

Western Region Mental Health and Nutrition Network (WRMHNN)

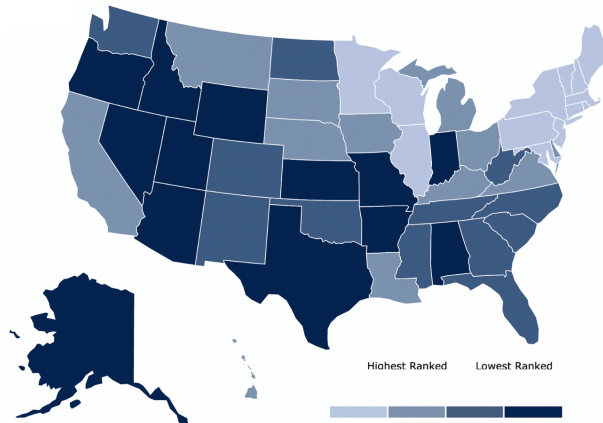
Introduction

Globally, nearly 50% of the population is estimated to experience some form of mental health problem or disorder within their lifetime (1). Epidemiological research indicates that the Western US, including the 13 westernmost U.S. states, 4 Pacific territories, and U.S. protectorates, tends to have poorer mental health compared to other regions. In 2022, Nevada, Idaho, Arizona, Wyoming, Alaska, and Oregon were ranked as having the poorest overall rating for mental health (ranked 51-46 respectively, Figure 1). A low ranking indicates prevalence of any mental illness, access to treatment, prevalence of substance use disorder, suicidal thoughts, and mental health workforce availability (2). In the Pacific Islands, including US Pacific territories, an estimated 90% of people with mental illness receive no care (3). Moreover, the 2020 CDC-reported suicide mortality rates indicate that among the ten states with the highest rates (most deaths per 100,000 population), seven are Western states: Wyoming, Alaska, Montana, New Mexico, Idaho, Colorado, and Utah (4). Thus, the Western US is battling not only a COVID-19 epidemic, but also an epidemic of poor mental health.

Increasingly diet and nutrition are recognized as causes, modifiers, and mediators of mental illness. Low availability of food is both a major factor contributing to mental illness and a potential consequence of mental illness. Multiple recent reviews have shown strong connections between food insecurity and mental illness (5–7). The types of food consumed have also been implicated in mental health. High intake of ultra-processed foods (foods that are high in fat, sugar, sodium and are highly accessible and palatable) is cross-sectionally related to a 44% higher odds of experiencing depressive symptoms, and 48% higher odds of experiencing anxiety symptoms (8). On the other hand, high intakes of fruits and vegetables in women is related to reduced risk of anxiety, mental disorders, and depressive episodes (9). Food availability and diet quality do not exist in isolation. The co-occurrence of overweight and obesity with deficiency of one or more nutrients, also known as the double burden of malnutrition, highlights the co-occurrence of poor dietary intake (highly accessible and affordable ultra-processed foods) and limited food availability (in food swamps, ultra-processed foods are the most abundant option). Unsurprisingly, the double burden of malnutrition is related to stress in women (10). Importantly,

the relationship between mental health and diet and nutrition is bi-directional. Dietary interventions have been shown to be an effective component in the treatment of depression and anxiety (11). Information, education, and dietary interventions are recommended as part of integrated mental health treatment (12). Two bodies of literature are emerging on how diet influences mental health – one that points to physiological factors and molecular mechanisms

Figure 1. Mental health rankings in 2022



Adapted from Mental Health America:
<https://www.mhanational.org/issues/2022/ranking-states>

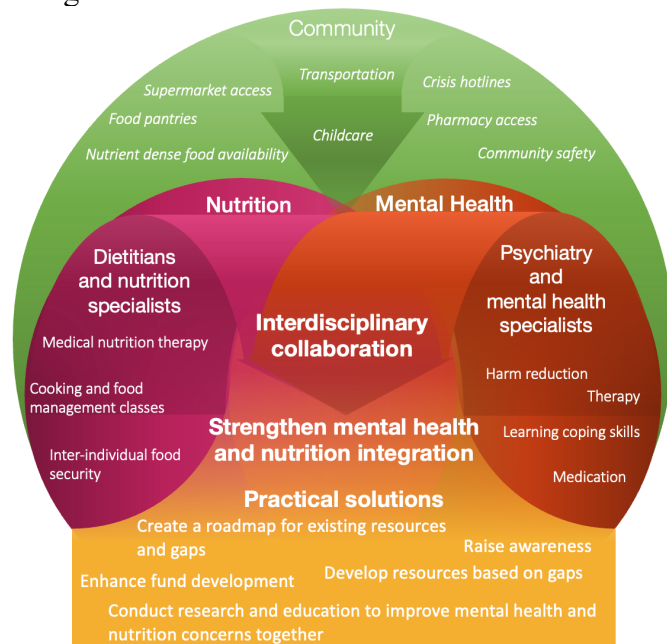
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accounting for the relationship (12,13) and the other citing psychosocial factors at play, such as stress, anxiety and shame (14). Given the close relationships between mental health and diet/nutrition we need to prioritize this intersection (**Figure 2**).

In 2019, the Western Extension Directors Association (WEDA) identified Health and Nutrition as a regional priority. A need surfaced for more collaborative efforts among Cooperative Extension System (CES) professionals relative to food and nutrition best practices, programming, sharing of resources and finding additional resources to better address the nutrition and health needs of the region. To address this gap, WEDA initially commissioned a Design Team

to develop a Western Region Nutrition and Health Team for greater collaboration regionally and for enhanced fund development efforts. The Design Team (**Table 1**) was charged with planning a process to develop the team and determine outcomes for their work.

Figure 2. Integration of nutrition and mental health through the WRMHNN



Uncovering the Need: AKA problem identification, planning, and implementation

Given the broad scope of health and nutrition, and the already established Western Region Family and Consumer Sciences Program Leaders Groups (which has representation from each state and shares best practices, programming, and resources in the area of food and nutrition), the Design Team worked to reduce duplication while identifying: 1) What is currently happening in the Western Region related to mental health? 2) Are there gaps that the Western Region Nutrition and Health Team can help bridge? The Design Team accomplished these goals through: 1) secondary data analysis; 2) interviews and surveys to assess gaps and assets around the Western Region.

Secondary Data Analysis

The Design Team's analysis of existing data in the area of health and nutrition clearly indicated a high need in the Western Region states (data is lacking from the territories) in relation to mental health. For example, the prevalence of depression among adolescents (ages 12-17) and adults is higher in several Western Region states than nationally (2). More specifically:

- 11 states in the Western Region have a higher prevalence of adults with mental illness than nationally
- 10 states in the Western Region have a higher prevalence of adolescents with a major depressive episode in the past 12 months than nationally
- Five of the top ten states with the highest prevalence of adults with mental illness are in the WR
- Six of the top ten states with the highest prevalence of adolescents with a major depressive episode in the past 12 months are in the WR

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COVID-19 has further intensified the mental health crisis in the United States. An online survey in 2020 indicated that 7 out of 10 teens struggle with mental health (15).

Interviews and surveys to assess gaps and assets around the WR

In 2019-2020 the Design Team surveyed Family and Consumer Science Program Leaders to assess their perceptions of their state's interest in mental health and their current

engagement. Most Family and Consumer Science Program Leaders indicated their state was interested in addressing mental health needs (**Figure 3**). Additionally, 75% said their Extension system was currently engaged in mental health related programming, 50% said they were conducting research related to mental health, and 13% were unsure. This programming is primarily related to suicide awareness and prevention, mental health first aid, and the Farm and Ranch Stress Assistance Network. Additional extension efforts in opioid prevention, relationship stress management, stress management, financial management and mental health, physical activity, chronic disease management, nutrition and food resource management/food insecurity, food access, produce subscription programs and adverse childhood experiences were also noted. Overall, the Design Team's survey indicates interest and active mental health related programming. However, **Family and Consumer Science Program Leaders also highlighted that their current health and well-being, state health and nutrition professionals, and mental health specialists were not connected.** So,

despite interest and programming in mental health and existing nutrition programming little collaboration at the extension level exists.

Finally, the Design Team assessed what resources were available through extension. Nearly all states had Nutritional Specialists and/or registered dietitians (RD), as well as other

Figure 3. Family and consumer science professionals' perspective of their state's interest in addressing mental health

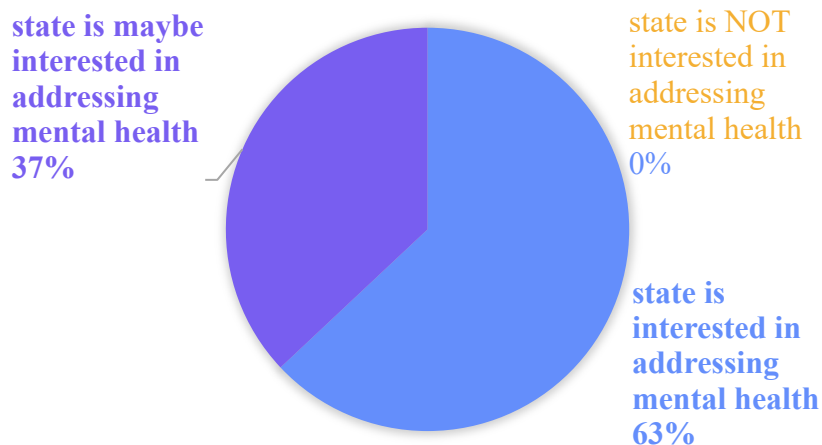


Table 1. The WEDA commissioned Design Team circa 2019-2020 to develop a Western Region Nutrition and Health Team

Lead: Shannon Horrillo, Associate Director of Extension (NV)
 Roger Rennekamp, Extension Health Director, CE/ECOP, APLU

Extension Directors

- Dr. Ivory Lyles (NV)
- Dr. Barbara Petty (ID)
- Dr. Ashley Stokes (CO)

Extension Professionals

- Anne Lindsay (NV)
- Marnie Spencer (ID)
- Susan Baker (CO)

eXtension Staff

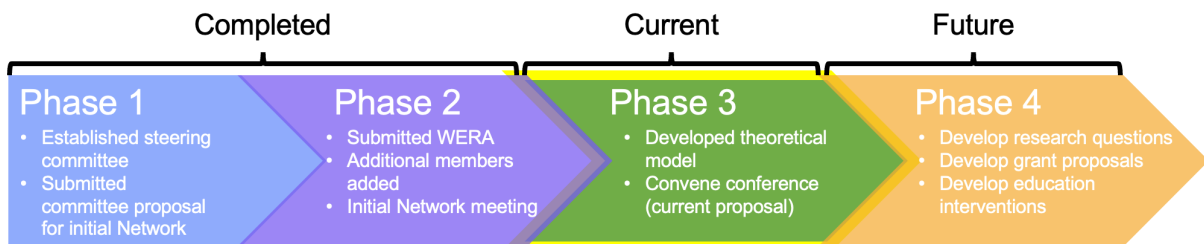
- Beverly Coberly, Chief Operating Officer
- Fred Schlutt, Catalyst

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professionals extending research-based nutrition education in the communities. However, resources related to mental health were less robust. Only three states have Extension Mental Health Specialists (Montana, Nevada, and Idaho), while Utah has Extension faculty with expertise in mental health. Montana additionally provides the Rural Families Speak About Resilience multistate research and Extension project. Further, a primary focus of most Western Region mental health Extension is suicide prevention and stress management to promote well-being among farmers, ranchers, and other agricultural workers, such as the Western Regional Agricultural Stress Assistance Program (WRASAP). Thus, the Design Team overall found robust nutrition programming in Western Region extension, but mental health resources appear more limited. This highlights the importance of connecting nutrition and mental health to increase extension services through already established professionals. Additionally, Extension has several cross-campus partnerships that can be utilized to connect mental health and nutrition professionals, including: Center for Mental Health Research and Recovery (MT), Center for Research on Rural Education (MT), Youth Aware of Mental Health (MT), Rural Mental Health Preparation/Practice Pathway(MT), Center on Aging (WY, AZ, NV), School of Medicine (NV, WA, AZ), School of Nursing (WA), College of Social Work (UT), College of Public Health (OR, CO), Linus Pauling Institute (OR). **Overall, across the Western Region professionals are interested in mental health outreach but limited extension programs exist. On the other hand, the nutrition extension network is robust. Given the close relationship between mental health and nutrition, the Western Region needs to connect mental health and nutrition extension efforts ideally through already existing channels. The present proposal will address this need.**

Implementation Plan

Figure 4. Implementation plan



From the Design Team’s initial findings, we have developed a 4-phase plan, outlined in **Figure 4**, to achieve our overall goals and objectives. To date, we have worked through Phases 1 and 2, and are now embarking on Phase 3.

Phase 1: Establish a Development Committee

During phase 1, the Design Team solicited members and nominations from WEDA and WAAESD for the steering committee. We submitted a development committee proposal for the initial iteration of the WRMHNN.

Phase 2: Establish the Western Region Network for Mental Health and Nutrition

During phase 2 we submitted a WERA (WDC55) and formalized the WRMHNN organizational committee. Additional members and nominations from WEDA, WAASED, and others were solicited. The final organizational committee members are Carrie Ashe and Drs. Alison Brennan, Anne Lindsay, Amanda Marney, Cassandra Nguyen, Martine Perrigue, and Grace Shearrer.

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Phase 3: Planning (Current Proposal)

We are currently in phase 3. We have developed a theoretical model (**Figure 2**) and conducted a literature review. This proposal meets our internal goal of applying for a USDA/NIFA Food & Nutrition Conference Planning Grant. During the conference, we plan to identify research questions and research designs, identify educational resources to address gaps, as well as outline potential program evaluation through the conference. The conference will transition leadership from the organizational committee exclusively to 2-3 working groups with leaders and a 3–4-person steering committee. During the conference we have set aside time for the working groups to develop and to outline USDA/NIFA Hatch-Multi-state projects based on the roadmap developed. Organizational committee members will identify 3-4 members to serve on the steering committee.

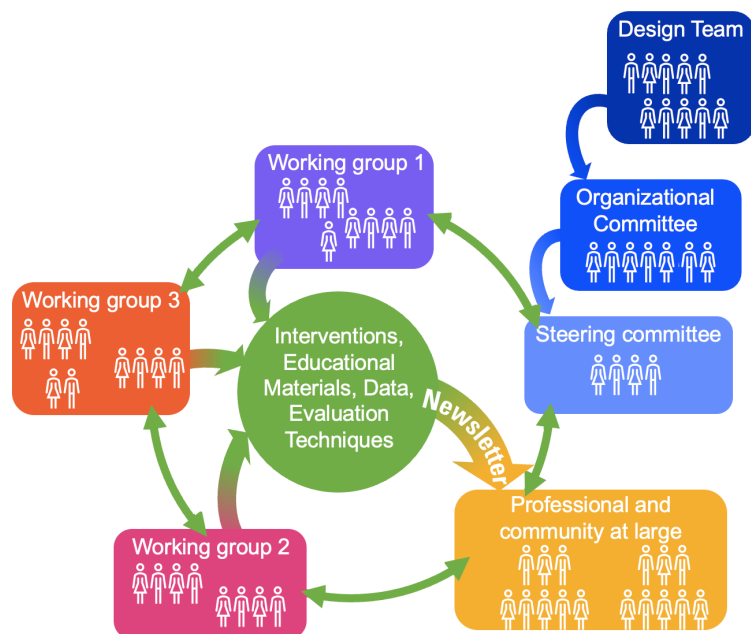
Phase 4: Project Design and Implementation (The Future)

Once a WERA is established leading to formation of the Network, leadership of the Network will be transitioned to its members. The Western Program and Organizational Leadership Committee (WPOLC) will provide continued guidance to the Network along with the WERA advisors as needed to help ensure its success. The WPOLC will also provide periodic updates to WEDA on the Network’s progress and successes. The 2-3 working groups will focus on finalizing their USDA/NIFA Hatch-Multi-state projects. The Network will be maintained through quarterly meetings between the steering committee and the working group leaders. These quarterly meetings will facilitate the transfer of knowledge between groups including emerging intervention strategies, educational materials, data/results of analyses, and evaluation techniques. The meeting will also align with a quarterly newsletter for the wider Network of interested professionals and community members (**Figure 5**). The groups will develop the research questions, educational and program evaluation resources, into fundable grant applications through federal (USDA and the National Institutes of Health) and private funders. Through these funding mechanisms we plan to develop educational and evaluation tools, implement research, and pilot extension programs all with formative and outcome evaluations.

Reasons for performing the work at the proposed institution

The University of Nevada at Las Vegas is an ideal location to hold a conference. Las Vegas is a *MeetingSource* “Best Convention City” because of its weather (in particular for a winter conference), affordable room rates, affordable flights, and most states in the Western Region have airports with direct flights to Las Vegas (16). Please see the facilities and resources for details.

Figure 5. Phase 4 schematic of the WRMHNN after the conference



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Rationale and significance

Educating the public regarding diet/nutrition and mental health are important components of Cooperative Extension Educational Programs; however, **there is currently no research or educational efforts that are focused on the intersection of mental health and diet/nutrition issues in the Western Region.** The present proposal aims to close that gap by bringing together communities, extension specialists, and academics from mental health and diet/nutrition disciplines to facilitate collaborative work to address the intersection of mental health and diet/nutrition. The proposed conference will convene the initial Western Region Mental Health Nutrition Network, comprised of representatives from land-grant institutions in the Western Region to facilitate collaborative work addressing diet quality and food access to improve mental health outcomes across the lifespan. The present proposal is in line with the Agricultural and Food Research Initiative Food safety, Nutrition, and Health priority area, and within that priority area aligns with the Diet, Nutrition, and the Prevention of Chronic Diseases priorities. The US agriculture and food systems depend on healthy, both physically and mentally, agricultural workers. The present project has the potential to unite nutrition and mental health related disciplines to mitigate the mental health crisis and improve healthy lifestyles for Western Region agricultural workers, and all residents in the Western Region.

Approach

Overall Goal

The goal of the Western Region Mental Health and Nutrition Network (WRMHNN) is to improve mental health outcomes across the lifespan through addressing diet quality and healthy food access^a.

Conference Objectives

1. Convene and launch the first WRMHNN
2. Increase awareness of relationships between diet and mental health.
3. Create a roadmap outlining the existing resources and gaps, define priorities for research and extension efforts in food systems, mental health, and nutrition integration.
4. Develop resources that states can add to their portfolio of food, nutrition, and mental health efforts either as a stand-alone piece or additive to ongoing efforts.
5. Increase collaboration regionally and enhance fund development efforts.

Justification for the meeting

Using the Cooperative Extension National Framework for Health & Wellness (2014), we propose a WRMHNN. The proposed conference will act as an inaugural meeting of the full WRMHNN. The WRMHNN will be a stable network of community, extension, and research professionals with the common goal of improving mental health outcomes across the lifespan through diet quality and healthy food access. A meeting is needed to bring together Extension professionals, researchers and academics, community members, and allied health professionals in arenas related to mental health and diet/nutrition. The meeting will provide a structured space for this group to learn about topics in mental health and food/nutrition, develop the working groups, develop multi-state projects, and ultimately facilitate conversations how to move forward as a cohesive group.

^a Food access includes food insecurity, food swamps and deserts, rural communities, or other contextually define situations where access to affordable, healthy food is limited.

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Recent meetings on the same subject

No meetings to our knowledge have specifically addressed diet/nutrition and mental health. Below is a list of meetings which touch on similar topics; however, all have a much broader scope, and none focus on the intersection of both topics.

- Mental Health America's Annual Conference June 9-11, 2022
- National Alliance on Mental Illness Conference (NAMICon) June 14-16, 2022
- Anxiety and Depression Association of America Conference March 17-March 20, 2022
- American Psychiatric Association Meeting May 20-25, 2022
- International Society of Behavioral Nutrition and Physical Activity meeting May 18-21, 2022
- The Obesity Society Meeting November 1-4, 2022
- Food & Nutrition Conference & Expo Oct 8-12, 2022

Names and organizational affiliations of the chair and organizing committee

Chair – Dr. Amanda Marney, PhD

*Associate Director of Extension
College of Agriculture and Natural Resources
University of Wyoming*

Co-Chair – Dr. Anne Lindsay, PhD, FACSM

*Professor and Extension Specialist
College of Agriculture, biotechnology, and natural resources
University of Nevada Reno*

Co-Chair – Dr. Grace Shearrer, PhD

*Assistant Professor
Department of Family and Consumer Sciences (Nutrition)
College of Agriculture and Natural Resources
University of Wyoming*

Organizing Committee Members

Carrie Ashe, M.Ed

*Associate Director of Extension
Montana State University*

Dr. Alison Brennan, PhD

*Assistant Professor and Extension Mental Health Specialist
Department of Health and Human Development
College of Health and Human Development
Montana State University*

Dr. Cassandra J. Nguyen, PhD

*Research Assistant Professor
Institute for Research and Education to Advance Community Health
Elson S Floyd College of Medicine
Washington State University*

Dr. Martine Perrigue, PhD, RDN, CD

*Assistant Professor
Department of Nutrition and Exercise Physiology*

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*Elson S Floyd College of Medicine
Washington State University*

Proposed program

Inclusion criteria: The WRMHNN will be comprised of Extension professionals and research faculty in the Western Region with expertise in youth development, socio-emotional health, human development, food access, nutrition and physical activity, mental health, and evaluation. The WRMHNN will be open for anyone to join but will strive for at least 1-2 Extension or research faculty from each land grant university in the region. The WRMHNN will also solicit membership from other agencies, non-governmental organizations, and the broader community.

The method of announcement or invitation that will be used

We will post announcements on professional society announcement boards. We will send invitations specifically to Extension programs at all land grant institutions targeting nutrition and mental health related fields. We plan to specifically reach out through email and phone to the fifteen 1994 Institutions in the Western Region as they are part of historically underrepresented communities. Additionally, we will solicit membership from other agencies, non-governmental organizations and the broader community including:

- Medical providers and local medical professional organizations
- Local health departments, hospitals, and local prevention coalitions
- Counseling centers and mental health facilities
- Substance use and treatment providers
- Corrections/justice courts/probation
- Farm Aid programs and AgrAbility
- Behavioral health authorities, local Communities that Care Coalitions
- Schools and school districts
- Food banks and food pantries
- Well Connected Communities

Stakeholder involvement

The Western Program and Organizational Leadership Committee (WPOLC), a committee of WEDA, initiated the WRMHNN and has sponsored the project. After the conference, the leadership of the Network will be transitioned to its members. The WPOLC will provide continued guidance to the Network along with the WEDA advisors as needed to help ensure its success. The WPOLC will also provide periodic updates to WEDA on the Network's progress and successes.

Proposed project activities

We have drafted a set of informative keynote speakers, symposia, and interactive group activities to meet our objectives (**Table 2**). The conference funds will be used primarily for travel stipends to offset the cost of travel to Las Vegas, Nevada. Remaining funds will be used to provide honorarium, travel, lodging for the keynote speakers, transportation to the conference from the conference hotel, and refreshments for attendees.

We will offer approximately 34 travel stipends. Individuals from areas furthest from Las Vegas (Montana, Washington, Alaska, Hawaii, and Pacific Territories), from 1994 Institutions, and who have significant need will have priority for the travel stipends. Significant need will be decided on an individual basis and will require a letter from the Department Head or Extension director. For community members personal letters describing need will be allowed.

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Keynote speakers: Two tentative keynote speakers have been identified, Traci Pole and Dr. Khary Rigg. Traci Pole is the Assistant Regional Administrator, Region 8 at the Substance Abuse and Mental Health Services Administration (SAMHSA). Ms. Pole leads the Food and Mood Project that aims to reduce the impact of mental health and substance use issues through behavioral health and food/nutrition. Dr. Rigg is an Associate professor at the University of South Florida. His research focuses on the nutrition needs of individuals with addiction and to improve their recovery.

Symposia: The symposia are a collection of short talks (3-4 talks, 15 minutes each). We have chosen “Food Security and Mental Health” and “Promising intervention areas” as potential symposia topics. Registrants will be invited to submit a 350 word abstract about their work or research. The planning committee will rate and select 6-8 abstracts for the two symposia with dovetailing topics. Ideally each symposium will have talks from extension, research, and the community, however the topics and talks will be based on what submissions are received. The second half of the symposium session will be a panel discussion with the speakers and conference members. This will provide a structured format to ask questions, generate ideas between talks and meets both objective 4 – “Develop resources that states can add to their portfolio of food, nutrition, and mental health efforts either as a stand-alone piece or additive to ongoing efforts” and objective 5 – “Increase collaboration regionally and enhance fund development efforts.”

Road mapping: A roadmap is a visual strategic planning tool. The conference organization committee will act as facilitators. In a large conference room, tables will be set up with colored signs denoting topics related to mental health and food/nutrition. We pulled these topics from our existing literature review. At check-in, the participant’s ID badge will have a colored dot. For the first road mapping session, individuals with one color of dot will be asked to sit at a table with a topic they specialize in, whereas a different color will be asked to sit at a table with a topic they would like to know more about. This will go on through all colors (or sets of colors). Participants will meet an array of individuals and discuss topics they specialize in as well as topics they are interested in. This is also a visual method for the organizers to determine what topics are under-represented (few specialists), low interest (few specialists, few interested), and what topics are best represented (most specialists). Each table will be asked to describe what resources related to the topic are available in their community in a Qualtrics survey.

The conference committee will tally and qualitatively summarize the existing resources for the second road mapping sessions, where the tables will reflect gaps. A similar method will be used to pair experts or places with resources to experts or places with a gap. The tables will be asked to brainstorm (via worksheets) ways to bridge existing resources to gaps, or how to potentially collaborate to address gaps for which no resources exist. The conference organizers will again compile the brainstorming worksheets to outline priority areas. The final road mapping session will comprise priority areas. Participants will choose priority areas they are interested in. Within each priority area the participants will further define potential goals, additional stakeholders to include, prioritize themes, and share their results with the larger network.

Working group breakouts: Ideally, the priority groups from the road mapping will develop into working groups. These groups, and others that may form organically through our networking and down time, will have time to consult with experts from USDA on how to develop multi-state

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proposals, discuss potential resource sharing, and develop committee structures. During this time individuals will also create user profiles on Microsoft Teams, Slack, Discord channel or similar group working software to facilitate communication between participants post conference. Information collected from participants during conference registration on expertise area will be used to create a roster of WRMHNN members and working group designations will be added to this roster after the conference.

Expected results

By the end of the conference, we expect to achieve our outlined objectives and most importantly have an organizational structure of the WRMHNN. We will have a Microsoft Team (or similar) active for the Network. We expect to define 3-4 priority areas that will progress into working groups.

Evaluation of conference activities

Participants will complete a pre-conference survey asking what they are most interested in learning about and what goals they hope to achieve. One-month after the conference we will send out a post-survey to ask what they found most interesting after the conference and if they achieved or changed their goals. The post survey will also evaluate educational content, relevance to their work, road mapping quality, oral presentation quality, and topic selection quality using a 5-point Likert scale. We will also ask for qualitative feedback and suggestions.

Data analysis

We will use standard statistical analysis using R or a similar statistical software. Descriptive analysis will be used for qualitative feedback.

Communicating results to appropriate audiences

As mentioned above, the Network will have access to Microsoft Teams (or similar). A summary, including the road map developed, will be shared with the Network as well as with WPOLC and WEDA. The summary and road map will also be shared with extension directors, deans, and other potential leadership in communities.

Pitfalls and contingencies

A potential pitfall is low conference participation in general or specifically due to COVID. To mitigate the COVID potential we will also offer the conference content via Zoom. For the group activities, breakout rooms will be used in conjunction with the in-person activities. Outside of public health issues, we believe the travel stipends and ease of travel/affordability of the conference location will encourage attendance. If participation is too low, we will recruit undergraduate and graduate student researchers and postdoctoral scholars.

If for public health reasons the conference must change to an online format, we will utilize conference funds to host in-person working groups and steering committee meetings (**Table 3**). Because these meetings are with smaller groups of individuals, we feel that if needed, these will be smaller and potentially better to minimize COVID-19 exposure. If scholarship funds are unclaimed before the meeting, we will use those funds to promote the WRMHNN Newsletter or use the funds to support the working groups if they would prefer to meet in person. Thus, we plan to convene the WRMHNN regardless of modality (in-person or online), and we will use funds to maintain the network and facilitate smaller meetings if public health concerns necessitate.

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Table 2. Tentative Agenda

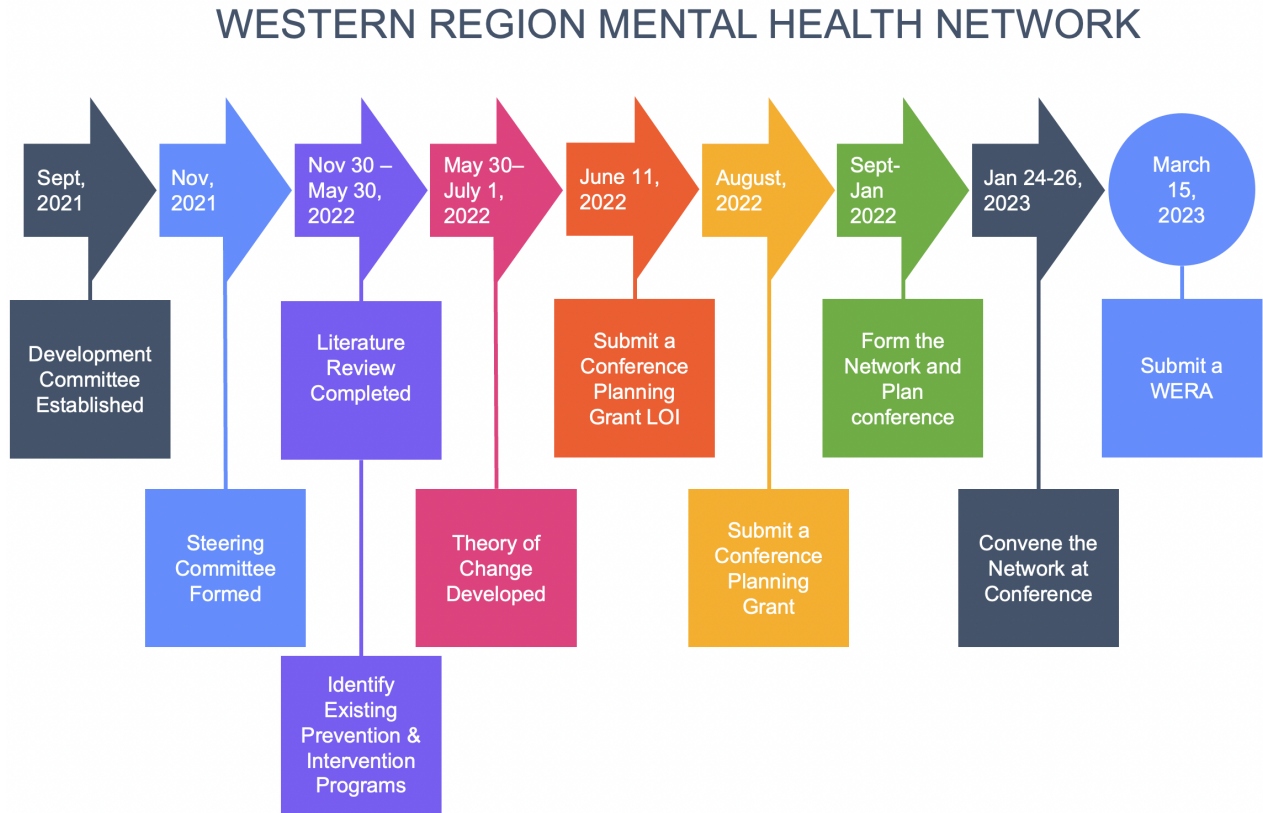
Time/Date	Activity	Objective
January 24		
12:00pm	Registration, light snacks	
1:00pm	Day 1: Opening remarks	Obj. 1
1:15pm	Keynote #1: Traci Pole – The Food and Mood Network	Obj. 2
2:15pm	Break	
2:30pm	Road mapping #1: Introductions/ Existing resources	Obj. 3, 5
5:00pm	Group Dinner	Obj. 5
7:00pm	Conclude	
January 25		
7:30am	Pick up at conference hotel	
8:00am	Continental breakfast	Obj. 5
8:45am	Day 2: Opening remarks	
9:00am	Keynote #2: Khary Rigg – Food and Substance use disorder	Obj. 2
10:00am	Break	
10:15am	Symposium #1: Food security and mental health	Obj. 2
12:00pm	Lunch (provided) and networking	
1:00pm	Symposium #2: Promising intervention areas	Obj. 2
2:30pm	Break	
2:45pm	Road mapping #2: Resource gaps identified	Obj. 3, 5
5:30	Dinner (on own)	
January 26		
7:30am	Pick up at conference hotel	
8:00am	Continental breakfast	Obj. 5
8:45am	Day 3: Opening remarks	
9:00am	Road mapping #3: Priority areas for future work	Obj. 3, 5
10:00am	Break	
10:15am	Working group breakouts	Obj. 4, 5
1:00pm	Closing remarks	
1:30pm	Shuttles to airport or hotels	

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Project Timetable

Figure 6 shows the general project timetable and **Table 3** details the administrative timeline for the development of the conference and initial progression of the WRMHNN after the conference.

Figure 6. Project timetable



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Table 3. Administrative timeline through 1 year post grant submission

	2022				2023									
	9	10	11	12	Q1			Q2			Q3			
					1	2	3	4	5	6	7	8	9	
Conference grant submitted	X													
Conference location secured	X													
Conference hotel/transportation secured	X													
Conference catering secured		X												
Keynote speaker recruitment	X	X												
Conference recruitment	X	X	X	X										
Travel award recipients notified			X											
Abstract review			X											
Symposia finalized				X										
Conference activities finalized					X									
Conference convened (Jan 24-26)					X									
Steering committee formed					X									
Working groups formed					X									
Working group meetings						X	X		X	X		X	X	
Data analysis of conference metrics						X								
First report of conference to WPOLC									X					
WRMHNN quarterly meeting								X				X		
Newsletter									X				X	