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04 Driving smarter donor engagement through predictive modeling

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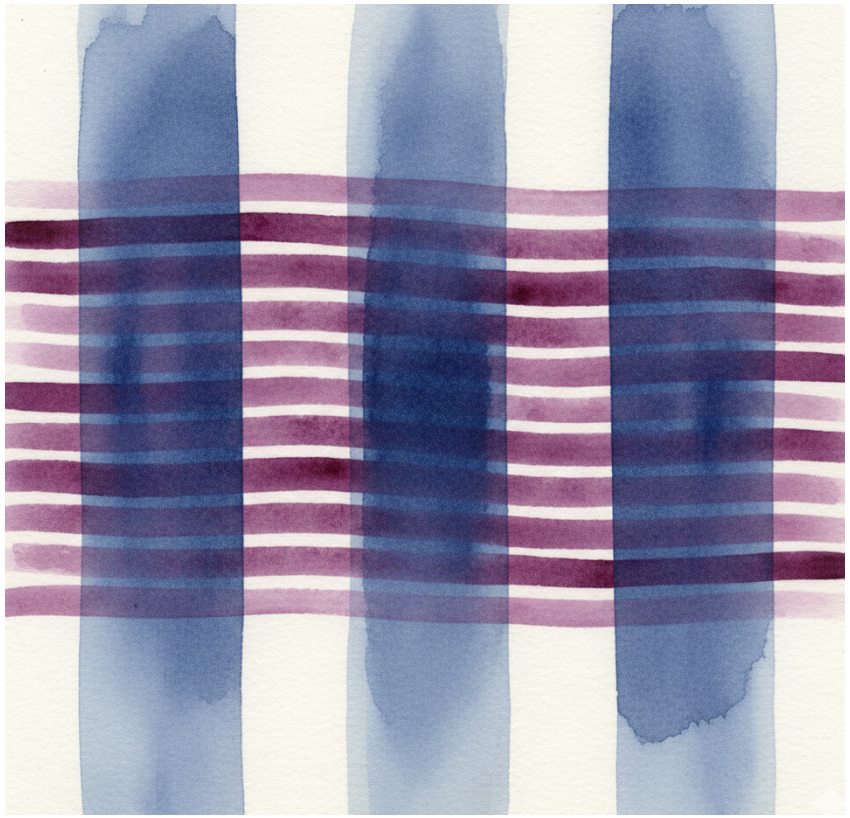


Predictive Modeling for Donor Engagement in Healthcare Philanthropy

An Integrated Analytical Framework

By Abhishek Yadav

Healthcare philanthropy is increasingly relying on data to make smarter decisions, especially as organizations deal with tight budgets and donors who behave in unpredictable ways. In this piece, I'll share a practical framework for building donor propensity models, tools that predict who's likely to give. This approach pulls together data from various sources, uses supervised machine learning (think of it as teaching a computer to spot patterns based on past examples), and includes easy-to-use visualizations to help fundraising teams work more effectively. Drawing from recent industry benchmarks, I'll show how these predictive tools can help prioritize donors, boost efficiency, and strengthen connections in healthcare fundraising programs.

Introduction

Philanthropy remains a lifeline for healthcare organizations as they pour resources into things like cutting-edge treatments, better patient care, digital upgrades, and community health efforts. But fundraising teams are juggling huge lists of potential donors, scattered data, and a wide range of donor preferences. Take the 2024 Association for Healthcare Philanthropy (AHP) Report on Giving: It shows that, on average, healthcare groups get back about $4.53 for every dollar they spend on fundraising, with the best ones pulling in over $6. To keep up that kind of success, we need better ways to spot promising donors and use resources wisely.

That's where predictive modeling comes in, it's a way to segment donors more effectively and target outreach. Donor scoring isn't new, but thanks to improvements in machine learning and data handling, we can now create models that are more precise,

adaptable, and easier to understand. Here, I'll walk through a straightforward approach to donor propensity modeling tailored for healthcare philanthropy and highlight how it can optimize portfolios and guide planning.

Methods

Data Integration and Preparation

We start by pulling together data from the systems most healthcare philanthropy teams already use. This includes donor management software, records from events and volunteers, logs from emails and online interactions, survey feedback, permissible indicators from electronic health records (EHRs) showing engagement, and external data on wealth and demographics. Using automated processes (like extract, transform, and load pipelines), we clean up the data by standardizing formats, removing duplicates, checking for quality, and making sure everything complies with privacy rules, including HIPAA.

Modeling Approach

Once the data is ready, we apply supervised machine learning. We chose algorithms like decision trees (which break down decisions step by step like a flowchart), random forests (a group of decision trees working together for better accuracy), and gradient boosting (which starts with basic predictions and layers on improvements to get sharper results). These work well because they're easy to interpret, handle different types of data, and are great for forecasting behaviors like giving.

We looked at over 15 factors, including past donation patterns, how recently and often someone has engaged, signs of affinity (like interest in specific programs), and local demographics. To test the model, we used cross-validation which is a method that splits the data into parts to check how well it predicts across different groups. We also

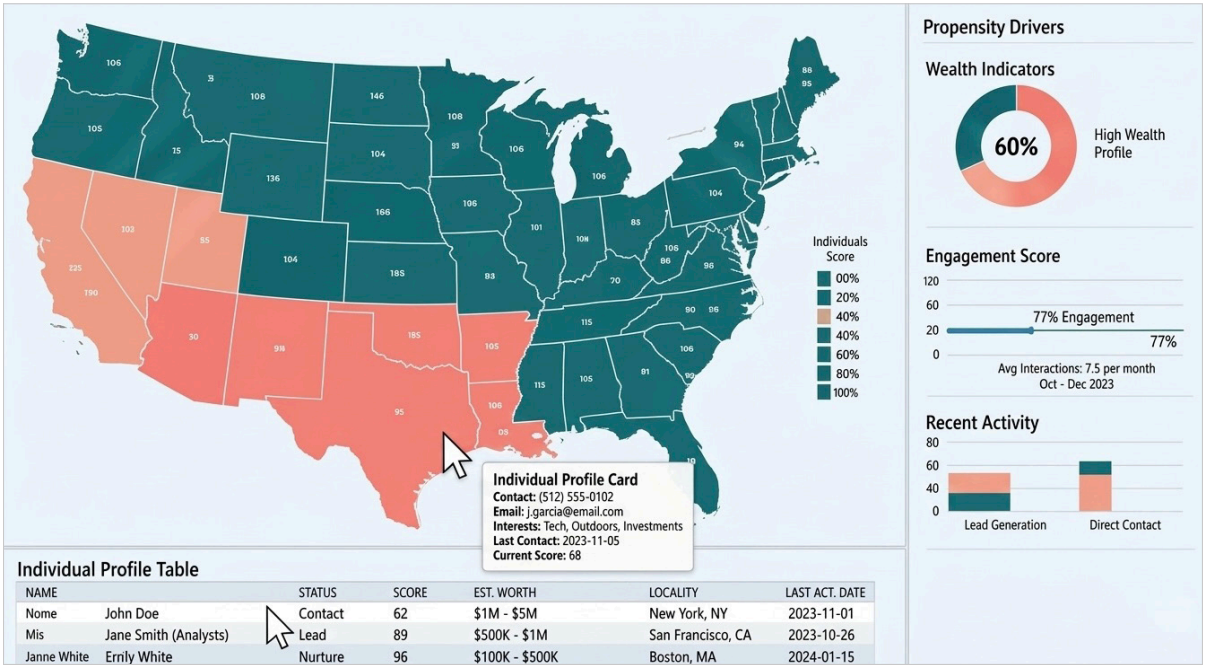
Stop guessing and start using data to drive engagement

addressed issues like class imbalance, where the data might have far more non-donors than donors, which could throw off results; we adjusted for that to make predictions fairer. In the end, each donor gets a propensity score: a percentage chance they'll contribute within a set timeframe, like the next 5 years.

Operationalization Through Visualization

To make this useful day-to-day, we turn the model's outputs into interactive dashboards via a business intelligence tool. These let users filter prospects by location, predicted interests, giving capacity, or engagement signals. Leaders can track trends over time, forecast revenue, and see how well the prospect pipeline is covered. Frontline fundraisers get customized lists of top prospects that fit their strategies.

A simple example is a dashboard showing a geographic "heatmap" of donor likelihood with drill-down to individual profiles, the kind of view that helps leaders spot where the pipeline is strong or thin and helps gift officers quickly identify the highest-priority prospects in their territory (as illustrated in the visual mock-up).



Illustrative donor propensity and engagement analytics dashboard.

Implementation and Results

We rolled out this framework in a large healthcare system's development team, testing it in major gifts and annual giving. The results were encouraging: The model's rankings matched up with real-world successes, helping fundraisers zero in on high-potential donors faster.

Take this anonymized example: One fundraiser's dashboard flagged a longtime volunteer who'd donated modestly in the past but whose engagement score had spiked due to recent event attendance and online interactions tied to a new cancer research initiative. The model predicted a high propensity for a larger gift. Previously overlooked in a sea of prospects, this individual was prioritized for a personalized outreach. The fundraiser arranged a tour of the research lab, leading to a meaningful conversation about the volunteer's personal connection to the cause. Within months, it resulted in a $50,000 commitment directly changing the strategy from broad appeals to targeted, relationship-focused efforts. Insights like this not only boosted that quarter's results but also shifted the team's overall approach to blending data with personal storytelling.

On the operations side, the model gave clearer views of the prospect pipeline, helping leaders balance workloads. Role-specific dashboards cut down on manual digging through spreadsheets, saving time and ensuring everyone was on the same page.

Discussion

These outcomes show how predictive modeling can be a real ally for healthcare philanthropy teams. By combining data from everywhere and using machine learning, you get insights that back up your gut feelings and cut down on biases in picking prospects. Plus, it makes things more transparent by revealing what really motivates donors.

That said, success isn't automatic. Data needs to be clean and complete; old systems might need a lot of fixing. Models should be checked and updated regularly as donor habits and priorities change. And ethics are key: Watch for biases, protect privacy, and remember that philanthropy is about relationships, not just numbers.

Applying the framework in your organization

For organizations considering donor propensity modeling, the most important decisions come before any model is built. Based on my experience, the following considerations often determine whether predictive insights become embedded in daily fundraising practice or remain an underutilized reporting exercise.

1. Start with the decision, not the model: Be explicit about who will use the score, what action it should trigger, and the time horizon it supports. Measure success in fundraising outcomes, not just model accuracy. Models fail most often when they don't connect to a real operational decision.

Example: Faced with hundreds of prospects and limited visit capacity, fundraisers use a priority score to focus their time on donors most likely to engage meaningfully in the near term.

2. Fix identity and definitions early: Healthcare donor data is fragmented across CRMs, events, volunteers, digital engagement, surveys, and sometimes permissible EHR-adjacent signals. Reliable donor matching across systems is non-negotiable. Agree on clear, shared definitions for features like "engagement" so fundraisers and data teams interpret scores the same way. A shared data dictionary builds trust. Set privacy and compliance guardrails upfront.

Example: "Engagement" is often ambiguous, what counts as engagement for a fundraiser may differ from what the data team measures, so agreeing on a shared definition is essential.

3. Design for trust and adoption: Prioritize interpretable models, handle class imbalance, validate against real fundraising segments, and clearly communicate what the score means. Provide context, not just a number so users understand why someone scores highly.

Example: Alongside the overall propensity score, fundraisers see a radar-style profile showing the relative strength of key drivers like giving history, recent engagement, program affinity, event participation, capacity, and recency; so they can quickly understand why a donor ranks highly.

4. Embed insights into workflow: Dashboards matter less than behavior change. Role-specific views and CRM integration help translate scores into action: scan, prioritize, act.

Example: During weekly portfolio reviews, fundraisers open a CRM view that automatically highlights their top-priority prospects instead of consulting a separate dashboard.

5. Pilot deliberately, then scale: Start with a small group of respected fundraisers, run the model alongside existing practice, and use early wins to build credibility.

Example: A small group of experienced gift officers tests the model for one campaign cycle, and early successes are shared before rolling it out more broadly.

6. Plan for change: Define refresh cadence, ownership, and governance from day one. Donor behavior shifts, and unmanaged models quietly lose trust.

Example: Scores are refreshed daily, performance is reviewed monthly, and fundraisers are notified when meaningful updates are made to avoid confusion or loss of confidence.

Conclusion

Predictive modeling provides healthcare philanthropy professionals with a structured, evidence-based approach to understanding donor behavior and optimizing engagement. By integrating multisource data, applying supervised machine learning techniques, and operationalizing insights through intuitive visualization tools, organizations can improve decision-making, reduce uncertainty, and strengthen philanthropic outcomes. As technology and data availability continue to advance, predictive analytics will play an increasingly central role in shaping the future of healthcare fundraising.

About the Author

Abhishek Yadav is an analytics leader focused on machine learning and data integration in healthcare development. As Senior Associate Director of Business Intelligence at the Mayo Clinic, his work centers on building predictive tools that help fundraising teams translate complex data into actionable strategy and improved donor engagement.

Ethical Considerations of Donations to Support Clinical Trials in Rare Disease

By Payton Hardinge

Rare disease research suffers from a lack of funding, in both the pre-clinical and clinical research landscape. This is due, in part, to the small population impacted and the lack of interest from large pharmaceutical companies to invest millions of dollars into research and development of drugs that will have niche positioning. Federal research support is highly competitive and frequently directed toward conditions affecting larger patient populations.

In the rare disease community, clinical trials serve as a beacon of hope for families that have no other alternatives. Rare disease communities, while often small, have a dedicated network of passionate advocates that rally behind each other. Social media, crowd-sourcing, and the growth of fundraising via patient advocacy groups have supported pre-clinical research for several rare disease drugs now on the market, but there have been more failures than successes and research funds in the rare disease space still fall short.

With the federal evolution of the Orphan Drug Act and the 2024 Right to Try legislation, the rare disease community is more eager than ever to find cures to previously untreatable diseases.[1,2]

One success story can be found in the FDA-approved 2025 gene therapy for Duchenne muscular dystrophy, Elevidys.[3] As with many drug breakthroughs, Elevidys came to be through a variety of funders and investors, including non-profit fundraising organizations like Parent Project Muscular Dystrophy (PPMD) and the Muscular Dystrophy Association (MDA), but also from their academic medical center partner, Nationwide Children's Hospital.

Historically, patient and family fundraising in the rare disease space has been fragmented, with many groups forming their own 501c3

foundations and others choosing to pool resources into patient advocacy groups like the MDA. The research funds available through these advocacy groups are often limited in scope, highly competitive for researchers to obtain and restrictive in their uses.

Given this landscape, academic medical centers and their philanthropic partners have become critical engines of discovery, often bridging the funding gap that private industry and federal agencies cannot fill.

Funding Pre-Clinical Science: The Role of Academic Medical Centers

The pre-clinical science required before a concept is clinical-trial ready is most commonly carried out at academic institutions, mostly medical schools and academically affiliated basic science institutes. Primary investigators and their research teams can spend entire careers developing one molecular treatment or studying a singular genetic mutation in the hopes that their discovery will lead to life-saving or life-improving research. Academic medical centers are equipped with the resources to sustain research from early proof-of-concept to pre-clinical and clinical trial stages. More than 90% of proof-of-concept studies fail.[4]

As a result, academic medical centers have increasingly turned to philanthropy, particularly grateful patient and family fundraising, to sustain early-stage research. In fiscal year 2024, the overall median net fundraising revenue for hospitals participating in the Association of Healthcare Philanthropy's annual benchmarking survey was $10.7 million, increasing from $7.7M in FY 2023.[5]

While philanthropic support has become indispensable to sustaining rare disease research, it also introduces new ethical complexities. The following sections explore the moral considerations that arise when patients and families become both beneficiaries and funders of clinical innovation.

Ethical Considerations for Grateful Patient and Family Fundraisers

Accepting gifts from patients or families who are also participants in rare disease clinical trials presents a complex ethical dilemma. While philanthropic generosity often stems from genuine gratitude or a desire to advance research for a shared cause, it also raises concerns about undue influence, perceived favoritism, or conflicts of interest. The potential for donors to feel that their financial support could improve access to care or accelerate enrollment in a clinical trial must be avoided.

Ethically, it is acceptable to receive such gifts only when the contribution is made

voluntarily, without coercion, and when clear boundaries exist between the clinical and fundraising teams. Transparency about the purpose of the donation and assurances that participation in a trial is independent of financial contributions are essential to preserving fairness and public trust in the institution's research mission.

These concerns take on heightened significance in rare disease programs, where patients often have close relationships with their care teams and may feel personally invested in the advancement of research.

Informed Consent

Informed consent is the process by which healthcare professionals clearly communicate the risks, benefits, and potential side effects of treatment, and, in research contexts, the implications of data sharing. The evolution of gene therapy science has led to a greater need for natural history studies to collect large multi-generational genetic data sets. These data sets will inform and assess clinical trial readiness of a patient population and also capture and assess geographic or ethnic connections to specific disease populations. Informed consent to participate in the collection of data in natural history studies,

Philanthropy is essential, but it must never influence clinical access

as well as in all phases of clinical trials, is an important ethical consideration.

> *"By obtaining proper informed consent, proportionality between protecting the rights and interests of rare disease participants and promoting good research is achievable. In fact, qualitative studies show that knowledgeable rare disease patients understand the need for large-scale data sharing and expect their data to be distributed and reused but require, nonetheless, that they be informed of such activities in order to maintain a level of protection and control."*[6]

Ultimately, obtaining informed consent in both clinical and research settings is not simply a procedural requirement, but an ethical obligation that preserves patient autonomy, fosters trust, and upholds transparency between healthcare providers, researchers, and participants. Within grateful patient and family fundraising programs, this means ensuring that individuals clearly understand when and how their health information may be used to identify or contact them for philanthropic purposes. Consent should be explicit, documented, and separate from clinical or research consent to avoid any perception of coercion or obligation. Hospitals and foundations can uphold ethical standards by implementing clear consent language in registration or discharge paperwork, providing opportunities to opt in or out of fundraising communications, and ensuring that any outreach is conducted with sensitivity and respect. By embedding informed consent processes into both clinical research and development practices, organizations can advance medical progress while maintaining integrity and trust.

Patient Exploitation

Beyond informed consent, another central ethical challenge in grateful patient philanthropy is the potential for patient exploitation. The Summit on the Ethics of Grateful Patient Fundraising notes, "Grateful patient discussions must be avoided when patients are clinically vulnerable. While all patients may be vulnerable to some degree

at some point in time, this does not prima facie justify exclusion but rather underscores the importance of assessing vulnerability before engaging in grateful patient and family fundraising."[7] For example, a parent whose child is enrolled in a first-in-human gene therapy trial may feel compelled to donate, perceiving philanthropy as a moral or strategic investment in their child's future care.

Clinically vulnerable can be defined as an inability to meaningfully participate in a discussion about philanthropy and not be at risk of harm or exploitation due to clinical circumstances. This concept parallels the framework used to assess a patient's capacity to provide informed consent, requiring an understanding of the discussion, voluntary participation, and an absence of coercion or undue influence.

These ethical concerns are particularly salient in the context of rare diseases, where patients and families often face limited treatment options, uncertain prognoses, and an urgent hope for therapeutic progress. In such circumstances, families may feel a heightened emotional or moral drive to contribute financially to research that could one day benefit themselves or their family members. While this altruism can be deeply meaningful, it also introduces a profound ethical tension: the risk that hope may be unintentionally leveraged or that families might perceive financial support as a pathway to access care or priority in clinical trials. This vulnerability underscores the need for extraordinary caution and transparency when approaching philanthropic discussions with rare disease populations.

Hope should never be mistaken for a financial obligation

Scientific Rigor and Equity in Clinical Trial Enrollment

Participation in any clinical trial must be entirely independent of a patient's or family's financial contributions. Maintaining this separation between philanthropy and participation is not only an ethical requirement but also a scientific necessity. Ethical research standards, including those set forth by the U.S. Department of Health and Human Services and institutional review boards, require that eligibility for participation be determined solely by scientific and medical criteria.[8]

Linking participation to philanthropy would compromise the integrity of the study, create inequity among patients, and undermine the credibility of the research institution. To maintain trust, investigators and fundraisers should communicate clearly that donations do not influence trial enrollment, access to experimental therapies, or prioritization in clinical services. Institutions should develop clear messaging for both clinicians and donors affirming that philanthropy neither influences trial eligibility nor expedites clinical access. Ensuring that all patients, regardless of financial capacity, are evaluated equally safeguards both the ethical and scientific validity of the trial.

Navigating the Ethics of Hope

Ultimately, preserving ethical boundaries in grateful patient and family fundraising is essential to sustaining trust in rare disease research and ensuring that hope is never mistaken for obligation. When conducted responsibly, grateful patient and family fundraising can strengthen institutional support and foster patient trust. However, in the context of rare disease, where vulnerability and hope coexist so closely, attention to consent, timing, and intent is paramount. Protecting patients and families from exploitation is a moral imperative.

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About the Author

Payton Hardinge is an experienced fundraising professional with a strong background in academic medicine and neuromuscular translational science. As Senior Director of Development at Children's Hospital Foundation, she has proven success in leading capital projects, securing major gifts, and raising funds for early-stage clinical research.

The New Era of Philanthropy: 7 Things You Need to Move from Transactional to Transformational

All require abandoning fundraising's conventional wisdom

By Steven A. Reed

It's only in retrospect that an economist can determine when a recession first began. The same is true for the increasingly acknowledged new era of philanthropy.

The phrase "new era of philanthropy" is no longer just a buzzword. Thought leaders like Dimple Abichandani, author of *A New Era of Philanthropy*, now argue that philanthropy must evolve from transactional giving to systemic, transformational giving. Hilary Pearson, writing in *The Philanthropist Journal*, likewise describes this moment as a new era of philanthropy in which donors and institutions must reimagine their roles in addressing structural challenges. Leaders such as Nick Tedesco of the National Center for Family Philanthropy have echoed this framing, noting that the sector is entering a period of profound change in donor expectations and institutional practice.

The traditional model is dominated by direct response, events, and other forms of transactional fundraising. The new era prioritizes:

- Deeper relationships with fewer donors;
- Much larger average gift amounts; and
- Exponential increases in total dollars raised.

This change is real and happening now. Even though fewer people are donating, total giving is at an all-time high. A smaller group is making much larger gifts. The Philanthropic Landscape Report shows that more donations are coming from the wealthier donors.

Healthcare organizations are at the heart of this shift. Hospitals and health systems now receive many large, transformational gifts, showing both the urgent needs in healthcare and how donor values match with making a significant impact.

Rising Need as the Driver

Healthcare systems in the U.S. and Canada are under growing pressure. Aging populations, higher costs, staff shortages, and unequal access to care are real, everyday problems for hospital leaders. Philanthropy, once seen as optional, is becoming a key source of funding to improve care.

The Association for Healthcare Philanthropy's Report on Giving shows that top-performing hospital foundations are raising record sums, with major gifts accounting for a growing share of revenue. In Canada, philanthropy is increasingly tied to systemic reforms, from Indigenous health equity initiatives to digital health infrastructure. Scholars of systems-change philanthropy argue that this reflects a broader trend. Funders are moving away from short-term projects toward long-term systemic transformation, a hallmark of the new era of philanthropy.

Donor Expectations Are Changing

This isn't just about raising more money. The bigger change is in what donors expect. Today's philanthropists want clear alignment with personal values and measurable impact.

Today's donors seek alignment with values and measurable impact

Research confirms that fewer households are giving. Those who do are giving more, and with greater demands for transparency and partnership. In Canada, charitable giving has been in long-term decline, with multiple studies documenting the trend.

The Great Wealth Transfer: Fuel for Transformation

We are now witnessing the most significant transfer of wealth between generations in history. Economists say over $84 trillion will be transferred from Baby Boomers to their heirs and charities over the next 20 years. Somewhere between $11–18 trillion will go straight to philanthropy.

The Giving Block and other analysts explicitly frame this as a "new era in philanthropy." Gen X, Millennials, and Gen Z will soon contribute the lion's share of charitable donations, reshaping donor demographics, values, and methods of giving. Analysts at *The Chronicle of Philanthropy* have noted both the promise and the hype of this moment. Even skeptics agree that bequests and planned gifts are entering a long uptrend, with hospitals and universities among the most likely beneficiaries.

The potential will be realized from legacy-minded older donors and increasingly from younger generations who will inherit most of this money and are already changing philanthropy by focusing on equity, sustainability, and big-picture change.

From Charity to Transformation

For hospitals, this is an opportunity…and a challenge.

The Opportunity is for transformational gifts that can reshape institutions and communities. Gifts of this scale are funding population health initiatives, mental health integration, and community-based care that reduce reliance on emergency rooms.

The Challenge is prevalent fundraising practices. Events, direct mail, and transactional asks are ill-suited to the new-

era environment. Fundraisers who cling to outdated models risk missing the most significant wave of philanthropic capital in history.

The stakes are high. This is not about transforming fundraising. That transformation is a vital step in transforming healthcare.

The transformations started from different places in the U.S. and Canada. What they have in common is an urgent need to listen intently and deeply to donors. It's not news that

authentic, long-term donor relationships are the key to successful fundraising. But today's need more than ever before is to leverage transformational philanthropy to reimagine—not just sustain—healthcare.

In the old model, hospitals often raised money for "extras" while prioritizing other sources for major equipment and service expansions. In the new era, philanthropy is reshaping healthcare systems themselves.

Philanthropic leaders writing in Stanford Social Innovation Review and Philanthropy New York emphasize that this shift toward systems-change philanthropy is central to the new era. It requires funders to embrace complexity, long-term commitments, and collaborative approaches. Porter and Kramer's classic Harvard Business Review article, "Philanthropy's New Agenda: Creating Value," anticipated this shift decades ago, framing philanthropy as a driver of systemic value creation.

Facilitating Change

New-era fundraisers need to see their work as change agents. The best translators will help donors see how they can facilitate change.

This requires courage. Change is never easy, and performance improvement in healthcare fundraising that doubles or triples production levels will demand the same wholesale transformation that has already reshaped other sectors. Management frameworks such as the Theory of Constraints and Porter's strategy models underscore that breakthrough performance requires systemic change, not incremental tweaks.

The new era of philanthropy is already here. To make the most of it, organizations need to let go of old habits and focus on approaches that put donors first, aim for real impact, and drive big changes.

The Great Wealth Transfer offers philanthropy the potential to do more than ever before. The real question is whether healthcare fundraising can adapt fast enough to take advantage of the opportunity.

7 Essentials for System Transformation

Here are the seven things you need for success in the new era of philanthropy. All require abandoning fundraising's conventional wisdom.

1. Focus

Rethink and reorganize. Put your time and money where the return is best. The more limited your resources, the more narrowly you must focus your program. Spreading limited resources across a spectrum of fundraising modalities limits your potential. Focus on finding and retaining high-value donors.

The number of households in the United States and Canada that report charitable giving continues to decline at an alarming rate. In Canada, for example, the share of tax filers reporting charitable donations dropped from 22% in 2012 to just 17% in 2022, while the share of income donated also declined. In the U.S., charitable giving fell by $65 billion between 2021 and 2023, reflecting both economic pressures and a crisis of donor confidence.

Transactional fundraising practices that prioritize constant asks with little authentic relationship-building are a significant factor in this decline. The economics of fundraising make it challenging to justify meaningful relationship and stewardship investments with smaller donors. By contrast, focusing resources on high-value donors can yield returns up to five times greater. This not only results in more dollars (though from fewer donors) but also in better retention, because the giving is relationship-based rather than transactional.

2. Efficacy

Cost-per-dollar raised (CPDR) is about efficiency. But efficacy is about impact. Impact requires significance. The amount of money you raise has to be more than a rounding error on your organization's books.

Too often, nonprofits cling to the idea that "doing more with less" is virtuous.

In reality, underinvestment in fundraising leads to low salaries, chronic understaffing, and aversion to risk. All translate into poor donor retention. CPDR is a useful metric, but it must be balanced with return on investment (ROI) and long-term impact. For example, a gala that raises $200,000 but costs $150,000 to host, including staff time, has a CPDR of $0.75—an inefficient use of resources compared to a major gifts program that might cost less than $0.20 per dollar raised.

The root cause of most fundraising shortfalls is low expectations, which lead to underinvestment. Efficacy means raising enough money to make a real difference by strategically using resources to maximize ROI. Efficiency alone is not enough; effectiveness alone is not enough. Both must be combined with disciplined investment.

3. Integration

Without organization, you have chaos. But with organization, too often come silos. Most fundraising programs are structured like diversified stock portfolios: online giving, annual campaigns, major gifts, planned giving, and events. Each often has its own manager, goals, and metrics, with little coordination among them.

This siloed approach fragments donor relationships. Donors are often treated as "types" (annual, event, major) rather than as individuals. Integration requires breaking down these silos and aligning the entire development function around the donor.

Eli Goldratt's *Theory of Constraints* teaches that every system is limited by its weakest link,

> **You must move beyond transactional events to engage your donors' passions**

or bottleneck. In major gifts fundraising, the bottleneck is often the frontline fundraiser's limited time spent with donors. With only 1,200–1,400 hours available annually after overhead, too much of that time is consumed by internal meetings, administrative tasks, and other distractions.

Restructuring into an Integrated Development Team enables frontline fundraisers to focus on donor-facing work, with specialized roles and technology supporting them. This ensures that 75% of resources are directed where 75% of returns are generated. This usually requires a significant cutback over time in your transactional programs.

4. Flow

With the right organizational structure in place, you can apply proven management science from the for-profit world. Moves management was a step forward, but new-era philanthropy requires more than a CRM and a few "superstar" fundraisers.

High-performance fundraising is based on a criteria-gated, critical-path operating structure, supported by technology that enables seamless data flow. This allows teams to scale beyond the capacity of any one individual. Just as in business, flow ensures that information, processes, and donor engagement move smoothly through the system. That reduces bottlenecks and maximizes output.

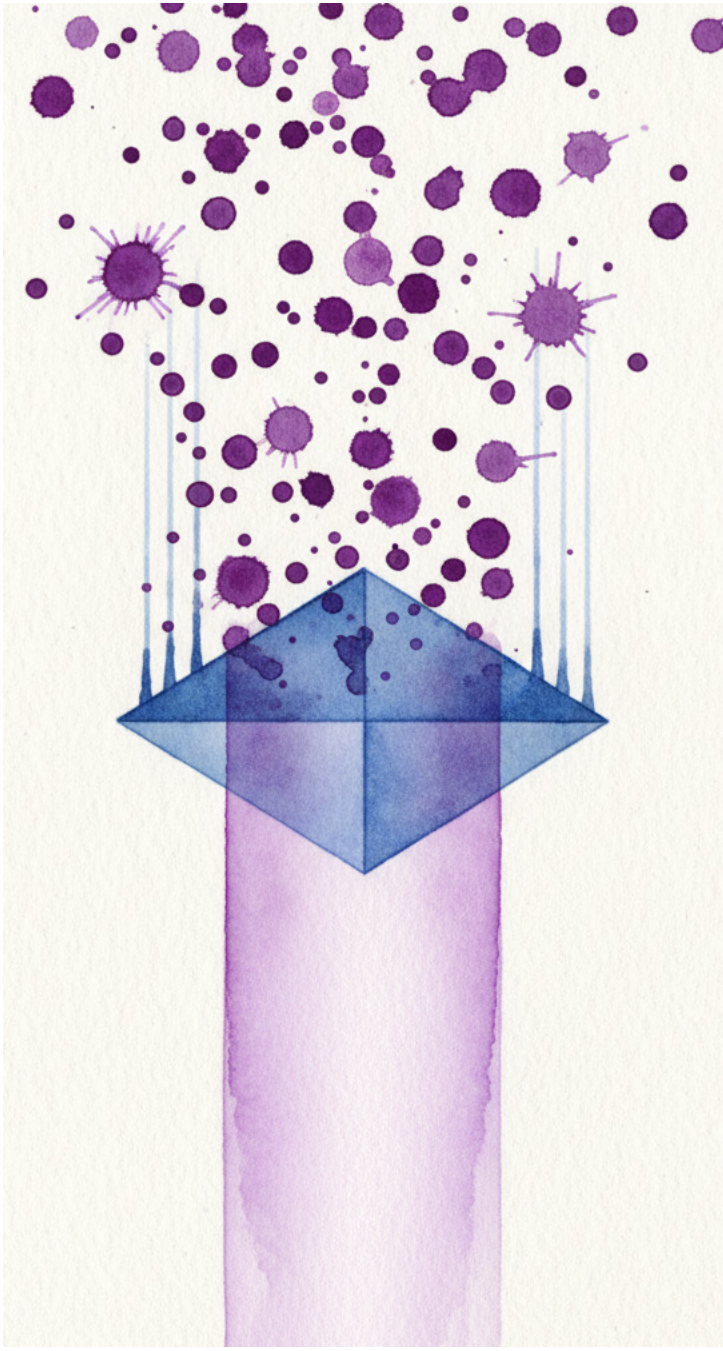
5. Culture

Fundraising is too often the stepchild of the organization, poorly understood and under-supported. A classic "culture of philanthropy" strategy is overly concerned with employee giving. What's needed is a culture **for** philanthropy that recognizes what fundraising needs to succeed and that participates in fundraising as essential to the mission.

Culture change requires leadership. Development leaders must act as advocates, evangelists, and educators, helping colleagues understand that philanthropy is not the sole responsibility of the development team, even when adequately funded. The CEO's support is critical. When embraced, a culture *for* philanthropy can multiply fundraising results.

6. Collaboration

The new-era fundraiser's opportunity is to serve as the mediator connecting donors' philanthropic passions with the organization's needs. Traditional fundraising campaigns often dictate the case for support without donor input. Smaller donors may accept this, but major donors increasingly expect to collaborate.



Donors increasingly expect a collaborative partnership, not just a transaction.

Donors who are allowed to play a role in shaping initiatives are more engaged, generous, and loyal. The new role of the fundraiser is to bridge internal organizational priorities with external donor aspirations. While undesignated gifts are often seen as the "Holy Grail," transformational philanthropy comes from shared ownership of outcomes.

7. Rigor

Rigor is not working harder. In management terms, rigor means focusing resources and processes on producing the best possible results. It is about precision.

Michael Porter of Harvard Business School emphasizes that strategy is as much about deciding what not to do as about what to do. Many fundraising organizations fail because they lack this discipline, spreading themselves too thin across low-return activities.

Rigor means having clear priorities and being willing to drop what doesn't work. When you combine rigor with focus, efficacy, integration, flow, culture, and collaboration, fundraising can truly transform organizations rather than just raise money to support them.

Embracing the New Era

Healthcare systems in the U.S. and Canada have different challenges, but both now rely on philanthropy to maintain and improve care.

Philanthropy offers enormous potential. But to make the most of it, we need to change how we think. Healthcare fundraising must shift from transactions to transformation. That means from simply acquiring donors to aligning with them.

Authors such as Peter Drucker, Peter Senge, Malcolm Gladwell, and Michael Porter should be considered fundraising gurus, even though they rarely wrote directly about fundraising. Their insights into management, systems thinking, tipping points, and strategy are exactly what philanthropy needs in this new era.

Hospitals and health systems that embrace this change will foster the true spirit of philanthropy. This new era isn't just about raising more money; it's about making a bigger impact, creating more equity, and inspiring more hope.

About the Author

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Major Gifts, Donors, and Structure: Key Trends in Health Fundraising

By CCS Fundraising

In 2025, philanthropy once again proved to be a stabilizing force for health organizations, supporting revenue growth and long-term institutional strength. Among 52 health organizations surveyed in the 2026 *Philanthropy Pulse* (out of 618 nonprofit participants), 63% reported revenue growth over the prior fiscal year, even amid margin pressure, workforce constraints, and shifting public funding expectations.

These findings also indicate how health organizations are strengthening fundraising fundamentals and positioning themselves for sustained growth, including continued reliance on individual and major gifts, as well as focused investment in donor acquisition and capacity building.

Strengthening Systemwide Fundraising Capacity

Nearly half of respondents reported increased centralization over the past year. More than 60% said they operate through fully centralized teams while 30% use a hybrid structure that coordinates centralized system-level strategy while maintaining local fundraising teams.

As organizations pursue joint fundraising initiatives, system-wide campaigns, and shared clinical priorities, leaders are aligning fundraising strategy across entities: coordinating messaging, managing principal gift relationships, and directing philanthropic investment toward system-level goals.

Individual, Major Gifts Drive Philanthropy

Health organizations derive a significant share of fundraising revenue from major gifts (22%) and philanthropic grants (21%). Most reported limited expansion into alternative giving vehicles such as noncash giving, including donor-advised funds.

Continuing Donor Growth

Health organizations expanded their donor base in 2025, with 57% reporting growth in new donors over the past year, mainly through one-time and annual recurring gifts. Yet 71% still identified acquisition as their top fundraising concern. Respondents retaining 45% or more of newly acquired donors over the past three years (34%) decreased by six percentage points from the prior year.

Looking Ahead

These findings suggest that health organizations are not just maintaining performance but actively shaping a more resilient, high-impact approach. By building fundraising capacity, relying on major gifts and grants, and focusing on donor acquisition and retention, leaders are positioning their organizations to strengthen core operations, grow their donor base, and direct resources where they can have the greatest impact.

Read more about key trends in health fundraising and access the full Health Sector Spotlight.

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