

Reducing COVID-19 Health Disparities in Rural Tennessee

Tennessee Department of Health Grant GR-21-73441 Final Report



**TDH GRANT GR-21-73441
(CDC GRANT) FINAL REPORT**

**RURAL
HEALTH**
ASSOCIATION OF TENNESSEE

*This report and all associated attachments may be found at
<https://www.tnruralhealth.org/2024-cdc-final-report>*

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Executive Summary

In July of 2021, Rural Health Association of Tennessee (RHA) received a “Notice of Award” from Tennessee Department of Health (TDH) about a funding opportunity to build strategies and best practices to reduce COVID-19 risk across the state of Tennessee in underserved and rural communities. The contract (GR-21-73441) totaling \$2,468,000 was made possible by the Centers for Disease Control and Prevention (CDC).

Through member surveys, interviews, and discussions with RHA’s Board of Directors, it was determined that RHA could have the most impact in the following ways, all of which were included in the contract with TDH:

- Organize, manage, and maintain RHA’s website to include content relevant to COVID-19 health challenges in rural communities.
- Facilitate educational opportunities and meetings relevant to COVID-19.
- Coordinate feedback loops on the kinds of training and support needed from the public and health professionals for communicating in newsletters.
- Build coalitions among medical providers, rural health advocates and stakeholders to address rural healthcare, rural health access and related challenges:
- Expand RHA’s Workforce Development Program to include training for Community Health Workers and Behavioral Health Workforce, including apprenticeships.
- Provide education on culturally appropriate care with the goal of reduce vaccine hesitancy and stigma associated with COVID-19.
- Provide outreach and education to rural women, providers, and advocates related to maternal health and infant mortality.
- Implement prevention, treatment, and recovery strategies for rural communities struggling with the impact of Opioid Use Disorder and Substance Use Disorder, such as implement drug take-back programs, increase referral services in rural communities, and increase the number of professionals administering Medication Assisted Treatment

To achieve these goals, RHA hired several new positions – going from a staff of 3 in 2021 to a staff of 18 as of the conclusion of the contract on May 30, 2024. While funding for this specific work to reduce COVID-19 risk has ended, RHA is proud to report all programs incubated as part of this grant have been sustained. The resources, partnerships, and lessons learned though this opportunity have increased RHA’s ability to manage large grants, disseminate quality information to all 95 of Tennessee’s counties, and most importantly, help rural communities often overlooked and underserved.

Our greatest challenge in managing this level of growth in a short period of time has been keeping track and reporting on all the great and meaningful work we have done. The following is a summary of those activities and outcomes, but it is nowhere near fully representative of the positive work Rural Health Association of Tennessee’s staff, members, and volunteers have achieved. At the end of this document are some attachments of some of the communications produced as part of this grant.

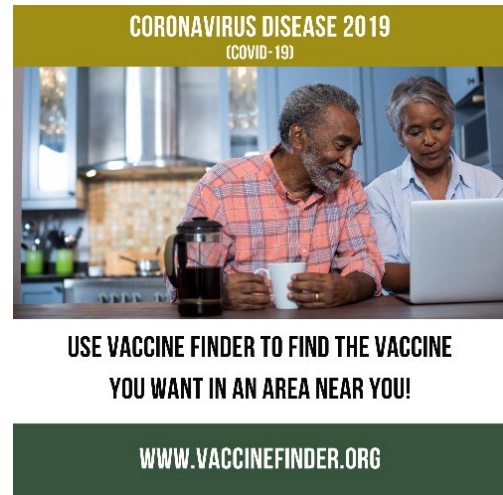
Rural Education

At the start of the COVID-19 Public Health Emergency (PHE), there was an abundance of misinformation and confusion about how to best mitigate infectious disease. It was critical for all of the public health community to deliver consistent messages related to masks usage, hand washing, social distancing, and vaccinations as well as other topics such as chronic disease prevention, behavioral and mental health, and providing culturally competent care.

To ensure rural providers, school health professionals, and others were receiving accurate and timely information Rural Health Association (RHA) implemented the following strategies:

- Included COVID-19 updates from the Tennessee Department of Health (TDH), Centers for Disease Control and Prevention (CDC), TennCare (state Medicaid agency), Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), Health Resources and Services Agency (HRSA) and others in Rural Health Association's "[Rural Health Digest](#)," sent twice a month. 55 publications shared COVID resources throughout this grant, sharing more than 2,000 relevant resources.
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- Developed new webpages and newsletters specific for [Coordinated School Health](#), [Rural Community Opioid Response](#), and [Rural Providers](#) (Critical Access Hospitals, Federally Qualified Health Centers, and Rural Health Clinics). A Workforce Newsletter was also created for participants and employers in RHA's [Workforce Development Program](#).
 - Hosted 22 webinars with speakers from TDH and others so that rural professionals and advocates could hear directly from state leaders (as opposed to filtered information via traditional and social media). Topics included "Navigating a Global Pandemic," "Sharing Facts and Debunking Fiction," COVID-19 and Disability Rights, "Mental Health, Addiction, and Rural Tennessee During COVID-19," and "Education and Health in Schools Through COVID-19." More than 1200 persons received education.
 - In 2020, RHA hosted their Annual Conference virtually for the first time ever. Guests received updates from the Commissioner of TDH, Commissioner of TennCare, Deputy Commissioner of Tennessee Department of Labor, Deputy Commissioner of TDMHSAS, Commissioner of Tennessee Department of Education, and many others. All the commissioners provided COVID-19 updates, as did most of the speakers. Presentations were later made available through RHA's LMS system.
 - Disseminated over 50,300 CDC COVID-19 flyers on "[Don't Delay: Test Early and Test Soon](#)," "[Keep Your Baby Healthy and Safe](#)," and "[Help Protect Yourself and Others](#)."

- Purchased a Learning Management System, called the “[Rural Resource Center](#)” for persons to access all recordings from the Annual Conference and webinars.
- Developed and disseminated a [Vaccine Hesitancy toolkit](#) that received more than 4,600 downloads. The communications toolkit provides communication tips on addressing vaccine hesitancy, graphics with encouragement to get vaccinated, and sample social media messaging for others to use locally.
- Hosted a four-part webinar series on addressing vaccine hesitancy and strategies to build vaccine confidence among minority populations. Session titles were: “Culturally Meaningful Storytelling as a Strategy for Building Trust and Promoting COVID-19 Vaccination,” “The History of Vaccine Hesitancy,” “Addressing Hesitancy in Rural Communities of Color,” and “Addressing Hesitancy in Appalachia.”
- In 2024, RHA hosted an eight-week webinar series titled [Health for All: A Language Inclusion Series](#) with topics including rural populations, race and ethnicity, gender and sexual orientation, family structure, domestic violence survivors, substance use disorder, age and ability, and body size and weight. RHA published a Health Equity Toolkit to complement the series that was downloaded more than 650 times.



Sustainability

Rural Health Association will continue to publish the Rural Health Digest, which has always been a RHA communication for 30 years, as well as the Workforce Development, School Health, Rural Community Opioid Response, and Rural Health Clinic Newsletters that were created out of response to this funding opportunity.

Additionally, webinars, learning modules, and other resources will be updated and included in lessons on RHA’s Learning Management System, called the “Rural Resource Center” to be available beyond the period of this grant.

Visit <https://www.tnruralhealth.org/2024-cdc-final-report> to view the *Vaccine Hesitancy and Health Equity Toolkits*.

Acknowledgements

A special thanks to RHA employees Allie Haynes, Membership Director; Destiny Shaw, Membership Coordinator; and former RHA employee Dorshonda Evans for leading the activities associated with this piece of the grant deliverables.

School Health

Tennessee's Coordinated School Health (CSH) professionals have been affiliated with Rural Health Association (RHA) since the founding of the School Health Coalition.

Throughout the COVID-19 pandemic, school health professionals were at the front lines of navigating the complex needs and demands between the Departments of Education and Health. It was CSH that were figuring out alternatives to summer meal programs, how to talk about and enforce social distancing guidelines with youth, and who saw firsthand the negative consequences the pandemic had on youth mental health.

With the support of this grant opportunity RHA developed a CSH Newsletter and Webpage as a place schools could find a COVID-19 resources (<https://rhat.memberclicks.net/cshnetwork>). Also through this grant opportunity, RHA developed specialized resources to support their goals of conducting the CDC's School Health Index to address health disparities in their respective districts. RHA also distributed "Safe Medication Storage (at home)" flyers for schools to give parents to 39 school districts across the state.

Understanding mental Health as a particular challenge among students, RHA purchased resources through Journey of Hope TN to be given to students. Journey of Hope TN BEST GROUPS began in 2011 in Putnam County, Tennessee through a partnership with Putnam County Schools and Heart of the Cumberland, INC. BEST stands for Be Each other's Support Team. Journey of Hope TN is a program that helps student find a safe place to explore their feelings relating to death of a parent, sibling, or close family member, divorce, foster care, or absence of a biological parent. Each peer group is facilitated by a trained professional or volunteer in a group format setting that encourages empathy and helps children name, understand, and appropriately express emotions. (Journey of Hope TN - BEST Groups).



Coordinated School Health Educators who attended RHA's Dare to Lead, Leadership Academy were given a set of Journey of Hope Curriculum to use in their schools. Anderson County Schools were also provided 400 books to support educating students in their county.

Sustainability

RHA will continue to publish the newsletter specific for Coordinated School Health and maintain the archive on RHA's School Health webpage.

Acknowledgements

A special thanks to Destiny Shaw, Membership Coordinator for her work on the School Health Newsletter and former RHA employee Shayla Sanderson for leading the school health work associated with this grant.

Workforce Development

Workforce challenges persisted in healthcare before the pandemic and only worsened through the pandemic and the years afterward. In 2021, RHA saw an opportunity to serve as a connector between healthcare providers (rural and urban), school health, and community and technical colleges as a strategy to support entry level careers in healthcare.

RHA's Workforce Development program strengthens collaborations between healthcare facilities (employers), K-12 schools, and community and technical colleges. Through this grant opportunity RHA has trained more than 1,200 students about careers in healthcare through the *Workforce Ready!* program, hosted job fairs, connected more than 80 employers with high school Career and Technical Education (CTE) instructors, and provided support in the form of tuition assistance and purchasing of supplies to help students looking to obtain a certification in a healthcare occupation. We're also proud to have partnered with three (3) Emergency Medical Service agencies; Anderson EMS, Jefferson EMS, and Meigs County EMS to provide EMT training.



RHA's Workforce Development Coordinators provide case management services, including teaching *Workforce Ready!*, assisting with resume writing, applying for employment, enrolling in post-secondary education, and follow-up services once they've complete the program. When a need is established, grant funds were used to support the cost of tuition, purchase classroom supplies, provide travel assistance, and/or help with test and study fees.

Visit <https://www.tnruralhealth.org/2024-cdc-final-report> to read the full *Workforce Final Report*.

Sustainability

RHA has been able to carve out workforce dollars from several other grant opportunities, however, is still looking for opportunities to deliver workforce specific programming. We are hopeful there will be opportunities as a result of the Rural Health Taskforce from Tennessee Department of Labor and/or Tennessee Department of Mental Health and Substance Abuse Services. RHA will continue to publish the Workforce Development newsletters that goes to 450 subscribers and to promote the *Workforce Ready!* and Naloxone training to high schools.

Acknowledgements

A special thanks to RHA employees Beth Keylon, Chief Program Officer; Madison Rymer, Workforce Coordinator; and former RHA employees Patty Lane, April Judkins, and Christy Belong for leading the activities associated with this piece of the grant deliverables.

Health Insurance Enrollment

In 2022, RHA realized that job losses caused by the COVID-19 pandemic had affected health coverage for many individuals and families across the state. At the same time, state Medicaid agencies were mandated to pause eligibility determinations until the Public Health Emergency (PHE) was declared over.

Knowing that people needed assistance navigating health insurance options, RHA hired a Patient Navigator/ Insurance Agent to assist people with ACA Marketplace and TennCare enrollments). Later in 2023, RHA hired two Community Health Workers to also support enrollments. Finally in 2024, RHA added an individual with a Master’s in Social Work who can help train and support community-based CHWs and patient navigators.

To launch this work, RHA established a statewide hotline 866-675-7092 and webpage that included an appointment scheduling system with RHA’s navigators, a link to compare health insurance plans on the ACA Marketplace, as well as other helpful resources such as CoverRx, finding a Sliding Fee Clinic, and TennCare Connect.

From July 2022 to May 2024, RHA successfully assisted individuals find coverage via the following health plans:

Program Enrollment	Total Assisted
Qualified Health Plans (QHP)	282
TennCare	2629
Cover RX	17
Response Unit Referral	27
Unemployment Assistance	9
Supplemental Nutrition Assistance Program (SNAP)	17



Sustainability

RHA has registered as a licensed insurance agency to receive a small commission on ACA Marketplace enrollments, which will generate funds to support a portion of this program. In April 2023, RHA contracted with TennCare to support the state’s redetermination efforts. RHA will continue to operate the statewide hotline, provide enrollment services, and will train other community-based organizations on how to provide health insurance enrollment assistance.

Acknowledgements

A special thanks to RHA employees Andrew Hawkins, Enrollment Director; Jyssie Molina and Becky White, Community Health Worker, and Kathleen Kennedy, Strategic Initiatives Director for leading the activities associated with this piece of the grant deliverables.

Rural Community Opioid Response

While working to provide support to rural providers at the start of the PHE, RHA quickly learned there were significant gaps in services and communication with rural providers related to mental and behavioral health. RHA did not previously have the staff capacity to stay abreast of the trends, resources, and initiatives of Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and therefore had not previously been able to serve as a resource.

Through this funding opportunity RHA began building capacity to communicate about issues related to mental and behavioral health. RHA actively engaged with multiple stakeholders and partners question about the kinds of resources and supports they needed and engaging with providers on topics such as suicide prevention, substance use disorders, and diversion practices.

RHA established a Rural Community Opioid Response (RCORP) consortium that meets quarterly, began a monthly RCORP communication that has more than 400 subscribers, as well as [RCORP webpage](#), and became more intentional about including mental and behavioral health topics in webinars and events.

RCORP Successes from CDC funding:

- Published a Drug Take Back Toolkit in partnership with University of Tennessee Health Science Center College of Pharmacy.
- Educated 200+ persons on webinars on topics such as stigma, MAT, and suicide prevention.
- Distributed 12,000 Dispose RX kits
- Distributed 10,000 Safe Storage flyers to families
- Trained 383 individuals on Administering Naloxone

Sustainability

RHA will continue to publish the RCORP newsletter, maintain the webpage, and update other resources as necessary. Also, RHA secured an award totaling \$1,000,000 from Health Resources and Services Administration (HRSA Grant # 1 GA1RH45979-01-00) to expand this work through August 2025.

Visit <https://www.tnruralhealth.org/2024-cdc-final-report> to view the Drug Take Back Toolkit.

Acknowledgements

A special thanks to Tyler Melton, PharmD, MPH, BCPS; UTHSC College of Pharmacy students, Matthew Davis and Nathan Sang; and public health consultant, Melissa McKnight, MPH for leading the activities associated with the Drug Takeback Toolkit.

Thank you to Jessica Rackley, RCORP Director and Jess Limbird, RCORP Coordinator for continuing the work beyond the CDC grant.



Rural Health Clinic Network

The COVID-19 pandemic presented significant challenges for the global healthcare system and in particular, hardships in rural communities. The whirlwind of regulatory changes during this time, made it difficult for Tennessee Rural Health Clinics (RHCs) to navigate the rapid shifts in guidance on COVID-19 Provider Relief funds, a historic number of executive orders, and how to deal with a vaccine-hesitant population.

At the height of the pandemic, various statewide stakeholders wanted to connect with trusted providers (like RHCs) but quickly discovered there was not a network to reach these key rural providers. Without a collective network to disseminate information and provide support, RHCs were left vulnerable despite being Tennessee’s largest group of safety net providers.



In October 2021, RHA hired a RHC Network Director to begin connecting with federally designated Rural Health Clinics. In the beginning her time was spent calling all 163 clinics, introducing herself, asking for the best point of contact and email address for the clinic – 99% of which the clinics were happy to oblige. RHA created a newsletter specific for these rural providers, which at the time included a lot of information related to clinic safety guidelines, provider relief funds, billing and coding changes, telehealth, and general COVID-19 guidance.

In 2022, RHA received funding from the Health Services and Resources Agency (HRSA) Network Development Planning Grant to formally establish the Tennessee RHC Network with the collective mission to “Improve the health and wellbeing of rural Tennesseans by strengthening and supporting the Rural Health Clinics who serve them.” CDC staff offered program activities in terms of webinars, newsletters, and COVID-19 resources, while the HRSA grant paid for consultants to conduct in-depth needs analysis of the RHCs.

Key Activities (from CDC funding):

- Created a RHC [webpage](#) and monthly newsletter with 375 subscribers.
- Hosted a “Virtual Pre-Conference Summit” for RHCs in October of 2022.
- Educated 217 people through a Lunch and Learn webinar series on topics such as COVID-19 resources, billing/coding, behavioral health integration, emergency preparedness, cost reporting, value based care, telehealth, survey preparation).
- Established a RHC Advisory Committee and quarterly network meetings
- Trained 166 RHC professionals on billing and coding.
- Trained 67 RHCs professionals on the National Health Service Corp program.

Sustainability:

RHA will continue all activities that began as part of this CDC funding opportunity, including the RHC communications, RHC specific webpage, and support of a RHC Network Director to act as a liaison between rural providers and state agencies.

In November 2023, RHA Board of Directors and Membership voted to make the Tennessee Rural Health Clinic Network an official member group in RHA's bylaws. *The Health Resources and Services Administration (HRSA)* awarded RHA a grant totaling \$1,200,000, for 4 years under [HRSA Award # 1 D06RH49185-01-00](#), funding the network through 2027.

Long-term network sustainability strategies include creating a positive membership experience so that clinics renew their annual membership.

Acknowledgements

A special thanks to Allie Haynes, Membership Director; Destiny Shaw, Membership Coordinator; Alicia Calloway, Chief Operating Officer; and former RHA employees Alison Gower and Dorshonda Evans for leading activities associated with these CDC grant deliverables.

We also would like to thank Kathy Wood-Dobbins and Sean McGee, consultants paid by the HRSA Network Planning Grant (HRSA 1 P10RH45771-01-00), as well as others acknowledged in the [Rural Health Clinic Strategic Plan](#).

Thank you to Christin McWhorter, RHC Network Director, who carries the work forward.

Men's Health

As part of the strategy to provide accurate education regarding COVID-19, vaccinations, and overall population health improvement, RHA contracted with the Men's Health Network of Tennessee (MHN) to develop and disseminate a Certified Men's Health Educator training.

The contract that totaled \$236,415.77 in funding included:

1. Facilitate COVID-19 meetings, convene educational opportunities, and coordinate COVID-19 activities that strengthen partnerships and foster communication and collaboration among rural health partners and stakeholders at the local, state, federal and national level.
2. Coordinate stakeholder meetings via telephone or face to face to discuss the association's respective rural health objectives for the year and any opportunities for training or input available to the public or health professionals and communicate this information on the Grantee's website and newsletter
3. Increase the number of culturally appropriate COVID-19 health education opportunities in rural underserved communities to reduce vaccine hesitancy stigma.

Visit <https://www.tnruralhealth.org/2024-cdc-final-report> to read the full Men's Health Report.

Community Health Worker Training

Rural Health Association was tasked with developing a standardized Community Health Worker (CHW) training for rural providers and engaging with other agencies providing CHW education.

To achieve this work, RHA developed a Community Health Worker Registered Apprenticeship Program with the Tennessee Department of Labor. This involved aligning the Related Technical Instruction (RTI) and On the Job Training (OJT) with various training providers and employers.

Throughout the period of this grant, RHA supported 30 CHW Apprentices. Currently, 2 have completed, 3 have withdrawn, and 27 are still working toward their 144 hours of instruction and 2000 hours of OJT. The most successful instructional provider has been with Vanderbilt School of Nursing, who has 25 of the 27 apprentices.

Additionally, RHA has developed a Community Health Worker training specific for persons working in a rural clinic setting. This training was completed in April 2024 and is in process of being launched on RHA's Learning Management System.

Sustainability:

RHA's Workforce Development staff earned program revenue through the CHW activities that will sustain this work beyond the term of the CDC grant. RHA's staff will be able to support Vanderbilt's Registered Apprentices through completion of their programs.

RHA's CHW training will be made available at a low or no-cost for RHA members who work in a clinic setting and/or who assist with health insurance enrollment.

Acknowledgements

A special thanks to RHA employees Beth Keylon, Chief Program Officer; Madison Rymer, Workforce Coordinator for their work with the CHW Participants, as well as Vanderbilt School of Nursing for their partnership as an instructional provider.

Thanks to Kate Bailey with Initium Health and Erin Novak for their work developing the curriculum and learning modules for RHA's Community Health Worker Curriculum.



Wendy Wellington and Jessica Rackley, Tennessee's first Registered Apprenticeship Graduates in the Community Health Worker Occupation.

Maternal Health

According to the [Centers for Disease Control and Prevention \(CDC\) and the National Center for Health Statistics \(2022\)](#), Tennessee's infant mortality rate (IMR) is 6.2/per 1,000 live births with a calculated 502 infant deaths per year. In 2020, the [CDC reported the national IMR for the United States was 5.4 deaths per 1,000 live births](#). Therefore, Tennessee ranks below the national average in the number of infant deaths per year.

Rural Health Association of Tennessee (RHA) used the funding opportunity from the Centers for Disease Control and Prevention (CDC) via the Tennessee Department of Health (TDH) to raise awareness among rural providers and advocates about the maternal health disparities.

Apart of this grant, RHA sponsored two Maternal Health Summits, educating more than 150 persons, distributed 10,000 [Keep Your Baby Healthy and Safe](#) CDC flyers, developed a Maternal Health module on RHA's Learning Management System, and has incorporated resources relevant to providing culturally competent care to expecting mothers into resources with rural health clinic and mental health providers.

Using RHA's Workforce Development model, RHA launched a Doula Training Pilot in August of 2023 to build a workforce of Certified Labor Doulas in rural communities. In partnership with WellPoint, a Medicaid Managed Care Organization, the program currently has 20 participants, 12 of which have completed the RTI requirements and are ready to assist clients.

Grant funds were used to purchase the Certified Labor Doula Training through Childbirth and Postpartum Professional Association (CAPPA). While the 18-hour CAPPA course is very good, RHA expects each Doula Trainee to complete approximately 80 additional hours of "Related Technical Instruction" (RTI) on cultural competence, mental health, and state specific resources.

Sustainability:

RHA will support the Doulas through the completion of their certification, which requires assisting with three (3) labor and deliveries. RHA has secured funds from WellPoint to pay Doulas for their time assisting clients and is currently working with TDH to secure additional funding. RHA is also working toward establishing an agency for rural doulas who want to work as independent contractors.

Acknowledgements

A special thanks to RHA employees Beth Keylon, Chief Program Officer; Adelle Ward, Doula Workforce Coordinator for their work with the Doula Participants, as well as Dr. Brenda Jones PhD, MSN, CNM, FNP-BC, NHDP-BC for supporting the trainees with additional instruction.



Administrative Capacity and Data Collection

The Centers for Disease Control and Prevention (CDC) grant received via the Tennessee Department of Health (TDH) was the first grant RHA had received of its size and scope.

Managing a grant this size, with an eye toward sustainability, required RHA to revise and create new policies and procedures. This required engaging RHA's Board of Directors, as well as staff, to ensure that organizational policies and procedures were strong to support specific programmatic procedures.

Immediately upon knowledge of the award, RHA's Board of Directors came together for a strategic planning session that helped define the operational and programmatic priorities, as well as set some financial goals so that RHA would not be left with nothing at the end of the grant. Among the priorities were expanding RHA's Workforce Program, increasing RHA's visibility and therefore connection to rural communities, and strengthening RHA's personnel and operational policies.

The first step was to focus on Personnel Policies, creating and refining position descriptions, conducting a wage and benefits analysis, and revision of the personnel policies. There were also significant changes that needed to be made to RHA's Bylaws. At the same time this was happening, RHA was making some significant investments in technology and communication systems since the traditional meetings in person were not feasible because of the pandemic.

The second phase involved really homing in on financial management policies and procedures. This was especially important with the creation/significant expansion of the workforce program, which involved many partners with education providers, employers, and workforce participants themselves. RHA staff were tracking the number of participants, the kinds of support, and the amounts of support in several different ways.

As mentioned in the introduction, the most challenging part of the grant management has been the data collection and tracking. 100% new programs has meant 100% systems and data tracking measures. The CDC grant was more than 3/4 through completion when TDH was able to finalize their measures, which didn't quite work for our programs. While we feel confident in the information we've collected and our new systems, we know that there is still much opportunity for improvement in this area.

As a consequence of these grant funds and the grant funds that followed, RHA has completed a Single A audit for the first time, as well as several "Desk Reviews" from TDH and other agencies. RHA's Leadership is committed to transparency and maintains a [Guidestar.org Profile](https://www.guidestar.org/profile/20-0000000) for funders and others who wish to view key reports and documents.

Acknowledgements

A special thanks to RHA Board of Directors and key staff: Allie Haynes, Alicia Calloway, and Beth Keylon for your leadership in working to improve and advance RHA's Administrative Capacity and Data Collection efforts.