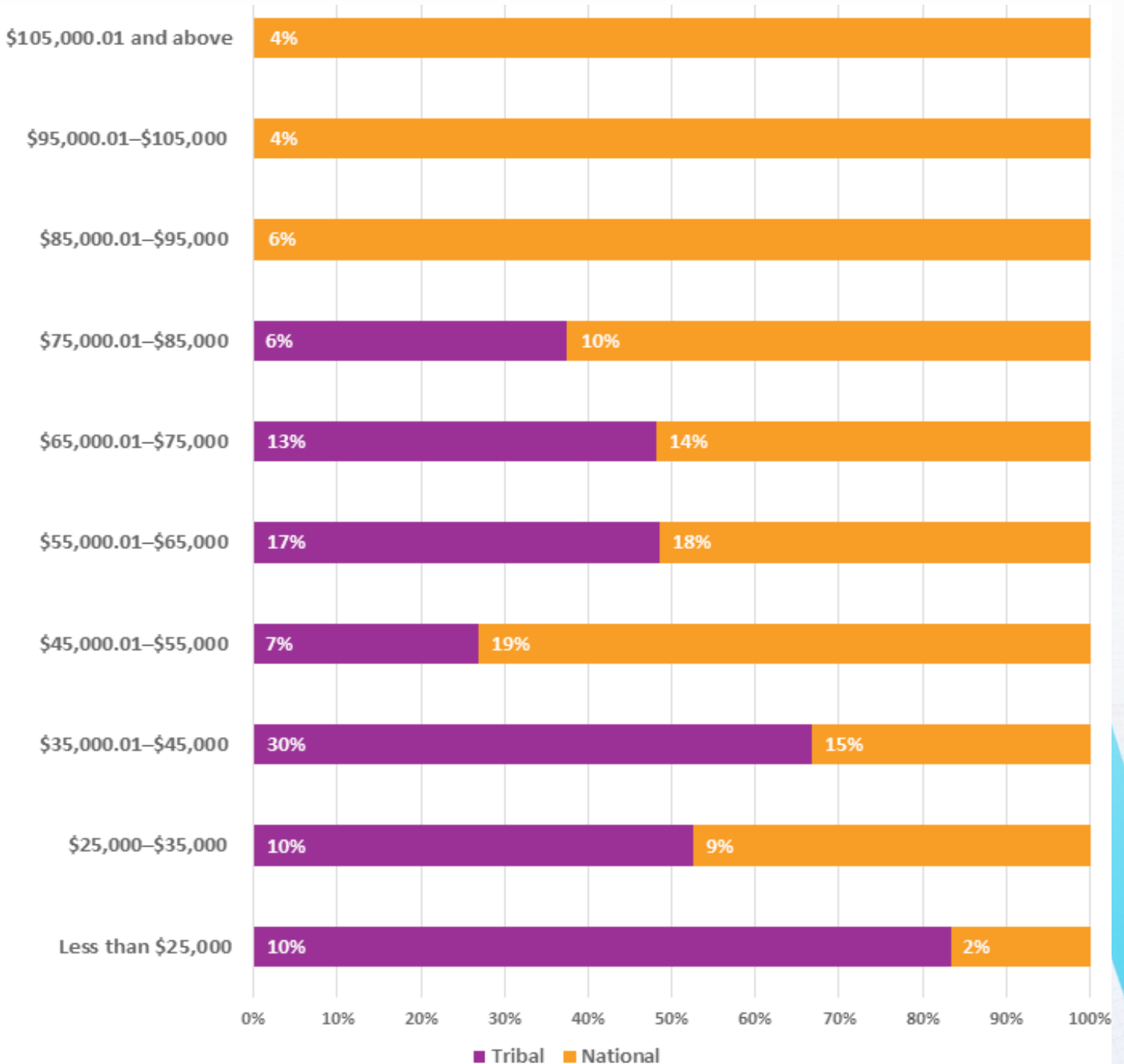
Age¹



67%
of tribal public health professionals surveyed were between the ages of 40-59 compared with 54% of state and 59% of national public health professionals.

13%
of tribal public health professionals surveyed were between the ages of 20-39 compared with 47% of state and 27% of national public health professionals.

Salary Comparisons²

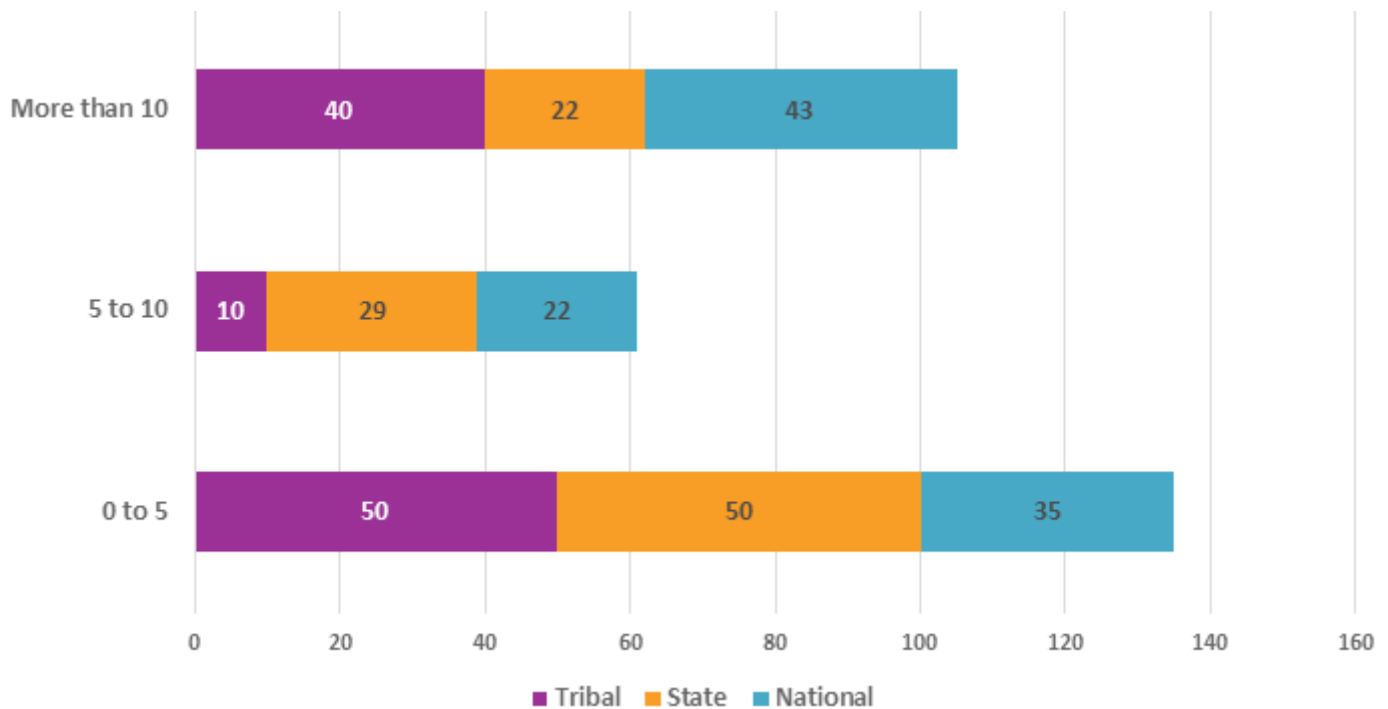


50%
of the tribal public health workforce makes less than \$45,000 per year compared with just 26% of the national public health workforce.

6%
of the tribal public health workforce annual salary was above \$75,000 compared with 24% of the national public health workforce.

²Comparison based on ASTHO 2014 Workforce Needs Assessment. State salary information not reported.

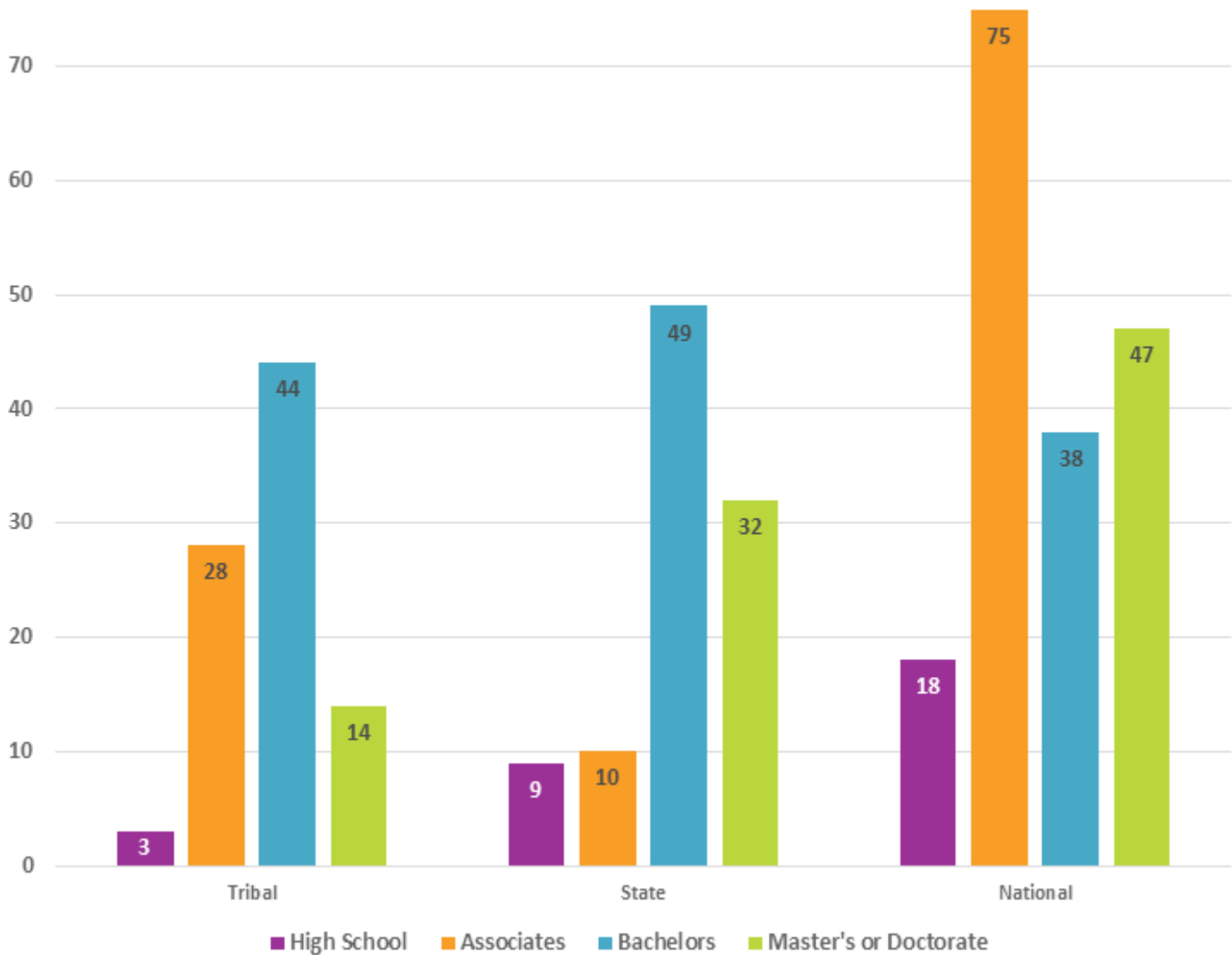
Years of Experience in Public Health³



40%
of tribal public health professionals report more than 10 years of public health experience compared with just 22% of state public health workers.

50%
of tribal public health professionals have less than five years' experience; this is the same rate as state public health professionals.

Educational Attainment



The highest degree category for tribal professionals was a bachelor's degree (44%) followed by an associate's degree (28%).

Fewer tribal professionals have Master's or Doctorate degrees (14%) compared with 32% at the state level and 47% at the national level.

Recommendations for a Healthy, Resilient Workforce

Documenting the strengths and needs of the tribal public health workforce is the first step in improving public health for tribal members in the Rocky Mountain Region.

The state of tribal public health is different than national or state contexts. The majority of tribal public health professionals are tribal members with a strong commitment to serving their own people. Educational attainment is lower among tribal professionals when compared with state or national public health professionals.

In addition, salaries for tribal professionals are significantly lower than state or national reports—although the majority report being satisfied with their pay. Results from the WFNA provide a roadmap for future training and skill building for tribal public health professionals.

Higher Education

Support degree completion programs for tribal public health professionals to obtain bachelors, masters, or doctorate degrees in public health related fields. Recruit new graduates and provide healthy work environments, fair pay, and professional development opportunities to retain tribal public health professionals.

Trauma-Informed Services

Provide training and integrate trauma-informed service delivery into all aspects of public health including individual, family, community, tribe, state, and federal contexts

Social Determinants of Health

Support programming, policy development, and research that explores the conditions that create health in tribal communities and urban settings. This may include housing, food access, educational opportunities, economic opportunities, racism, access to health care, and policies that impact health.

Local, In-Person Training

Increase in-person training and skill building opportunities in the areas of greatest need for tribal public health professionals.

About RMTEC and the Rocky Mountain Public Health Training Center



The public health workforce is shrinking. There are 50,000 fewer public health workers in the United States today compared to 20 years ago—tribes have been impacted by the shortage of tribal public health workers. Tribal public health professionals are in charge of hospitals and health care, and they initiate and maintain data surveillance systems. Others provide critical services in the way of environmental engineering, environmental health, epidemiology, infection control, social work, occupational safety, nursing, nutrition, and more. The tribal public health workforce is impacted by funding shortfalls within the Indian Health Service and limited training opportunities for tribal public health workforce professionals.

The Rocky Mountain Tribal Epidemiology Center, in partnership with the Rocky Mountain Public Health Training Center at the University of Colorado Denver, are assessing tribal public health workforce needs throughout Montana, Wyoming, and Idaho. In December 2016, Rocky Mountain Tribal Epidemiology Center sent a tribal public health workforce assessment to all tribal public health workforce professionals. Results from this assessment will be used to develop training opportunities that strengthen the tribal public health workforce.

The WFNA was the result of a partnership between RMTEC and the RMPHTC. Results from the WNFA may be useful in developing communications, training, and outreach for tribal professionals with resources available from RMPHTC. Goals for the partnership between RMTEC and RMPHTC include:

- Increase communication to tribal public health workforce via email, website, print materials, quarterly newsletters, and professional presentations.
- Link RMPHTC with tribal public health professionals to increase access to training opportunities.
- Accommodate training preferences when possible, this may include in-person trainings in the community or video trainings when in-person trainings are not possible.
- Continue to support tribal public health priorities including prevention, education, and outreach.
- Provide specific training around the social determinants of health. Address the underlying conditions that cause health disparities including inadequate housing, food insecurity, and access to preventive health care.
- Utilize existing tribal public health professionals and their expertise to offer trainings to other tribes and communities via RMPHTC and RMTEC when possible.

Appendix A: Survey

Q1 Complete this survey for a chance to win a \$150 Visa Gift CARD!! The Rocky Mountain Tribal Epidemiology Center (RMTEC) is assessing the tribal public health workforce needs in Montana, Wyoming, and Idaho for both urban and reservation settings. All survey responses are anonymous and will be used to develop public health training opportunities and outreach. If you have questions about this survey, please contact RMTEC at 406-252-2550 or visit our website at: www.rmtec.org. Once you have completed this survey, please email your name, phone number, and the date you completed the survey to Allyson Kelley, RMTEC Consultant at kellyallyson@gmail.com for your chance to win the \$150 Gift Card. The random drawing will take place on Friday, December 14, 2016. Don't miss your chance to win!

Where do you work?

- ☐ Billings Area Indian Health Service (1)
- ☐ Blackfeet Service Unit (2)
- ☐ Crow Service Unit (3)
- ☐ Flathead Service Unit (4)
- ☐ Fort Belknap Service Unit (5)
- ☐ Northern Cheyenne Service Unit (6)
- ☐ Rocky Boy Tribal Health (7)
- ☐ Eastern Shoshone Tribal Health (8)
- ☐ Northern Arapaho Tribal Health (15)
- ☐ North American Indian Alliance (9)
- ☐ Indian Family Health Clinic Great Falls (10)
- ☐ Helena Indian Alliance (11)
- ☐ Missoula Urban Indian Health Center (12)
- ☐ Indian Health Board of Billings (13)
- ☐ Other (14) _____

Q2 Below is a list of health professions. Select one profession that best describes your current occupation and work classification.

- ☐ Administration/Clerical/Support (1)
- ☐ Clinical Services (individual patient care) (2)
- ☐ Emergency Preparedness (3)
- ☐ Environmental Health (4)
- ☐ Health Education/Promotion (5)
- ☐ Community Health Representative (6)
- ☐ Traditional Healer (7)
- ☐ HIV/STD Control (8)
- ☐ Diabetes Educator (26)
- ☐ Chronic Disease Prevention (27)
- ☐ Infectious / Communicable Disease Control (9)
- ☐ Epidemiology (10)
- ☐ Maternal Child Health (11)
- ☐ Media (12)
- ☐ Nutrition/WIC (13)

- ☐ Public Health Laboratory (14)
- ☐ Public Health Nursing (15)
- ☐ Vital Records (16)
- ☐ Behavioral Health (18)
- ☐ Dental (20)
- ☐ Family Planning (21)
- ☐ Pharmacy (22)
- ☐ Injury Prevention (19)
- ☐ Radiology (23)
- ☐ Surgery (24)
- ☐ Other (17) _____

Q3 How is your current position funded? (select all that apply)

- ☐ 638 program funds (1)
- ☐ Federal funds (IHS, SAMSHA, EPA, Other). (2)
- ☐ Grant program funds (5)
- ☐ Tribal program funds (3)
- ☐ Other (4) _____

Q4 Who is your employer?

- ☐ Urban Indian Organization (1)
- ☐ Indian Health Service (2)
- ☐ Tribal Health (3)
- ☐ US Public Health Service (4)
- ☐ Other (5) _____

Q5 What are your future plans?

- ☐ Staying in current job indefinitely (1)
- ☐ Leaving immediately (5)
- ☐ Leaving for another job in tribal public health within the next three years (2)
- ☐ Leaving for a job outside of tribal public health within the next three years (3)
- ☐ Retiring before 2020 (4)
- ☐ Other (9) _____

Q6 How many years have you worked for your current employer?

- ☐ 0-5 Years (1)
- ☐ 6-10 Years (2)
- ☐ 11-15 Years (3)
- ☐ 16-20 Years (4)
- ☐ 21 or More Years (5)

Q7 What is your age?

- ☐ 20 or below (1)
- ☐ 21-25 (2)
- ☐ 26-30 (3)
- ☐ 31-35 (4)
- ☐ 36-40 (5)
- ☐ 41-45 (6)
- ☐ 46-50 (7)

- ☐ 51-55 (8)
- ☐ 56-60 (9)
- ☐ 61-65 (10)
- ☐ 66-70 (11)
- ☐ 71-75 (12)
- ☐ 76 or above (13)

Q8 Do you consider yourself.....

- ☐ American Indian or Alaska Native, (please specify tribe(s)) (1) _____
- ☐ White/Caucasian (2)
- ☐ Hispanic American (3)
- ☐ African American (4)
- ☐ Asian/Pacific Islander (5)
- ☐ Multiple Ethnicity (please specify) (6) _____

Q9 Which languages do you speak fluently? (select all that apply)

- ☐ English (1)
- ☐ Native language (please specify) (2) _____
- ☐ Spanish (3)
- ☐ Other (please specify) (4) _____

Q10 What is your annual salary?

- ☐ Less than \$25,000 (1)
- ☐ \$25,001-\$35,000 (2)
- ☐ \$35,001-\$45,000 (3)
- ☐ \$45,001-\$55,000 (4)
- ☐ \$55,001-\$65,000 (5)
- ☐ \$65,001-\$75,000 (6)
- ☐ \$75,001-\$85,000 (7)
- ☐ \$85,001-\$95,000 (8)
- ☐ \$95,001-\$105,000 (9)
- ☐ \$105,001-\$115,000 (10)
- ☐ \$115,001-\$125,000 (11)
- ☐ \$125,001-\$135,000 (12)
- ☐ \$135,001-\$145,000 (13)
- ☐ More than \$145,000 (14)
- ☐ Prefer not to answer (15)

Q42 Is your salary the primary source of income for your family?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Prefer not to answer (3)

Answer If Is your salary the primary source of income for your family? Yes, Is Selected

Q43 If yes, how many people does your salary support? (type in the number of people below).

Q11 What is the highest level of education you have completed?

- ☐ High School Diploma/GED (1)
- ☐ Associates (2)
- ☐ Bachelors (3)
- ☐ Masters (4)
- ☐ Doctorate (5)
- ☐ Prefer not to answer (6)

Q12 Did you attend a tribal college?

- ☐ Yes (1)
- ☐ No (2)
- ☐ 3 (3)

If "Yes" was selected to answer Q12, respondents were directed to a new question:

Q13 Write the name and location of the tribal college that you attended.

Q14 Please list any professional certifications that you maintain.

Q15 How satisfied are you with.....

	Extremely Satisfied (1)	Somewhat Satisfied (2)	Neither Satisfied nor Dissatisfied (3)	Somewhat Dissatisfied (4)	Extremely Dissatisfied (5)	N/A (6)
Your current job (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The organization that you work for (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your pay (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Does the organization that you work for...	Yes (1)	No (2)	Unknown (3)
Allow you to use working hours to participate in training (s). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer on-site training (s). (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay travel and registration fees for trainings that you attend. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Require continuing education. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Include education and training in annual performance reviews. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q17 List the kinds of public health training that you have attended in the last year. List the title of the training, the format (in-person, on-line class, webinar), and the organization sponsoring the training. If you have not attended any training, please leave this blank.

Q38 In the last year, were there public health training opportunities that you wanted to attend, but could not attend?

- ☐ Yes (1)
- ☐ No (2)

If "Yes" was selected to answer Q38, respondents were directed to a new question:

Q39 What were the reasons that you could not attend the trainings? (select all that apply)

- ☐ Funding for travel to training (1)
- ☐ Cost of training registration (2)
- ☐ Could not take time off work (3)
- ☐ Scheduling conflict (4)
- ☐ Boss would not approve training (5)
- ☐ Other (6) _____

Q40 In the last year, were there trainings that you attended, but did not find useful?

- ☐ Yes (1)
- ☐ No (2)

If "Yes" was selected to answer Q40, respondents were directed to a new question:

Q41 What trainings were not useful and why?

Q18 Below is a list of training competencies for public health professionals. Select the level of importance and your ability to perform each task. Complete both columns.

	Level of Importance				Ability to Perform Task			
	Very Important (1)	Somewhat Important (2)	Not Important (3)	N/A (4)	High Skill (1)	Medium Skill (2)	Low Skill (3)	N/A (4)
Influencing the development of policy (tribal and national). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing factors that influence public health problems (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Level of Importance				Ability to Perform Task			
	Very Important (1)	Somewhat Important (2)	Not Important (3)	N/A (4)	High Skill (1)	Medium Skill (2)	Low Skill (3)	N/A (4)
Understanding relationships between policy and public health problems. (3)	o	o	o	o	o	o	o	o
Ensuring programs are managed within current and forecasted budget constraints. (4)	o	o	o	o	o	o	o	o
Providing culturally responsive services to the individuals and communities I serve. (6)	o	o	o	o	o	o	o	o
Utilizing evidence based approaches to solve public health problems. (7)	o	o	o	o	o	o	o	o
Interpreting public health data to answer questions and inform future efforts. (8)	o	o	o	o	o	o	o	o
Engaging partners beyond my organization to collaborate. (9)	o	o	o	o	o	o	o	o

	Level of Importance				Ability to Perform Task			
	Very Important (1)	Somewhat Important (2)	Not Important (3)	N/A (4)	High Skill (1)	Medium Skill (2)	Low Skill (3)	N/A (4)
Gathering reliable information to answer questions. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating ideas and information. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding the unique needs of tribal constituents that I serve. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilizing a trauma-informed approach in all aspects of service delivery and care. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 What are the two greatest public health workforce needs for tribes in Montana, Wyoming, and Idaho? (select only two)

- ☐ Continuing Education Opportunities (1)
- ☐ Access to degree programs locally (tribal colleges/universities) (2)
- ☐ Recruitment and Retention of Qualified Tribal Members/Professionals (3)
- ☐ Policy Development/ Program Planning (4)
- ☐ Improved Communication (5)
- ☐ Cultural Responsiveness (6)
- ☐ Financial Planning and Management (7)
- ☐ Leadership and Systems Thinking (8)
- ☐ Other (9) _____
- ☐ Other (10) _____

Q20 What are the two greatest strengths of the tribal public health workforce in Montana, Wyoming, and Idaho?

- ☐ Access to public health services in rural/isolated communities (1)
- ☐ Culturally responsive public health service delivery (2)

- ☐ Access to traditional healing methods (3)
- ☐ Diverse partners and programs (4)
- ☐ Tribal leaders support programming and policy needs (13)
- ☐ Access to tribal colleges and universities (6)
- ☐ Direct public health services are available to tribal members from tribal members (7)
- ☐ Use of a holistic model to achieve population health (8)
- ☐ Use of trauma-informed public health practices (9)
- ☐ Access to telemedicine (10)
- ☐ Other (please specify) (11) _____
- ☐ Other (please specify) (12) _____

Q21 What training format do you prefer? Rank these options on a scale of 1 to 6 where 1 is your top choice and 6 is your last choice.

- _____ In-person, face-to-face training in my community (1)
- _____ In-person, face-to-face training in other location/community (2)
- _____ Video Webinar (3)
- _____ Self-study/Independent Learning (4)
- _____ On-line learning modules (5)
- _____ One-on-one training with an instructor (6)

Q22 Please list the top three public health priorities in your community (where you work).

- Priority 1 (1)
- Priority 2 (2)
- Priority 3 (3)

Q23 If you could improve any aspect of public health in your community, and funding, politics, and personnel were not a concern, what would you do?

Q24 Are you willing to provide training or technical assistance to other tribes and communities?

- ☐ Yes (1)
- ☐ No (2)

Q25 If yes, list the kinds of training and technical assistance you would be willing to provide.

Q26 Please provide any additional comments or suggestions about training for the tribal public health work force in the space below. Please email your name, phone number, and the date you completed the survey to Allyson Kelley, RMTEC Consultant at kelleyallyson@gmail.com for your chance to win the \$150 Gift Card. The random drawing will take place on Friday, December 14, 2016. If you have additional questions about upcoming training opportunities, please contact the Rocky Mountain Tribal Epidemiology Center at 406-252-2550.

Appendix B: Gift Card Winner

Tom Escarcega Jr. is the Injury Prevention Specialist for the Fort Peck Tribes. He is the winner of the Rocky Mountain Tribal Public Health Workforce Assessment raffle and a \$150 Visa gift card.

Tom started his career in public health over three years ago and before working as an Injury Prevention Specialist he was an Adult Probation Office for the Fort Peck Tribes.

As a tribal member of the Assiniboine and Sioux Tribes of the Fort Peck Reservation, he is concerned about the general health of enrolled members, “Many people are becoming ill and they are not taking care

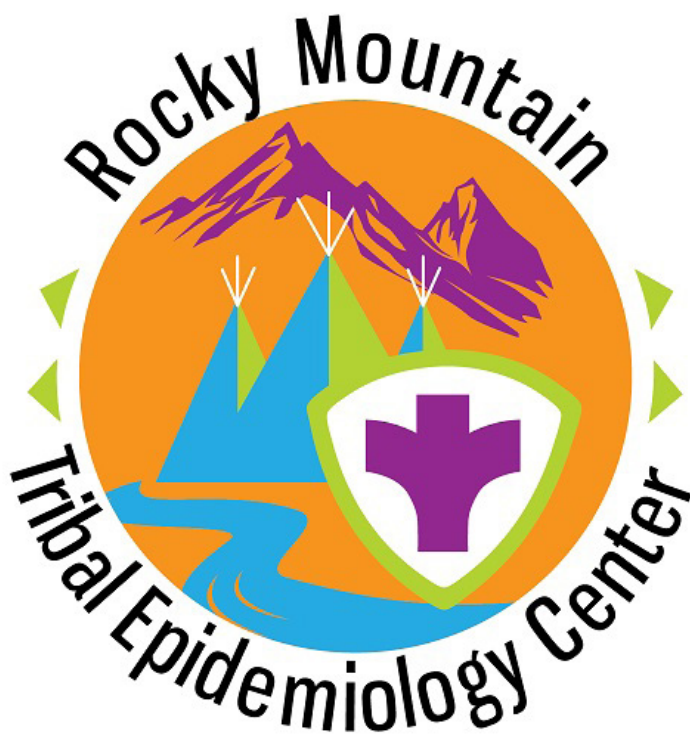
of themselves. As public health professionals, we have an opportunity to help our people, there is strength in our community and in our culture.”



Thanks for your support of the tribal public health workforce. In January 2017 we will share results from the assessment with tribal leaders, public health programs, and directors. Check our website or contact RMTEC directly for information about upcoming trainings and professional development opportunities.

If you could improve any aspect of public health in your community, and funding, politics, and personnel were not a concern, what would you do?





711 Central Ave, Suite 220
Billings, MT 59101
406-252-2550
www.rmtec.org