

## Agency for Change Podcast: Kenny McMorris, President and CEO, Charles Drew

### **Kenny McMorris**

Always work hard, never be outworked; but above all, always be you.

### **Announcer:**

Welcome to Agency for Change, a podcast from KidGlov that brings you the stories of changemakers who are actively working to improve our communities. In every episode, we'll meet with people who are making a lasting impact in the places we call home.

### **Lyn Wineman:**

Getting the care you need is so important. But where do you turn if you don't have access to reliable healthcare? That's the question Charles Drew Health Center in Omaha has been answering since 1983 when it first opened its doors. Today as a leader in community health and with locations all across Omaha, including several at public schools and public housing facilities, the organization is still focused on providing comprehensive medical care for anyone who needs it regardless of their ability to pay. Hey everyone, welcome to another episode of The Agency for Change podcast. This is Lyn Wineman, president and chief strategist of KidGlov. Today, we're talking with Kenny McMorris, CEO of Charles Drew Health Center, which is working to grow a healthy community in Omaha by providing quality comprehensive healthcare. Kenny, welcome to the podcast.

### **Kenny McMorris:**

I'm happy to be here. Thanks for having me and looking forward to having a great conversation here.

### **Lyn Wineman:**

Me too. We talked a little bit about Charles Drew Health Center in the introduction, but could you talk a bit more about what the organization does and who you serve?

### **Kenny McMorris:**

Yeah. Charles Drew Health Center is called a federally qualified health center or called an FQHC. The genesis of the FQHC movement actually started out of the civil rights movement in the early '60s. Mount Bayou, Mississippi. There was a place in the Boston area as well, where communities that underserved typically have some challenges in terms of their environment. Folks were saying, hey, we need access to healthcare that is native to us.

### **Kenny McMorris:**

Out of that, started the community health center movement. Here in Omaha, there's a total of actually two, what is known as FQHCs and Charles Drew is the oldest and longest running one in the state of Nebraska. There's a total of seven. In the early '80s, there were a number of folks in this community that said, hey, we have great health systems. However, the importance of health maintenance and prevention in the north Omaha community specifically, is not getting the healthcare services at the rate and the level and the engagement in which the community deserves. Through a series of events, the community and Creighton University and others got together and formed this small clinic out of a laundromat. The

Omaha Housing Authority was also a partner there. Our primary site, which is located off of 30th and Lake was the first physical location for the health center.

**Lyn Wineman:**

Did you mention it was started in a laundromat or in a building that was once a laundromat?

**Kenny McMorris:**

Yeah. Once a laundromat. Exactly. Yeah. The surrounding area prior to the way that it currently looks, looks a lot better now. There's a lot of economic development happening. But we used to be surrounded by housing projects. The Hilltop housing projects, as well as the Pleasant View housing projects were surrounding in this area. Through a series of events, legislation and some people that had the vision said, hey, let's create this community health center.

**Kenny McMorris:**

Used leveraged federal dollars and Bob Kerry played a significant role in that. That's what started Charles Drew Health Center. Personal note. I grew up, I'm a native of Omaha. Born and raised here in Omaha. I grew up in those Hilltop projects. My family, one of the first families that received services at this health center. I know firsthand the value of what Charles Drew brings. I know we talk a lot about healthcare and keeping people healthy. But I like to say that this place is really a beacon of hope. You look at the things that we're doing for this community in terms of promoting health and wellness, but really we are really spawning a lot of development and support for families and meeting them where they are. That's our story and we'll be coming up and celebrating 40 years of service to this community next year.

**Lyn Wineman:**

Congratulations. That's fantastic.

**Kenny McMorris:**

Yeah. Looking forward to that celebration and culmination of just thought leaders and folks that really have a vested interest in making sure everyone has affordable and accessible healthcare. Couple things of note I'll add, is that part of our charge as being a federally qualified health center, you have to meet rigorous requirements by the federal government. Our primary funding source is through the Health Services and Resources Administration, Bureau of Primary Healthcare.

**Kenny McMorris:**

With that, you must have a consumer governing board of at least 51% consumers of your service. Again, it's put in legislation to ensure that the health centers remain connected to the community and really keep community first. There's a lot of value in that. Additionally, the board has to be made up and reflective of the community from a race and ethnicity perspective, income guidelines, and demographics. As well as, we have a special designation, which the federal government calls special populations.

**Kenny McMorris:**

Those are for those individuals that are experiencing homelessness or those that may be residents of public housing. We have individuals on our governing board that have lived experience in those particular areas and they bring value obviously to how we manage and govern this organization. I'll also

add, as you may be aware, Omaha is changing. The demographics and dynamics are changing. Historically, we have served a majority Black population.

**Kenny McMorris:**

But we have a lot of refugees that are calling Omaha and north Omaha specifically home. We have a relatively high Asian population. Many families from Karen that speak Karen and Burmese. We have representation of that on our board as well. Again, I really look at the why FQHCs exist and the work that we do here at Charles Drew is important to the community. Have roughly about 230 employees. 11 service delivery sites. Two mobile units. Pleasure of serving little over 13,000 patients. Roughly about 40,000 encounters across all of our sites. Again, really making sure people get access regardless of their income status, regardless of their economic status to affordable quality healthcare. That's who we are and why we do what we do.

**Lyn Wineman:**

That's a fantastic overview. I appreciate all of that. I'd love to circle back to something you said. You grew up in the area. Use the services. I'd love to hear a bit about your career path. What did you do before coming back to Charles Drew and how did that impact the way that you lead today?

**Kenny McMorris:**

Yeah. It's quite an interesting journey. One in which I never thought I would be in this particular position that I'm in today. Again, grew up in north Omaha. Had a lot of good people that had influence on the direction of my life in terms of just taking a vested interest in me. I like to call them the others. It's the people that are janitors, the basketball coaches. It's the people at church. It's the people on the street. I'm the oldest of five. Single parent household. My mother did everything she could and still continues to do everything she can, to keep-

**Lyn Wineman:**

I can't imagine. I just can't imagine being a single parent with five kids. That's a lot of work.

**Kenny McMorris:**

Yeah, it is. My mother is truly a superwoman. But I will say we had a very solid network. We had a lot of people in our family. Like I said, community really uplifted me and just provided me with a different way of life. Saying that there could be something different other than what I was experiencing on the 24th street corridor or 24th and lake is where I grew up. I was fortunate to play basketball. Basketball was my refuge. I went on, I'm a Central alum.

**Kenny McMorris:**

I graduated from Central High School. Did two years of a community college to figure out what I needed to do next. Had the fortune of transferring to Tennessee State University, where I was able to advance playing basketball, take a couple of credits. I didn't necessarily graduate from the school. I ended up coming back home and completing my undergrad degree here at UNO. Through that process, I joined an organization called Social Settlement, which is now called Kids Can here in Omaha.

**Kenny McMorris:**

At the time I was working on a master's degree, got into social services. But I really wanted to be in business. Everyone says, go into business. That's where you're going to make a lot of money. I said, "Well, I enjoy people. I enjoy the human spirit." But I do like the idea of creating something and starting something and the excitement associated with that. I continued in that space and there was an opportunity. It became available at the Urban League of Nebraska for development director.

**Kenny McMorris:**

Knew of all the services at the Urban League. Participated in a lot of those growing up. I'm working my master's; I know how to write grants. Why not? I put my name in a hat and I became the development director of the Urban League. Stayed in that role for two years. During that time, it allowed me to build my network of influencing people. There's an organization called the 100 Black Men of Omaha that really focuses on mentorship, especially with young Black boys.

**Kenny McMorris:**

They had been doing a lot of good work programmatically but did not have an infrastructure in place in terms of staffing and true fundraising. The board chair at the time said, "Hey, there's an interest in really formalizing this thing. Would you be interested in becoming the first executive director?" I said, "Why not?" My wife and I were young in our early days, and we said, "Let's give it a shot." I became the first ED of the 100 Black Men of Omaha.

**Kenny McMorris:**

I was the youngest at the time across the country. That really allowed me to start understanding how the engine of service works here in Omaha. Whether it's through philanthropy, navigating boards, working with people. Life began to happen for my wife and I. We were expecting our first child. My wife was added in events. They were talking about the brain drain in Omaha. We were losing a lot of talent. She said, "Guess what, my husband is looking for a job." Now at the time we were not-

**Lyn Wineman:**

You always do that so publicly. Right?

**Kenny McMorris:**

Well, the guy that was doing the presentation happened to be Dr. Richard Brown, who was my predecessor. He also was on the board for the 100 Black Men. That was news to the board that I was on. It was like, oh gee. I had a conversation with him about what was going to be the next career path. I told him I knew nothing about healthcare. I know how this town works. I understand philanthropy in this town. I understand the businesses in this town.

**Kenny McMorris:**

Understand leadership. Those are all things, it's a comfort level for me. But I knew nothing about healthcare. I said, "If you would take me under your wing, take me on this journey. Someday, you will be able to ride off into the sunset, knowing that you have a great succession plan in place. I joined Charles Drew in 2009. Had a chance to work myself up and became the chief operating officer. Seven years ago, literally almost to the day, I became the CEO of this health center.

**Kenny McMorris:**

I've always wanted to try to make impact in this community and really give back to so many have given to me. Never thought it was going to be in this role. I feel like working with the staff that we have here today, I'm doing everything I can. I feel like I'm living a dream quite frankly, to influence the lives of those that I deeply love in this community.

**Lyn Wineman:**

Kenny, I love hearing about people's journeys and what a great journey you've been on. I also like to talk to changemakers and you are definitely a changemaker making a difference in the community. I'm even curious, bringing it full circle. How do you think it impacts the way that you lead, knowing that you grew up in the neighborhood and you received services at Charles Drew at one time?

**Kenny McMorris:**

Actually, I still am a patient here at the health center.

**Lyn Wineman:**

Nice. I like that.

**Kenny McMorris:**

Yeah. I'm still a patient. I have family members that are still patients. People that I deeply love and connected to, their patients here at the health center. It really is. It's top of mind and quite frankly, leads everything that we do. I always have been one to try to keep this community first in everything that I've done in every organization that I've been a part of. Even the boards and committees that I have the pleasure of serving on today.

**Kenny McMorris:**

But how it influences how we provide care is really one in which I think healthcare has not done a great job historically. We still are in this bucket of really putting people first. We talk a lot about patient centered services. Always putting the patient in the center. But what does that really mean? I think there's a level of authenticity that has to come out in how we provide those services. Whether it's through our transportation and operations and logistics, or through the provision of care.

**Kenny McMorris:**

How we engage with our physicians and nurse practitioners and dentists and therapists. It really is about how do you make people feel comfortable? How do you make them feel valued? Most importantly, how do you make them feel safe? I think about when individuals are talking about care planning and making sure people are healthy, we tend to have a disconnect between what are just your basic needs, right?

**Lyn Wineman:**

Yeah.

**Kenny McMorris:**

Can we help you reach happiness? Or what are the things that we can do to help support you on your journey to doing more for you and your family and your community? Much of healthcare goes beyond just the provision of the services. It's really about your built-in environment, the things that you're

experiencing on a daily basis. I think that we're starting to get closer to that point. I think COVID has really forced us to really start looking at how are we adjusting mentally.

**Kenny McMorris:**

What does wellness really look like? Then ultimately, what is optimal health. But I think for us, it has always been at the core of who we are and what we do from the employees that we have, who many of them are native to this community. That is very intentional. We want people to feel comfortable coming into our health center. But most importantly, making sure people feel of value. The population that we have the pleasure of serving far too often are left on the outside, looking in. We say, that's not how we're going to change community. That's not how we're going to transform people's lives, if we are not putting them at the center of our decision making in how we provide care.

**Lyn Wineman:**

Yeah. That's great. When you're receiving healthcare, it's a really vulnerable moment in your life. A really vulnerable moment. It can be so hard to figure out what to do. I love that about Charles Drew. That you provide this comprehensive and very accessible service to people. You mentioned earlier that you're one of a few federally qualified health centers or FQHCs in Omaha and even in Nebraska. How does being an FQHC set you apart from other healthcare organizations?

**Kenny McMorris:**

I would like to say what it really is, is that it's the comprehensive nature and coordinated effort amongst our services. There's over 1,400 across the country, and everyone has a model that is really catered to the needs of that community. What we provide specifically is what is called ambulatory care outpatient services. Again, we are in the business of health maintenance and prevention. Doing everything we can to support our patients and this community's efforts on this health journey.

**Kenny McMorris:**

Specifically, our primary services include medical, dental, behavioral health, pharmacy access, as well as what we call enabling services. For us, it's a level of coordination that far too often patients have to go a primary care provider here. If they're seeking therapy, they have to go to another place. That definitely from an oral health standpoint, dentists are not usually communicating with physicians in many cases. When we really think about medication management adherence and things of that nature, while the movement is starting to get closer towards integration there, we always have this as a model for our health center.

**Kenny McMorris:**

The reason being is that we don't want our patients to have to navigate all of these complex environments and services, when we can have them as a one stop shop, per se. That really is what the foundation of what our health center is. Additionally, we focus on a lot of what is known as the social determinants of health and there's a lot more research and evidence that is coming out relative to the fact that your built in environment, your zip code, is a greater educator of either life expectancy and wellness, versus genetic factors, so and so forth.

**Kenny McMorris:**

It becomes really important for places like ours to really connect the dots and understanding that housing is healthcare. Education is healthcare. Employment is healthcare. Working across sectors to

really ensure that individuals are being uplifted and supported in ways that promote optimal health. That's where I spend a lot of my time and the advocacy and policy realm and having those conversations about the importance of not silo-ing those things for individuals and families.

**Kenny McMorris:**

At our core, that's why it's really, really important our service delivery model meets the needs of our patients. But I think probably most important is, the idea that from a financial standpoint, so many of our families are experiencing poverty and dealing with the challenges that come along with that. You want to try to remove any of those barriers and financial barriers is one of those. We are very fortunate in the state of Nebraska through ballot initiative in 2018, to expand Medicaid.

**Kenny McMorris:**

While Medicaid expansion, or at least access to some form of insurance, doesn't ensure optimal health, it goes a long way in alleviating that. Our work is really centered around all of those particular areas and making sure individuals are not turned away for healthcare. We take all major payers, again, commercial, Medicaid, Medicare. But we have what is called a sliding fee scale. Based on family size and income, that will dictate what an individual may pay for services.

**Kenny McMorris:**

In many cases, it may be zero. It can go as high as \$80 for a visit as well. Being an FQHC and receiving support from the federal government to augment other resources that we have through philanthropy and patient service revenue, allows us to keep this health center open and remove barriers to our patients. Now, as part of that though, you have to adhere to rigorous requirements. While we understand that it's great to be a federally qualified health center, HRSA, Bureau of Primary Healthcare and the federal government and Congress have some very strict rules-

**Lyn Wineman:**

Yes, I imagine.

**Kenny McMorris:**

... on how funds can be used and where they can be used. Compliance is always the name of the game in our world, and making sure that we're adhering to the rigor associated with that. It's a contract with the feds and a contract with this community, provide those services. We do adhere to strict regulations from all the way how we manage our 340B pharmacy program, to how we go about the operations of the health center. Being a patient centered medical home, we are a joint commission accredited which means we get the seal of approval for risk management and patient safety. We choose to go through that process every three years to really demonstrate-

**Lyn Wineman:**

That's a rigorous process, too, I understand, right? A lot of work.

**Kenny McMorris:**

Yeah, it is. It's unannounced. You don't know when they're coming. Anytime you get someone that comes in with white gloves, you sense, hey, you know you're doing the work, because it's part of your culture, it's part of what you do. But when you get someone that comes in and really gives you that

stamp of approval, to say that you're meeting all of these particular requirements. That you are making sure that your employees and patients are safe.

**Kenny McMorris:**

That you're following the latest on evidence-based practice for patient care and safety. It really means a lot. Again, we celebrate that. We want our community to know that when they're coming into our facilities, that we take a sense of pride in meeting those expectations along with providing them great care. Being an FQHC again, from a community perspective, there's a lot of advantages to it. But also, I would also say that as taking on that responsibility, you have to make sure that you're checking off all the boxes and you're meeting those expectations that are set up by the federal government.

**Lyn Wineman:**

Absolutely. I think that just ensures the community and your patients that you are providing the highest, the very highest standard of care. I think that's great. Kenny, is there anything that people get wrong about Charles Drew? Any misperceptions that are out there that we should help alleviate?

**Kenny McMorris:**

Yeah. I'll start with the fact that we are a free clinic. I think a lot of people think we are just a free clinic. While we provide service, we try to alleviate the financial barrier to care and to services. We are not a free clinic. Just like any other business, you have to make sure that you are operating and leveraging resources and being good stewards of the dollars, ultimately, we're a federal program. We have to be good stewards of taxpayer dollars.

**Kenny McMorris:**

All of us are paying into this system. It's important that we dispel that myth around the fact of being a free clinic. The other part I will say, and we take great pride in that many health centers over their evolution, have the ebbs and flows of just having systems and operations that from time to time they are a challenge. Again, we're taking care of the population. In our case, 98% of our patients are 200% or below the federal poverty level.

**Kenny McMorris:**

When you're really thinking about that, we don't want that to be a reason why people don't get access to care. But yet you still need the resources to ensure that you are creating a climate of innovation and creativity, as well as being able to have the best clinicians and support staff available. It's important that we run a very fiscally solvent organization to be able to do so. We required a support of the broader community, philanthropies, individual donors, people that believe in the mission and the work that we do.

**Kenny McMorris:**

We're not a free clinic. The first thing I would like to say. That we do provide these services in a way that we want folks to not have barriers, but know that if we're providing a great service, which we really believe that we do, that there is some incentive to pay for that. There's a way for us to keep this health center for decades to come and keep it operational and solvent. The other piece I will say is, is that people tend to believe that our quality of care is not as high or equal to what you may find in regular health systems.

**Kenny McMorris:**

I go back to the rigorous requirements of the joint commission and others to really poke holes in that myth. That there are a lot of things that we do from chronic disease management. The reporting metrics that we have to report out on infant mortality. As a cardiovascular disease, hypertension, and diabetes. We are really looked at with a magnifying glass in terms of making sure that we are using the best systems to help individuals in our community reach optimal health.

**Kenny McMorris:**

It's not as if we're taking in these resources and not putting a product out to really demonstrate to the community that we are being good stewards of the dollars. I think that tends to be the two greatest myths about any FQHC. Charles Drew is no different than that. That one, I want folks to always know that the quality and the services that we are providing are equal to or better than where you will find in private practice. Then two, that we're not a free clinic. We're here to help support the community. While we don't want financials to be a barrier for you, access and care. We still ask people to pay what they can according to where they are to support everyone in the broader community.

**Lyn Wineman:**

Yeah. Thank you for setting the record straight on those two things. When we were preparing for this conversation, we came across an article that talked about Charles Drew being a leader in the community during the pandemic. I'd really love to hear about how you responded to COVID-19.

**Kenny McMorris:**

Thank you for asking that. I really, I think all of us in the healthcare business, whether you are a practicing clinician, whether you're administrator or you're someone that's just helping the system go with the flow, you do everything you can to prepare for moments like this. Your training teaches you to prepare for moments like this. But you never think that you will ever be in a situation like that.

**Lyn Wineman:**

No. Even days before the event happened, I think some of us didn't even believe it was going to be what it was.

**Kenny McMorris:**

You do these tabletop exercises. You talk about pandemic and endemic plans and what you would do in terms of public health, community health and systems, but you never thought you would be in this environment. We tend to operate on the margins anyhow, but because of the way that we're structured, we do the best that we can with what we have. What the pandemic did, was just accelerate how we make our decision making. It required us to make decisions with very limited information.

**Kenny McMorris:**

Very limited information. But these would be decisions that would impact and influence not only the people that we serve, but also the folks in the greater north Omaha community. One of the things that we really pride on ourselves on here at Charles Drew, that the community trusts us. One of the challenges with healthcare overall is that people of color, and I'll say specifically, the Black people in this community, to have an overall mistrust for the healthcare delivery system.

**Kenny McMorris:**

For us, we really are trying to do everything we can to meet people where they are. Help support them along that journey. No matter where they fall in terms of the healthcare system, that knowing they have a place that when they are ready, we will be willing to take them and support them throughout their journey. Well, unfortunately, COVID had to accelerate that, especially with testing and vaccines. We historically have had a low uptake rate amongst vaccines within the Black community.

**Kenny McMorris:**

Again, even the broader people of color. But it was just exacerbated during this pandemic because we just didn't know. There was a lot of misinformation out there. We had to first step back and figure out what do we need to do to take care of our employees? Our employees were our number one focus on how do we ease anxiety? How do we make sure they feel comfortable and feel safe in the working environment which we're in without the information that we typically would have.

**Kenny McMorris:**

That was priority number one, our employees and our family. Priority number two, became, okay, how do we disseminate the information in a way, that is factual based on what we know at that particular time? Then how would we go back to them in the event that things changed? What would be that frequency and how would we go about doing it? Recognizing that when Charles Drew would speak, we knew that there was going to be a subset of the population that already had mistrust for the system.

**Kenny McMorris:**

That would probably be a little bit more receptive and was going to be so important that we were speaking from a position of fact. Because what we were seeing in other communities, not as much so here, but some of the other communities, that this pandemic is really impacted people of color. Just because of the living conditions, the poverty in most of the cities. That we knew that when we were making statements, that there was going to be a lot riding on that.

**Kenny McMorris:**

We felt that was important. Then final thing I would say is, our ability within our overall system to be able to respond and provide care that while it wasn't the most traditional way, we still would be able to provide some level of services to keep people moving forward in terms of health maintenance. We had to pivot significantly in terms of more telehealth and telephonic services. How we were responding to some of our kids that are in schools and families dealing with anxiety.

**Kenny McMorris:**

Those phone conversations and Zoom meetings and whatever platform would be used to connect with people, we had to accelerate that. Those were the three areas that led our decision-making process. I felt our governing board did an amazing job of really working with us. Again, most places, especially being in the seat that I'm in, will say, okay, boards are a certain way. But we felt that we were ready. I think that someone that we talked about going into the pandemic, was either going to do two things coming out on the back end.

**Kenny McMorris:**

Is either we're going to crumble or it's going to make us stronger, better coming out on the back end. I can honestly say sitting here today, that we are a better organization as a result of it. I think that it allowed us to start crystallizing how the community perceives us and the leader that they perceive us to be in the healthcare space. But I also look at it and say that I think it's set the bar pretty high for this health center as well.

**Kenny McMorris:**

In that people now will come to expect that as other pandemics or endemics come about or other things that could affect health disparities and health equities, that we are leading with the same intentionality and thoughtfulness that we did during the pandemic to ensure this community is getting access to the resources. I feel that we conducted ourselves really, really well. I will say that our workforce like every other workforce, they're exhausted.

**Kenny McMorris:**

They're tapped out. But we have a very resilient group here. I give a lot of credit to our leadership. The people that wake up every day to figure out how do we do this and continue to keep putting this community first. It really was a, I think, a testament to not only Charles Drew, but there's also other folks within this community that did great work. We have a great relationship with the local health department. Great relationship with folks at the state level. We've always had a really good relationship with connections at the federal level, but it required all of us to work together differently.

**Lyn Wineman:**

Kenny, kudos to you and your team for all of the great work that you did. I'm curious, as the pandemic seems to stretch on, what are your ongoing efforts look like?

**Kenny McMorris:**

I think throughout all of this, we have started to really understand the importance of data. But more importantly, being able to take that information and make solid decisions based on what we see. As an organization, we have a lot of information. As I said before, we share a lot of this stuff with the federal government. But how we unpack it and how we move things forward as an organization, that we step back and say, okay, hey, we need to really make sure we're leading with this.

**Kenny McMorris:**

Also, the technology and access to technology, not only from our standpoint, but the end user. How do we empower our communities? I think everyone has a cell phone. But how are we using the cell phone and apps within the cell phone, or even the technologies within the cell phone to help advance healthcare and health access. Helping the population navigate the use of those resources? It really has required us to think more critically about our resources and what we have collectively.

**Kenny McMorris:**

How we work closely with other partners within the community. I would say, our model of care is still going to remain the same. The core of what we do, that will never change because again, it's always been about people and accessing and getting them the access to where they are. But how we are doing that is uniquely different today and will be uniquely different moving forward. But I think the biggest piece is on how do we educate the population from a health literacy standpoint on how to use it, so it works to their advantage?

**Kenny McMorris:**

A lot of our energy goes into efforts, what we call enabling services, connectors, people that work with individuals to work with their providers. It could be working with case managers. It could be working with housing specialists. If you're looking for a job, employment services. To connect our patients to those desperately needed resources. We know those things are there as a community. We don't do as good of a job as I would like with connecting the dots in those areas.

**Kenny McMorris:**

A lot of our efforts in our work are really working on making that happen. But then also too, on the provision of care side, just making sure we are doing and being accessible to our patients. Access doesn't always mean physically walking into one of our buildings. It may be okay, hey, I have an urgent care question and do you have someone on your team that can respond to my question? Okay. Our systems and technology have to be able to meet that.

**Kenny McMorris:**

Or I'm having transportation issues. My car broke down literally two hours before my appointment. I don't want to miss my appointment. Well, we have vans to go pick up our patients. Or I don't have a translator, maybe there's a language barrier gap there. We have onsite interpreters that help our patients. Making sure that our patients get those support systems to really reach optimal health. For us, we really look at how do we continue to do those things, just at a greater scale.

**Kenny McMorris:**

The final piece I will say is, there's a lot of economic development going on in our community where there's a great emphasis on housing and really building community. My hope is that as the community grows, so does the Charles Drew services. Again, not only just from a fixed site perspective, but how we provide additional supports. Currently we do not provide access to vision care, only through referrals. We'd love to have that on campus and part of our system. Working with our community partners and health systems, to be able to provide that through our networks.

**Lyn Wineman:**

That would be a nice addition. Kenny talking about connecting the dots. I know you were a part of the north Omaha COVID-19 task force. Can you tell me a bit about that involvement and the initiatives you were involved in?

**Kenny McMorris:**

Yeah. That north Omaha COVID-19 task force, I think really started from even prior to that there were groups of individuals that we were getting together to really talk about health and wellness in north Omaha. The foundation had already been laid. The relationships had already been there. Our focus was really more on health disparities. How do we alleviate the infant mortality? How do we minimize or reduce hypertension and diabetes within the community?

**Kenny McMorris:**

Once the pandemic hit, then we just completely pivoted to addressing the issues related to COVID-19. Again, a lot of it started with just being able to have a platform to talk about strategies and relay information. What do we know? What do we not know? What does this mean? That task force helped us

talk through a lot of those scenarios in real time. Additionally, coming up with plans on dissemination. Not only from the testing.

**Kenny McMorris:**

Because initially coming out, there was not enough PPE. Obviously, testing was not developed in a way to meet the need. How would we go about this when it became available? How do we have a plan to make sure that the people that typically that are disenfranchised from our system, get access to those services? How do we do this in a way that keeps our employees protected? We know so much of this means we have to physically get out and get into to our homeless shelters or get out into our public housing towers or go to places to where people are. How do we do this in a way that keeps everyone safe? We don't want to create a "super spreader" quote unquote event and activity. The task force helped us work through that. A lot of us have from a spiritual standpoint, attend church and different activities in terms of working with our faith-based community. Throughout the pandemic, we were not able to congregate. Right?

**Lyn Wineman:**

Yeah.

**Kenny McMorris:**

Come together. What did that look like? What is the six-foot thing? Well, it's three-foot, then it's six-foot, then it's nine. Well, if I wear a mask, then you don't wear a mask, what are the probability? We had to really work through a lot of those things. Again, leveraging our resources with the CDC. Obviously having the University of Nebraska Medical Center here right in our backyard was an enormous resource. That task force really helped us to really go through this process of figuring out how we were going to make sure that the community engaged.

**Kenny McMorris:**

But probably the most important thing of this group, I think, was the advocacy. Making sure that resources, when it came down to communities that tend to have disproportionately greater chronic conditions. What we were seeing early in the pandemic, that these were the populations that were being affected by COVID. If you, more than likely had hypertension or diabetes and ended up contracting the virus, it was almost a direct line to hospitalization and then ultimately possible death.

**Kenny McMorris:**

We wanted to make sure that we were advocating for the population. That when we were going through the stratification of who would get access to tests, who would get access to vaccine, that the communities, specifically communities of color, would not be on the outside looking in. Those platforms and those groups allowed us to be able to have conversations in a very thoughtful and transparent way. That we are talking about a community that typically does not get these resources. We have to make sure that we are being equitable in our distribution based on what we know and how the population navigates access to care.

**Lyn Wineman:**

Kenny, you've talked a lot about the work that you have done to serve and reach underserved populations. I'm really curious. What are some of the best ways you have found at Charles Drew to connect with these individuals?

**Kenny McMorris:**

I've always taken the approach and again, being a native of this community, I will say families that are in north Omaha, that call north Omaha home are very resilient. That we really figured out a way to make something out of nothing. That if given an opportunity to have a quote unquote "level playing field", that you can really see a community thrive. I think that far too often, we are on the tipping point of surviving. We're just surviving.

**Kenny McMorris:**

We always talk about how do we get certain segments of the population specifically northeast Omaha? Well, east Omaha, but north and south Omaha, how do we get them to thrive? I think that a big part of this is really providing programs, supports that really uplift and empower the population. Empower them to make decisions in the best interest in themselves and their family. That's what leads. We are one to make sure that people are equipped with whatever information is the latest and greatest in technology.

**Kenny McMorris:**

To help support that. As well as being able to do it in a very thoughtful way. I think it's so important that people understand and know that you care. If they feel that, and if they feel that you care about them, anything that you can do to help support them in terms of their improving their quality of life, they're going to be more receptive to. I tell folks it does nothing to tell someone that, okay, your A1C is high. You are borderline diabetic. You need to start exercising, eating fresh fruits and vegetables.

**Kenny McMorris:**

Well, if there is no places in the community that you can go and exercise, and if you are limited, we literally are living in, not a food desert, a food swamp. To where you are limited to your access to fresh fruits and vegetables, probability of you really adhering to that care plan is very slow to none. It is really the work that we do is appealing to our patients. But appealing to the broader community, to be able to say, these are things that help community thrive and be successful. How do we make sure that we make those things available to our patients and individuals in our community? That's really like I said, at the core of who we are and what we do. Always been and will continue to be about people. Then advocating in a way that alleviates barriers to them reaching optimal health.

**Lyn Wineman:**

That's great. Great advice. Kenny, your passion for the work that you do and the people you serve is really inspiring. I'm going to ask you next, my favorite question on the podcast. I ask it on every episode. But I am looking for a Kenny McMorris original quote to inspire our audience.

**Kenny McMorris:**

Every mentor that I've had, and again, whether it's been in sports, whether it's been in leadership, business, you name it, has always said that you need to have a personal mission statement. I think having a personal mission statement, if you put some thought into it, it grounds you in your thought process, it keeps you levelheaded in your highs. It takes you out of the depths when you're at your lows. I always reflect on this mission statement, because I think about my life.

**Kenny McMorris:**

Think about the people in my life, always been about hard work. I wasn't always the smartest kid in the classroom. Trust me. I've had a lot of challenges through education and getting through education. But one of the things that has always been the core of me, who I am, and really, I get this from my family and my great grandfather, is just hard work. I tell folks, having a personal mission statement is good for you. My personal mission statement is, always work hard, never be out worked. But above all, always be you.

**Kenny McMorris:**

Working hard is so important. Whether it's a physical or mental, there's no shortcoming for hard work. Hard work has always been the great equalizer. I've always believed that. But most importantly, you got to be who you are. Be open to changing your belief systems. Be open to learning. I think far too often, we have events...in some cases, they may be traumatic events that influence who we are when we're young. We don't reevaluate those things as we go on.

**Kenny McMorris:**

I've been fortunate enough in my life to interact with a lot of good people, see a lot of great things. I tell folks to always make sure that you be who you are and be open to changing that. If you're grounded in your purpose, no matter what happened. In my world, there's a lot of KPIs and numbers that you got to hit. Balance sheets and income statements and fundraising, and all those things and policies. But at the end of the day, living life with purpose is all we could ever ask for.

**Kenny McMorris:**

I think that having that grounds you. You can never go wrong. As I get older, family becomes more important. My wife and I have a 12-year-old son and an eight-year-old daughter that I just love immensely. The work that I have an opportunity to do daily really is about how do we create a life better for them. Families that I have a chance to interact with, the people that aren't from north Omaha in my community, how do we make a life better for them? If I've done my job here, not only at this organization, but any other organization that touches north Omaha, I want to say, I left it better than what it was when I'm inherited it. There were so many other folks that poured into me, and this is my way of giving back.

**Lyn Wineman:**

Kenny, that is so very well said. So inspirational. I love that one. We'll take that quote and we'll turn it into a graphic and we'll put it on social media. It might end up on my wall here in my office as well. That's a really good one. For our listeners, who would like to learn more about the work that you're doing at Charles Drew, how can they find you?

**Kenny McMorris:**

Yes, yes. We are on all of the social media platforms. Facebook, Twitter, LinkedIn, and we have a website. Follow us at [www.charlesdrew.com](http://www.charlesdrew.com). If any individuals want access to services, have additional questions, they can give us a phone call at (402) 451-3553. We are still providing testing and vaccines as well. I don't want to get off of the show and not make sure that we're putting that out. If you suspect, or if you're having signs and symptoms, please do not hesitate to give us a call.

**Kenny McMorris:**

One of the things that we do have the ability to administer the oral antivirals. For those that meet certain criteria. We find those to be effective in mitigating severity of COVID if taken appropriately. We

don't want folks to go without. We'll continue to keep going through this. There'll be multiple variations of what COVID is going to look like. We just want people to know that Charles Drew's still here. Whether COVID related or not, we're here. I'm also going to make an appeal for healthcare home. While we would love to have you here at Charles Drew Health Center, opponent for health and wellness, have a relationship with a primary care provider. Someone that you trust. Someone that respects you and you respect, to help manage yourself and your family care.

**Lyn Wineman:**

All sound advice. All that contact information will get in the show notes too. If anybody didn't catch the phone number or the website, we'll have that in the show notes as well. Kenny, this has been such an informative and inspiring conversation. As we wrap up our time today, what is the most important thing you would like our listeners to remember about the work that you're doing?

**Kenny McMorris:**

That truly your health is your wealth. That I think that you cannot perform in the workplace. You cannot perform at home. You cannot be a great community advocate if you do not have your health. That is not only your physical health, but also your mental health. Again, it is so important that we take the time to focus on ourselves. Again, have a relationship with a primary care provider, preferably here at Charles Drew Health Center. Definitely what I would go with.

**Kenny McMorris:**

But finally I will say is that, every community has a jewel in a federally qualified health center. That while it may not be here in Omaha, I would encourage you to identify and locate an FQHC in your respective community. Again, the models are relatively the same. It may look a little different based on the community dynamics, but usually most communities will have an FQHC in their town. I encourage you to reach out and identify who and where that is and partake in the services. Again, we adhere to this strict covenant of care and operations. I can say with a pretty healthy level of certainty, that you're going to find a place that you will always feel welcomed. I encourage folks to find a FQHC in their respective communities.

**Lyn Wineman:**

That's fantastic. Kenny, I fully believe the world needs more people like you. More organizations like Charles Drew. Thank you for taking time to talk with us today.

**Kenny McMorris:**

Absolutely Lyn. Thank you. It has been a pleasure. I look forward to great things to come from this organization and obviously working with you all into the future.

**Lyn Wineman:**

We are honored to be able to partner with you and with Charles Drew.

**Announcer:**

We hope you enjoyed today's Agency for Change Podcast. To hear all our interviews with those who are making a positive change in our communities or to nominate a change maker you'd love to hear from,

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