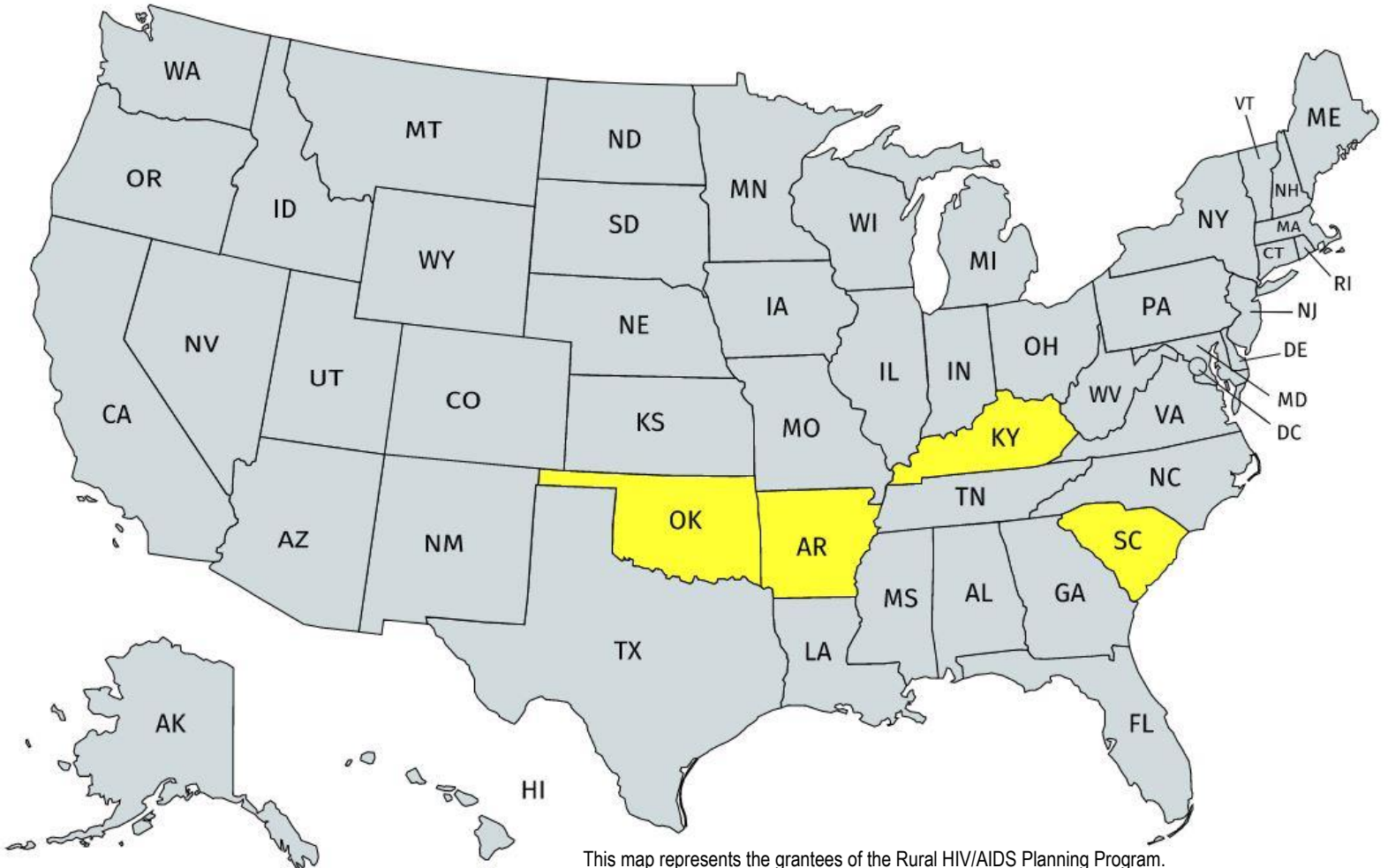


## Grantee Sourcebook

### 2020-2021



This map represents the grantees of the Rural HIV/AIDS Planning Program.

**SEPTEMBER 2021**

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
The Federal Office of Rural Health Policy



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## Introduction

The U.S. Department of Health and Human Services' Ending the HIV Epidemic: A Plan for America (EHE), is a multiyear effort to end the HIV epidemic in the United States by the year 2030. In fiscal year 2020, the Health Resources and Services Administration (HRSA), through the Federal Office of Rural Health Policy (FORHP), awarded **seven** Rural HIV/AIDS Planning Program grants to assist in the development of integrated rural HIV health networks for HIV care and treatment to address the four key strategies identified in the EHE plan:

- ❖ **Diagnose** all people with HIV as early as possible.
- ❖ **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- ❖ **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs.
- ❖ **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.<sup>1</sup>

The Rural HIV/AIDS Planning Program targeted states with a disproportionate number of HIV diagnoses in rural areas. The purpose of the Rural HIV/AIDS Planning Program was to encourage partners who did not have a history of formal collaborative efforts to come together to plan and develop more integrated approaches to addressing HIV in their communities. [The Rural HIV/AIDS Planning Program Grantee Directory](#) provides additional detail on the funding program.

### Summary of Key Impacts

Grantees and their partners dedicated the funding year to conducting local needs assessments to better understand the local factors that drive the disproportionately high numbers of HIV diagnoses in their communities. They assessed the current and needed capacity to effectively address HIV in rural communities. The developing networks conducted strategic planning around the development of new service-delivery models and community outreach and education. They explored new work-flows and evidence-based models to expand HIV screening and referrals.

As a result of the grant, the seven rural communities have a better understanding of the current HIV-related needs and service gaps. They have expanded partnerships with HIV service providers in their regions and states. They are training providers to more effectively screen for HIV and refer patients to appropriate services, and they are developing work-flows that include universal screening for HIV.

This *Sourcebook* provides contact and project summary information for each of the Rural HIV/AIDS Planning Program's seven projects funded during the program's 2020 funding cycle. The tables that follow this introduction list the awardee organizations by state and highlight the key EHE strategies

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<sup>1</sup> <https://www.hrsa.gov/rural-health/community/index.html/rural-hiv-aids-planning-program-awards>

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for each.<sup>2</sup> Program entries include a description of the planning activities, the EHE strategies of focus, the initial outcomes of the planning work, and the future of the HIV/AIDS rural health networks and HIV-related programming beyond the planning year.

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<sup>2</sup> <https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=1b271287-b7aa-4a4d-9100-86ee143676b3>

## Grantees by State

State	Grant Organization Name
Arkansas	<a href="#">ARcare</a>
Kentucky	<a href="#">Kentucky Health Center Network Inc.</a>
Kentucky	<a href="#">Pikeville Medical Center Inc.</a>
Oklahoma	<a href="#">Cherokee County Health Services Council</a>
Oklahoma	<a href="#">Rural Health Project Inc.</a>
Oklahoma	<a href="#">Stigler Health &amp; Wellness Center Inc.</a>
South Carolina	<a href="#">CareSouth Carolina Inc.</a>

## EHE Strategies

### Ending the HIV Epidemic

A Plan for America focuses on four key strategies to end the HIV epidemic:

- ❖ **Diagnose** all people with HIV as early as possible.
- ❖ **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- ❖ **Prevent** new HIV transmissions by using proven interventions, including PrEP and syringe services programs.
- ❖ **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Grantees identified the top two strategies that would be the focus of their HIV/AIDS planning efforts.

Diagnose	Prevent
ARCARE CareSouth Carolina Inc. Cherokee County Health Services Council Kentucky Health Center Network Pikeville Medical Center Inc. Rural Health Projects Inc. Stigler Health and Wellness Center	ARCARE CareSouth Carolina Inc. Cherokee County Health Services Council Pikeville Medical Center Inc. Rural Health Projects Inc. Stigler Health and Wellness Center
Treat	Respond
Cherokee County Health Services Council Kentucky Health Center Network Pikeville Medical Center Inc. Rural Health Projects Inc. Stigler Health and Wellness Center	Cherokee County Health Services Council

## Grantee Profiles

# Arkansas

## ARcare



### Ending the HIV Epidemic Key Strategies

<input checked="" type="checkbox"/> Diagnose	<input checked="" type="checkbox"/> Prevent	<input type="checkbox"/> Treat	<input type="checkbox"/> Respond
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### Project Focus Areas

<b>Patient advocacy</b>	<b>Infrastructure development</b>	<b>Care coordination</b>	
<b>Identification of gaps in care</b>	<b>Partnership development</b>	<b>Improved access to health care</b>	<b>Health disparities</b>

### Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input type="checkbox"/> American Indians
<input checked="" type="checkbox"/> Caucasians	<input type="checkbox"/> Elderly	<input type="checkbox"/> Infants	<input checked="" type="checkbox"/> Latinos
<input checked="" type="checkbox"/> Men who have sex with men	<input type="checkbox"/> Pacific Islanders	<input type="checkbox"/> People who inject drugs	<input type="checkbox"/> Pregnant women
<input type="checkbox"/> School-age children (elementary)	<input type="checkbox"/> School-age children (teens)	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other:

### Network Statement

The desire to reach all people, no matter how isolated, shows the true character of a health care organization. Those living with HIV in the southeast region of Arkansas understand this more than most. Most resources are allocated to the larger metropolitan areas, making it difficult for those living in rural areas to maintain the consistent care necessary to suppress this disease. Furthermore, budgets and spending distribution are determined prior to grant approval and offer limited flexibility. No matter how meticulous the planning, limited flexibility in spending makes it difficult to adjust course as the needs arise.



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To combat these obstacles, the Arkansas Rural HIV/AIDS Planning Coalition was formed by four entities, each dedicating resources and local knowledge, to address the health care gaps within the 18 counties of southeastern Arkansas. We have taken a regional approach to strengthening the health care infrastructure with the combined goal of alleviating barriers to HIV/AIDS care in this corner of the state. By combining efforts, we will formulate a comprehensive plan that takes a full range of aspects into consideration before determining where and how resources will be allocated. We are primarily focusing our efforts on prevention and diagnostic strategies in efforts to meet the Ending the HIV/AIDS Epidemic initiative. We are excited about our ability not only to prevent the spread of HIV, but also to help those living with HIV to enjoy a long and healthy life.

## Network Development

The identified gaps are prioritized and aligned with resources to develop the needs infrastructure for expanding HIV care. Additional community stakeholders have been identified as a result of the findings and have joined the coalition. New members were informed of the mission and goals of the planning grant and have agreed to participate in the development of the strategic plan.

Challenges for the coalition have been unique through this 2020-2021 year. The major obstacle is the impact that the COVID-19 pandemic has had on individual organizations and on the coalition. The inability to meet in person for stakeholder and town hall events slowed progress with the work plan and limited the opportunities to educate the medical community and the consumers with outreach events and conversation. Coalition members refocused efforts through virtual and small group meetings, but the impact was not the same. In addition, workforce issues also arose with quarantine, illness, and competition for workers between health care entities. The shortfall of workforce required realignment of priorities within the partner organizations to meet the needs in their respective health care organizations.

By using innovative communications, rethinking outreach, and diversifying conversations, the coalition has enabled the stakeholders to be engaged at their convenience at home or in the office. This action of the coalition allowed for focused discussions that might not have happened without this funding opportunity. This funding allows interdisciplinary teams to converse on the gaps and resources for the HIV community and to educate community providers so that they can be a part of the solution.

## HIV/AIDS Program Development

The coalition has completed a community needs assessment for the targeted service area by coordinating with the hospital and provider partners. Gaps in HIV/AIDS care have and will continue to be identified, and the results have been disseminated to the coalition partners. The strategic plan will identify challenges and will take a holistic approach to expanding access to and improving the quality of health care in the HIV/AIDS services in the service area. The coalition members are currently developing a sustainability plan, which allows the forward movement into the implementation phase of the service deliverables for the HIV/AIDS population of southeastern Arkansas.

Challenged by the decrease of face-to-face activities that coalition partners do so well, they had to rethink how to effectively get the message out for the needs assessment and gap analysis. Innovations included utilizing virtual technology to train, to administer surveys and assessments, and to share the purpose and mission of the network.

## Sustainability

Identifying the gaps in care for HIV/AIDS services allows the coalition to focus on issues that rural Arkansans face each day. The implemented strategies will resolve many of the issues that the HIV/AIDS population endures as the coalition continues with the improvement of processes and providing access to care.

The Arkansas Rural HIV/AIDS Planning Coalition will focus on provider and case management training to ensure that all community providers interested in addressing the HIV/AIDS population will have the ability and resources to do so. HIV/AIDS screening and prevention will be expanded through provider training, contracts with the Arkansas Department of Health Ryan White Program services, and innovative outreach to the community to increase awareness about available resources. Screening and PrEP events will be scheduled, and providers will be trained on each service. Coalition partners will work together throughout the Southeast Arkansas area to ensure the resources and services are where the community needs them, whether through hospitals, rural health clinics, Federally Qualified Health Centers, or independent providers. During the strategic-planning process, the partners will develop a detailed work plan for this work and continue to engage with communities to inform network programming.

## Counties Covered by Your Project

County/State	County/State
Arkansas County, AR	Drew County, AR
Ashley County, AR	Grant County, AR
Bradley County, AR	Jefferson County, AR
Calhoun County, AR	Lincoln County, AR
Chicot County, AR	Monroe County, AR
Cleveland County, AR	Lee County, AR
Columbia County, AR	Ouachita County, AR
Dallas County, AR	Phillip County, AR
Desha County, AR	Union County, AR

## Network Partners

Organization	Location (City, State)	Organization Type
ARcare	Augusta, AR	Federally Qualified Health Center (FQHC)
Arkansas Rural Health Partnership	Lake Village, AR	Nonprofit

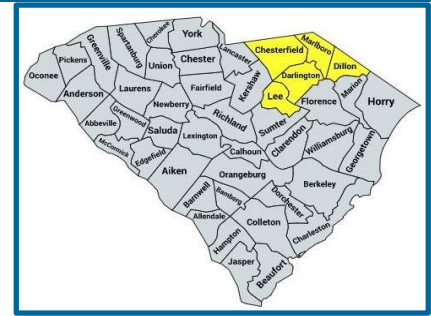
Arkansas Department of Health	Little Rock, AR	Public Health
Rural Health Association of Arkansas	Batesville, AR	Nonprofit

**Grantee Contact Information**

<b>Name</b>	Steven Collier, MD, FACHE
<b>Title</b>	Chief Executive Officer
<b>Organization</b>	ARcare
<b>Organization Address</b>	117 S. Second St.
<b>City/State/ZIP</b>	Augusta, AR 72006
<b>Telephone No.</b>	(870) 347-2534
<b>E-mail</b>	<a href="mailto:steven.collier@arcare.net">steven.collier@arcare.net</a>
<b>Website</b>	<a href="https://www.arcare.net">https://www.arcare.net</a>

# South Carolina

## CareSouth Carolina Inc.



### Ending the HIV Epidemic Key Strategies

<input type="checkbox"/> Diagnose	<input checked="" type="checkbox"/> Prevent	<input type="checkbox"/> Treat	<input type="checkbox"/> Respond
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### Project Focus Areas

Network development			
Increase testing/referral			

### Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input type="checkbox"/> American Indians
<input type="checkbox"/> Caucasians	<input type="checkbox"/> Elderly	<input type="checkbox"/> Infants	<input type="checkbox"/> Latinos
<input checked="" type="checkbox"/> Men who have sex with men	<input type="checkbox"/> Pacific Islanders	<input type="checkbox"/> People who inject drugs	<input type="checkbox"/> Pregnant women
<input type="checkbox"/> School-age children (elementary)	<input type="checkbox"/> School-age children (teens)	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Other:

### Network Statement

Working hand in hand with our rural partners across Chesterfield, Darlington, Dillon, Marlboro, and Lee counties, the Pee Dee Network is a coalition of health service providers working to reduce the number of new HIV infections and improve health outcomes among people living with HIV. We will accomplish this through collaborative planning; building a system for screening, diagnosis, and referral; and the provision of quality care that gives access to our most vulnerable populations.

As a result of the network’s efforts, the service area will experience increased access to quality HIV health care services across the continuum of care. Additional community benefits of a successful network will include opportunities for shared purchasing and shared personnel among network

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members and other project partners, as well as collaborative service delivery. The proposed project also seeks to build local, regional, state, and federal support to sustain network activities, which will ensure the integration and coordination of HIV activities carried out by the network on an ongoing basis.

## Network Development

The Pee Dee Network comprises Ryan White HIV/AIDS service providers, a Federally Qualified Health Center, a regional hospital, and mental health providers. The Pee Dee Network is committed to ensuring individuals have access to HIV/AIDS services including testing, referrals, and sexually transmitted infection services.

The Pee Dee Network is in an emerging phase of development. Being a new network, the challenges and barriers can pose concern to some agencies that are not familiar with the network process. As the lead agency, CareSouth is focused on engaging each partner agency in the planning process and providing information in a proactive way during monthly meetings to ensure all network members are informed and committed to the work moving forward.

## HIV/AIDS Program Development

CareSouth Carolina, through Care Innovations, provides comprehensive HIV/AIDS primary health care for individuals in Chesterfield, Darlington, Lee, and Marlboro Counties. These services are made possible through a federal Ryan White Part C grant. Services include medical care, pre- and post-test counseling, medication access and management, care management, behavioral health services, dental service, transportation, support groups, and community-based outreach.

The goal of the network planning grant is to create new pathways into care for clients of mental and behavioral health providers in the region. By expanding on-site testing and counseling and building a strong system of referrals and follow-up, the network seeks to ensure that clients in behavioral health programs are tested and that no one is lost to follow-up after a diagnosis.

## Sustainability

The service area will experience increased access to quality HIV health care services across the continuum of care as a result of the planning and development of a rural HIV health care network. By developing a unified regional plan for increasing access to HIV diagnosis and prevention, as well as developing and implementing a unified strategic plan and workforce plan related to diagnosis and prevention, the Pee Dee Network will be able to reorganize HIV health care delivery to make the transition to a health care environment that emphasizes value, quality, and efficiency. The proposed project also seeks to build local, regional, state, and federal support to sustain network activities, which will ensure the integration and coordination of HIV activities carried out by the network on an ongoing basis.

By expanding outreach, education, and testing services with partners and by developing a plan for implementation of diagnosis evidence-based practices (EBPs) and expansion of prevention EBPs, the Pee Dee Network will bolster referrals of new clients to HIV medical care and significantly extend prevention efforts in the service area. Through these approaches, the network seeks to address the challenges likely to be encountered in implementing activities, including community, patient, and provider stigma; the need for work-flow and health care delivery reorganization; and workforce development challenges.

### Counties Covered by Your Project

County/State
Chesterfield, SC
Darlington, SC
Dillon, SC
Lee, SC
Marlboro, SC

### Network Partners

Organization	Location (City, State)	Organization Type
Alpha Behavioral Health Center	Bishopville and Chesterfield, SC	Behavioral Health
Carolina Pines Regional Medical Center	Hartsville, SC	Hospital
Rubicon Family Counseling Center	Hartsville, SC	Behavioral Health
Trinity Behavioral Care	Bennettsville and Dillon, SC	Behavioral Health

### Grantee Contact Information

<b>Name</b>	Kurt Berke
<b>Title</b>	Rural HIV Network Project Director
<b>Organization</b>	CareSouth Carolina
<b>Organization Address</b>	1268 S. Fourth St.
<b>City/State/ZIP</b>	Hartsville, SC 29550
<b>Telephone No.</b>	843-339-5527
<b>E-mail</b>	<a href="mailto:Kurt.Berke@CareSouth-Carolina.com">Kurt.Berke@CareSouth-Carolina.com</a>
<b>Website</b>	CareSouth-Carolina.com

# Oklahoma

## Cherokee County Health Services Council



### Ending the HIV Epidemic Key Strategies

<input checked="" type="checkbox"/> Diagnose	<input checked="" type="checkbox"/> Prevent	<input checked="" type="checkbox"/> Treat	<input type="checkbox"/> Respond
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### Project Focus Areas

<b>Partnership development</b>	<b>Increasing awareness</b>	<b>Increasing access to HIV testing</b>	<b>Increasing capacity to provide direct services</b>
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### Target Population

<input type="checkbox"/> Adults	<input type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input type="checkbox"/> American Indians
<input type="checkbox"/> Caucasians	<input type="checkbox"/> Elderly	<input type="checkbox"/> Infants	<input type="checkbox"/> Latinos
<input type="checkbox"/> Men who have sex with men	<input type="checkbox"/> Pacific Islanders	<input type="checkbox"/> People who inject drugs	<input type="checkbox"/> Pregnant women
<input type="checkbox"/> School-age children (elementary)	<input type="checkbox"/> School-age children (teens)	<input type="checkbox"/> Uninsured	<input checked="" type="checkbox"/> Other: All residents living in the counties

### Network Statement

Oklahoma is home to 39 federal tribes, and 59 of its 77 counties are described as rural. The three largest communities are in Oklahoma City, Tulsa, and Lawton. These three urban areas tend to get the most attention and provide the most health care information when Oklahoma populations are studied, often to the detriment of rural communities. In 2016, when the state updated its 2017-2021 Statewide Coordinated Statement of Need, survey findings and recommendations for everyone living in the state were based on surveys completed in one of these three urban locations. Oklahoma carries a high burden of HIV infection across the state in urban and rural communities.

The Tri-County HIV Rural Health Network was formed to address this gap in knowledge of residents at risk for or living with HIV in rural northeastern Oklahoma. This coalition of medical providers and

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community-based organizations in Cherokee, Delaware, and Adair counties came together to better identify the actual needs of rural residents and develop strategies to improve their health and well-being, primarily through increased education and awareness about risks that lead to HIV infection. Through the efforts of the network, the health care landscape for rural Oklahomans will increasingly meet their needs.

### Network Development

Over the course of the planning period, the network has strengthened as a unified group, aided by regularly scheduled and focused meeting times. On a quarterly basis, members share information and resources and offer suggestions or assistance to others in the network. The group successfully applied for a foundation capacity-building grant and has now expanded the network to two adjacent counties. Other grants have been sought to meet the identified needs of our medical provider in Adair County.

The challenges faced are the lack of service providers in the community, generalized stigma and lack of awareness within the general population, the dominating focus on COVID, and the need for ongoing financial support.

### HIV/AIDS Program Development

The Tri-County Rural HIV Network completed a regional needs assessment and determined that the most pressing need regarding HIV was that of educating the public regarding the ongoing risks and prevalence of HIV in the area, where to get tested, and what steps to take if the test results are positive for HIV. Further, an application letter was sent to an HIV-focused foundation seeking to fund a case manager for the only infectious disease doctor in the region serving the general population.

In addition, network members identified a new program in an adjacent county that provides clean syringes to people who inject drugs. The network partnered with this group to provide HIV and hepatitis C testing and, out of seven tests, three were positive for hepatitis C. The network will pursue further opportunities for aligning with this and other complimentary programs.

### Sustainability

Regarding sustaining the network itself, the partners recognize that the network is still in the formative stage, and the group has committed to continue meeting after the planning period ends and members have agreed to take on leadership roles as in-kind contributions. In addition, the partners will continue to pursue new grant funding to support ongoing network capacity development. With regard to sustaining network Ending the HIV Epidemic (EHE) programming, partners have also committed to sustaining EHE efforts that are within their respective scopes of work and capacity as ongoing in-kind contributions to the network mission and for which the partners have ongoing means of support. Several strategies have already been identified. With a focus on the identified needs (lack of awareness, HIV testing sources, and additional funding), partners agreed to use the social media platforms at their disposal to continue to promote positive



messages about HIV and availability of testing sites, and also to send letters to medical providers in their respective counties to urge them to increase routine HIV testing and to inform clients of their HIV status. The program currently providing easily accessible HIV testing ends in August, and unobligated funds supplied by a program volunteer will be used to purchase HIV testing kits to allow testing to continue during syringe distribution events until more stabilized funding is identified. A hospital-based partner agreed to conduct free HIV testing for clients coming into that facility in Adair County and will engage their agency-funded grant writers to assist in identifying and pursuing additional funding to sustain the network. The network also made application for funding to support a case manager to work with the infectious disease specialist to aid in completing patient medication paperwork and routine case management.

### Counties Covered by Your Project

County/State	County/State
Adair County, OK	Delaware County, OK
Cherokee County, OK	

### Network Partners

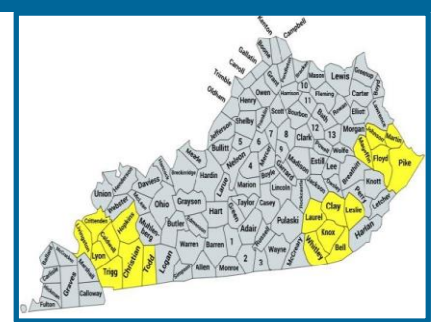
Organization	Location (City, State)	Organization Type
Cherokee County Health Services Council	Tahlequah, OK	Other
Northeastern Oklahoma Community Health Centers Inc.	Hulbert, OK	Federally Qualified Health Center (FQHC)
Northeastern Health Systems	Tahlequah, OK	Hospital
Stilwell Memorial Health Systems	Stilwell, OK	Hospital
Mease Medical Clinic	Jay, OK	Physicians Clinic
Northeastern State University Police Department	Tahlequah, OK	Law Enforcement
National Indian Women’s Health Resource Center	Tahlequah, OK	Nonprofit
Delaware County Community Partnership	Jay, OK	Nonprofit

### Grantee Contact Information

<b>Name</b>	Pamela Iron
<b>Title</b>	Executive Director
<b>Organization</b>	Cherokee County Health Services Council
<b>Organization Address</b>	135 N. Muskogee Ave.
<b>City/State/ZIP</b>	Tahlequah, OK 74464
<b>Telephone No.</b>	(918) 506-4058
<b>E-mail</b>	<a href="mailto:Pamela.iron.cchsc@gmail.com">Pamela.iron.cchsc@gmail.com</a>
<b>Website</b>	<a href="http://www.cchscok.org">www.cchscok.org</a>

# Kentucky

## Kentucky Health Center Network Inc.



### Ending the HIV Epidemic Key Strategies

<input checked="" type="checkbox"/> Diagnose	<input type="checkbox"/> Prevent	<input checked="" type="checkbox"/> Treat	<input type="checkbox"/> Respond
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### Project Focus Areas

Increase access to care	Toolkit development	Community outreach
Needs assessment	Partnership development	

### Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input type="checkbox"/> American Indians
<input checked="" type="checkbox"/> Caucasians	<input checked="" type="checkbox"/> Elderly	<input checked="" type="checkbox"/> Infants	<input type="checkbox"/> Latinos
<input checked="" type="checkbox"/> Men who have sex with men	<input type="checkbox"/> Pacific Islanders	<input checked="" type="checkbox"/> People who inject drugs	<input checked="" type="checkbox"/> Pregnant women
<input checked="" type="checkbox"/> School-age children (elementary)	<input checked="" type="checkbox"/> School-age children (teens)	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other:

### Network Statement

The Kentucky Health Center Network (KHCN) is the membership organization of Kentucky’s Community Health Centers, also known as Federally Qualified Health Centers (FQHCs). Our mission is to sustain Kentucky Community Health Centers and their capacity to provide quality patient services, to institute best practices, and to pursue continuous improvement. KHCN seeks to improve population health through building the capacity of member centers by providing education and training through KHCN on many issues in rural health.

Kentucky remains one of the poorest and least healthy states in the United States. A high rate of substance abuse is a contributing factor to the disproportionate occurrence of HIV in Kentucky. This

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stems from increased poverty and low income levels. KHCN and its FQHC consortium members are committed to working toward improving the diagnosis and treatment of HIV. By conducting clinical and community needs assessments, the network partners will identify challenges and barriers to diagnosis and access to care. Those challenges and barriers will be addressed by developing a toolkit that will provide information about training opportunities, best practices, screening and diagnosis recommendations, and preventive measures. The toolkit will be made available to primary care providers throughout Kentucky.

## Network Development

KHCN and three FQHCs came together to focus on increasing diagnosis and treatment of HIV/AIDS in their member health centers and across Kentucky's rural clinics. The partners conducted needs and environmental assessments, completed strategic and sustainability planning, and are now in the process of completing a toolkit of resources, tools, and information to help primary care centers increase diagnosis and treatment in their clinics.

KHCN enlisted the expertise of the Kentucky AIDS Education and Training Center (KAETC) to create a toolkit that will help support primary care facilities in starting or expanding their HIV/AIDS diagnosis and treatment services. This partnership with the KAETC has been extremely helpful in providing information during the grant application phase and in drafting and compiling results of the needs and environmental assessment survey instrument.

KHCN was an existing network for other purposes, so all grant participants already knew and trusted one another. That is a huge advantage, but other networks can achieve that trust by having face-to-face meetings where ground rules are laid for honest and open discussions to take place.

## HIV/AIDS Program Development

The partners in this grant were all motivated from the time of application to increase HIV diagnosis and treatment in their organizations, and the development of the toolkit will make it easier for other rural primary care clinics in Kentucky to begin or expand their HIV/AIDS diagnosis and treatment services.

The network will work with the KAETC to complete the toolkit. It will be distributed to the 22 other members of the KHCN and will be offered for distribution through the KAETC and Kentucky Primary Care Association.

KAETC has been extremely helpful throughout the process, and other rural communities may benefit from reaching out to their AETC for resources and support. Additionally, Ryan White Program representatives from several areas of Kentucky made presentations to network partners so that they can better understand all the support that is available to patients through Ryan White providers. They provide amazing services to patients and should be utilized or consulted whenever possible.

## Sustainability

KHCN has successful peer sharing teams in place and will be the foundation for disseminating information about the HIV/AIDS toolkit and planning efforts. The partners in this grant project will be increasing diagnosis and treatment within their health centers and will be models for other FQHCs to implement services within their clinics. The network is fortunate that the initial partners include a CEO, chief medical officer, and senior director of health care risk and compliance (former quality director) of different organizations, so they will be able to share their successes, work-flows, and challenges with peers in already existing groups to motivate them to move forward. They will also be available to assist fellow FQHCs in any questions that arise during program development. KHCN members are already connected via listservs and face-to-face meetings to share such information, so no additional revenue will be needed to support these efforts.

At the KHCN level, the CEO will share information on the progression of increased services, e.g., how many member organizations are offering full testing and treatment services. She will also share information about the importance of testing and current standards of care regarding testing. Additionally, most KHCN grant funding is for the optimization of member organization use of health information technology, which includes assisting with required annual Uniform Data System reporting for FQHCs. KHCN's grant can be used to ensure HIV/AIDS diagnosis and treatment data is entered appropriately into their electronic health records for accurate reporting.

KHCN hopes to engage KAETC to assist with ensuring that the toolkit is kept up to date with its tools and resources. If they are not available to assist in those efforts, KHCN will do the best it can and enlist others to help maintain the information.

## Counties Covered by Your Project

County/State	County/State
Bell, KY	Leslie, KY
Caldwell, KY	Livingston, KY
Christian, KY	Lyon, KY
Clay, KY	Magoffin, KY
Crittenden, KY	Martin, KY
Floyd, KY	Pike, KY
Hopkins, KY	Todd, KY
Johnson, KY	Trigg, KY
Knox, KY	Whitley, KY
Laurel, KY	

## Network Partners

Organization	Location (City, State)	Organization Type
Big Sandy Health Care	Prestonsburg, KY	Federally Qualified Health Center (FQHC)

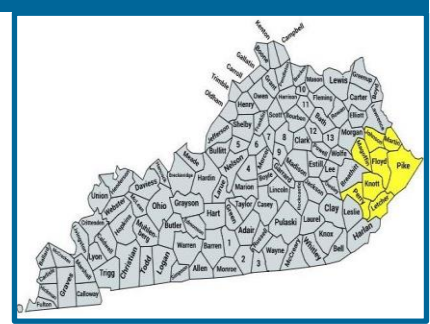
Community Medical Clinic	Princeton, KY	Federally Qualified Health Center (FQHC)
Grace Health	Corbin, KY	Federally Qualified Health Center (FQHC)
Kentucky Health Center Network	Mount Sterling, KY	Other

**Grantee Contact Information**

<b>Name</b>	Jennifer NeSmith
<b>Title</b>	CEO
<b>Organization</b>	Kentucky Health Center Network
<b>Organization Address</b>	PO Box 1127
<b>City/State/ZIP</b>	Mount Sterling, KY 40353
<b>Telephone No.</b>	(859) 274-7115
<b>E-mail</b>	<a href="mailto:Jennifer.nesmith@kyhcn.org">Jennifer.nesmith@kyhcn.org</a>
<b>Website</b>	<a href="http://www.kyhcn.org">www.kyhcn.org</a>

# Kentucky

## Pikeville Medical Center Inc.



### Ending the HIV Epidemic Key Strategies

<input checked="" type="checkbox"/> Diagnose	<input checked="" type="checkbox"/> Prevent	<input type="checkbox"/> Treat	<input type="checkbox"/> Respond
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### Project Focus Areas

Early Diagnosis of HIV	Treatment planning efforts	Education	
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### Target Population

<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input type="checkbox"/> American Indians
<input type="checkbox"/> Caucasians	<input type="checkbox"/> Elderly	<input type="checkbox"/> Infants	<input type="checkbox"/> Latinos
<input type="checkbox"/> Men who have sex with men	<input type="checkbox"/> Pacific Islanders	<input type="checkbox"/> People who inject drugs	<input type="checkbox"/> Pregnant women
<input type="checkbox"/> School-age children (elementary)	<input type="checkbox"/> School-age children (teens)	<input type="checkbox"/> Uninsured	<input type="checkbox"/> Other:

### Network Statement

Together we can reduce the incidence of new HIV infections and improve health outcomes among residents with HIV in our rural East Kentucky community.

For decades, eastern Kentucky has been affected by both geographical and socioeconomic barriers. Unfortunately, this has been especially evident in health care. In this region, incidence rates of many diseases lead the state, and in some instances, the nation. When combined with the stigma surrounding HIV and AIDS, the gap between the easternmost counties and the rest of the state seems much more significant. In response, partners of the East Kentucky Rural HIV/AIDS Network have taken a collaborative approach to gain a broader understanding of the actual impact that HIV/AIDS has on eastern Kentucky.

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Partners of the East Kentucky Rural HIV/AIDS Network collaborate to better understand the challenges in our HIV/AIDS-affected population and develop strategies to address them. Together we will promote health and quality of life by preventing HIV infection and reducing HIV-related illness by offering more comprehensive services to the community.

In doing this, the network targets those most at risk, who are battling substance abuse issues, living in poverty, and lacking inadequate support systems. Typically, these patients are more comfortable in their home setting. As partners working in the community, the network aims to transform HIV diagnostic and treatment services into a more comfortable, patient-centered, and locally available system of care.

## Network Development

Many that reside in the mountains of the Appalachian region and eastern Kentucky face difficult challenges in their daily lives. For a long period of time, significant challenges such as job losses, drug crises, and more have had a devastating effect on the region and, in particular, on the community's health.

The East Kentucky Rural HIV/AIDS Network is committed to developing a formal integrated, evidence-based, scalable, and sustainable rural HIV/AIDS network of regional care providers and other community stakeholders. The partners in the East Kentucky Rural HIV/AIDS Network include Pikeville Medical Center; Big Sandy Health Care, a Federally Qualified Health Center serving Eastern Kentucky; Mountain Comprehensive Care, a behavior health provider; and the Pike County Health Department. Each partner has a role to play in the HIV/AIDS-related prevention and services, including prevention, testing and diagnosis, referrals, and treatment.

The network addressed community HIV needs, gaps in service, and challenges in eastern Kentucky. Pikeville Medical Center led a consortium of local entities to:

1. Compile and share data related to HIV/AIDS prevalence and treatment.
2. Complete a needs assessment based on said data, identifying the needs of the community for education as it relates to HIV/AIDS diagnoses and treatment.
3. Create a mission statement, an action plan with defined roles and responsibilities of the network partners, and a decision-making structure to address the needs, gaps, challenges, and opportunities identified in the needs assessment.
4. Build a strong alliance to better serve our community.

## HIV/AIDS Program Development

Leveraging their expertise, resources, and opportunities, the partners contribute to the project. To meet the previously stated goals, outcomes, and outputs, the network engaged in the following:

- Held HIV/AIDS consortium meetings monthly meetings. During the pandemic, the group used a web-based platform.
- Created a strategic plan to assist in prevention planning process.

- Identified HIV prevention interventions available in the region
- Developed a roster of potential prevention interventions and developed comprehensive plan goals, objectives, and activities at the HIV/AIDS network.
- Approved a final version of the comprehensive HIV/AIDS plan’s broad objectives and activities as a network.

## Sustainability

The members of the East Kentucky Rural HIV/AIDS Network have made a long-term commitment to work as a team to continue the mission of the network. Team contribution and tangible progress will be noticeable in the assessment and strategic plan publication. Once the strategic plan has been completed and implemented, the members will receive benefits from the services offered.

All the network’s members have worked together to prepare a robust quality-improvement process. The process will be used when applying strategies to improve HIV/AIDS education, prevention, screening, and treatment. We currently collect data from each network partner and compare the information.

The East Kentucky Rural HIV/AIDS Network is committed to caring for and supporting each individual through these steps without any gaps in service. The network pinpoints gaps in services and implements strategies to better support people in our community with the following:

- Increased screening
- Diagnosis of HIV infection
- Linkage to HIV medical care
- Provision of HIV medical care
- Retention in medical care
- Achievement and maintenance of viral suppression
- Bringing HIV services to hard-to-reach people

The network will continue to increase community education and awareness, increase access to care, improve quality of life, and increase resources to:

- Prevent new HIV infections in our community
- Improve health outcomes for persons living with HIV
- Reduce community HIV-related disparities and health inequities
- Continually improve effectiveness of HIV programs and services

## Counties Covered by Your Project

County/State
Pike County, KY
Floyd County, KY



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## Network Partners

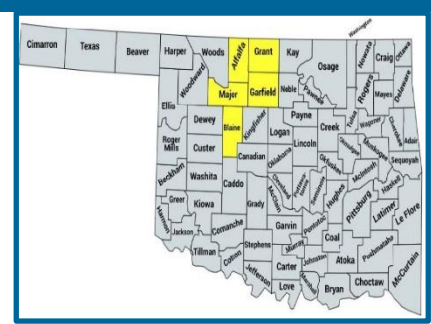
Organization	Location (City, State)	Organization Type
Pikeville Medical Center Inc.	Pikeville, KY	Hospital
Pike County Health Department	Pikeville, KY	Public Health
Big Sandy Health Care	Prestonsburg, KY	Rural Health Center
Mountain Comprehensive Care	Prestonsburg, KY	Behavioral Health

## Grantee Contact Information

<b>Name</b>	Lisa Estep
<b>Title</b>	Vice President of Grant and Foundation Development
<b>Organization</b>	Pikeville Medical Center Inc.
<b>Organization Address</b>	911 Bypass Road
<b>City/State/ZIP</b>	Pikeville, KY 41501
<b>Telephone No.</b>	606-213-5723
<b>E-mail</b>	<a href="mailto:Lisa.estep@pikevillehospital.org">Lisa.estep@pikevillehospital.org</a>
<b>Website</b>	<a href="http://www.pikevillehospital.org">www.pikevillehospital.org</a>

# Oklahoma

## Rural Health Projects Inc.



### Ending the HIV Epidemic Key Strategies

<input checked="" type="checkbox"/> Diagnose	<input type="checkbox"/> Prevent	<input checked="" type="checkbox"/> Treat	<input checked="" type="checkbox"/> Respond
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### Project Focus Areas

<b>Understand impact of HIV/AIDS with rural areas of Oklahoma</b>	<b>Reduce barriers to treatment, including social determinants of health</b>	<b>Identify other key target populations</b>	<b>Identify current HIV prevention and care workforce needs and pathways</b>
<b>Decrease stigma and improve safety</b>	<b>Increase telemedicine capabilities</b>	<b>Normalize testing and decrease stigma</b>	<b>Normalize at-home testing options</b>

### Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input checked="" type="checkbox"/> American Indians
<input checked="" type="checkbox"/> Caucasians	<input type="checkbox"/> Elderly	<input type="checkbox"/> Infants	<input checked="" type="checkbox"/> Latinos
<input checked="" type="checkbox"/> Men who have sex with men	<input checked="" type="checkbox"/> Pacific Islanders	<input checked="" type="checkbox"/> People who inject drugs	<input type="checkbox"/> Pregnant women
<input type="checkbox"/> School-age children (elementary)	<input type="checkbox"/> School-age children (teens)	<input type="checkbox"/> Uninsured	<input checked="" type="checkbox"/> Other: Emergent adults, 18-29 years of age

### Network Statement

The Northwestern Oklahoma region is representative of an underdeveloped HIV care continuum, which leaves residents with little or no access to HIV prevention, screening, and care resources. Factors such as poverty, stigma, and health care access are coalescing and increasing the HIV burden within rural communities. Not only does Oklahoma

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currently have the lowest HIV testing rates since testing began in the state, but also those living with HIV are not receiving the care they need.

Partners of the Ending the HIV Epidemic in Rural Oklahoma (e-HERO) Network joined forces in 2020 to address these inequities in the rural areas of our state. Together, partners are actively seeking to engage community partners and leaders in assessing and addressing current barriers to HIV prevention and care. The network is focused on developing screening programs responsive to the unique cultural values of rural communities; reducing HIV-related stigma; and providing continuing education opportunities for medical and mental health providers within Alfalfa, Blaine, Garfield, Grant, and Major counties. The e-HERO Network's approach is innovative, but with the involvement of community members, organizations, and providers, partners are convinced we can achieve long-term improvements in HIV/AIDS prevention and care.

### **Network Development**

The e-HERO Network has made progress despite the COVID-19 pandemic and other challenges in the last year. The network was able to solidify partnerships to formalize the network, with partners signing memorandums of understanding, meeting regularly, and working together through the work plan while developing the strategic plan. New partners have been added to the e-HERO Network, and it continues to grow.

There have been a few challenges to network development, including the pandemic and losing staff to illness and other places of employment. As a result, the e-HERO Network had to adjust the timing of the work plan, but with the addition of a new network coordinator and the opportunity to extend the grant period to complete the proposed activities, the e-HERO Network will meet the goals of the funding and sustain as a network.

### **HIV/AIDS Program Development**

There have been several programmatic successes for the e-HERO Network. A community and provider needs assessment was completed. This assessment identified opportunities and gaps in the HIV care continuum, including HIV prevention, screening, treatment, and access to care within the service area. Trainings were provided to e-HERO Network members at the monthly meetings and to area physicians at regional physician meetings. Staff and network partners are working to identify evidence-based, promising, and innovative approaches proven to decrease HIV risk and enhance screening and engagement in care, which will then be prioritized by the e-HERO Network partners.

Again, staffing and pandemic issues particularly stalled the programmatic goals of the e-HERO Network, but with the No-Cost Extension, staff are back on track to complete the work plan and continue the work of the network. One challenge has been distributing surveys during a pandemic since there were so few places (e.g., doctor's offices, health

departments, etc.) open or allowing visitors. Staff were able to distribute some surveys at clinic locations when the offices reopened.

## Sustainability

To sustain the e-HERO Network, partners and staff will continue to recruit partners to the network, ensuring the network remains a robust organization with the right partners working together to implement the strategies determined to meet the goals set forth by the network. The Garfield County Health Department has received funding for a health educator position who will provide family planning education to youth, including information about HIV/AIDS. The local FQHC, Great Salt Plains Health Clinic, is awaiting funding notification to address HIV from a clinical perspective. Rural Health Projects, Inc. has received funding to improve COVID-19 vaccine rates in 11 counties. One of the priority populations for this grant is the LGBTQ population. Rural Health Projects will work toward reducing barriers to care access for this population, including providing information about the Ryan White HIV programs in Tulsa and Oklahoma City.

The e-HERO Network staff will focus on encouraging and supporting continued engagement of network members. This objective has been a difficult one due to the pandemic, but as restrictions and COVID-related responsibilities lift, the network expects members to be more engaged. The e-HERO Network will continue to identify opportunities to add value and create engagement with the members.

## Counties Covered by Your Project

County/State
Alfalfa County, OK
Blaine County, OK
Garfield County, OK
Grant County, OK
Major County, OK

## Network Partners

Organization	Location (City, State)	Organization Type
St. Mary's Regional Medical Center	Enid, OK	Hospital
Enid Community Clinic	Enid, OK	Public Health
Rural Health Projects	Enid, OK	Nonprofit
Grant County Health Department	Medford, OK	Public Health
Garfield County Health Department	Enid, OK	Public Health
Great Salt Plains Community Health Center	Cherokee, OK	Public Health

Oklahoma State University Center for Health Sciences	Tulsa, OK	College/University
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**Grantee Contact Information**

<b>Name</b>	Allison Seigars
<b>Title</b>	Executive Director
<b>Organization</b>	Rural Health Projects Northwest AHEC
<b>Organization Address</b>	2929 E. Randolph, Room 130
<b>City/State/ZIP</b>	Enid, OK 73701
<b>Telephone No.</b>	(580) 213-3166
<b>E-mail</b>	<a href="mailto:agseigars@nwsu.edu">agseigars@nwsu.edu</a>
<b>Website</b>	<a href="http://www.Rhp-nwahec.org">www.Rhp-nwahec.org</a>

# Oklahoma

## Stigler Health & Wellness Center Inc.



### Ending the HIV Epidemic Key Strategies

<input checked="" type="checkbox"/> Diagnose	<input checked="" type="checkbox"/> Prevent	<input checked="" type="checkbox"/> Treat	<input type="checkbox"/> Respond
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### Project Focus Areas

<b>Normalizing HIV prevention, testing, and treatment</b>	<b>Developing effective screening programs and encouraging those at risk to utilize PrEP</b>	<b>Implementation of coordinated system of care</b>	<b>Individual and community education</b>
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### Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> African Americans	<input type="checkbox"/> Alaska Natives	<input checked="" type="checkbox"/> American Indians
<input checked="" type="checkbox"/> Caucasians	<input checked="" type="checkbox"/> Elderly	<input type="checkbox"/> Infants	<input checked="" type="checkbox"/> Latinos
<input checked="" type="checkbox"/> Men who have sex with men	<input checked="" type="checkbox"/> Pacific Islanders	<input checked="" type="checkbox"/> People who inject drugs	<input checked="" type="checkbox"/> Pregnant women
<input type="checkbox"/> School-age children (elementary)	<input checked="" type="checkbox"/> School-age children (teens)	<input checked="" type="checkbox"/> Uninsured	<input type="checkbox"/> Other:

### Network Statement

The health of McIntosh County residents is at risk. While Oklahoma has been identified as one of seven states with a substantial number of HIV cases in rural areas, local awareness of the problem is limited. In fact, it is rare to hear anyone even mention HIV — an epidemic that started nearly four decades ago is no longer even a topic of conversation in the area. While new HIV diagnoses have declined significantly over the years, progress has stalled. Worse, there is a real risk rates may start climbing again due to the failure to recognize that HIV remains a significant public health threat.

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Wanting better for the people of McIntosh County, partners of the HIV: Opportunities to Stop Transmission (HOST) Network are joining together to create a coordinated system that addresses HIV education and provides local resources for HIV prevention, testing, and treatment services. Taking advantage of one of the best parts of living in rural Oklahoma, the HOST Network is using our connections to each other to build a system of HIV-related services that can be provided close to home, at affordable rates, and by people and institutions the community knows and trusts. Together, the network partners are excited to reduce the transmission of HIV in the community and create a healthier future for McIntosh County.

## Network Development

Developing a network is never easy, and developing a network during the COVID-19 pandemic came with even more challenges. Out of the gate, partners had to address the issue of holding meetings in a safely distanced environment and opted for virtual interactions. An issue not so easily addressed was the lack of time the health department had to commit to the HOST Network. Despite an interest in participating in the network, health department staff had limited time to engage in network activities at first. This posed a real problem as only two of the four network participants actually provide health care services, and with little interaction, the effort to develop a coordinated system of care was stymied. This problem was solved by in-depth engagement with the State Health Department — the group that actually manages the state’s HIV programs.

The HOST Network stated from the outset that it did not want to reinvent the wheel but rather simply find ways to knit a somewhat frayed care system together. To accomplish this, a core group of participants who were deeply embedded in local, regional, and statewide programs conducted an asset inventory where members shared their unique skill sets and resources. As a result, the network was able to put the plan in place for a more functional health care system.

At the local level, Stigler Health and Wellness (SHWC), McIntosh County Health Department (MCHD), and KI BOIS Community Action Foundation offer services in McIntosh County, and SHWC and KI BOIS have additional sites spread across a larger, multicounty region. Operating in the public health arena, MCHD is part of the larger Oklahoma State Health Department, and members of this agency have joined in network activities. The Oklahoma Primary Care Association (OKPCA) is a federally funded organization that strives to improve access to care across the state and has a wealth of knowledge to share. It was through the OKPCA that HOST Network participants were introduced to staff at the South Central AIDS Education and Training Center (SCAETC), which has provided hours of educational content to SHWC providers.

## HIV/AIDS Program Development

As part of the HIV planning project, the HOST Network developed a number of processes and procedures for operation of the network, itself, but none that are specific to the provision of HIV services for the network as a whole. Instead, SHWC has developed its own HIV-related policies that are consistent with the training received through SCAETC, and the McIntosh County Health Department continues to use its existing HIV-related policies. While this may be a little unorthodox, the decision to use this type of arrangement reflects the fact that the HOST Network is structured

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to open the lines of communication between local resources while building links to a full range of health and social services.

Instead of writing policies where activities are structured for a group, the HOST Network is sustaining the individual operations of each participant while building connections to get patients into care as quickly as possible. For example, the network has agreed that universal HIV screening will likely be the most effective system in our area, and both SHWC and the health department have policies in place that have made this a reality for all patients from 15 to 64 years old. In other areas, SHWC staff has met with the State Health Department's Rapid Start Team, and SHWC has revised its policies to reflect the process for referring patients who screen positive for HIV to this team for follow-up, including face-to-face contact with the patient within a few days and linkage to HIV/AIDS specialists within two to three weeks. Likewise, SHWC and KI BOIS enhanced existing processes for referring patients between the two agencies to include the identification of a point of contact at KI BOIS for patients with or at risk for HIV who are in need of social assistance (i.e., housing, transportation, food, etc.).

All network participants were already known to each other and, in the case of SHWC, KI BOIS, and the OKPCA, had years of experience working together. That said, the grant team did encounter some degree of resistance from local health department staff when the team first approached with the idea of meshing network partner services together more effectively. However, that barrier was overcome when OKPCA staff was able to find a more amenable link to public health resources through the Oklahoma State Health Department.

## Sustainability

The HOST Network is making plans for the future, with the network currently working on the development of a network charter that will outline individual roles for the group, while highlighting responsibilities and the structure of the group over time. As a very active FQHC organization, SHWC has also applied for an additional Primary Care Grant that would be dedicated to the provision and growth of HIV services in the area. Should this grant be awarded, the HOST Network plans to expand into six additional counties in Eastern Oklahoma, significantly expanding the reach of the network in the state. In this scenario, the network is already considering potential new partners to add to the group, with an eye on housing program agencies and the faith-based community.

As for the planned HIV programs, SHWC is ramping up its capability to provide HIV services to the community, with providers taking part in a 10-session primary care HIV training program offered by the SCAETC. Added to this, the health center has assigned a dedicated HIV champion who will work with the chief medical officer to oversee the implementation of new HIV programs. On a separate front, training sessions focusing on sexual health assessments are being planned for non-provider staff, with planned education likely to be provided by OKPCA staff.

In terms of fiscal sustainability, the HIV services provided by SHWC, McIntosh County Health Department, and KI BOIS are either billable or covered via existing grant resources. As to the network's activities, no funds are specifically earmarked for paying staff or network expenses, as each agency or organization is donating the resources used (including staff to implement program



activities, IT/electronic devices and software systems, space for meetings, etc.) as a part of each organization's effort to improve the health and well-being of McIntosh County residents.

### Counties Covered by Your Project

County/State
McIntosh County, OK

### Network Partners

Organization	Location (City, State)	Organization Type
Stigler Health and Wellness Center	Checotah and Eufaula, OK	Federally Qualified Health Center (FQHC)
McIntosh County Health Department	Checotah and Eufaula, OK	Public Health
KI BOIS Community Action Foundation	Tahlequah, OK	Social Services Agency
Oklahoma Primary Care Association	Oklahoma City, OK	Nonprofit

### Grantee Contact Information

<b>Name</b>	Brooke Lattimore
<b>Title</b>	Chief Operations Officer
<b>Organization</b>	Stigler Health & Wellness Center Inc.
<b>Organization Address</b>	1505 E. Main St.
<b>City/State/ZIP</b>	Stigler, OK 74462
<b>Telephone No.</b>	918-967-3368
<b>E-mail</b>	<a href="mailto:blattimore@thwcinc.com">blattimore@thwcinc.com</a>
<b>Website</b>	<a href="https://healthwellnessok.com">https://healthwellnessok.com</a>

Health Resources and Services Administration  
5600 Fishers Lane, Rockville, MD 20857  
301-443-0835  
[www.hrsa.gov](http://www.hrsa.gov)

