

# Inspiring Women

## Episode 12: Donna Thompson

Laurie McGraw:

Welcome to Inspiring Women with Laurie McGraw. I am your host, Laurie McGraw. I have spent the past 30 years in leadership, and over the years I've come to learn one thing, women need women, and not just any women, but inspiring women. Tune in every week to hear from women at the pinnacle of their careers, and from others who are just starting out. Episodes can be found at [inspiringwomen.show](http://inspiringwomen.show), or subscribe on your favorite podcast app. Thanks for listening, and I hope you will be inspired.

Laurie McGraw:

Welcome to another episode of Inspiring Women. And today we're speaking with Donna Thompson. And Donna has been on the frontline of patient care for over 30 years. She's the CEO of ACCESS Community Health Network, which provides high quality comprehensive community-based care to hundreds of thousands of patients in the Chicago area. Now, ACCESS, Donna has been there since the beginning, starting as chief operating officer, she's been the CEO since 2004, and she's really an absolute model across the nation for providing the best possibility of a healthy life for the patients in these underserved areas. Donna is a registered nurse. She spearheaded numerous efforts for successful community organizations, such as early breast cancer detection, the Standup against Cancer initiative, which she started almost 20 years ago, now bringing \$4 million annually from the state of Illinois. Now, Donna is very well-recognized, she has multiple appointments, board appointments, and many awards, including being one of the most influential women in Chicago. Donna, thank you for being on Inspiring Women.

Donna Thompson:

Thank you so much. Thank you so much for the introduction.

Laurie McGraw:

Yeah. I'm really excited to talk to you. You've really done so many things across your incredibly impressive career, but just as we get started, you've been leading ACCESS Community Health Network for over 25 years since the very beginning, and since being CEO since 2004, maybe you could give us a snapshot of what has changed over the course of the time at ACCESS.

Donna Thompson:

Well, one of the things I'll say when I started at ACCESS most of my career had been in hospitals, and actually I'm a pediatric nurse by background, and I only went to ACCESS because I had my kids a little older and I thought, let me just learn a little bit more about ambulatory services, I really wasn't even thinking about community health, to tell you quite frankly I was thinking, well, how can I broaden my portfolio? And then what I thought at the time was getting back into the game of health system administration. And along the way, I think my curiosity bug

got to me. During that time, we had nine health centers, they were mostly integrated in public housing, and all of a sudden it dawned on me that as a pediatric nurse children that I took care of that might've got measles, pneumonia, because they lacked immunization, or they fell out of a public housing window high rise, or even the violence, I had no idea because of the comforts of really being on a hospital campus, really what the communities really looked like.

Donna Thompson:

And I can remember standing outside of then Robert Taylor Homes, which at that time, Robert Taylor Homes had been the largest housing complex for under really the black community and public housing, and just rows and rows and rows of public housing along State Street. And just wondering, where do people really go grocery shopping? And I noticed that little corner stores, not a lot as far as healthy foods, it wasn't even unusual for kids to stop at some little fast food place and get a Polish and some chips for breakfast.

Donna Thompson:

And I knew then I had made it home. It was an infrastructure that had no capital funding, I can remember at the time my then boss, I said, what's our capital budget? And he laughed and he said, well, if you can find some dollars, that can be your capital budget. But it's interesting, I think, being a nurse, but also coming from a small town in Central Illinois that was really known as a factory town. And over the years watching even family members suffer in silence, it really gave me the impotence to say how creative I can be with what I have.

Laurie McGraw:

Well, it also sounds like you're recognizing a problem and then figuring out how to do something about it, but let's go back to that early small town, factory town, you started as a registered nurse. So what got you interested in nursing?

Donna Thompson:

My parents never went to college, in fact, my father was a high school dropout, and he said, as me and my sister got older, that, that was the stupidest mistake he ever made following a group of his friends into the principal's office in his senior year of high school. And so growing up in a factory town where my dad worked in the factory, my mom worked as a nurse's aid. Before we even started grammar school I can remember all my parents talked about is, one day you will go to college, one day you will go to college. As I got closer to that time, my mom being the very practical person she was, she sat me down and she said, okay, you're going to college, but what are you going to do to really feed yourself? What are you going to do to support yourself? And I just shrugged. I was 17 and a half.

Donna Thompson:

And so during that time again, it was in the seventies, and again, there wasn't a lot of role models in my town who were African-American that also were in professions. They were either at factories, or they worked what we call now essential jobs. And so my mom looked at me, and I think because she worked in a hospital, she said, well, what about being a registered nurse? And I just shrugged. I started nursing school, did not like it. I remember the first time I walked into the hospital, I got nauseated and I just hung in there until I got to pediatrics. And that's where I

fell in love. And all through my clinical career it's really been pediatrics, neonates, preemies. I used to fly around in helicopters to pick up sick neonates through central and Southern Illinois. And it's always been with children that really, really touched my heart and their families. And that's the one thing with kids, you can't separate them from their families.

Donna Thompson:

And so it wasn't unusual during that time also for me to start to see another side, and what I call the voiceless, many times invisible, who were suffering. During that time saw a lot of kids from rural communities that surrounded my town as well as my town, but I was starting to see what I'd never saw really candidly in my face, and that's what poverty can do around health outcomes.

Laurie McGraw:

Well, the beginning that you start from, and also it's terrific that you got beyond the nausea and found the love for nursing, because what an amazing beginning. I've read that you've said that nursing really prepared you for leadership. What did you mean by that?

Donna Thompson:

So here I am a young nurse, 21, barely maybe 22 years old. During that time you had an orientation once you graduated on being on what I called the day shift, which was like the plum schedule that you really, during those days almost had to work 15 years to get a day shift job on a unit in the hospital. So I was on an off-shift, I was on three to 11, and I was surrounded by a team of people that were really old enough to be my parent, or for some my grandparent. But I started to understand the value of team. I started to understand that you can't have your eyes and ears everywhere. And so understanding how to trust a team, how to be part of a team, how to start navigating through conflict, and also how to really adjust to an unpredictable environment. Back in those days, this was way before managed care, it wasn't unusual for the evening shift to get 10 or 15 admissions, especially at the height of the flu season.

Donna Thompson:

And so understanding that you had a finite number of people to work with, how you had to readjust depending on how the environment was, but also how you had to build trust and also listening skills, not only listening to patients and families, but listening to the team. I can remember also, really feeling put upon because I didn't really feel respected because of my age. And I often tell people who are young in their career, that's one thing, early in your career you got a lot of knowledge, you've got a lot of energy, but sometimes you don't feel the respect sometimes of your colleagues who might look at you as too much of a novice. But I always say, hang in there because part of it is you're growing your experience. Every day that I went to work I learned something, and not just from patient care, but also how to work with people.

Laurie McGraw:

But Donna, can I just ask, how did you do it? You didn't have role models and then you became a nurse. There weren't African-American women leaders, and then you became one. So, how did you make that leap to leadership? How did you have the energy, the chutzpah, the whatever, to make that leap? Was someone pulling you there, did you push yourself? Where did that come from?

Donna Thompson:

So part of being a team, and as I evolved in my clinical acumen and experience, I also developed a mouth that was curious, and I would be the one at staff meetings to raise my hand and say, well, why are we doing this like this? Also, I was curious. And so I wouldn't care who it was if they were doing something, or had a spiel that I thought was fabulous, whether it was public speaking, or their clinical experience and acumen, to just even how they dealt with conflict, I was a student. I studied, it could have been afar, it could have been reaching out to them, but I always took the standard point that I could learn from anyone. And again, these weren't necessarily people that had high positions, many times it was people who were influencers.

Donna Thompson:

Those are the folks that could get a group of people, or colleagues, to sway to their opinion. And I thought, wow, that's a skill. And again, as you are trying to lead a group, you always have to figure out within that group, the dynamics and who those influencers are. And so even as an African-American woman that might not have had a lot of those role models that looked like me, I was a grabber. Anyone that had a skill, or was doing something that I thought, wow, how do I learn that? I was never shy about going up, or studying them, or just sitting down and saying, tell me how you navigated through that.

Laurie McGraw:

Well, that's an incredible advice actually, for so many people to know that you can learn from anyone, whether they are a colleague, whether they are a superior, whether they are just somebody who you think is influencing others, and then incorporate that into what you're doing. Maybe let's go back and talk a little bit more about ACCESS. So ACCESS has been on the forefront of expanding access to affordable, comprehensive health services in Chicago for decades, you serve an incredibly diverse and underserved population. The majority of your patients are below the federal poverty level. And so just COVID this past year has been, we've all been reading about the disproportionate harm to these populations. What have you been seeing and how have you been caring for your patients?

Donna Thompson:

Great, great questions. I think it was in March where I think for most of us, the world really changed, in Illinois the governor's order of, unless you're an essential worker, you need to work remote. We knew that for many of our patients, they were essential workers. And we also knew and understood that the sheer fear. For many of our patients, they lived in multi-generational housing, and even things that for many people they didn't think was a big deal, getting cleaning products. And again, this was before people were grabbing about the toilet paper, but getting cleaning products, getting masks, the affordability of a lot of just basic, what many of us think are basic things that you might have around the house, many of our patients didn't have.

Donna Thompson:

Also, many of them dependent on public transportation, and we knew during that time there was such a fear of do you know anything, buses, or the trains, of getting to or from work? And so we also know that disproportionately in black and brown communities where we have high rates of folks that are in those essential jobs, many of their family members were losing jobs, and those

that still had jobs were so afraid of not keeping the job, or missing work. And so we also saw patients who really didn't want to fess up, even if they knew that they were symptomatic with COVID.

Donna Thompson:

And so a couple of things that was very important, not only to make sure our patients knew that we did not abandon them. Yes, we really wanted to make sure that our health centers were safe, and that we are located in 16 of the 20 most under-resourced communities in the Chicago land area. And so we really wanted to make sure that if patients needed ACCESS, we were there. However, we also knew that we had to quickly pivot to a tele-health model. Now, in the state of Illinois, historically tele-health was not reimbursed by Medicaid, which is the government funding for those that are in low income, but we knew that for many, rather through their phones or tablets, being able to keep constant engagement was key. And so we quickly pivoted our IS teams, our operations team, got together and quickly pivoted and outreached to our patients.

Donna Thompson:

We also had a lot of community engagement, well received and known community groups we met with virtually, because we also wanted to test. We really knew it was important for our patients in the communities to understand their status, and also to understand that just wasn't for us, just swabbing and testing, but also asking people about their mental health conditions. Also asking, are they food insecure, what's going on with their housing, what's going on with their jobs? And because ACCESS is not a medical only model, we really have an infrastructure which most community health centers do, of just not the physical, but also the mental and social needs.

Laurie McGraw:

And we also know that these are some of the most under resourced [crosstalk 00:16:23].

Donna Thompson:

Absolutely.

Laurie McGraw:

... areas. And in this time of crisis, you really had to, I'm certain, draw on all kinds of experience and leadership skills when the world did not know how to care for these communities. So what were the leadership skills that you really drew upon to work through this incredible challenge?

Donna Thompson:

Well, one of the things, as we looked at the community, we also had to look at our employee base. Many of our employees are from those communities and there was just fear everywhere. And so one is that we had frequent town hall meetings. I have what they call the CEO huddle. I got that idea from watching clinical teams huddle and prepare for their day. And so I've been having the CEO huddle every four weeks for the last five or six years. With the CEO huddle, it's the opportunity to really make sure we give real-time information. And if we think back last January, February, March, April, all through last year, information was changing daily. And we really wanted to make sure that we got real-time information to our employees, also answering

their questions, and also making sure that we were able to test them, because many of them were living in same housing conditions that many of our patient base was.

Laurie McGraw:

So it also sounds like you had some systems in place that you've used for a lot of years that really helped you during this time. Was this the most challenging year? You've had a lot of challenging years in terms of trying to gather resources, and build this incredible system, ACCESS, nationally recognized, but was this the most challenging?

Donna Thompson:

Well, the last pandemic was 1918 to 1920, or 21. Hopefully we'll never see this again in our lifetime.

Laurie McGraw:

Let's hope.

Donna Thompson:

And so it was the world that was going in crisis. So in many ways, the challenge was how to keep everyone focused, feel supportive, make sure everyone felt safe. And at the same time we had to continue to support our patient base. We never closed down. We never closed our shops, our administrative teams, because of, again, some of the investment in our infrastructures, we quickly pivoted to getting them remote and having the tools and technology to support those that were still at the front lines. And again, it's engagement, engagement, engagement, no question is too silly. My famous mantra is, Hey guys, what's the word on the street? What's the latest rumors? The other thing I've always had is a Breakfast with Donna. I would always have that in person, twice a month, and I never stopped that.

Donna Thompson:

We do it remotely, but again, every way that we can have a touch point with myself and my senior leaders, really making sure that not only are we talking about the needs of our patients, but we're equally talking about self care. And I think in healthcare especially, many times you're so busy working with, and supporting patients and the community that self care can be an area that cannot be focused in on. I had to focus self-care for myself because, again, myself and my team, it was important that each and every day we were up and ready to take on whatever issues were presented that day. And again, memories can blur it, but I've often told a lot of my teams to keep a journal because there's a lot of pearls of wisdom, pearls that you learn personally, as well as professionally, as you're navigating really through uncharted waters. There was no guidebook. There was no book on, Oh, let me get this on the shelf to say, how do you navigate through a pandemic?

Laurie McGraw:

But I'll tell you, you make it sound easy, Donna, you make it sound like you knew exactly what to do, both based on the many things you had in place over years, but your leadership skills, which really seem to shine through, seem to equip you. And thankfully you didn't shut down. The access that you provided at ACCESS for your communities is just tremendous. But in terms

of those leadership skills, you have talked about in the past that some of the most important to you are confidence and ambition. And I love that. So just tell me a little bit about why those in particular are some of the highlights in terms of the leadership skills you think are important.

Donna Thompson:

So when I started at ACCESS in 1995, reported to a terrific gentleman who was the CEO, and I loved operations. And in fact, we grew from nine health centers, at one time we had close to 50, and then as we really readjusted we're down to about 36 health centers, but we still take care of close to a 180,000 people, unduplicated unique patients every year. He tragically was killed in a boating accident with two or three of my peers in Alaska. And someone says, well, how did you get through it? And I said, one, I used a lot of the same skills of listening, not feeling like I had to make a decision right away, but the most important piece was to make sure that there was stability and calmness with the employees. Now, how did I prepare? I was always that person curious, raising my hand, taking things on.

Donna Thompson:

I ended up being a Robert Wood Johnson executive nurse fellow. During that three year fellowship, which was a competitive fellowship, I was able to not only learn additional skills on how to be more of an effective leader, but also how to more personally ground myself. And so, I always tell people who are young in their career, and I'll start with my daughter who's an associate professor of pharmacy at a historically black university, Florida A&M, that every day you learn something and never be bashful about volunteering. Many times people will say, well, am I just being used because I'm a novice, or I'm just being dumped on? No, you're building a skillset that no one can take away from you. And so I was always this person raising my hand saying, I'll take it on, even if I didn't know if I could even do anything with it, I thought, let me get the skills and the knowledge.

Donna Thompson:

And I can remember one of my bosses when I walked in his office and I said, I'll take this messy department. I think it was facilities at the time. Now, here I'm a nurse, what do I know about facilities? And he looked at me and he said, you're taking on facilities? I go, yeah, I want to take on facilities. And he said, well, don't drop the ball. And I laughed, and I said, right now it's a mess. It could not get any worse. And I think, again, it's that grit, that you know what? I'm going to take it on. And I can remember also, even as a senior leader, and mostly many times being the only woman at the table where the guys would snicker at me saying, oh, there she goes again, getting dumped on, hihi-haha. However, I would broaden my knowledge.

Donna Thompson:

My knowledge is more than just the healthcare arena. Knowledge around marketing and facilities and other areas of running a company, you need that. So when people walk into your office with an issue, there's not much I haven't experienced, or done, but the other thing is it allows me to fully support my team and the growth that I need to see in people so that they can really, really be effective leaders.

Laurie McGraw:

Well, the amount of things that you have accomplished, efforts that you have spearheaded, your energy just seems endless. And maybe as we close out here, Donna, your favorite quote I've read also is, "Stay in the game." I love that one too. So just talk a little bit about that.

Donna Thompson:

Well, many times, especially when you're younger in your career, or even if you're mid-career, you're so anxious, you have this vision, in three years I want to be here, five years I want to be here. Many times it's about having that long game and understanding that your best investment is experience over time. I always tell people, once you become a CEO, the question not so much is becoming the CEO is, can you keep the role and can you make impact in that role? So much in my role now isn't doing, it really is the big picture and supporting the team of people that I have the pleasure of working with. And many of them I've mentored and coached them over the years, which gives me extreme pleasure. Staying in the game is really about not thinking in terms of immediate gratification, but thinking about it as a journey, as a way that sometimes you win, sometimes you lose.

Donna Thompson:

Most of my memorable, memorable learnings in my career, has been when I lost, when I didn't get something that I thought I really wanted. And in hindsight, I go back to going, but you know what? That was my biggest growth. Understanding how you deal with disappointment. That creates a resilience if you're going to stay in the game, it also creates an ability that you can grow personally and professionally at the same time. I have two children and I started in leadership when my daughter was three and my son was probably six months old. And I'll tell lot of women leaders, these jobs, these roles are important, but your kids are only three, or five, or seven once. And once that's over with that's over with, before you know it, their pre-teens, or teens, their bedroom doors are closed, and then they can go on with their life. You can't recapture that.

Donna Thompson:

And so understanding that, do you have the support system? My husband's been great. He's been a great support, but I'll be the first to say, that old adage, can you have it all? No, you can't. You're always having to give up something in order to get something. And again, I made those choices and I'm okay with those choices, but I tell a lot of women leaders that you got to be okay with those choices, understanding that some choices you make, you can't recapture. And so when I say stay in the game, that's really what I mean, stay in the game. Patience, resilience, understanding that how you get your balance, your own self-care. And at the end of the day I always say the roles are important, but I love my family more than anything. And no role will ever supplant that.

Laurie McGraw:

Donna, this has been unbelievable in terms of the advice, what you've accomplished, the amount of giving back that you do for both the community, for women, for so many different causes. I so appreciate you being on Inspiring Women Today. Any last thoughts as we close out?

Donna Thompson:

Yes. I talk about having my daughter who's 31, and right now I so much enjoy listening to her. And right now, what do we have? About four different generations in the workforce. It's a great time now, especially for me, I'm a baby boomer, but it's a great time to really make sure that we embrace the four generations that are in the workforce, understanding that they're seeing everything through a different lens, but what a great time to embrace, and what a great time to go on this journey together.

Laurie McGraw:

Thank you so much for being on Inspiring Women. This has been a discussion with Donna Thompson. Thank you so much.

Laurie McGraw:

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