

# Healthy Attitudes – A Publication of AHP Canada

February 2008

## Regional Director's Report



[Linda Saunders, CFRE](#)  
*Regional Director*

1. Apply
2. Register

These are my two suggestions for the top of your “to do” list this week.

### Apply for what?

While I've always maintained that honours are of little importance to me, I have to admit that a big thrill in my fundraising career was winning what was then called an AHP Canada Showcase Award for our donor relations program a few years ago. We won another award later for our capital campaign and that was pretty exciting too.

Today's AHP Canada Awards have been revamped and the application process has been greatly simplified. Please see the article by **Jory Prichard Kerr, FAHP** in this newsletter for more information. There is just one day left—*applications must be submitted by tomorrow, Friday, February 29.*

By applying for either the Culture of Philanthropy or the Outstanding Development Program categories you will also be making a contribution to the body of knowledge of our profession. We'll share innovative ideas and best practices from these submissions in the pages of this newsletter. And the Healthcare Fundraising Professional of the Year award offers a great opportunity to pay tribute to a colleague you admire in a small or large shop.

### Register for what?

For the “Voyage to Discovery” educational conference in Halifax, of course! Your conference committee has put together a not-to-be-missed program focusing on best practices. It has a lot of meat for everyone, from the newcomer to the seasoned professional, and for your CEO and volunteer trustees. You'll find more information in this edition of Healthy Attitudes and you can view the whole program on the [AHP Canada Web site](#). To save money, be sure to register before the *early bird deadline, March 14th.*

Hope to crack a lobster with you in Halifax!

Linda Saunders, CFRE  
*Regional Director, AHP Canada*

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## New Model for AHP Canada

*By Linda Saunders, CFRE, regional director, AHP Canada*

Strengthening AHP Canada and offering more opportunities for members to get involved were the driving forces behind the new organizational model for AHP Canada which was adopted by your cabinet last May.

Until now everything that happened in AHP at the provincial level was the responsibility of the provincial representative. This was a rather onerous portfolio and provincial representatives were not always entirely clear about what was expected of them.

Under the new model, each province will have a provincial council whose members will share responsibility for government relations, education, communications, membership, roundtables, promotion of the awards and bursary programs and act as the liaison with provincial health care or hospital associations. Ideally one member will have responsibility for each of these files but smaller provinces may elect to combine a few. The provincial representative will normally chair the council.

The education, communications and membership portfolios continue to have chairs on the AHP Canada cabinet, who will coordinate the programs at the national level and work with their provincial counterparts. We have also added a new position to the cabinet; that of chair, provincial affairs. **Marg Jones, CFRE**, is the first to serve in this role. She acts as a liaison and resource to the provincial representatives and holds a teleconference meeting with them prior to each cabinet meeting. The cabinet meets a minimum of four times annually, twice face-to-face at the AHP Canada regional conference and the AHP International Conferences, and twice by phone.

Another position that has been added is that of sponsorship chair. We all know the importance of stewarding our sponsors in our own shops. AHP's sponsors are equally important to our organization. Traditionally, the responsibility of relating to sponsors was handled by the sponsorship chair of each annual conference. They naturally felt their job was finished at the end of the conference and the mantle was handed to the next year's sponsorship chair. The creation of the new portfolio at the cabinet level will ensure the year-round continuity which was lacking in the previous structure.

We'll keep you posted as to how the new model is working in upcoming editions of *Healthy Attitudes* and we welcome your comments and suggestions.

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## Re-thinking Icebergs

*By Fraser Green, CFRE, principal, FLA Group*

Think of your donor pyramid as a big iceberg.

Most of your planned giving efforts are probably directed at those donors at the top of your pyramid—the ice you can see above the water.

But we all know that 90 percent of any iceberg is below the waterline, and it's no different with your planned giving prospects. Our quantitative and qualitative market research shows clearly that the vast majority of your bequest prospects are where you're not looking—below the waterline.

However, before you start casting a much wider net; and I encourage you to do just that; it's important that you talk to these folks in certain ways. You'll do a better job of persuading your "ordinary" donors to consider leaving a bequest to your foundation by following these 14 simple rules.

1. Tell them why you want their money, and what good it will do to advance your community's health care in the future.
2. Those ordinary donors who support your annual campaign have no idea what "planned giving" means. Don't even go there. Talk about "gifts in wills." They'll get it.
3. Think MLK2. Speak passionately to your vision, using the voices of your leadership.
4. These donors are older, and they like to reminisce about the old days. Talk about why your institution was founded, who founded it and how it changed your community.
5. Use small fonts at your peril. Make it easy for them to read.
6. The eyes lead to the brain, but the ears lead to the heart. Use oratorical-sounding language; even in your written materials. These folks remember Winston Churchill, and the power of his oratory.
7. Show how past bequests have strengthened your institution. These donors love to see rubber actually hit the road.
8. Remember, to older donors slick equals waste. Give great information, but skip the fancy packaging.
9. Use laser variables to individualize copy wherever possible. For example, "Mrs. Green, you've been a loyal Foundation donor for more than twenty years, so I'm sure you'll appreciate...."
10. Remember the Burger King commercial that said, "You can have it your way"? Offer the same to your donors. Give them the greatest degree of choice possible in their interaction with you, such as electronic or paper receiving, phone call or no phone calls, invitation or no invitations to events. The list goes on.
11. Humans are emotional animals. When you're writing legacy materials, wear your heart on your sleeve!
12. Over 90 percent of your direct mail donors already have wills. Please don't start your brochure off by stressing the importance of having one. They'll just roll their eyes and tune out.
13. Donors look to you to advance health care—not to give them financial advice. Stick to your "knitting," and let them get their fiscal counsel elsewhere.
14. Since time immemorial, humans have communicated by telling stories. Legacy gift marketing is no different. Tell great stories to your legacy prospects, and tell lots of them!

By following these rules, you're going to engage your annual gift donors and get them thinking about making the gift of a lifetime—to you!

(Editor's note: Fraser Green, CFRE, is a principal at FLA Group, and is the co-author of "Iceberg Philanthropy." He will be presenting his "Iceberg" thinking at the AHP Canada Regional Conference in Halifax this April.)

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## Where Are We? The Importance of Benchmarking

Attend this session at the AHP Canada Regional Conference in Halifax

*By Kathy Renzetti, vice president, membership, communications and government relations, Association for Healthcare Philanthropy*

Do you want to know how your fundraising performance compares to your peers? Do you find that you don't use the same types of metrics or speak the same language as your board, CEO or CFO to evaluate performance? Do you believe that progress must be benchmarked and that accountability is empty without performance measurement?

If you find yourself answering "yes" to these questions, then you'll want to attend the session "Where Are We? The Importance of Benchmarking" at the AHP Canada Regional Conference on Tuesday, April 15.

This session will describe how to identify the right approach and metrics for your institution. The presenters will place emphasis on benchmarking as a management tool—how to use benchmarks to plan, budget and staff your program. And you'll hear real life examples from successful benchmarking efforts in Canada and the United States. Ingrid Perry, president and CEO of North York General Hospital Foundation in Toronto, and Albert J. Alvarez, FAHP, chief development officer at Community Hospital Foundation in Monterey, Calif., will present case studies based on implementing a benchmarking program.

This session will look at the AHP benchmarking initiative as well as benchmarking against external standards and multi-year internal performance. The exercise is essential to determine priorities, for staff performance review, to budget, to plan, and for overall accountability. This double session is designed for senior staff, both large and small shops, and for senior volunteers.

Also, AHP will provide a product demonstration of its AHP Performance Benchmarking Service so that you can review the survey instrument, the reporting tools and what's involved in participating, including fees. In addition, AHP will present findings and analysis based on the past few years of data collection.

The purpose of benchmarking is to enhance your management practices and to adapt the successful practices of others to fit your organization's needs. Benchmarking is an ongoing process. Once you have the new and improved systems in place it is necessary to re-evaluate them from time to time to ensure they still produce the best products and services.

Organizations of all sizes can benefit from benchmarking, and it is especially useful for small to medium sized organizations. Smaller development offices benefit because benchmarking can help them avoid "reinventing the wheel." By examining the standards and practices of industry leaders, these organizations can adapt them to suit their needs. Although the benchmarking program's costs can seem high to some organizations, most find that it is well worth the investment.

### Regional Conference session presenters:

#### **Jory Pritchard-Kerr, FAHP**

Executive Director  
Collingwood General & Marine Hospital Foundation

#### **Ingrid Perry**

President & CEO  
North York General Hospital Foundation

#### **Albert J. Alvarez, FAHP**

Chief Development Officer  
Community Hospital Foundation

**Jill Schmidt**  
Association for Healthcare Philanthropy

**Mary Reinders**  
Senior Research Analyst  
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## Honouring Excellence!

*By Jory Pritchard-Kerr, FAHP, regional education chair*

“Voyage of Discovery – Exploring Best Practices” is a fitting theme for the 2008 AHP Canada Regional Conference in association with the Health Care Public Relations Association (HCPRA). For three full days, we will be exploring all that is new and innovative in health care fundraising and public relations.

But this conference is not just about discovering new ideas and learning best practices, it's also about celebrating excellence! And this is your invitation to join in the celebration with your colleagues.

For the first time, AHP and HCPRA have joined forces to provide you with a joint application form for our respective professional excellence awards. The AHP Canada Awards and HCPRA Hygeia Awards will be presented at the closing dinner in Halifax on April 15 th , 2008 when we will honor those health care fundraisers and public relations professionals who are setting the trend for others to follow.

The AHP Canada Awards are presented in three categories: Culture of Philanthropy Award, Outstanding Development Program and Healthcare Fundraising Professional of the Year. Two awards are presented for Healthcare Fundraising Professional of the Year—one for a small shop and one for a large shop—allowing opportunities for all professionals to participate. The application process has been streamlined to encourage you to participate so it takes far less time to complete. Detailed instructions and the application form can be found on the [AHP Canada Web site](#) .

So don't be shy, show us your best whether you're in a small shop or a multi-site institution. Share your success stories and help your colleagues to benefit from your knowledge and experience!

Deadline for entries is **February 29, 2008** .

For more information, please contact:

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## Direct Mail that has Direct Impact

*By Carl Page, president, Creative Pages*

How do you pull the heart strings while appealing to your donor's logical side? The key to direct mail success lies in both the planning and creative stages. To follow is a guideline for developing winning direct mail campaigns.

## A. Planning

- Plan for the required human and financial resources, and budget accordingly.
- Who is the audience? What type of mailing do you need?
  - Direct addressed to existing donors?
  - Donor acquisition mail drop?
  - Targeted donor acquisition postal walks?
- Do your research.
  - What are the community trigger points?
  - What has worked in the past?
  - What has not worked in the past?
  - Compare tests and ROI.
- How will it be implemented?
  - Will the project be internally composed?
  - Will it be designed with the help of a graphic designer or printer?
  - Will you use a writer?
  - Will you use a mail house?
  - Will the whole project be done by a full-service mail house, who will handle design, concept, research, writing, printing and segmentation?
- Critical Path.
  - When do you wish the mailing to arrive on doorsteps?
  - Plan backwards from that date.
- Determine your audience and any required segmentation.
  - Who will the mailing be sent to? New donors, first year donors, repeat donors, reactivated donors, lapsed donors?

## B. Creative

The best creative will not work if it is sent to the “wrong” people or asks for the “wrong” thing. The worst creative might still work if it sent to the “right” people and asks for the “right” thing. To maximize your mailing, have the best creative within your resources, sent out to the “right” people asking for the “right thing.”

- Consider using pre-mailing public relations/communication efforts.
- Be donor-focused and patient-focused, not institution-focused.
- Don't bury your lead. Make your case for support clear.
- Tell a story with words and pictures.
- Involve the potential donor's perspective.
- Know your community. What may work in a metropolitan area, might not work in a rural setting and vice versa.
- Avoid stock photos. Use photos of your own physicians, staff and patients. This is especially critical in smaller communities!
- Credibility is everything. Testimonials attributed with real names, real people.

- Does the copy make you feel? Does it make you think of yourself? Of your family?
- Is there an arresting visual? Such as a photo post card, lift note, or report card.
- Creativity is the mastering of the simple. Simply say it with sincerity, emotion and logic.
- Is there a need? Call upon your donors to take immediate action. Make it real.
- Make the letter look like a letter. It should look like a personal one-to-one communication, not a brochure or flyer.
- Make the letter sound like a letter. Have it tell a story. Start it off with "Dear."
- Put a strong message on the outer envelope. If they never open the envelope, they do not read the direct mail message.
- Don't be intimidated by the word "Direct Mail." Direct mail can be an acquisition mail drop, a segmented donor letter to over 100,000 people, or just 100 letters directed to key prospects.
- Know your community. Know your donors.

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## How to eat Lobster

### In preparation for the Halifax Lobster Dinner...

1. First twist off the claws. Bend back the hinged "thumb" or pincer of the claw until it breaks off. You can get meat out of it with a pick or small fork. Next, break off the claw part from the knuckle. Stand the claw on its edge and use a heavy knife to chop into the shell. Twist the knife and the shell will split apart. The meat will then be kept whole. Instead of a knife, you can also use nutcrackers.

2. Separate the tail from the body by twisting it free. Break the flippers from the tail. Insert a fork where you broke off the flippers and push the meat out of the tail. Peel back the flap that begins at the flippers exposing the black intestinal vein, which should be thrown out.
3. The top shell can be unhinged from the body by turning the body on its side and cracking it. Once the top shell is broken free, you can get at the tender piece of meat that lies between the body and the outer shell. You can pick further and find small morsels of meat located throughout the whole body. The green liver, the tomalley, can be removed from the body and eaten, as can the red roe in females. Finally, break off the legs from the body and extract the meat by squeezing, or sucking it out.

Lobster contains healthy amounts of iron, zinc, calcium and iodine, as well as, Vitamins A, B and B6. It also has no saturated fat and is low in cholesterol and calories. A 3.5 ounce (100g) serving of boiled lobster meat has only 93 calories.

To learn more about the [Halifax Lobster Dinner](#) and other events and activities at the AHP Canada Regional Conference, April 13-15, visit the [AHP Canada Web site](#).

Please Note: The Regional Conference *early bird deadline* for [registration](#) is **March 14th**.

Make your hotel reservations early to receive the special AHP discounted room rate. You can find more information about the Halifax Marriott Harbourfront Hotel on the [AHP Canada Web site](#).

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#### **NEWFOUNDLAND**

Vacant

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## Editor's note

This publication will be what you want it to be! In order for that to happen, we need your input, your sage advice and even your criticism. Our aim is to ensure the information is topical, interesting, thought provoking and value added. But we need your help.

Here is your chance! We are especially seeking stories, ideas, photographs or even short tips on philanthropic ideas that have worked for you and your organization.

Have you found a wonderful way to turn your special events into an amazing way to garner long-term supporters? Do you have important ideas on recruiting major gifts? On involving board members? On creating awareness of your organization? How has gaining your certification (CFRE, FAHP) helped you in your work? Tell us about your e-philanthropy program, about your direct mail program, or about your annual campaign. What is working for you?

In order to make this newsletter the best it can be, more submissions from AHP members from throughout Canada are needed.

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