

Public Health System Improvement Task Force Meeting

Dec 15, 2021 10am-11:30am, Web Meeting

Attendees

Task Force Members:

Hillary Hanson –Montana Public Health Institute, Co-Chair
Lora Wier- Montana Public Health Association
Natalie Claiborne – Montana Office of Rural Health
Lori Christenson – Large Health Department Representative
Andy Hunthausen – Montana Association of Counties
Lois Leibrand – Small Health Department Representative
Tony Ward – University of Montana

Guests:

Patrick Paradis - Family and Community Health Bureau
Terry Ray – Public Health and Safety Division
Anna Bradley – Public Health and Safety Division
Mandi Zanto – Public Health and Safety Division
Emily Weiler – Montana Public Health Training Center
Leigh Taggart – Montana Public Health Training Center
Terry Mullins – Public Health and Safety Division
Ryan Weight – Public Health and Safety Division
Kerry Pride – Public Health and Safety Division

Agenda

Welcome, introductions -	Co-Chairs
PHHS Block Grant Annual Review	Terry Ray
ARPA Funding update	Todd Harwell
Workforce Training and Recruitment	Tony Ward
Member Organizations Update	Members
Public/visitor comments and conclusion	Co-Chairs

Welcome and Introductions – Hillary Hanson – Presiding Co-Chair

Introduction of members and welcome to new member, Lori Christensen, as the Large Health Department representative from Bozeman Montana.

PHHS Block Grant Outcomes Review – Terry Ray – Grant Manager

Block Grant Coordinator Terry Ray described the purpose of the review and changes to funding amounts over the past 12 years. Each program provided an overview of accomplishments during the past year and planned activities for 2022.

Emergency Medical Services and Trauma Systems - Forecasted \$124,000 - Terry Mullins Program Manager

Develop and Improve Systems of Care - 2021 Outcomes

The EMS program will implement **3** strategies from the Emergency Care Strategic Plan related to workforce, education and public education.

Impact/Process Objective Status: *Met*

Impact/Process Objective Outcome

- Three of the four planned Emergency Care Council Meetings were held.
- Three of the four planned State Trauma Care Committee Meetings were held.
- 25 of the 50 expected Emergency Management System agencies began or achieved Excellence in Pediatric Care recognition.

New Develop and Improve Systems of Care Objective

Prevent deaths and traumatic injuries due to motor vehicle crashes by mitigating the pre-crash, during crash, and post-crash factors among Montanans overall and among American Indians. 19 to **18** per 100,000.

Reasons for Success or Barriers/Challenges to Success

Since March 2020, most activities related to education and training have moved to a virtual platform. This has hampered the ability to teach or review many of the skills needed to be proficient at CPR and 12-lead EKG acquisition. Travel to communities working to achieve Cardiac Ready Community recognition has stopped. Due to their focus on other priorities related to the COVID response, progress toward recognition by these communities has slowed or halted for the time being.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are becoming more proficient at working virtually with communities and agencies. This will assist with progress as we move into 2021. Little can be done in the way of skills training until it is safe again to do so. As communities recover from COVID, we will again engage with them on their work to achieve recognition which reflects their ability to respond at the highest levels to a cardiac emergency.

System Surveillance and Evaluation - 2021 Outcomes

The Emergency Medical Services program will distribute the new NEMISIS version 3.45 ePCR surveillance system to **98%** of all licensed ambulance services.

Impact/Process Objective Status: *Not Met*

Impact/Process Objective Outcome

Between 07/2020 and 06/2021, the Emergency Medical Services program distributed the new NEMISIS version 3.45 ePCR surveillance system to **89%** of all licensed ambulance services. These EMS agencies represent more than 95% of total Montana call volume. Recruitment efforts continue for the remaining small ambulance services.

To address priority area 3 of the State Health Improvement Plan, “Prevent deaths and traumatic injuries due to motor vehicle crashes by mitigating the pre-crash, during crash, and post-crash factors among Montanans overall and among American Indians”, the Emergency Medical Services and Trauma System Section will:

- July 1, 2021: Publish the inaugural EMS Annual Report summarizing data submitted to the EMS and Trauma System Section by quick response units and air and ground ambulances. Completed.
- August 1, 2021: Publish inaugural Trauma System annual report containing linked EMS and trauma system data. Delayed, anticipated publish date of November 30, 2021. The linkage between the EMS and trauma registries has been completed. The epidemiologist is actively working on the report.
- November 1, 2021: Publish inaugural Injury Prevention Annual Report containing linked EMS and trauma system data. Delayed, anticipated in February of 2022.
- February 1, 2022: Publish inaugural EMS for Children Annual Report containing linked EMS and trauma system data

Workforce Development 2021 Outcomes

The EMS program will implement **3** strategies to address workforce leadership challenges, especially for volunteers.

Impact/Process Objective Status: *Not Met*

Impact/Process Objective Outcome

- A task force reviewed recommendations from a strategic assessment.
- The task force prioritized the recommendations and suggested methods for implementing the recommendations to the directors of the state Hospital association and the Department of Public Health and Human Services.
- Our work to implement the recommendations did not begin until after the end of the budget period.

Re-establish the Montana Injury Prevention Coalition

- August 1, 2021: Hold inaugural meeting of the Injury Prevention Coalition and approve meeting schedule. Delayed. The CDC released an Injury Prevention Coalition grant in the spring of this year, and Montana learned that its application had been approved in August. Because the grant requires certain participants and processes for the coalition, we decided to delay this activity. Now anticipated by January 2022.
 - November 1: Hold second meeting of the Injury Prevention Coalition and review the results of the inaugural Injury Prevention Annual Report containing linked EMS and trauma system data. Delayed
 - February 1, 2022: Hold third meeting of the Injury Prevention Coalition and initiate work on a data informed Injury Prevention Plan.
 - May 1, 2022: Hold fourth meeting of the Injury Prevention Coalition and approve the Injury Prevention Plan.
- Terry Mulling: We brought together a task force to review the recommendations for workforce development, from a statewide survey that had been conducted the previous year. That task force met 3 or 4 times. Following the task force meeting, prioritization was sent to the Montana Hospital Association, and to the director of the Department of Public Health and Human Services. We have now begun work to implement those recommendations.

Deaths from Poisoning – Forecasted \$170,000 – Terry Mullins Program Manager

Data and Evaluation – 2021 Outcomes

The Emergency Medical Service and Trauma System section will implement **2** mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Impact/Process Objective Status: *Met*

Impact/Process Objective Outcome

The Emergency Medical Service and Trauma System section implemented **2** mitigation and prevention strategies utilizing poison control data to inform stakeholders of the burden of poison.

Support and Promote MT Poison Center – 2021 Outcomes

The Poison Control System will maintain **1** 24-hour, toll-free poison control line to manage poison emergencies.

Impact/Process Objective Status: *Met*

Impact/Process Objective Outcome

The Poison Control System maintained **1** 24-hour, toll-free poison control line to manage poison emergencies.

New Support and Promote MT Poison Center Objective

Rocky Mountain Poison Control Center to maintains a 24/7 phone line staffed with subject matter experts on opioid ingestions, create and share utilization reports and provide DPHHS with copies of the data in a searchable format for use by epidemiology staff.

Terry Mullins: We created several different communications to EMS providers, largely associated with poisoning from substance abuse and opioids during the course of the year. Patrick Paradis: Asked about ivermectin calls. Terry responded that an estimate of 3 calls over the last year.

Latent Tuberculosis Infection Treatment - \$10,000 forecasted Ryan Weight Program Manager

TB Treatment - 2021 Outcomes

Montana LTBI will provide treatment to **35** patients.

Impact/Process Objective Status: *Not Met*

Impact/Process Objective Outcome

Montana LTBI provided treatment to **17** patients.

New TB Treatment Objective

Montana LTBI will provide treatment to **35** patients

Reasons for Success or Barriers/Challenges to Success

During the indicated interval we have only enrolled 17 individuals. The global pandemic of 2020, which is still in effect, has considerably impacted local jurisdictions and local providers' ability to deal with anything other than COVID-19. This continues to be the case and has reduced the number of enrollees.

Strategies to Achieve Success or Overcome Barriers/Challenges

The TB Program has started to see increased enrollment now that COVID-19 numbers have dropped in Montana. Unfortunately, things have picked back up this fall. The program is dependent on the local health department for enrollment. The situation changes based on how each jurisdiction is impacted by the pandemic. It's expected that we continue to see reduced capacity for the foreseeable future. As more vaccine is administered and COVID-19 numbers continue to drop, the treatment program will be able to enroll more individuals.

Ryan: Treatment time could vary between three months to nine months. COVID-19 has an impact on the program due to local public health ability to focus on LTB. Last year the program had about 17 individuals treated.

Hillary: When you set these objectives, like 35 patients, obviously you have no idea how many patients you're really going to see. Are you just kind of taking what you've seen in past years? How are you coming up with that?

Ryan: In years past, like pre- COVID, it wasn't uncommon to treat 30 to 32 patients per year and that generally used up that \$10,000. LTBI became a reportable condition in January of 2020. So hopefully, we can get some more funding in the years to come as demand increases.

Hillary: What happens with the funding that's not doesn't rollover?

Terry: We usually roll over funding from this program to others if unused. We can roll the funding over to the other programs that are overspent or they had over budget items and funding can be rolled over to this program if needed. Up to 10% of the funding can be adjusted across the budgeted programs.

Nutrition and Physical Activity - \$100,000 Forecasted Mandi Zanto Program Manager Breastfeeding Promotion and Support 2021 Outcomes

Montana Nutrition and Physical Activity Program will increase the number of Baby-Friendly Designated facilities from 11 to 12.

Impact/Process Objective Status : *Not Met*

Impact/Process Objective Outcome

The number of Baby-Friendly Designated facilities has decreased from 11 to 10.

New Breastfeeding Promotion and Support Objective

10 will maintain current designation status. 10 facilities and three more facilities will implement at least 5 of the Baby-Friendly 10-Steps to Successful Breastfeeding

Reasons for Success or Barriers/Challenges to Success

The Montana Nutrition and Physical Activity Program has a strong relationship with birthing facilities throughout the state and offers training and technical assistance to designated and engaged facilities. NAPA also works closely with the Montana State Breastfeeding Coalition to ensure the community clinical linkages to successful breastfeeding. A challenge to many

facilities throughout Montana is staffing and funding to keep designation requirements current, and unfortunately some smaller and more rural facilities were unable to keep their designation status as facility resources and staffing were directed to the management of the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

NAPA continues to offer training, technical assistance and site visits to all designated and engage facilities to help the staff navigate the Baby Friendly process and requirements. NAPA also provides monetary sub awards to help with Baby Friendly fees and trainings. NAPA's Breastfeeding Consultant continues to build the relationship among engaged facilities and community organization to help with breastfeeding initiation, duration and support. NAPA staff seek to bring in the most innovative and sought after trainers to the yearly Breastfeeding Learning Collaborative to help facility staff throughout the state engaged in the Baby Friendly Process meet training and designation requirements.

2021 – Per hospital partner feedback and to further support birthing facilities engaged in WHO/UNICEF Baby-Friendly 10-Steps to Breastfeeding, NAPA is implementing the MT Breastfeeding Champion Birth Center Initiative (BCBC) to recognize hospitals implementing evidence-based breastfeeding support practices.

Mandi: Lost one certification last year, 11 to 10. Sometimes it takes 4-5 years for hospitals to become designated as a Baby Friendly hospital. There is a cost associated with obtaining and maintain the designation. Due to just those costs, hospitals wide staff retention, and also resources with the ongoing pandemic, has caused some hospital partners to opt to shift staffing and resources to other programs. For those reasons, designation has gone down instead of up. Because of that, we put our heads together to try to think about ways that we can still support and promote breastfeeding outcomes throughout the state. We haven't put in a new supportive objective. It's going to be called the Breastfeeding Champion birth center initiative. We looked at this and we looked at what other states are doing.

Unfortunately, this is a trend across the US that baby friendly designation is going down, but states are still looking to support their hospital staff. States like Washington, Colorado, Missouri, have also implemented this new initiative where we're looking at the five steps within those 10 steps that are most beneficial to hospitals. We're going to be recognizing those hospitals and birth centers that are still engaged in the process and the initiative but not quite there as far as designation. That's what we're looking ahead to, to try to still increase breastfeeding initiation and duration and support our hospital partners. Even though our Baby Friendly hospitals are gone down, breastfeeding initiation rates have actually gone up. We're at 87.3%. Currently, the national average is 83.9, and that 87% is up in Montana from 84.6%. So, we are still moving the needle, even though some of our initiatives due to those other factors that I mentioned, have not been met in this past year.

Sexual Violence Prevention and Victim Services - \$22,123 Forecasted Patrick Paradis Program Manager

Victim Referral Improvement – CY 2021 Outcomes

The Sexual Violence Prevention and Victim Services Program will increase the number of partners that use a closed-loop referral system to encourage community collaboration

between service providers who work with youth and young adults that have been involved with domestic violence or sexual assault from 0 to 3

Impact/Process Objective Status *Not Met*

Impact/Process Objective Outcome

The Sexual Violence Prevention and Victim Services Program increased the number of partners that use a closed-loop referral system to encourage community collaboration between service providers who work with youth and young adults that have been involved with domestic violence or sexual assault from 0 to 0.

Reasons for Success or Barriers/Challenges to Success:

Activity 1 had not been completed. Progress on Activity 2 was disrupted by barriers associated with COVID-19. Services at the Montana Coalition against Sexual and Domestic Violence were disrupted and interruptions in additional Sexual Violence Prevention and Victim Services programs created timetable delays, i.e. new division change, bureau/section leadership change, and changes in CDC leadership for the program specialists RPE grant. Connected representatives were contacted in January 2020. However, after the meeting the creation of the Early Childhood and Family Support Division was announced. The Adolescent Health Section was relocated in January and soon after asked to work from home due to COVID-19 restriction. The Montana Coalition against Sexual Violence and Victims Services moved to off-site work and the Youth Leadership Summary barriers became a priority.

Strategies to Achieve Success or Overcome Barriers/Challenges:

Section and bureau stabilization will assist overcoming barriers/challenges. Currently, section FTE is being adjusted to address workload and project needs. The addition of .25 FTE is being considered to assist with SVPVS needs; including work with PHHS Block Grant. Approximately 40-50 hours would be allotted to working with Montana Connect and MCASDV to identify program sites that have the capacity to implement Connect referral system, as well as working assisting with Objective 2, Youth Engagement Training. This would be approximately .10% FTE dedicated to assist with this objective.

Annual Activities:

Montana Connect

Communicate Montana Connect to Program Sites

Youth Engagement Training– 2021 Outcomes

Sexual Violence Prevention and Victim Services program will provide training to 100 youth across Montana.

Impact/Process Objective Status : *Met*

Impact/Process Objective Outcome

Sexual Violence Prevention and Victim Services program provided training to 100 youth across Montana.

New Youth Engagement Training Objectives

The Sexual Violence Prevention and Victim Services Program will increase the number of partners that use a closed-loop referral system to encourage community collaboration between service providers who work with youth and young adults that have been involved with domestic violence or sexual assault from 0 to 3.

Reasons for Success or Barriers/Challenges to Success

Activity 1 has not been completed. Progress on Activity 2 was disrupted by barriers associated with COVID-19. Services at the Montana Coalition against Sexual and Domestic Violence were disrupted and interruptions in additional Sexual Violence Prevention and Victim Services programs created timetable delays, i.e. new division change, bureau/section leadership change, and changes in CDC leadership for the program specialists RPE grant. Connected representatives were contacted in January 2020. However, after the meeting the creation of the Early Childhood and Family Support Division was announced. The Adolescent Health Section was relocated in January and soon after asked to work from home due to COVID-19 restriction. The Montana Coalition against Sexual Violence and Victims Services moved to off-site work and the Youth Leadership Summary barriers became a priority.

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Patrick: We experience issues the previous year, trying to get to our goal. We had amended a position here and contributed rape prevention, education, funding, creating an FTE for that. Revisiting the outcome in the work plan to see if the Victim Referral Program is the best way to measure change. Youth conferences were cancelled due to COVID. Last year, that was Montana Coalition against Sexual Domestic Violence, partnered with, and Power Montana, and their annual conference. Also supported Empire Montana conference and the Youth Virtual Leadership Webinar.

Public Health System Improvement

Public Health Workforce Professional Development - 2021 Outcomes

Public Health System Improvement Office will conduct 11 training events for workforce development.

Impact/Process Objective Status *Not Met*

Impact/Process Objective Outcome

The Public Health System Improvement Office conducted 8 training events for workforce development.

New Public Health Workforce Professional Development Objective

Conduct 11 training events for workforce development training opportunities have been successful due to increased communication, coordination, and collaboration with public health partner organizations and state, local, and tribal health departments. Funding has made the trainings possible. The Montana Public Health Workforce Development Group, which includes AMPHO, MPHTC, and PHSD, has improved communication, coordination, collaboration around public health workforce development, and helped make progress on building public health workforce capacity and skills.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued communication, coordination, and collaboration with the Montana Public Health Workforce Development Group and other public health partner organizations will contribute to the achievement of state public health workforce development objectives, reduction of public health competency gaps, and recruitment and retention of highly qualified and trained public health professionals.

Terry: No face to face trainings over the past year except during Summer Institute. The trainings funded by the Block Grant include state-wide trainings and PHSD internal trainings.

Local and Tribal Community Health Imp. Planning - 2021 Outcomes

Provide direct technical assistance or resources to 15 local or Tribal health departments to complete community health assessments, community health improvement plans, and strategic plans.

Impact/Process Objective Status : *Not Met*

Impact/Process Objective Outcome

Provided direct technical assistance or resources to 5 local or Tribal health departments to complete community health assessments, community health improvement plans, and strategic plans.

New Local and Tribal Community Health Imp. Planning Objective

Provide direct technical assistance or resources to 8 local or Tribal health departments to complete community health assessments, community health improvement plans, and strategic plans.

Reasons for Success or Barriers/Challenges to Success

COVID19 has delayed health department's abilities to work on public health planning processes.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Grants are rolling, rather than one application period
2. Working with partners to improve collaboration (which will decrease the workload) at the local level to work on these planning processes
3. Providing more direct technical assistance
4. Working with contractors to help health departments complete these processes.

Kerry: COVID had an impact on Health Departments conducting strategic and community health improvement planning. Did not meet the objective of 15. Park County actually did two data collections to using a method called the Casper Method that allows them to be able to extrapolate from that sampling frame to there. Teton County as well with an AmeriCorps VISTA they were able to complete a community health assessment. Flathead County is working on a Community Health Assessment and Health Improvement Plan as we speak. One thing that we're doing, to try to help facilitate this, we're working with the Montana Public Health Association, and the AmeriCorps VISTA program. Trying to get some of the AmeriCorps VISTAs into these health departments that to work on these processes. So it frees up some of the staffing. We've also been doing a lot of work with the Office of Rural Health, trying to figure out how to co-ordinate better between our critical access hospitals, which are required by law with the Affordable Care Act, to do the community health needs assessments, what it's called on the hospital side.

State Health Dept. Strategic Planning– 2021 Outcomes

Public Health and Safety Division and stakeholders will conduct 1 review of progress towards objectives found in the State Health Improvement Plan.

Impact/Process Objective Status Met

Impact/Process Objective Outcome

Public Health and Safety Division and stakeholders conducted 1 review of progress towards objectives found in the State Health Improvement Plan.

New State Health Dept. Strategic Planning Objective

Public Health and Safety Division and stakeholders conducted 1 review of progress towards objectives found in the State Health Improvement Plan.

Anna: We are in the process of completing an annual review and report for 2021. This review of objectives involves collecting data from the various individuals. Mostly it's public health departments epidemiologists, here at the State, although there are some data points that are contributed from partners specifically, IHS, Billings, and Rocky Mountain Tribal Epidemiology Center. So, that report will be published and available by the end of January, as it has been for the last two years.

Centers for Disease Control and Prevention and / Health Resources and Services Administration Funding Updates – Terry Ray Public Health System Improvement Coordinator Public Health and Safety Division

Funding Sources and Workforce Support received

CDC COVID-19 Vaccination Supplemental funding- To support state, tribal and local COVID-19/ Influenza vaccination efforts.

CDC Disease Investigation Specialist Workforce development funds - HIV/STD - \$1M per year/ 5 years to support Disease Intervention Specialists at the state, tribal, and local to mitigate the spread of COVID-19 and other infectious diseases.

CDC School Reopening Grant - to support the reopening and in-person instruction of K-12 schools through supporting comprehensive COVID screening/testing for K-12 schools.

CDC disparities grant - to support better community access to COVID-19 testing.
CDC Epidemiology and Laboratory Capacity (ELC) grant- to support staff at local level with an epidemiologist, DIS, or Sanitarian. Additional funding is available to also support a congregate care liaison.

CDC PH Workforce Crisis Supplemental funding - To establish, expand, train, and sustain the public health workforce in support of COVID-19 including school-based health programs.

Forecasted Funding Sources

Public Health Scholarship Program – 26 awards, \$39 million nation-wide. Estimated posting date Feb 15th.

Community Health Worker and Paraprofessional Training Program – Training *new* and current workers. \$239,500,000 Nation-wide. 80 grants to training organizations. Estimated posting date Feb 15th.

Terry: We will look at expenditures from the Crisis Work Force Supplemental in January and decide on ways to use unbudgeted funds. Especially since two jurisdictions decided not to accept the staff funding. The scholarship program would augment the funding from the Block Grant that supports the Certificate of Public Health program education assistance. The new program could help new College Students and current public health workers.

Workforce Development and Training - Montana Public Health Training Center

Tony Ward: The training center has grown quite a bit over the last two years. The website has four major program areas. Approximately ½ of the students that complete the Certificate of Public Health program go on to the Master of Public Health program. The Training Center is accepting applications for education financial assistance grants right now. In 2022, UM will offer an interim Cohort using the Crisis WF Supplemental funding from the Public Health and Safety Division.

Terry: CDC did announce the additional funding \$3 billion for 3 to 5 years. It has been approved and will be announced early 2022. It will be for core PH functions including workforce.

Updates from member organizations

Hillary Hanson – MT Public Health Institute *Co-Chair* – Institute is hiring another position. Will bring them to 4 people along with a CDC employee that is helping with communication. Working with Emily and others to make sure that we're also looking at maybe some sustainable trainings or recorded trainings that could be left behind when he is done. Starting to dive into the behavioral health topic and how local health departments can play a role in behavioral health and so more to come on that.

Lora Wier - Montana Public Health Association. We postponed our annual conference last fall and it is scheduled for April the 12th and 13th in Helena. Lisa Dworak has been hired for the executive director position. Will be coming on board next month. I will be spending a lot of time orienting her to the Montana Public Health Association.

Melissa Moyer- Association of Montana Public Health Officials

Andy Hunthausen - Montana Association of Counties – Discussed working on the public health governance activities. Kerry is developing a survey for Board of Health members to identify training and education needs. Lewis and Clark County is creating a body of elected

officials to make up the governing body for the board of health and health officials. The County just approved a contract for almost \$80,000 to do a campaign around vaccinations locally.

Natalie Claiborne Montana Office of Rural Health - Really ramping up our trainings, specifically related to community health workers that will be implemented across the state. Looking at social determinants of health, how to talk about vaccine hesitancy and mitigation, and then how to build the paraprofessional workforce and integrate that workforce into the system. Training of 106 community health workers are approximately two per county, depending on capacity. terms of workforce training, I mentioned we do have trainings for new and incumbent healthcare worker workforce for this position. We're doing those trainings on social determinants of health. We've really been beefing up our resources, such as Health Equity Mapping and looking at communication and literature that we can use to communicate health access equity. And then there's health equity planning as a part of this grant. So, there will be the development of a statewide leadership level health equity taskforce that's going to be kind of a branch off, but then having additional people from the Graduate Medical Education Council, so a pretty good group of folks there. Then, we're also planning on implementing and providing technical assistance for planning and supports in multi sector collaboration advisory committees, so also this health equity kind of idea, in each of the regions in these five areas.

Leigh Taggart presented to the workforce advisory committee.

Tony Ward - University of Montana, School of Public and Community Health Sciences - Since the beginning of the wellness program, there are 5541 registrations for the offerings. I think it's grown way more than we thought it would in such a short period of time, and I think it's served over 300 individual people with the one-on-one activities.

[Next meeting](#)

February 23rd 10-11:30am, Web Based