

Alina Holloway

Health Engagement Nurse

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STRENGTHS

- ♥ **Member Coaching**
A difficult conversation became a workable care plan after coaching connected symptoms, benefits, and next steps.
- 👥 **Group Education**
Presentations for up to 100 people turned clinical information into practical choices members could use.
- ♥ **Data Guided Outreach**
Excel review revealed engagement gaps, helping focus diabetes and preventive care education where it mattered.
- 🔗 **Clinical Coordination**
When members faced access barriers, provider and community referrals kept care moving through handoff.
- ♥ **Field Independence**
Rural sites and changing schedules called for initiative, steady follow through, and calm collaboration.

SKILLS

Health engagement

Registered Nurse

Care management Managed care

Health education

Condition management

Disease management

Wellness programs

Diabetes education

Behavior modification

Community outreach

Provider coordination

Utilization analysis

SUMMARY

Registered Nurse and **Certified Case Manager** with 9 years and 3 months of progressive clinical, managed care, **health education**, wellness, **disease management**, and community engagement experience. Leads employer health programs and rural outreach initiatives through individual coaching, group presentations, clinical assessments, **non invasive biometric screenings**, referrals, and condition management education. Translates utilization information, screening results, and program outcome data into focused engagement strategies for diabetes, preventive care, and chronic conditions. Presents clinical and benefits information to groups of up to 100 participants, members, providers, employers, and senior leaders. Coordinates clinical programs, designated physicians, community resources, facilities, and care teams while resolving benefit interpretation questions. Brings active unrestricted Georgia RN licensure, CCM certification, strong Microsoft Office skills, independent field execution, and extensive local travel experience.

EXPERIENCE

Senior Health Engagement Nurse

Pinecrest Population Health 📅 May 2023 - Present 📍 Macon, GA

Leads field based health engagement programs for employer groups and rural member populations. Supports wellness, **diabetes education**, condition management, clinical referrals, screenings, presentations, and data informed program planning across dispersed community sites.

- Led rural employer programs through coaching, education, and **condition management** across dispersed community sites.
- Analyzed **Excel** utilization and screening data, then shaped diabetes and preventive care outreach plans.
- Presented clinical benefits and program options clearly for audiences reaching approximately 100 participants.
- Coordinated physician, clinical program, and community referrals, following member needs through handoff.
- Performed **clinical assessments** and **non invasive biometric screenings** at employer and community events.
- Resolved benefit interpretation questions with employers, facilities, providers, and senior clinical leaders.

RN Care Manager

Magnolia Managed Care Solutions 📅 August 2020 - April 2023 📍 Columbus, GA

Managed members with chronic and complex conditions through telephonic and in person assessment, individualized care planning, utilization review, diabetes education, **behavior modification** coaching, **provider coordination**, and employer wellness programming.

- Managed chronic condition caseloads through telephonic and in person assessments of care barriers.
- Built diabetes care plans using motivational coaching, medication education, and preventive care guidance.
- Reviewed utilization reports to prioritize outreach and recommend targeted clinical program referrals.
- Coordinated hospitals, physicians, community organizations, and clinical programs through practical care transitions.
- Created employer wellness presentations and adapted clinical education for group and individual sessions.
- Tracked outreach responses and presented recurring barriers to clinical leadership for program improvement.

Registered Nurse, Medical Surgical

Oconee Regional Medical Center 📅 June 2018 - July 2020 📍 Dublin, GA

Group presentations

Program management

LANGUAGES

English Native

Spanish Intermediate

MY CAREER



● Senior Health Engagement Nurse at Pinecrest Population Health (3.3 Years)

● RN Care Manager at Magnolia Managed Care Solutions (2.7 Years)

● Registered Nurse, Medical Surgical at Oconee Regional Medical Center (2.1 Years)

● Registered Nurse at South Georgia Community Hospital (10 Months)

Delivered direct nursing care for adult medical surgical patients with acute and chronic conditions. Combined assessment, medication administration, discharge education, clinical documentation, interdisciplinary coordination, and community resource connection to support safer transitions.

- Delivered bedside care through assessment, medication administration, planning, and discharge education.
- Taught diabetes, cardiovascular risk, medication, nutrition, and warning sign information using teach back.
- Coordinated discharge needs with physicians, pharmacists, case managers, and community providers.
- Escalated patient condition changes through focused assessment and timely clinical communication.
- Maintained electronic health records and organized recurring patient education resources with Microsoft tools.
- Connected patients with community services after identifying social and access barriers during discharge planning.

Registered Nurse

South Georgia Community Hospital 📅 July 2017 - May 2018 📍 Tifton, GA

Provided supervised to independent direct care for adult hospital patients while building reliable assessment, documentation, education, handoff, discharge coordination, diabetes support, and peer education practices.

- Provided direct hospital care while strengthening assessment, documentation, education, and coordination practices.
- Conducted admission and shift assessments, then communicated significant findings through concise handoffs.
- Reinforced medication, follow up, warning sign, and **condition management** education with teach back.
- Supported **diabetes education** covering glucose monitoring, nutrition, medication instructions, and symptom escalation.
- Coordinated nursing, physician, social service, and **case management** support around discharge barriers.
- Prepared concise unit reference materials for recurring patient teaching topics and peer education.

PROJECTS

Rural Diabetes Engagement Program 📅 2025

Built a field education model connecting diabetes coaching, biometric screening, clinical referrals, and community resources across rural employer sites. Used utilization patterns and participation findings to focus outreach where members needed practical support.

Employer Wellness Screening Initiative 📅 2024

Coordinated employer events combining non invasive biometric screenings, health education, behavior modification guidance, and follow up referrals. Presented findings in accessible language for employees, leaders, providers, and clinical partners.

LEADERSHIP & AWARDS

- Recognized by clinical leadership for dependable member engagement across rural field programs.
- Selected as a trusted resource for diabetes education, benefits questions, and care coordination.
- Acknowledged by peers for clear presentations and practical patient teaching.

EDUCATION

Bachelor's Degree in Nursing

Georgia Southern University 🎓 GPA: 4.0 📅 2017 📍 Statesboro, GA

Coursework: Adult health nursing, community health, health assessment, care coordination

CERTIFICATIONS

- Certified Case Manager 📅 2022
- Basic Life Support 📅 2025
- Registered Nurse, Active Unrestricted Georgia License 📅 2017

TECHNICAL SKILLS

- **Microsoft Office:** Microsoft Word, Microsoft PowerPoint, Microsoft Excel
- **Operating Systems:** Microsoft Windows, desktop workflows, file management
- **Clinical Assessment:** Health assessments, clinical screening, risk identification
- **Biometric Screening:** Non invasive screening, screening results, health measurements
- **Care Management:** Case management, care planning, care transitions
- **Disease Education:** Diabetes education, chronic condition education, preventive care
- **Health Programs:** Wellness programs, employer health programs, clinical programs
- **Data Analysis:** Utilization analysis, program outcome reporting, participation analysis
- **Member Engagement:** Individual coaching, behavior modification, health care consumerism
- **Community Services:** Community outreach, community resources, local referrals
- **Clinical Coordination:** Provider coordination, physician referrals, facility coordination
- **Presentation Methods:** Group presentations, health education, teach back
- **Managed Care:** Managed care, benefits interpretation, program clarification
- **Documentation Systems:** Electronic health records, clinical documentation, education records
- **Program Management:** Program development, program implementation, targeted engagement

PROFESSIONAL AFFILIATIONS

- Certified Case Manager community, connecting care coordination practice with accountable member support.
- Georgia nursing community, supporting clinical education, patient advocacy, and local health access.

ADDITIONAL INFORMATION

Work Status : Authorized to work in United States. No sponsorship required.

REFERENCES

AVAILABLE ON REQUEST