AHEC POST-SECONDARY EDUCATION PARTNER ASSESSMENT

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AHEC MONTANA
AREA HEALTH EDUCATION CENTER

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EXECUTIVE SUMMARY

Montana Area Health Education Centers (AHEC) with the support of JG Research and Evaluation (JG) conducted an assessment with post-secondary education partners in Montana. The purpose of this assessment is to understand the perceived needs of students enrolled in healthcare education programs in Montana, from the perspective of post-secondary education partners. The intention of the assessment is to document needs that students may have during their education and report on the challenges they may face as they enter the workforce. The study also examined awareness of AHEC programs among post-secondary education partners and what AHEC can do to improve their future programming. The results of this study will be used by stakeholders to inform the development of the next Montana Healthcare Workforce Statewide Strategic Plan.

KEY FINDINGS

- Post-secondary education partners identified professional/job readiness and rural readiness as barriers and challenges students face when entering the healthcare workforce. The assessment found:
- Identifying additional ways to support students in developing soft skills and strategies to manage stress and burn out through professional development or other AHEC programming could be beneficial.
- Rural readiness is a concern of post-secondary education partners as healthcare needs may vary between rural and urban settings. The healthcare setting (urban vs rural) must be taken into consideration when training students.
- Adequate space for clinicals and hands-on experience in rural settings was identified as a barrier and challenge for students entering the workforce.
- There is a strong awareness of AHEC by post-secondary education partners. However, there was variation across education partners in terms of the knowledge of AHEC offerings and their levels of engagement with AHEC regional staff.

RECOMMENDATIONS

- Increase the number of preceptors and clinical staff to ensure there is adequate placement for rural clinicals and hands-on healthcare training and experience.
- Develop and promote training opportunities to address topics such as soft skills, mental health, stress, and burnout for students.
- Increase outreach and connection with post-secondary education partners to increase the level of engagement with AHEC staff and programs.
- Conduct a follow up assessment with students to learn more about their needs as students enrolled in healthcare related programs and their perceptions of AHEC and programming.

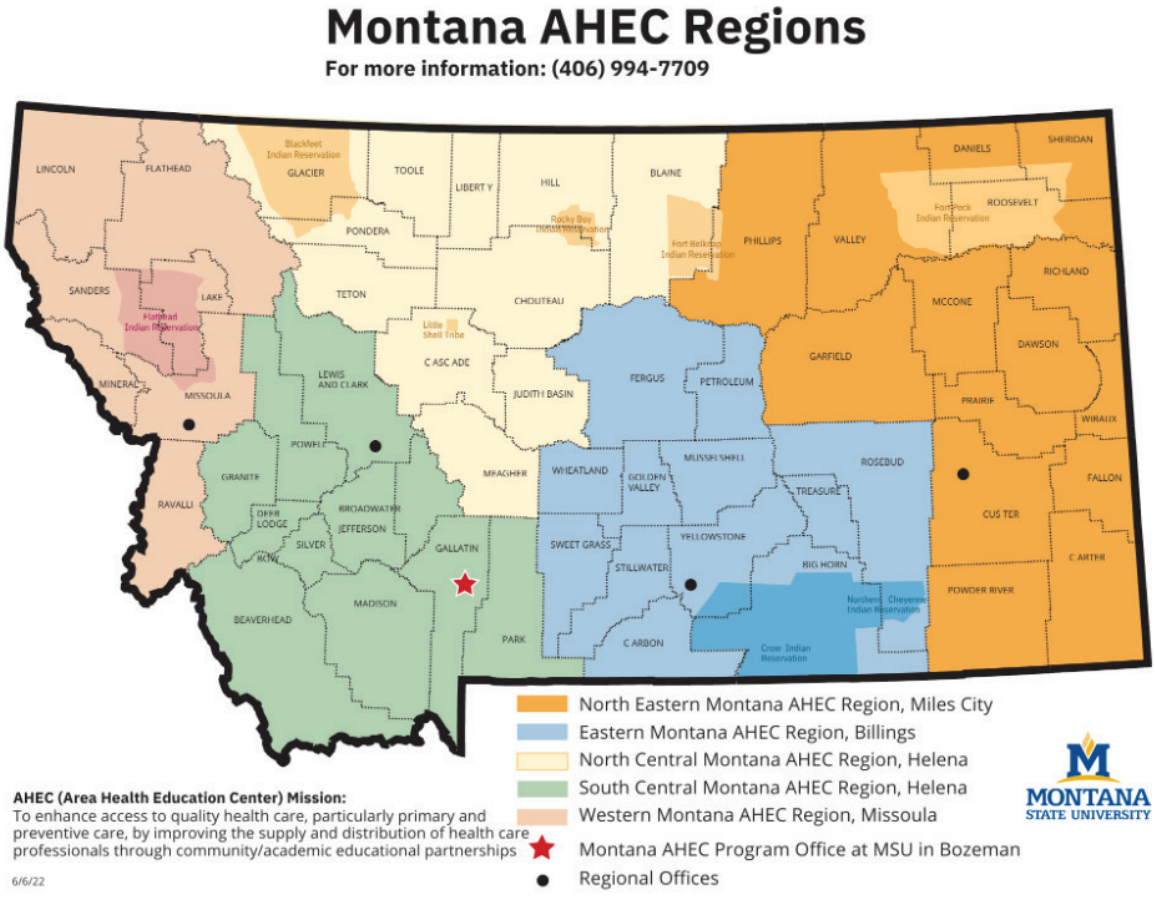
INTRODUCTION

Montana Area Health Education Centers (AHEC), with the help of JG Research and Evaluation, LLC (JG), solicited input from healthcare post-secondary education partners to understand their current needs and opportunities for furthering statewide AHEC program development and support. Findings from the AHEC Post-secondary Education Partner Assessment will be used to inform the updated Montana Healthcare Workforce Strategic Plan as well as provide information to AHEC to improve their programming.

BACKGROUND

There are five Area Health Education Centers (AHEC) centers throughout Montana. The centers are located in different regions to address varied healthcare needs throughout the state. One of the priorities of AHEC is to focus on the needs of rural and underserved communities.[1] Figure 1 provides an overview of the Montana AHEC Regions.

FIGURE 1: MAP OF MONTANA AHEC REGIONS



1 AHEC Regional Centers: https://healthinfo.montana.edu/ahec/centers/index.html

The mission of Montana AHEC is: “to create a diverse, culturally competent healthcare workforce that reflects Montana’s communities and delivers high-quality care throughout the state, especially in rural and underserved areas”.[2] To accomplish this goal, Montana AHEC provides pathways programs, aids post-secondary students, and supports the existing healthcare workforce. For this project, JG staff worked with AHEC staff to complete this assessment.

“Post-secondary education partners” were defined for this project as program staff who work in or have extensive knowledge about post-secondary healthcare offerings in Montana. These staff include individuals who work at Montana colleges and universities and have information and knowledge about certificate programs, associates, bachelors, masters, and doctoral degree programs.

METHODS

The goal of the AHEC Post-Secondary Education Partner Assessment is to understand the perceived needs of students enrolled in healthcare education programs in Montana, from the perspective of post-secondary education partners. In addition, the study also examined awareness of the AHEC programs among post-secondary education partners and what AHEC can do to improve their future programming.

A mixed-methods research approach was used xto accomplish this assessment’s goal. Figure 2 outlines the evaluation plan timeline for the assessment. Data collection was accomplished through a survey distributed to AHEC post-secondary education partners by AHEC staff.

FIGURE 2: EVALUATION PLAN TIMELINE FOR AHEC POST-SECONDARY EDUCATION PARTNER ASSESSMENT

2 Montana AHEC: https://healthinfo.montana.edu/ahec/about.html

SURVEY DEVELOPMENT

Key stakeholder interviews were completed to better understand the current needs and challenges of post-secondary education partners and develop survey questions for the assessment. A total of 10 post-secondary education partner interviews were completed. The interview participants represented 3 of the 5 AHEC regions. Stakeholder interviews were conducted by JG staff through Zoom video calls. The interviews were used to gather information about current programs in Montana, the successes and challenges with their students, as well as how AHEC can better support post-secondary education partners in Montana.

SURVEY

Following the key stakeholder interviews, JG conducted a survey to gain a better understanding of post-secondary education partners' current needs, challenges, as well as opportunities for further AHEC programing. The AHEC Post-secondary Education Program Survey was developed based on the findings from the key stakeholder interviews. AHEC staff disseminated the survey to post-secondary education partners in their region by email. The final survey sample included 34 completed survey responses. As a mixed-methods project, qualitative findings from the interviews supplemented and supported the precision and insights offered by survey participants.

DATA ANALYSIS

INTERVIEWS

JG used Rev audio recording to record and transcribe all interviews. The research team reviewed transcripts and identified patterns within key topic areas. JG then used the information gathered from the interviews to develop the Post-secondary Education Partner Survey (survey).

SURVEY

JG used Alchemer's survey tool to collect and analyze survey data. The survey received 34 completed responses. Minor cleaning was completed by reviewing open-ended responses and consolidating wording to align with existing response options. Descriptive figures generated with Alchemer's built-in tools summarize response frequencies and highlight key patterns in the data. In addition to overall response frequencies, distributions were explored using Alchemer's 'Compare Segments' feature to examine how responses varied across program type (medical professional, allied health, supportive staff) and across certificate/degree types (certificate (credit, noncredit), associate, bachelor's, master's, doctorate).

Surveys were sent to post-secondary education partners by AHEC staff. The goal of utilizing AHEC staff to distribute the survey was to leverage existing relationships to improve response rates. The survey was open from August 4th-August 25th, 2025 and received 34 responses that were used for analysis. Table 1 highlights demographics and results reported by the participants.

TABLE 1: POST-SECONDARY EDUCATION PARTNER SURVEY DEMOGRAPHICS

Demographics category	Subgroup	Number of participants	% of total
AHEC Region	South Central MT	12	35.3%
	Western MT	8	23.5%
	Eastern MT	7	20.6%
	North Central MT	6	17.6%
	Northeastern MT	1	2.9%
Institution Type	Two-year	11	32.4%
	Four-year	21	61.8%
	Tribal College	2	5.9%
Types of Degrees offered at participants' institution*	Non-credit certificate	11	34.4%
	Certificate	20	58.8%
	Associate	19	55.9%
	Bachelors	19	55.9%
	Masters	16	47.1%
	Doctorate	16	47.1%

*Types of degrees offered at participants' institutions total to over 100% because participants could select more than one degree type.

Most survey participants were in South Central MT (35.3%), Western MT (23.5%), and Eastern MT AHEC regions (20.6%). The majority of participants (61.8%) reported being affiliated with a four-year educational institution. Over half of participants indicated the availability of credit-based certificates (58.8%), associate degrees (55.9%), and bachelor's degrees (55.9%). Others reported master's (47.1%), doctoral programs (47.1%), and non-credit certificates (32.4%). These results highlight the diversity of academic pathways represented in the sample.

JG staff worked with AHEC staff to organize programs and professions into three categories. Table 1 provides a description of the program categories used to describe post-secondary education programs. Participants were asked to categorize the types of certificate or degree programs offered at their post-secondary education institute. Participants indicated medical professional programs (70.6%), allied health programs (61.8%), with supportive services being the least-indicated program (14.7%). The totals add up to over 100% because of the ability for a respondent to select their institution offers all three program categories.

SURVEY RESULTS

CURRENT PROGRAM PRACTICES

For this survey, the term "program" was used to describe a specific field of study (e.g. nursing, public health, etc.). Within a "program" there may be multiple certificate(s) or degree options.

Survey participants were asked about their current program practice and how well they felt their program prepared and connected students entering the healthcare workforce. 96.9% of participants agreed or strongly agreed their program prepared and connected students to successfully enter the healthcare workforce. Survey participants felt confident in their ability to support students academically, provide direct connections to the workforce, and continue in the healthcare field. This sense of confidence also was reflective of the responses from interview participants.

BARRIERS AND CHALLENGES

During the interviews, there were several barriers and challenges the post-secondary education partners identified that students in their program may face. The interviews identified two primary barriers and challenges for their students: professional skills/ job readiness and rural readiness.

PROFESSIONALISM AND JOB READINESS

During interviews, the topics of professionalism and job readiness were identified by some post-secondary education partners as a challenge some employers have faced when hiring recent graduates. Survey participants were asked to describe their experience working with students for a few statements shown in Appendix Table 2, from almost "never true" to "almost always true."

The survey asked participants to indicate if students lack the soft or interpersonal skills needed for transitioning to the workforce, such as communication, conflict management, listening, body language, or eye contact.

- Most participants, 60%, indicated this is "occasionally true" and 12% indicated it is "often true."
- "Occasionally true" was the most popular response option across all degree/certification types and program types.

The survey asked participants to indicate if students lack the emotional and mental skills for entering the workforce, such as experiencing high stress or burnout. Most participants, 64%, indicated that this is "occasionally true" and 4% indicated it is "often true."

RURAL READINESS

During interviews, the topic of rural readiness was brought up as a challenge some post-secondary education partners faced when working with students and preparing them for the workforce. Survey participants were asked to describe their experience working with students through a few statements (shown in Appendix Table 2), and response options ranged from "almost never true" to "almost always true."

- Most of the participants, 72%, reported that their program "often" or "almost always" provides clinicals or hands-on experiences in rural or frontier communities.

However, when asked specifically if there was adequate space for students to be placed in clinicals or hands-on experiences in rural or frontier communities, there were split responses. Half of the respondents indicated either there was "rarely (20%)" or "almost never (4%)" or "often (12%)" or "almost always (12%)" space. The remaining 52% reported that it was "occasionally true" that there was adequate space. This mixed finding demonstrates the need for more space for clinical or hands-on experience in rural or frontier communities.

The survey asked if there exists a network of preceptors or clinical coordinators to support students in rural or frontier communities. Survey participants reported that support networks for students are somewhat strong, with 48% of providers indicating that the existence of a network of preceptors or clinical coordinators was "occasionally true" and for 24% if was "often true", though some gaps remain.

- Additionally, 24% of participants (n = 6) indicated that the existence of this support network was "rarely true" – and could potentially hinder students' ability to enter the workforce in a rural or frontier setting.
- The medical professional program type is the only program that had a response in the "almost always true" option for this statement, hinting at a potential difference between program types.

SHIFTS AND EMERGING CHALLENGES

Survey participants were asked to indicate which of the following shifts or emerging challenges their students have experienced while transitioning to the healthcare workforce. Participants indicated the frequency of a variety of statements from "never true" to "often true."

Lack of Affordable Housing: The survey asked post-secondary education partners to indicate if students are experiencing a lack of affordable housing while transitioning into the healthcare workforce. Over half of participants (60%) indicated this occurs "often".

High turnover in the professional/field: The survey asked if students are experiencing high turnover in the profession or field while transitioning into the healthcare workforce. Nearly half of participants (48%, n = 12) indicated this occurs "sometimes", 28% (n = 7) indicated it occurs "often."

- Interestingly, participants who indicated their program type as medical professional had the highest concentration of responses in "often" and "sometimes" (35.3%, n = 6 for both). When this distribution is compared with that of allied health responses, where the highest concentration was in "sometimes" (57.1%, n = 8), followed by "seldom" (21.4%, n = 3), we can see that allied health professionals may struggle less than medical professionals do with high turnover rates.

High stress and burnout from school: The survey asked if students are experiencing high stress and burnout from school while transitioning into the healthcare workforce. Most participants (76%) indicated that this "sometimes" and "often" occurs with their students.

- Interestingly, survey participants of all certificate/degree types and program types indicated the response option "sometimes" as the most popular response option for this statement, showing that attention should be given to these topics at all levels of certificate/degrees.

AHEC AWARENESS AND ENGAGEMENT

Survey participants were asked if they had heard of Montana AHEC before. Most participants (92%) indicated that they had heard of Montana AHEC. The participants who had not heard of AHEC represented allied health programs. This finding indicates a strong awareness of the AHEC program with post-secondary education partners.

Participants who answered they were aware of AHEC were asked additional questions about AHEC and AHEC programming. A response matrix related to these questions can be found in the Appendix (Table 3). Most survey participants reported a strong understanding of AHEC's mission, with 91% agreeing and only 9% indicating some level of disagreement. Participants were also asked about their participation within specific AHEC programs. Participants in specific programs varied with the highest involvement in "Other AHEC programs (77%), then MedStart (50%) to the lowest involvement in HeadsUp (32%).

AHEC focuses on the following areas: pathways programs, supporting post-secondary students, and supporting the existing healthcare workforce. The survey asked questions related to these focus areas.

Most of survey participants (77%) reported that AHEC programs strengthened the pipeline and supported the transition for students into the healthcare workforce.

- When asked about specific programs and their impact on the workforce pipeline, 50% of participants indicated this question was "not applicable" when asked about the nurse residency models, CNA training programs, and Graduate Medical Education residency model. However, of the 50% who responded, 82% "agreed" that the NE nurse residency model, CNA training program, and the Graduate Medical Residency model were effective.

Participants were also asked to select the usefulness of professional development and hands-on learning opportunities AHEC offered. Almost all participants shared that professional development and mental health training was useful (91%). AHEC was also interested in learning about the barriers to engaging with AHEC and programming. Participants indicated the following two barriers as the reason for their level of engagement: lack of time (45.5%) and lack of awareness of offerings (40.9%).

OPPORTUNITIES FOR FUTURE PROGRAMMING FROM AHEC

Survey participants were asked to indicate helpful ways that AHEC could support their programs. Participants indicated that the three most popular ways for AHEC to support programs are “increase scholarships for students in healthcare programs” (63.6%), “clinical travel support” (59.1%), and “expand hands-on learning opportunities” (59.1%).

Additional opportunities identified through interviews and survey included:

- Expand professional development training for students
- Strengthening the pipeline and pathways programs
- Promote and utilize the specific AHEC programs including nurse residency models, CNA training programs, and the Graduate Medical Education residency model

LIMITATIONS

JG identified a number of limitations that influenced the AHEC Post-Secondary Education Partner Assessment. The list below highlights a few limitations for this project.

- Project timeline: One of the primary limitations with this project was the project timeline. The project began in May 2025 and concluded in September 2025. Due to the expeditated timeline, there were a few limitations.
- Sample size: Due to the timeline of the project, JG was unable to gain a representative sample size for both the interviews and the survey. JG was unable to make strong distinctions in the data between different AHEC regions and determine statistical significance due to the sampling parameters.
- Limited representation of the academic programs offered in Montana: Due to the timeline limitations, there were several academic programs not represented in the survey.

However, one of the strengths of this project was being able to leverage the existing relationships between AHEC and the post-secondary education partners. AHEC staff helped assist in recruitment for interviews and promotion of the survey by directly contacting their post-secondary education partners. This streamlined approach helped to quickly and effectively recruit survey participants and interviewees.