

# Montana Public Health Training Needs Assessment

The State of Montana is developing a statewide public health training institute for public health professionals. In order to gain more information about what types of training are needed by those practicing public health, the state is asking individuals and focus groups to respond to the following questions. Please complete the questions to the best of your knowledge indicating as appropriate if you have no experience or opinion in the area. Thanks for your help!

## Part 1—Training Needs

1. What do you think are the biggest training needs in your public health agency? (Mark all that apply and give specific examples under each general area you marked)

- Clinical or technical issues \_\_\_\_\_
- Administrative/management skills \_\_\_\_\_
- Communication skills \_\_\_\_\_
- Community organizing and political action \_\_\_\_\_
- Planning and organizational skills \_\_\_\_\_
- Assessment and evaluation (community, program, individual) \_\_\_\_\_
- Program prioritization \_\_\_\_\_
- Data analysis \_\_\_\_\_
- Policy and procedure development \_\_\_\_\_
- Public health practice \_\_\_\_\_
- Computer use and technology \_\_\_\_\_
- Marketing and public relations \_\_\_\_\_
- Information management \_\_\_\_\_
- Resource (time, money and personnel) management \_\_\_\_\_
- Developing collaborative and referral relationships \_\_\_\_\_
- Other \_\_\_\_\_

2. What areas of training would you most like to have if time and money were not an issue or constraint?

3. What training would currently most benefit your agency's delivery of public health services and interaction with clients/customers and other public health professionals?

4. What are your major concerns about taking training courses in public health? (Please rank the list "1" through "7 or 8" with "1" being your major concern and "8", your least concern)

- Length of training
- Training location
- Cost of training
- Program content
- Presenter qualifications
- Other \_\_\_\_\_
- Training modality (on-site, computer, VCR, satellite)

5. If training is offered in another area can you travel to a class?  yes  no  don't know  
If yes, how far are you able to travel (e.g. up to 300 miles, within one days drive) \_\_\_\_\_

6. What factors are most likely to motivate **you** to take a training course? (please rank the factors on a scale of 1-10 with "1" being the factor most likely to motivate you and "10", least likely)

- |  |  |
|--|--|
| <input type="checkbox"/> University credit                                 | <input type="checkbox"/> Ability to expand professional network        |
| <input type="checkbox"/> Continuing education credits                      | <input type="checkbox"/> Better job/higher pay                         |
| <input type="checkbox"/> Personal satisfaction                             | <input type="checkbox"/> Increased competency                          |
| <input type="checkbox"/> Time away from work                               | <input type="checkbox"/> Opportunity to meet people outside the region |
| <input type="checkbox"/> Face-to-face interaction with other professionals | <input type="checkbox"/> Licensure/certification requirement           |
| <input type="checkbox"/> Other (please specify) _____                      |  |

7. Do you think your agency will allow you paid time off for public health training?

- yes       no      **If no, why not?**

8. What do you think are the most difficult and/or challenging aspects of delivering public health services in your area?

9. Are you familiar with the core public health functions (see attached)?  yes       no  
 What training do you think will be necessary in order for staff in your health department to emphasize core functions?

**Part 2 Computer Skills**

10. Do you use a computer:       at home?       at work?

11. In terms of your computer skills, are you able to:

	<u>yes</u>	<u>no</u>	<u>never done</u>
Do word processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do information searches on the internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send and receive email?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Download programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you have access to the internet on:       Your work computer  
 your home computer       a co-worker's computer       None of the above

**Part 3 Demographics**

13. Your position \_\_\_\_\_ 14. Degrees/certificates \_\_\_\_\_  
 15. How long have you worked in public health? \_\_\_\_\_ years \_\_\_\_\_ months

**Please return the survey in the self-addressed, stamped envelope before Friday, November 19, 1999**