

Offering Healthcare a One Stop Shop for Strategy to Construction with Ann Duginske Cibulka of Ryan Companies

- Ann Duginske Ci...: [00:00](#) It's a phenomenal point and that's really, I think our differentiator and I think our competitive advantage of what we can offer a group, and it's interesting that one CEO that we're working with, he was saying similarly, 'we're just not used to this, having a developer and then a design builder and an A&E all within the same company.' And we're also offering as of this year program management services, as well. So really becoming that one-stop shop, which I think is truly unique in the marketplace. When he first started this, he's like, 'well, won't I lose oversight? Won't I lose the ability to have transparency into the project?' All of that, and it's just been a phenomenal process because he's completely done a 180 in just the short time of launching the project, moving forward. And, this involves both an inpatient and outpatient project with his particular CEO. He looked at us and said, 'this is the way of the future. I don't have to be managing multiple different contracts. There's no finger pointing. There is an ability for me to be much more connected.'
- Trisha Talbot: [00:58](#) This is the Provider's Properties and Performance Podcast, the podcast that brings together leaders in health care and investment real estate to consider the possibilities and future at the intersection of practicing medicine and healthcare real estate investment returns. Welcome to the Providers, Properties and Performance Podcast. I am your host, Trisha Talbot. As a health care real estate advisor to providers and investors, the best solutions occur when the two collaborate together as partners in delivering better patient care. Providers can deliver care to their patients when and where they need it and investors realize the returns to build and manage facilities. We explore changes in medicine and wellness, the future of healthcare and using real estate as a strategic and financial tool.
- Trisha Talbot: [01:41](#) I interview Ann Cibulka today. Ann is the director of real estate development at Ryan Companies, US. Ryan Companies is still a family-owned company that started as a general contractor and has become a developer that is involved in a variety of commercial real estate industries. But our episode today focuses on Ryan's healthcare real estate services that offers large healthcare companies and hospitals, a one-stop shop real estate partner to strategize, design, build, and manage a health care

facility. They're located throughout the U S and Ann shares Ryan's story and outlook on the healthcare real estate market.

- Trisha Talbot: [02:14](#) So Anne, welcome to the Providers, Properties and Performance Podcast. It's great to have you here.
- Ann Duginske Ci...: [02:19](#) Awesome to be here. Thank you so much, Trisha. I'm a big fan and you've been having some awesome episodes so far. So, happy to be here.
- Trisha Talbot: [02:26](#) Thank you. I'm glad to hear that. Well, I'm so excited to interview you. Ryan Companies, it's probably the oldest company that I've interviewed to date. It has a huge history. I'm sure you could spend the whole hour going through it, but if you want to give us kind of a Reader's Digest of some background and the history of Ryan companies and how it came to focus on healthcare real estate development and construction.
- Ann Duginske Ci...: [02:48](#) Yeah, happy to. Absolutely. We are an 80-plus-year-old, family-owned firm. So, we are still family owned, which just really speaks to our culture. We have such a phenomenal family background. The Ryans are still involved and we have a phenomenal leadership team. And, we started out as a general contractor back in the day. Actually, even before that was doing lumber and some of the old construction things up in Hibbing, Northern Minnesota, if you believe it. So our roots go back to Northern Minnesota. Today we are a general contractor, the top of the country, as well as a top developer and we specialize in a few different industry sectors. And I think that's something that's really unique to us is that we have the national scope and we have really expertise in multiple different industries.
- Ann Duginske Ci...: [03:34](#) So we cover senior living, retail, industrial, we have multifamily and housing healthcare, and then also obviously working on office and other other uses as well. So, we have a strong history in our Minneapolis headquarters, but now we have over 13 different office locations nationally, about 1600 employees. So, we've just had phenomenal growth over the last, especially the last 10 to 20 years. And this year we'll be at 3 billion in annual revenue. So, it's just phenomenal growth. We're one of the top leaders, but it's a great company with really just a huge history of that family background and I love working there.
- Trisha Talbot: [04:16](#) That's awesome. What does Ryan look for when it's attracted to a healthcare property that it wants to develop and build? I know you guys partner with a lot of health systems and stuff like that, but what is it that attracts you to an opportunity?

Ann Duginske Ci...: [04:33](#) Yeah, overall Ryan has been doing healthcare its entire really, especially the last 30 to 40 years, we've had a really high emphasis and growth pattern on our healthcare in the last 10 to 20. And we've been expanding our services and specialties to include all of our different services. So, we not only have developments in construction. We also have A&E, so complete architecture and engineering services. We also have real estate management and then we're doing building services as well as other expansion there. So, Ryan, when we're looking at healthcare, we're really across the board and that we do both inpatient and outpatient. And one thing that I think is really important though, is that, with our healthcare customers, I think we work to get deeper and a lot of people say that, but we certainly work to find that trusted partnership. We have as a company over almost 90% of our customers are repeat customers.

Ann Duginske Ci...: [05:28](#) And that's really important to us. I think it's unique in that, we're not just in it for the one-off, we're really in it for the relationship. And so, when you ask what does Ryan look for in a healthcare opportunity? We're really looking for the relationship we often like to say, we're not looking to just be part of another RFP. We're really looking to make sure that we can uniquely offer a customized suite of services to our groups. And we've just been having a lot of success nationally. As I said, we've got multiple different regions. We've got developers focused on healthcare all over the country. And our healthcare sector at Ryan is led by senior vice president, Mike McMahan. And he actually comes from being a healthcare exec. And that was a pretty particular choice on our perspective and that we needed to understand what do healthcare leaders look for in kind of the projects that they're looking for? So, we actually have healthcare executive leading us.

Ann Duginske Ci...: [06:19](#) So to give you little bit better picture into what do we look for in a healthcare opportunity, right now we've been doing healthcare and we've got customers actively in what I think are over 18-20 States, probably. We've been consistently named kind of a top 50 health care construction and development firm in the U S.

Trisha Talbot: [06:36](#) Well, it's interesting that you say that the head of your healthcare division is a healthcare executive, because if you look at healthcare executives as hospitals, sometimes they come from the facility side and sometimes they come from the operational side. So, it's interesting because for a hospital, their facilities, it's a tremendous part of their business, but, they're there to serve patients and it's kind of this - they have to have a foot in both. So it's really interesting, but I'm sure what Ryan offers them is a

trusted partner in a one-stop shop on the facility side from, development all the way to management and that architectural and engineering where they're not having to manage several relationships with different service providers that you can say, 'Hey, we can actually solve all these problems for you. There's one point of contact to tell the problem to, and then we can find the people within our organization to solve it.'

Ann Duginske Ci...: [07:29](#)

It's a phenomenal point and that's really, I think our differentiator and I think our competitive advantage of what we can offer a group, and it's interesting that one CEO that we're working with, he was saying similarly, 'we're just not used to this, having a developer and then a design builder and an A&E all within the same company.' And we're also offering as of this year program management services, as well. So really becoming that one-stop shop, which I think is truly unique in the marketplace. When he first started this, he's like, 'well, won't I lose oversight? Won't I lose the ability to have transparency into the project?' All of that, and it's just been a phenomenal process because he's completely done a 180 in just the short time of launching the project, moving forward. And, this involves both an inpatient and outpatient project with his particular CEO. He looked at us and said, 'this is the way of the future. I don't have to be managing multiple different contracts. There's no finger pointing. There is an ability for me to be much more connected.'

Ann Duginske Ci...: [08:17](#)

I think you hit on a good point too, because , our construction guys are obviously the experts and our construction girls are experts in that facility mindset, but there's so much about operations that our development team can bring and bringing those two together, I think it just brings a cross-functional solution that healthcare needs, really getting deeper to what their real needs are. I always say real estate is the final decision or the end outcome of a bunch of challenges and really tough strategic things that they're dealing with. And so, in the end, we're all focused on real estate, but the healthcare executives or the board or others, I mean, they've got a lot more to solve for and having that cross functional team to come up with quick answers, because we're all in the same room together and all kind of fighting for their same needs, I've seen it, and I've seen people say it makes a difference.

Trisha Talbot: [09:17](#)

Well, absolutely. And some people might say, well, that's kind of a high-risk situation for you to be in Ryan because, no matter what happens, you get the finger pointed right at you, but you're right. That risk and reward are, I think, all hand in hand where you guys can say, 'we actually prefer to have that responsibility. So, everything is internal and we're not having to go and solve

other people's problems.' And it probably saves you just time and energy and then the whole lot of headache and long-term.

Ann Duginske Ci...: [09:43](#)

Yeah, and I do want to be clear, we do work with outside A&E firms and we understand and respect that there are some established relationships that healthcare customers have. And so, I love to work kind of outside of our group as well as our Ryan A&E group. And so, we do both around the country. We have some areas where we've got some stronger team members that have established relationships. And so especially kind of in our North region, we've got a number of groups and projects that we do with Ryan A&E. But you're right. I'm not afraid of that responsibility or that kind of partnership. I think that it's really putting ourselves in the same kind of tough decision point and responsibility point that these healthcare executives have. And, if there's one thing I've seen, they need so much more assistance in building the feasibility and the business plan and, helping to have facilitation support around project approval.

Ann Duginske Ci...: [10:34](#)

And when it's all different people at the table, it can be much more challenging, I think, to bring that comprehensive solution. And, we are even at Ryan bringing on some strategic planning, formal support internally, knowing that this feasibility, this proof-positive building a business case for the properties, even if they're just outpatient, even a small clinic has a significant amount of visibility and capital approval requirements. And so we're trying to get deeper into that and we're not shying away from that responsibility. I think we're kind of seeing a little bit of a gap and trying to sell that.

Trisha Talbot: [11:06](#)

That's awesome. And do you see some growth in some parts of the country that are faster right now than other parts of the country that you're focusing on?

Ann Duginske Ci...: [11:15](#)

Absolutely. I think that we have a ton of national relationships and healthcare follows population growth and things, and there are some markets that are more mature than others. And so, I'm in the Minneapolis area. I cover all North region healthcare development. And if you think about the Minneapolis, Minnesota, and even the upper Midwest healthcare markets, there are some various established health system, and they have a pretty extensive real estate footprint already. When you look to more kind of the Southern areas of the country, where there's just vast population growth, you think about Phoenix, Dallas, Austin, Florida - just huge shifts in demographics. There's a lot of capacity kind of growth that needs to be made up for when it comes to clinics, outpatient and inpatient, since there's so many new people coming to those communities. So that's, I think part

of the advantage of our national approach and also, why we have our national sector leader, Mike, so that we can balance those needs. We can react differently. I'll go help out on something South of town or South of the country, if needed. And I think it just allows us to be able to react. But certainly, healthcare follows population, it follows those kinds of demands, projections and things, and we see different realities in different markets.

Trisha Talbot: [12:29](#)

Absolutely. And you guys also are open to joint ventures with operators that come to you and say, 'Hey, I want to do a build-to-suit or I want to be a partner in this real estate development. So how do you guys approach those?

Ann Duginske Ci...: [12:44](#)

Yeah, definitely. When I am thinking about some of the medical office projects that I'm working on, a lot of them are single tenant and build-to-suit right now, just knowing that a lot of groups are bringing more mergers and acquisitions, bringing a lot more smaller, independent groups internally. So, they want to control the entire building or they want to master lease it. But you're certainly right that there are groups that want to both enjoy and participate in physician investment, or potentially only asset afterwards or something like that. So, it's really customizable. And certainly, we even look for joint venture partnerships on some of the projects that we're doing, whether that's somebody that would like to participate with the real estate alongside us or elsewhere. So, we're very flexible. I think that's one thing, a lot of people will say that, but one thing that we're trying to do is just listen to the customer.

Ann Duginske Ci...: [13:31](#)

We all come up with kind of our best solutions based on the kind of metrics that we have, but I've just learned that so much in healthcare is about making sure that you're prioritizing what they need and you're willing to be flexible towards it. And I think those developers and those type of real estate leaders are going to be the ones that are really going to provide the solutions that are needed because these are complex difficult capital structures, difficult challenges. I cannot imagine. I say often, I can't imagine waking up and being a CFO of a health system. What fire do you put out first? It's just challenging. There's no other industry in the world where you don't control your revenue and you don't control your expenses. It doesn't make any sense. I have my MBA and if you would have told me as a business executive, 'this is kind of what you're dealing with.' I would've been like, 'that's not how this is supposed to work.'

Trisha Talbot: [14:22](#)

Exactly. You're exactly right. And, if you do have customers that say, 'Hey, Ryan, we want you to own and manage this after development.' Is that something that you guys offer as well?

- Ann Duginske Ci...: [14:34](#) Yeah, definitely. We have a lot of different options and I think ultimately, it's about customizing what's needed. Some of those build-to-suit assets and things. It's definitely something that maybe a health system might want to own afterwards, or they might want to even ground lease in order to maintain that control and things. So we're open and flexible to that. We also have a healthcare fund. And so there's even an opportunity to invest into a portfolio of our projects. And then that's one way that we hold on and retain ownership of some of the healthcare projects that we do, or, there's an opportunity maybe to potentially have that go into a different real estate model or a different model that maybe the health system or group wants to be a participant in that investment opportunity as well. So, there's lots of different ways that we can do it. And like I said, it just goes back to that customization. There really isn't one way shape or form that we're going to do these projects.
- Trisha Talbot: [15:22](#) Absolutely. And how long have you been with Ryan?
- Ann Duginske Ci...: [15:25](#) I've been at Ryan five years and it's just been phenomenal. Like I said, it's been a ton of fun. I was just telling a colleague actually before this call, the reason why I'm here is the people. I couldn't ask for more just opportunity and flexibility and support. And we've got just an awesome team. I have the benefit of getting to work with a really, really smart contractor. I'm paired with someone internally that that leads construction with me. And it's just really fun to kind of have that team perspective and everything kind of comes at it from a team cross-functional need. So it's exciting and more fun for me to be able to kind of bring all those minds together internally.
- Trisha Talbot: [16:03](#) What are some of the goals that Ryan has looking three to five years, which would be, hopefully we're all thinking that that will be post-COVID. So things that you might've learned, where's your vision set for the next three to five years?
- Ann Duginske Ci...: [16:17](#) Yeah. I think that's a good question. When I think about our national sector, it's certainly about expanding our kind of ancillary services that support our more traditional services. You think healthcare and development are our bread and butter. We do third-party construction and we do healthcare development. So that healthcare construction and healthcare development is what Ryan specializes in. Our A&E is a huge opportunity, architectural engineering, and we've been growing that service. In addition, our real estate management and kind of portfolio management for health systems is a huge new area of growth for us as well in healthcare, really healthcare-specific real estate management, which we know is much more complicated than

just running a typical office. And then some of our newer services. We've got a phenomenal leader, Leah Sternhagan that is leading our program management at Ryan for healthcare.

Ann Duginske Ci...: [17:06](#)

And that's specific to healthcare. We know some of these complex outpatient and specifically inpatient projects kind of having that program management assistance above and beyond the support we offer either in construction or A&E is critical. And so, I see that as a huge opportunity, both to do third-party program management, and then also offer that service to some of our projects we have going on currently. And like I said, just continuing to grow also the strategic planning. I think that's where we see the biggest growth and biggest goal, is that even doing a single outpatient project, we need to be asking deeper questions of our healthcare partners and our customers of how does this fit into your ambulatory strategy? How does this work with your network planning? This one building is going to have to obviously connect to your entire strategy. And so, I don't want to do a building or a project that fails.

Ann Duginske Ci...: [17:56](#)

And sometimes that means that the project isn't right. And I think we've all been approached. And I've had a situation where the real estate location drives the strategy, not the actual ROI or market need for the individual health system. And that's why you end up with beautiful MOB's in great locations, but ultimately, they have no referral networks for it. So, it's not feeding the hospital. It's not helping the health system in any way, shape or form. And so, even going deeper, even for a simple outpatient project, that's where we're going. We're going to helping them understand their volumes, helping to understand the real ROI of each individual real estate decision onto their entire health system or their entire medical group. And I think we have to step up as real estate advisors, certainly post-COVID, and even in the middle of COVID, I think capital decisions and expenses are going to be even more scrutinized. I like to say, or think of right now that we're needed more than ever. Our real estate expertise, our connection to their operations and understanding of how that all in between connects to strategy. I like to think that right now is the time where we can really step up and offer even additional health and strategic planning.

Trisha Talbot: [19:07](#)

Absolutely. And I ask my clients the same thing. They're like, 'oh, I need a site here.' And I'm like, 'well, what patients are you trying to reach?' What's your operational goal? Because the real estate is a solution. And depending on what the operational goal is, we could go and retail, we could do adaptive reuse. We can find a piece of land or look for a building or you just lease something. What real estate decision makes sense based on what type of

operational goal you're trying to achieve? And I think that's incredibly important. And we have people that come to us and say, 'Hey, we want to build a medical building here.' And they literally just like put a finger on a map. With medical, I know in baseball, 'you build it, they will come.' But in medical, it is not that way. You will have a very beautiful medical building in the middle of no place that anyone is going to go for medical services because it doesn't make sense.

Ann Duginske Ci...: [19:59](#)

Exactly. And real estate is exciting, it's sexy. And so, every healthcare executive that's dealing with a ton of headache of healthcare operations likely wants to get involved. And, I think unfortunately, some people, I think do our healthcare a disservice in that they kind of affirm and run a simple population-growth map on Esri or something. And 'yeah, this is great. You build it, they will come.' That's kind of the message. And it's not. Like I said, I'm going to be in this business for a long time. I don't want to build anything that's unsuccessful, especially working with some of these healthcare groups. You understand that they're trying to build new to sometimes offset some of the poor decisions in the past that they've maybe been walked down the line and, we are in, I think, a privileged position when we're advising healthcare real estate in that these are people that don't maybe have all the expertise in real estate, but they are making very critical decisions.

Ann Duginske Ci...: [20:54](#)

And they're at the front lines. If there's anything that COVID taught us, they are just so essential and being able to support the community. And so, I just take that responsibility really seriously. And that's why I'm strategy brained. I like to think about, the 'why' and ask that and dig deep. And I think we can do better. I know a lot of A&E firms are trying to do better. There's a lot of healthcare strategic planning, we're all asking. I mean, you're asking those questions too. So, I'm excited about that opportunity. And I guess I'm not afraid of the responsibility it takes when you're really kind of advising both the operations as well as the end real estate outcome.

Trisha Talbot: [21:28](#)

And you do get involved in that long-term planning because in construction and development, it's a long game. You have to plan for several years in advance. And then the building is, again, that's the solution to the two-year process. Sometimes beforehand designing, figuring out all the 'where, what, why,' and then you go and build it. But have those conversations about, 'Hey, post pandemic, we realized that we've seen this gap and we need to solve that in our operation, by building another building here to solve, whatever problem kind of came up as a result to the pandemic.' Are you having those conversations?

Ann Duginske Ci...: [22:06](#)

In reality, a lot of these health systems or medical groups are realizing that if they had kind of B or C location, that's not going to work anymore. They've got to have those A opportunities. And they've got to have really good facilities. In a healthcare facility, a patient needs to feel that confidence, they need to feel an assurance. They need to know that this facility is going to perform for them. Even more so we're seeing this because of COVID that people don't want to go into facilities that are not the cleanest, the brightest, I mean, we are all making very different decisions about our safety as consumers. And that's very clearly how kind of the healthcare brands and the healthcare real estate can communicate then to patient confidence, I think. And what I've seen is that those buildings that were older or bad positioned, they're suffering. Some of those people are now shifting to virtual health, but if you have a fantastic location and you have a fantastic facility that kind of creates that confidence in a patient, you're going to continue to see that and you're going to continue to see people showing up for that.

Ann Duginske Ci...: [23:15](#)

And so I think a lot of health systems are having tough decisions. And this is also a very opportune time where tough decisions before COVID, they're really being put up against some very tight budget decisions, which does cause innovation to occur. I mean, change occurs sometimes when we least want it to, or really when we're forced into it. And there isn't a group in the country that isn't either considering different leadership structures or considering how they own the real estate or reconsidering their return expectations for a certain real estate or a capital investment. We are all putting pen to paper a little bit more closely, and I think they need more help on that. I was talking to one real estate facilities leader for a national health system in a country and they were saying, 'if you thought we had feasibility and really approval challenges before COVID imagine this now.' What she was concerned about is the reality that real estate waits for no one. We all know that time kills all deals.

Ann Duginske Ci...: [24:15](#)

Now, I say that to myself in my sleep, unfortunately, but it does. And the reality is is that if it's taking them six more months to make a decision, because everyone's scrutinizing capital that much more, that land's not going to wait that site's not going to wait and that competition. And there's such an opportunity right now to get out ahead of things, I think, given some groups are suffering. Some groups I think are in shelter mode and not making positive decisions. Some are kind of continuing what they have, but holding everything else. And then, then there's kind of that third category where they are forward-thinking. They see, this is the time for strategic planning. This is the time to question everything and think all about what we're doing, because this is

a moment of innovation opportunity. And I'm excited about those groups, because I know in the end, they're asking the tough question, but, we're here to help all of them. We're here to help those that just need some small real estate management help because they're trying to keep what they have going. But we're also here for the big thinkers that are saying, 'Hey now's the time to think about that entire new campus because that group suffering down the line or down the road and, and this is our opportunity.'

Trisha Talbot: [25:19](#)

Well, and I think companies like Ryan that, with these healthcare campuses that have a lot of messes that they're trying to solve - these gigantic elephant problems and they try to solve their real estate themselves. And not that they're not capable because these people are incredibly talented and very smart, but sometimes it's just a bandwidth issue. How many decisions in a day can you make and how many different decisions? You're focusing on health-care-operation decisions. Then you have to switch over to a real-estate decision. And then you're like, 'ahhh!'.

Trisha Talbot: [25:50](#)

If they can come to somebody and say, 'Hey, I have these problems.' And you're like, 'I can actually help you and synthesize these problems and make your life easier.' I don't even know if some of them know that that exists, but that's what real estate advisors, that's what we can do is we can help you solve these problems where you can focus on the healthcare operation, which is something we can't help you with, but we can help you solve the real estate problem, or at least synthesize the problems, tell you what their financial pros and cons are and then you can make a decision having all the information available to you.

Ann Duginske Ci...: [26:25](#)

Yeah, absolutely. I think you bring up a really good point. I just want to stress this. Healthcare leaders are incredibly brilliant. They're smart. Like I said, I sympathize because I don't know that I could be a healthcare executive or a CFO with the kind of challenges that are on their daily lives. And they have not only think about the operations, but they have to be making these big decisions. And what I've seen is some of the area that we can sell in is that we're not the ones with all the answers. They have the answers. What we can help do is provide the backup that makes sure that their solution that they know is right. They know what their business needs. We can help give them the proof and the backup data and the real business case.

Ann Duginske Ci...: [27:08](#)

We can run the numbers in order to help prove that position. And we can help facilitate that. One thing that I think isn't as talked

about as much in healthcare is the need for board governance and board management and really facilitation and driving board activity is an art that all these healthcare executives, even individual physician groups, have to deal with that dynamic. And anytime that decisions are made by committee or by a board, there's risk that there's a lot of different influences where they don't have the full perspective or the full story. And so that's why to come to that point with the proof that we might be able to provide. So I have one healthcare executive say, 'I need you to say this because when I say it, they don't listen.'

Trisha Talbot: [27:52](#)

Oh, totally, absolutely. Yeah.

Ann Duginske Ci...: [27:54](#)

'If you could say it and I need you to facilitate and ask these tough questions' because right now we've got this person that just doesn't want to do it because they're going to be personally affected or something like that. There's a lot of drivers. That's why we hire outside consultants, right? To kind of tell us things that we know, but we don't want to tell ourselves.

Trisha Talbot: [28:12](#)

Totally.

Ann Duginske Ci...: [28:12](#)

So, I think that that's our opportunity and that's where we need to be. I think stewards and helpers and facilitators. I think, it's one thing to look at healthcare and say, 'Oh, but they don't have the answers. And we have all the answers. We can do this for them.' I don't see it that way. I think they're very smart people. They have a lot on their plate. They're dealing with even more than I have to deal with.

Trisha Talbot: [28:32](#)

They're saving lives.

Ann Duginske Ci...: [28:34](#)

Yeah, and we're only as good as the assumptions that we have. We're only as good as the data because so many people require proof and they require feedback and they require kind of that board approval process that can take a number of - there's people that are really digging into the decisions there and we need to help come up with answers for them.

Trisha Talbot: [28:54](#)

Awesome. Well, Ann this has been great. We're going to move into some Q&A about you to get to know you a little bit. So what was your first job?

Ann Duginske Ci...: [29:03](#)

Professionally or personally?

Trisha Talbot: [29:09](#)

It's open. Whatever you want to start with.

Ann Duginske Ci...: [29:13](#)

In my teens, I was a waitress at Perkins. So, 'pancakes, toast or a muffin?' comes pretty quickly, but I tease. That was one of the

most fun jobs. And talk about learning customer service. My old boss used to say, everyone should do their time in a food or a customer service position in order to truly understand how you work with people, how you adapt and how you think on your toes. So, I was a waitress to put myself through college. And so that was awesome. And then my first job out of college, actually, and during college, was I worked at a regional economic development organization, which is really development, but on the public side and working at the regional level, we got to work much more closely with the broker and site-selector community. And I ran a lot of the real estate and development for that organization for about seven years. So, that was a ton of fun. I recognize that public private partnership, it really gets a lot of things done that it sometimes doesn't get the credit for. So, I loved that job and decided to move in to kind of more private development as a result of it. But it was a lot of key learning.

- Trisha Talbot: [30:18](#) Oh, that's awesome. What would you be doing for living if you weren't doing real estate development?
- Ann Duginske Ci...: [30:23](#) Oh, good question. It's funny you say that I was just talking with a colleague the other day and we were teasing about how we love real estate and I love how it changes every day. I love how ultimately; we're really driving to that strategy. I mean, that's what gets me going, but sometimes our work is so serious. Sometimes you're dealing with such difficult decisions, but I love coffee. I love cafes. I'd love to open a cute little cafe, an ice cream store. And maybe the biggest challenges I might have would be 'what's the flavor of the day' or something someday and have a little fun with that. Because our work is very serious. Especially in healthcare, we're dealing with people's lives. So maybe as a second career someday you'll find me just sipping coffee in a cute little coffee shop.
- Trisha Talbot: [31:11](#) With the least amount of responsibility, huh?
- Ann Duginske Ci...: [31:14](#) Yeah, totally. I'll have a lot of good people around me to help make sure that the place doesn't burn down.
- Trisha Talbot: [31:19](#) What or who are you reading or listening to right now for news, information or inspiration?
- Ann Duginske Ci...: [31:25](#) Oh, good question. I am actually a big reader. Every morning I read a number of different e-newsletters so I love The Morning Brew. The Skimm's great. I read The New York Times daily. So, I'm a big news person. My brother and sister, and I have a group text that we're constantly, 'did you see this latest story' and things like that. So, I'm super into current news. I love to read; I bought a

Kindle a couple of years ago and that thing has caused me to read so many books and it's a nice way to unplug. So, I love fiction. Fiction is fun. I'm actually reading a good book. It's called Wintering. And it's kind of similar to the COVID situation and how we've slowed down. And it was recommended by Elizabeth Gilbert and it's just interesting. It's about embracing slower time periods in your life and I think it fits really well with COVID. It's a great fiction story that I'm enjoying right now.

Trisha Talbot: [32:12](#)

Oh, nice. I like that. What is one thing you do every day for healthy self-care?

Ann Duginske Ci...: [32:18](#)

Well I drink a lot of tea, so I guess that's one thing, but I'm a big routine person. So, I do a lot of yoga. I do a lot of stretching. My husband and I just outfitted our home gym with some of the final equipment. So, we've been working from home for now just about nine months and canceled the gym membership. And so, we're thankful that we've got the stationary bike, we've some yoga stuff, we've got some weights and things. So, you'll see me. I'm trying to get down there at least three to four days a week. I think a body at rest stays at rest. So, the more I can stay moving, the better.

Trisha Talbot: [32:53](#)

Are leaders born or trained?

Ann Duginske Ci...: [32:55](#)

Yeah. You sent that question in advance and I've been thinking about that a little bit. I have to say, I think both. But ultimately, I think there's a born quality. I really do believe that it's difficult to change someone's personality. There are some really fundamental things that go to our personalities and we know that through some of the personality testing, how we react under stress, all those kinds of things can be very innate, but certainly, skills can be taught. I think that your ability to learn with the right teacher - I've had a phenomenal number of mentors in my life. I've just been really lucky to be able to have a lot of people that take time and teach me and I've absorbed it. And so I can't say that leaders aren't necessarily trained because that's a big part of it. But a podcast that I really enjoy is called The Knowledge Project and they kind of go and talk about people that are experts and get their perspective on leaders and leadership.

Ann Duginske Ci...: [33:47](#)

And an interesting episode I just listened to was talking about how leaders that are trained may be good leaders, but the people that are admired and that inspire are usually I think the kind that are born. And it's one thing to be a good leader and that you get things done. It's a whole other thing when you've got people that are inspired by you and that admire you and in their off time

would say, 'yeah, I want to follow that person.' And so I think that there's a fair amount of born quality there.

Trisha Talbot: [34:16](#)

I love that answer. That was a great answer, Ann.

Ann Duginske Ci...: [34:19](#)

Thanks. I'm still trying to figure out my own leadership.

Trisha Talbot: [34:23](#)

I think that's part of leadership. I think the learning and the training, I don't think ever stops. If you're truly trying to be better, it's constant. And just when you think you got it, you get a COVID situation and then everything blows up and you have to be like, 'okay, I have to go back to the process that I know and start from scratch and figure this out.'

Trisha Talbot: [34:45](#)

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