



August 9, 2021

Thank you for completing your 2021 Community Star Individual Nominee Questionnaire!

Overview

Here is a copy of your answers for your records. All nominations will be reviewed and evaluated by members of NOSORH's Community Star Selection Committee. One Community Star will be selected per state. If you are selected as your state's Community Star, I will work with you to schedule an interview so that we can develop your outstanding story to share in our annual book of Community Stars released on Thursday, November 18, 2021.

If you have any questions, please reach out to NRHD Community Star Project Coordinator, Brea Corsaro at bcorsaro@powerofrural.org.

Your Information

Knicole Lee, DNP, MEd, MSN, FNP-BC

Chief Operating Officer/Assistant Professor

HealthIE Community Center, LLC/Valdosta State University

Baxley, Georgia

knicole.shc@gmail.com

912-278-0410

Have Questions? Contact:

powerofrural.org | nosorh.org | bcorsaro@powerofrural.org



Organization or Project Website

Please describe in as much detail as possible, your role within your organization and the nature of your work in rural health?

I am the Chief Operating Officer for HealthIE Community Center, LLC a private nonprofit primary care organization that serves rural Georgia. In addition to this role, I am an Assistant Professor at Valdosta State University where I teach in the graduate program. As the COO of HealthIE Community Center, LLC I function in a leadership and clinician role. I have practiced nursing since 1994 as a Registered Nurse and been Certified by the American Nursing Credentialing Center (ANCC) since 2007 to practice as a Family Nurse Practitioner in Georgia. In 2014 I stepped out of the managed care hospital owned practice setting and opened my own practice. Throughout time I have merged my practice into HealthIE Community Center, LLC. In this role I get the opportunity to provide direct patient care, trouble shoot at-risk population needs, design and implement models to affect change and support the growth of others all at the same time. To some this may sound like pure insanity, but, for me it is a blessing from God.

Through this time of growth over the years it has become very clear that to be in healthcare leadership you should have healthcare experience. So, there is nothing like hiring someone to do a job and then doing it beside them in a time of need. During the pandemic I have swabbed throats, drawn blood, and given vaccines right beside my team. I have stayed up late nights writing reports and supporting documentation for grant submissions and praying that we could get the help we need for Rural Georgia.



As my education and career has progressed teaching has always been dear to my heart. Growing the healthcare force of tomorrow means we must invest in the students of today. Currently, I am starting my twentieth year in the Georgia Educational System having taught at the secondary, post-secondary, graduate, and now doctoral levels. The combination of my leadership, clinical and educational practices keep me going, but in reality, they build on each other and have helped to form the healthcare network and rural infrastructure for both direct patient collaborative care and clinical learning experiences that we have today in our organization.

What inspired you to choose your career?

My entire life I have helped people. When I was in elementary school, I got in trouble for helping someone “do their work”. It is a funny story now, but apparently, I was assigned to help a peer in 2nd or 3rd grade and when the peer continued to struggle I “did it for them”. In Junior High School I was a peer mentor and the only girl on the Science Team. I knew I wanted to do something in healthcare, but I just didn’t know what. As I transitioned into high school I started helping with Special Olympics events, dressed up as a clown and entertained during the events and took Health Occupations. It was at this time I knew that I wanted to be a nurse. Nursing was also seen as a respected profession and in the rural area of Appling County Georgia one that would support me to be independent financially if I worked hard. Being the oldest of 4 children to a single mother, times were hard and until I completed RN school, I lived below the poverty level. My mother was awesome she always made sure somehow that I got to participate in “gifted trips” and school activities even when now looking back I know we didn’t have the money. Becoming a nurse changed my whole family’s life. My first nursing job in 1994 paid 12.35/hr. plus shift differential “I thought I was rich”.

Now looking back at all the lives, I have gotten to touch in some way or be a part of that's what is really "priceless". There is no amount of money that can be placed on a thank you note from a hospice patient's family, or a colored picture from a child seen in clinic or a hug in Wal-Mart for taking care of someone's loved one, that's what makes nursing and healthcare worth it.

What is the impact of your work in your community or the rural populations you serve?

I am a hometown girl. I have lived in Appling County Georgia since I was eight years old, I am forty-eight now. Throughout time I have held various positions and served on committees to try and improve healthcare to Rural Georgia. As an adolescent my family ran a fruit stand at the corner of Hwy 121 and Hwy 341 to support ourselves financially while my mom went to school at night. When I became a Nurse Practitioner a patient came in looking for "the fruit stand girl". Though he didn't know my married name, he knew he wanted me to take care of him. I am proud of my rural roots, my meager upbringing and my understanding of agriculture and forestry work that are a large part of the area of Georgia I live in. It is that understanding and knowledge that not only can "help you find the needle in the haystack" with a diagnosis but understand why someone can't come in until after "the cotton is picked" if a big rain is coming.

Long before the pandemic I provided home visits to patients who struggled with transportation or mobility issues. During COVID my team and I were able to be the eyes and ears for patients with complex needs for Specialty Providers through home visits and follow-ups without the need to travel during the shutdown. Through this process support was given to providers who were less eager to implement telemedicine or telehealth services to incorporate them into their practices. For those that did not have a virtual platform or were not accustomed to utilizing virtual services our team and

students worked with them individually to create connections for them to be able to serve their patients and keep everyone as “socially distanced” and safe as possible.

Patients and families in need of hospice services who would typically have transitioned into hospice facility type settings were supported to stay home. My team partnered with Rural Hospice agencies to keep patients’ home, keep families educated and safe and supported with PPE and sanitization needs as needed to promote respect and quality end of life care in their homes.

Partnerships with local Critical Access Hospitals to implement 24/7 covid screenings and treatment to support industry safety, early access to treatment and availability of antibody infusions for at-risk populations early in COVID diagnosis to improve outcomes and promote decreased hospitalizations for those that were in the “at-risk category”. I have has taken call for the past 18 months seven days a week so that the needs of rural Georgians could be met and treatment and outcomes for urgent or weekend issues could be positive and addressed without unnecessary visits to local Emergency Rooms that were over ran with COVID patients.

In 2010 I designed B.A.B.E.S. (Battling Against Breast Cancer Educating for Survival) a program for women in rural Georgia who needed Breast Cancer related services and screenings but could not obtain them due to cost, access or lack of education for availability of services. Currently on T-shirt 18 we are excited to start the Fall 2021 season ready to grasp the obstacles by the horn and sell more t-shirts than ever. All are themed and have an acronym that supports education while the shirt is being worn to serve as both a reminder of the importance of breast health and education to encourage increased prevention measures. The proceeds from these shirts go to pay for mammograms for women who are uninsured and are not eligible for other public programs, to support transportation for women and their families

battling breast cancer and provide supportive palliative needs like compression sleeves and adaptive clothing needs to support improved physical health and self-esteem as patients travel through the battle to fight breast cancer. During the pandemic funding was shared directly back to the Critical Access Hospitals themselves for service delivery to that they could meet the needs of their communities effectively and efficiently while battling COVID-19. Over 500 women and their families through this project since its inception.

During the pandemic my team and I partnered with local pharmacies for patients to receive medications on weekends and alternate hours. For elderly patients and patients with COVID my family and I have delivered needed nutritional support aides and medications to families where the entire support system was in quarantine. Everyone may not always agree with everything that is done in a small community. But, without a doubt if there is a specific need or a project that needs to be addressed that is unique or requires specific interventions people definitely don't hesitate to call me, for this I am thankful.

Have you accessed, benefited from, or worked directly with your State Office of Rural Health? If yes, please describe.

The Georgia State Office of Rural Health's team has been awesome. From supporting our organization with letters of validation for grant opportunities to connecting me with Critical Access hospitals and rural partners for student placement the team we have in Georgia is stellar and always willing to help. Stephen Register and his staff always have an open mind and a willingness to listen to an idea or project you might have in mind. In evaluating the need for access in some of the most rural areas of Georgia, especially where hospitals have closed Mr. Register has himself come and met with myself and a team of healthcare professionals on-site so that he could understand first

hand the need and then take the information back to support future projects in the area. Mr. Register was the first person I presented my "COINS" (Community Outreach Intervention Network Services) Model to. This model is a collaborative model that partners primary care, behavioral health care, pharmacy services and transportation provision all under one roof. Through his support and encouragement my model has been utilized in several successful funding projects now to truly help "Grow a healthier Georgia".

Are you or your organization a HRSA, Federal Office of Rural Health Policy Grantee? If yes, which grant program? If yes, which one?

No