

## Agency for Change Podcast: Jenna Thomsen, Director of Strategy and Development, Health Center Association of Nebraska

Connect with Jenna and HCAN at:

- HCAN Nebraska: [hcanebraska.org](http://hcanebraska.org)
- Facebook: <https://www.facebook.com/HCANebraska>
- Instagram: @hcan.nebraska
- Health Center Career Center: <https://hcanebraska.org/page/HealthCenterCareers>

Jenna Thomsen:

Surround yourself with people that will raise you up.

Announcer:

Welcome to Agency for Change, a podcast from KidGlov that brings you the stories of change makers 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:

Hey, everyone. This is Lyn Wineman, President of KidGlov. Welcome to another episode of Agency for Change podcast. Today's guest is Jenna Thomsen, Director of Strategy and Development at the Health Center Association of Nebraska.

In a world where health care is essential, HCAN stands as a beacon of hope, working tirelessly to advance the health center movement, ensuring that quality health care reaches everyone, everywhere. And today we're exploring the remarkable impact HCAN is making not just locally, but globally.

Jenna, I'm eager to talk with you today. Welcome to the podcast.

Jenna Thomsen:

Thank you so much for having me, Lyn. I'm excited to be here.

Lyn Wineman:

I am excited to talk to you because I really want to learn more about the Health Center Association of Nebraska. I'd love for you to tell us about your mission and how your work contributes to positive change in health care accessibility and equity.

Jenna Thomsen:

Absolutely. HCAN, as we're called, is the primary care association in the state of Nebraska. When you look at every other state across the nation, there are PCAs doing very similar work. Our charge in Nebraska is to do advocacy, provide training, provide individualized technical assistance, resource development for the seven Nebraska community health centers throughout the state. So our mission as an association is to advance the health center movement. Community health centers were born in the Civil Rights Movement in the mid-1960s-

Lyn Wineman:

Wow, I didn't realize that.

Jenna Thomsen:

Yeah. Health centers have been around for over 60 years. They started with two community health centers, one up in Boston and one down south. And it was really to look at healthcare through a new lens, looking at that whole person care model of literacy, medical care, behavioral healthcare needs. So really, community health centers have been drivers of community health and wellbeing for quite a long time.

For individuals who far too often feel marginalized and underrepresented, Nebraska's health centers are a safe space. They're a safe space and a trusted space to receive whole person care that's culturally responsive to the community.

Lyn Wineman:

Wow, that sounds like, A, a great movement. And honestly, it's cool that healthcare centers have been around for 60 years, but I can't imagine a time than they were more needed than right now, thinking of the whole person. And I am wondering, Jenna, can you share some examples of how HCAN's initiatives are really reducing healthcare disparities and serving as a model for broader change?

Jenna Thomsen:

Absolutely. Before I dig into specific initiatives, I should probably communicate that health centers are the largest primary care collaborative group in the state of Nebraska. Last year alone, we saw over 116,000 Nebraskans.

Lyn Wineman:

Wow.

Jenna Thomsen:

And 92% of those patients were under 200% of the federal poverty guideline. 71% of those patients are of a racial or ethnic minority, and 32% of patients were uninsured. I say that because like you mentioned, health centers are needed and they're needed now to be able to provide high quality care to those that need it most, that need a healthcare home most.

A few of our initiatives, last year, we try to take healthcare initiatives and programming to our health centers based on current need. For example, we'll use our partners like the Centene Foundation to say, "Hey, none of our community health centers currently offer vision services full-time, let's take a traveling vision van to each of our community health centers and provide free eye screenings and free glasses to the underserved." That was a recent initiative of ours. We are developing a tele behavioral Health Network-

Lyn Wineman:

Nice.

Jenna Thomsen:

... to tackle rural access. When you think of a small community health center in rural Nebraska, they likely don't have a fully onboard psychiatrist, psych APRN, care coordinator for all of their patients. And knowing how much we've optimized telehealth in the midst of COVID-19, we thought, let's bring all of our health centers together and share resources so that we can reduce wait time, we can provide additional care management to patients that they may have stepped in the door for a primary care appointment like having their hypertension checked, but they're showing signs of needing additional behavioral healthcare outside of that appointment.

Lyn Wineman:

Wow.

Jenna Thomsen:

Health centers really are places that meet patients where they're at. We do mobile units, school-based health centers. We provide care in public housing units. HCAN is the statewide association, is really the trusted advisor to be able to respond to a need, to a resource, to a program that helps the health centers achieve their mission.

Lyn Wineman:

That's fantastic. Honestly, I have learned a lot just in these first few minutes -

Jenna Thomsen:

I'm glad.

Lyn Wineman:

... the breadth and diversity of the services of the health centers. I knew there was a great need, and you've even shared some numbers to help us understand that. I'm really curious, how do you do it? How does the association ensure that all Nebraskans, regardless of their ability to pay, which is a really cool part of this, have access to quality healthcare?

Jenna Thomsen:

That's a great question. For me, a lot of it boils down to partnerships. We have wonderful partnerships with our Medicaid managed care organizations. Medicaid is a big payer for the federally qualified health centers or community health centers. Ensuring that we have clear understanding of rules and responsibilities of the Medicaid program for top reimbursement, we have great partnerships with the state and federal programs that oversee loan repayment. One of the ways we serve such a diverse patient population is by having a workforce that patients feel comfortable coming and seeing a culturally responsive workforce. Federal loan repayment programs and state loaner repayment programs offer us some additional dollars to be able to dangle a carrot with providers and other professionals to step into an FQHC atmosphere.

Lyn Wineman:

That's great.

Jenna Thomsen:

A couple other things that we do to ensure access, each of our health centers have patient majority boards. I say that because I think it's really important when, on an annual basis, when senior leadership within community health centers are thinking about their budgets and thinking about sliding fee scales for patients, the board of directors that they're putting this data and this information in front of for verification and approval are at least 51% patients.

Lyn Wineman:

Wow. Another new thing I have learned today. That's a pretty cool thing, isn't it? When the decision-making at the very top is so led by those who are served by the service.

Jenna Thomsen:

Having seven Nebraska community health centers, we sound small, but we're mighty in the sense that those seven health centers have 86 different service locations. Really, to be able to serve our patient population and provide access in underserved locations, we're thinking about are there schools we can tap into? Are there grants available for expansion? Are there new access points? We should be thinking about communities that don't have a community health center that could benefit from one?

Lyn Wineman:

Fantastic. You have said the word, "Access" several times, and actually as I was preparing for this, I came across something called Project Access. That seems like a significant initiative. Can you tell me more about the program and the impact it's had so far?

Jenna Thomsen:

Absolutely. We are very fortunate to have a multi-year program that we've developed in partnership with Nebraska Total Care called Project Access. Project Access is a program to improve access across primary care, dental, behavioral health, enabling services, and we're looking at various foundations, Medicaid-managed care organizations, other partners to be able to supplement our health centers with dollars to aid in workforce.

Lyn Wineman:

Wow. Yes. That's such a big issue right now, right?

Jenna Thomsen:

Yeah. And Project Access, we are ending year one, so it is new. We now have a page on our website about it. We're expanding our partnership. But we are working with a steering committee of our members to say, "Here are dollars that we can work on four different components. It could be recruitment and retention." How do you not only attract top talent, but keep top talent? Clinical optimization. There are always things that you can tweak and enhance within the health centers to make them more efficient, looking at no-show rates, looking at front desk into clinic processes. So dollars set aside for that.

We're also doing a lot of work with pipeline development. Part of Project Access is the workforce of the future. It's making sure that we are connecting with the Nebraska AHEC program, community colleges, graduating high school seniors, academic partners, because federally qualified health centers can be a very well-known secret. It's really important that when we think of professionals that we want to attract to work at a community health center, that they learn about them early and that they learn about what

it would mean to be in a mission-driven organization, the availability of loan repayment and all of that is education that we can provide statewide from HCAN.

Lyn Wineman:

Jenna, one thing that I find very encouraging is there's so much great data on how the upcoming younger generations are really focused on giving back and are really aware of opportunities in mission-driven organizations. I can't imagine a more qualified mission-driven organization than a health center. So I think it's pretty cool that you have come together as a united front to do this workforce development effort. That's pretty cool.

Jenna Thomsen:

I actually taught a class last week at Creighton to third year dental students and did an overview of community health centers. And I think what surprises people the most is, if I'm a dentist and I have a patient come in and their blood pressure's too high, this isn't a referral to a practice down the road a month from now, recommendation for urgent care, we can grab a medical assistant from down the hall to come recheck it. That integrated care between medical and dental or dental and behavioral health to make sure that we're looking at that whole person and we're doing it under one roof is pretty unique.

Lyn Wineman:

It is pretty unique. We hear that term bantered around a lot whole person care, but you really can do it and I think that that's a neat thing.

I'm also curious, Jenna, about the role of technical assistance and training and advocacy in promoting healthcare excellence and equity. Can you give me some insights into that and some specific areas that you focus on?

Jenna Thomsen:

Yeah. In the community health center space, there's a saying, and that's, "When you've seen one health center, you've seen one health center." Because they're all different. Their patient populations are slightly different, their staff are slightly different, their services are slightly different, their layouts are different. So it's our role as an association to understand their needs, the needs from their community, the needs at the state level, and then the needs federally.

Annually, we host a variety of different peer-learning networks so that when I step as an employee into a health center, I don't just have my colleagues as my cohort, I know that I can go to my finance peer learning network, and I can talk to the other CFOs at health centers across the state, and I can say, "Hey, can you get me a sample policy on this?" Or "I'm working on modifying this procedure, can you all help me?" At an association level, we lead a lot of networks to allow folks just the space to be able to talk about what's going on in their health center at that moment and how they can support each other. That's a big piece of what we do.

And then also we do an annual needs assessment for our members. Not only is this a federal requirement for us, but it allows us to use our data to know what are your strategic priorities. Where are areas of opportunities that we at the primary care association can step in and provide support? And then are there partners, are there funders? Are there other community-led organizations that could aid to our mission of supporting the underserved that we need to get connected with? Unsurprising to anyone, a big training and technical assistance priority is workforce. When you see "workforce" written in a needs assessment 40 times-

Lyn Wineman:

You know it's a big deal, right?

Jenna Thomsen:

Yeah. It allows you to go back and ask the questions, how do you eat the elephant? One bite at a time. Are we going to focus in on recruiting providers? Are we going to look at retention strategy to maintain top talent? Are we going to outline our top 10 career fairs that we can attend in your steeds so that we're spreading the mission of why work at an FQHC? That's a big priority. Supporting expansion efforts is another big priority. There are pockets of the state that don't have community health centers, and they may not have private practice providers that accept Medicaid or that accept a sliding fee scale based on household income and size. Knowing that, we have community health centers that accept patients from two or three hours away for a dental procedure. So we look at those pockets of the state where there may be gaps in care, and we do planning so that when there are new access point funds, when there are foundation dollars that we can be ready to go to say, "Hey, here's a community that could really benefit from this service."

Lyn Wineman:

That makes a lot of sense to me. I'm really curious too, Jenna, we've talked about workforce development, we've talked about recruitment and retention, but are there any other things that HCAN does to support the recruitment, retention and expansions of the health center workforce?

Jenna Thomsen:

Yeah, I mean, we provide dollars through our Project Access, we support telehealth initiatives, we step into organizations like Heartland Workforce Solutions, we are trying to look at incumbent workers and think about a career at a community health center. We have actually a fairly new program that is Department-of-Labor-certified. We have a registered apprenticeship for medical assistance. And historically, we've looked at upskilling existing staff, so taking our unlicensed MAs, our health aides and saying, "Because you work at a health center and because this is Department-of-Labor-certified, we're supporting you acquiring a new national certification." To date, we have certified 53 new clinically-certified medical assistants, and rather than a 74% national pass rate that we tend to see, our apprentices currently working in FQHCs have a 91.1% passing rate.

Lyn Wineman:

Wow. That's amazing.

Jenna Thomsen:

Yeah.

Lyn Wineman:

That's a large number of people that you were able to uplevel. They have better opportunities now, better improved standard of living, and you don't have to recruit new people in at that higher level. Really, what a great idea.

Jenna Thomsen:

It allows us to upskill existing staff that are dedicated to the mission. We have staff that have worked in their organization for over 20 years that have gone through this program. We've had students cry when they pass. They're just so honored to have that new certification that now in addition to upskilling our current staff, we're focused on how can we use our apprenticeship model as a recruitment tool?

Lyn Wineman:

I love it.

Jenna Thomsen:

Getting new folks into community health centers and thinking more broadly about... Medical assisting is one program. What about dental assisting? What about community health center billers and coders? There are so many programs that if we can partner with organizations around us, local high schools, incumbent worker programs, we could easily be able to showcase, "Hey, here's some really great opportunities that train on the job for those non-traditional learners."

Lyn Wineman:

That sounds like such a smart, smart, smart program. Jenna, switching gears just ever so slightly. I'm really curious about patient advocacy and what HCAN's approach is in improving healthcare access and how is it serving as a model for other regions?

Jenna Thomsen:

One thing we are very proud of at HCAN and nationally with our national association is our bipartisan support. Health centers have received bipartisan support at the state and the federal level for years -

Lyn Wineman:

And that's really something, there's not a lot of things getting bipartisan support at this moment in time.

Jenna Thomsen:

That is so true, and we really believe that that speaks strongly to the important role that health centers play in the communities that they serve. And we work really hard to build relationships on both sides of the aisle and we feel that those partnerships in that collaboration is key to successfully advocating for our health centers. We do recognize that different policies impact health centers in different ways. So depending on where they're located, how large they are, who they serve, we recognize that. We listen to our health centers, we listen to our communities first and foremost, really. Instead of always thinking we have the best solution, we turn to them.

Lyn Wineman:

Nice.

Jenna Thomsen:

That's the really big focus on strengthening our existing health centers is really seeking to understand where are there gaps and how can we advocate and provide support in a way that mirrors the needs of our health centers.

Lyn Wineman:

Jenna, I want to switch gears one more time and ask you my favorite question. We're going on almost 200 episodes of this podcast, and we've asked it on every single episode because you obviously are very smart, talented, inspiring person and I would love a few words of wisdom from you, an original Jenna Thomsen quote to inspire our listeners.

Jenna Thomsen:

Okay. I really thought about this, and I have a couple, and my first one is, "Surround yourself with people that will raise you up."

Lyn Wineman:

Ooh, that's a good one.

Jenna Thomsen:

Thanks. I think when I was a little younger in my career, I always strived to be the smartest in the room, and I've always been loud and I've always been boisterous. But there is a benefit to making sure that you are bringing in different perspectives, people that have different lived experience, and that raises you up to surround yourself with those that make you perform at a higher level.

Lyn Wineman:

Absolutely. I love your loud, boisterous energy. That must have been what attracted me to sit down by you at a table and have a conversation that led to this conversation.

Jenna Thomsen:

Oh, well, thank you. My second one, and this is the daughter of a teacher in me and also former educator, is, "You'll never regret making connections." I think that one probably rings just as true because of someone that does development work and partnership work, I may sit down and have coffee with someone and it doesn't lead anywhere and that's okay because there are going to be times years down the road where someone says, "Hey, I'm looking to develop a program around X." And I'll go into my Rolodex and say, "Oh my gosh, Lynn. You should talk to Lynn." Being able to help others make connections and know that we're weaving this blanket, if you will, of all of us being mission-focused and working to provide access to high quality healthcare for everyone. Having as many connections as I can academically through foundations, through partners, that's so, so helpful as we look to the future and think about how we strategize about coming initiatives.

Lyn Wineman:

I love it. Jenna, you're an overachiever. I asked you for one, you gave me two. They're both golden. So I think that's fantastic.

Jenna, people who may want to find out more about your work, what is the best way for them to learn more about HCAN?

Jenna Thomsen:

To learn more about Health Center Association of Nebraska, or HCAN, you can follow us on all the social medias. We are on LinkedIn, we're on Facebook, we're on Twitter, and we also have our website, which is [hcanebbraska.org](http://hcanebbraska.org). And are really actively doing a lot of job postings. For those listening, if you think someone in my life is looking for a career change or stepping out of school or looking for something



different, we are highlighting so many positions on behalf of our community health centers through the different online job portals.

Last, I will plug, always open to new partners, we're open to new partners, new sponsors, ways in which we can help the health centers be more efficient and trained on everything that's current and coming down the pipe. If you're listening and your organization wants to learn more about community health centers, wants to help us with our mission to provide healthcare for all, you can absolutely contact me through our website and I'd love to have a conversation.

Lyn Wineman:

Jenna, what a great call to action. We will also, for anybody who is wanting that website, we will have it linked in the show notes of this episode on the KidGlov site as well. So encourage people to check it out, for you job seekers, for people who want to partner or people who just want to find out more about the movement and the association.

Jenna, this has been such a fun conversation. Honestly, I've learned a lot today and I thought I was pretty well versed on health centers.

As we wrap up this time, what is the most important thing you would like people to remember about the work that you're doing?

Jenna Thomsen:

That is such a thoughtful question, and I think my response to that, and the reason we have bipartisan support, is simple, and that is community health centers are valuable. They are valuable to the 116,000 patients that are served every year. They're valuable to the broader healthcare system as patients are able to access preventive services and primary healthcare to keep them out of the emergency room, they're valuable to the Nebraska Medicaid program, having saved Medicaid over \$108 million annually through preventive offerings. And I think they're valuable to the community and those that work at a health center that represent their community. I think from a variety of different lanes and different perspectives, community health centers are there for their patients, for their staff, for the state to be able to provide affordable healthcare that's high quality for anyone.

Lyn Wineman:

Jenna, that is so well said, and this has been such a great conversation. I'm going to say I fully believe the world needs more people like you, and I'm glad that you and I made this connection. So thank you for taking time to share with us today.

Jenna Thomsen:

Thank you for having me. Have a great day.

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 changemaker you'd love to hear from visit [kidglov.com](http://kidglov.com) at K-I-D-G-L-O-V dot com to get in touch.

As always, if you like what you've heard today, be sure to rate, review, subscribe, and share.

Thanks for listening, and we'll see you next time.