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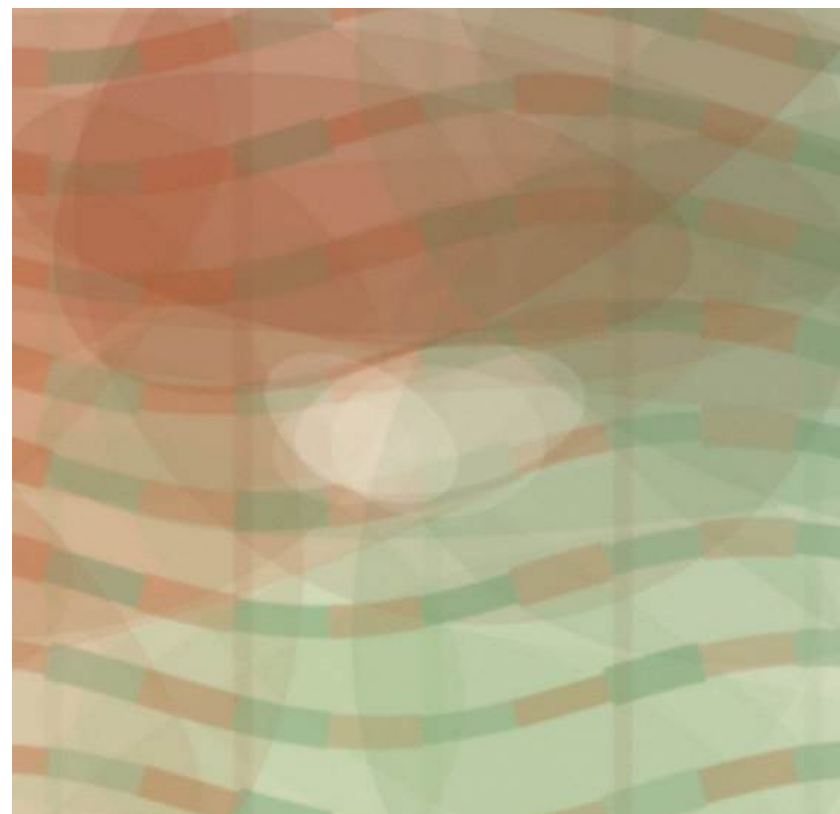
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Campaigning in Chaos

Leadership Lessons from Uncertain Times

*By Heather Wiley Starankovic
and Alisa M. Smallwood*

You've just finished the first cup of coffee at 8:30 am when the notification beeps on your laptop. A calendar appointment for a mandatory executive team meeting at 9:00 am shows up.

"This can't be good," you think.

What you never could have imagined was that the system CEO, the "silent weapon" for your just-launched major gift campaign, was

announcing his upcoming retirement. And that milestone is only four weeks away. How will you move forward without the face of the campaign? Will your campaign priorities change? And how will donors react?

This scenario reflects the modern landscape of healthcare fundraising. When the foundational elements of a campaign shift overnight, waiting for the dust to settle is not an option. Leadership transitions, economic pressures, and structural overhauls require a fundamental change in how we approach campaign strategy.

Campaigning in Chaos: The New Normal

Healthcare philanthropy runs on optimism: the belief that generosity endures even when everything else is unsettled. Yet recent years have tested that faith. Hospital systems have merged, senior leaders have exited, and donors have faced fatigue and confusion. Campaigns once mapped in tidy phases have learned to operate in turbulence.

Instability almost never affects only one part of any system. A leadership transition ripples

through every layer. Vision statements shift, boards reset priorities, and capital projects pause. According to the American College of Healthcare Executives, U.S. hospital CEO turnover held at 16% in 2022, the third consecutive year at that level and the longest stretch since 2018.¹ Each change can unsettle donors and stall campaigns midstream.

Economic conditions compound the strain. Inflation has driven construction costs up nearly 30% in some regions since 2020, forcing mid-campaign rescoping. Donors, especially those tied to volatile markets, often hesitate on multi-year commitments.

Yet turbulence is not new. Across sectors, campaigns that sustain momentum during upheaval share one trait: they act quickly to clarify what remains constant and important to stakeholders. Donors care less about internal calm than conviction and commitment to the shared mission and vision. When executives communicate candidly about what is changing—and what is not—confidence in the organization holds.

Focus: Doing What You Can

When chaos hits, instinct says “control everything.” The wiser move is to narrow the field. “Do what you can” becomes both mantra

and method for teams under strain. The key question: what can we advance this month, even if the landscape shifts next month?

In one organization, a donor pledged to name a new heart hospital, representing an eight-figure gift opportunity. Midway through building design, a merger canceled that initiative. Instead of retreating, the philanthropy team focused on the donor’s intent to improve cardiac care.

The initial conversation with the donor was far from warm and fuzzy as there was quite a bit of disappointment that there would be no new heart hospital. The critical steps in this first meeting were to provide transparency and tease out the donor’s continued interest in cardiac care. Through subsequent meetings, the donor and philanthropy team co-created a new naming opportunity for the cardiac floor. The donor’s confidence in the organization grew, and though at a lower amount (seven figures) than the initial opportunity, the gift remained intact. Meaning outweighed mechanics.

That same discipline works internally. After a senior philanthropy leader’s sudden departure, staff morale dipped. Weekly “focus huddles” kept attention on achievable tasks: pledge follow-ups, stewardship calls, and

communication drafts. Progress became visible again. As one manager noted, “Momentum is its own morale.”

The “do what you can” mindset finds possibility amid chaos. Teams triage their work into essential, important, and later. Campaigns adopting this rhythm often discover their pace becomes steadier than before the crisis.

Focus Strategies

- Clarify the “Do What We Can” priorities by separating urgent from important; publish a short list of near-term actions that keep momentum visible to staff and donors
- Anchor every message to mission impact
- Create a quick vetting tool to use as a decision filter for new opportunities
- Reassess gift pipelines on a quarterly basis
- Practice visible accountability – share progress dashboards with boards and trusted donors to reinforce confidence and direction toward improving health through philanthropy

Voice: Communicating Through the Noise

Communication from leadership can either dispel or amplify chaos. Donors and staff do not expect perfect answers, but they do expect clarity. Attempting to position the organization as having all the answers amid uncertainty can backfire. To advance philanthropy, what is required is communicating with clarity. Strong campaigns build communication muscle early: shared message maps, unified talking points, and transparent updates acknowledging both wins and unknowns.

Consistency is important. In one hospital system, development leaders implemented internal dashboards to track prospect movement and stewardship follow-up. The visibility kept staff aligned on daily actions. Donors responded to that consistency, and donor confidence improved by 24% the following year even though they had a leadership transition.

Tone matters, too. In another organization, leaders framed executive turnover as an opportunity to reaffirm shared purpose. Messaging emphasized mission over hierarchy, resulting in stronger staff engagement and renewed donor confidence as evidenced by a 14% increase in donor retention.

For teams in flux, every communication—press release, stewardship note, or staff meeting—is a moment of alignment. The goal is not to reduce noise but to maintain coherence around a clear leadership message.

Voice Strategies

- Use steady, factual language about change; avoid spin
- Develop shared talking points for leaders, physicians, and volunteers
- Tell impact stories in real time to highlight small wins and stories of care delivered
- Invite dialog by holding listening sessions or “community coffee” events where donors and partners can share perceptions
- Ensure staff and clinicians hear key messages before the public

Culture: The Invisible Infrastructure

Culture is the quiet infrastructure that holds campaigns together when strategies wobble. It shows up in tone, trust, and how teams handle disappointment. It is the unseen framework that reveals itself most clearly in turbulence.

Across resilient campaigns, culture can be one of the best shock absorbers. The opportunity to advance and develop culture is not always seized during crisis, yet any cultural weakness becomes quickly exposed when chaos hits.

In one foundation, both the CEO and chief development officer exited within months. Donors expected drift. Instead, gift-officer and volunteer board activity increased. The organization credited its “trust triad” model—CEO, CDO, and board chair roles being clearly defined and publicly practiced—as the saving grace. In this high-trust team, when one leg faltered, the others leaned in. Donors saw continuity and responded with steadier commitments.

High-trust teams share three habits:

- **Public collaboration.** Donors see alignment among leadership, philanthropy, and clinicians. If clinicians are happy and that sentiment spreads, it builds trust.
- **Radical follow-through.** Internal commitments such as call reports, next-step dates, and follow-ups carry the same weight as external pledges. Often, there is little planning for the next two strategic moves with donors, and a limited understanding of what meaningful

stewardship entails. When a clear strategy is in place, however, unexpected changes do not create a crisis. Instead, you can adjust or refine your approach while staying aligned with your overall strategy for engaging and supporting the donor.

- **Protecting donor intent.** Teams defend mission integrity at the heart of every proposal, even as projects evolve and change. If you keep the mission and vision at the heart, you are re-affirming the trust you built.



When this type of culture is visible, uncertainty loses power. Donors expect to see that the system still works. They don't expect perfection.

Culture cannot be copied, but it can be modeled. In one organization, philanthropy leaders began each meeting with a “moment of alignment,” a short story of cross-departmental cooperation around a donor relationship. The ritual took five minutes and recalibrated the tone for the week.

Culture Strategies

- Model transparency from leadership by acknowledging uncertainty openly
- Reward collaboration by recognizing cross-functional problem solving
- Encourage staff to surface risks or donor concerns early without fear of blame, skepticism, or organizational frustration
- Use rituals of gratitude, and celebrate milestones, however small
- Regularly revisit the “why” of philanthropy to reconnect your team to purpose: healing, compassion, and shared community outcomes

From Chaos to Clarity: Campaigning Forward

When organizations intentionally create these patterns, they react faster to change and think more clearly. Commitment to culture and communication makes space for steadier leadership. To translate this mindset into daily practice, leaders must embed simple, repeatable systems that guide decision-making before disruption occurs.

Establish focus frameworks early. Even before uncertainty strikes, campaigns can adopt simple systems such as priority matrices, decision logs, and “do what you can” lists that guide triage when the landscape changes. These tools prevent paralysis. When you are in the habit of planning your next two donor moves, change or chaos becomes a tweak, not a crisis.

Build two-way communication channels. Leaders who invite dialogue with donors, volunteers, and allies through surveys, open Q&As, or joint meetings cultivate trust that outlasts formal plans. Donors and volunteers become partners in problem-solving when they feel informed.

Rehearse transparency. Teams that practice candid updates in calm times communicate

better under pressure. Like muscle memory, transparency strengthens with repetition.

Invest in culture before crisis. The strongest philanthropy teams enter turbulence with shared language and habits already in place, such as defined roles, reliable reporting, and mission alignment. Culture compounds like interest; it pays off most when tested.

Organizations that internalize these disciplines survive disruption and often accelerate afterward. Post-crisis reviews show gift pipelines expanding once focus and communication protocols mature. Chaos becomes less of a threat and more an audit of readiness.

When organizations intentionally create these patterns, they react faster to change and think more clearly.

Leading Anyway

Chaos has become philanthropy's operating reality. What is different now is the field's willingness to name it and plan for it. Ultimately, great campaigns are not defined by the crises they face but by how they support and sustain their organizations through them.

As one board chair said mid-merger, "If we wait for perfect timing, we'll never ask anyone for anything that matters, and our work matters now to the community. This is not a time to stop." <

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Fundraising to Fuel Collaborative Community Partnerships

By Victoria Threadgould, GPC, CFRE; Elizabeth Polinard, PhD, RN; and Alexandra van den Berg, PhD, MPH

Lack of access to care drives poor outcomes and higher costs for both patients and systems. In 2024, 8.2% of the U.S. population remained uninsured, while 16.7% of Texans lacked health coverage.¹ Ascension Seton serves as Travis

County's safety-net hospital, where our mission is to care for people experiencing poverty and vulnerability, regardless of their insurance status or ability to pay. Many of the individuals we serve rely on hospital philanthropy to access essential healthcare services.

The need is particularly urgent in maternal health, where U.S. women face morbidity and mortality rates far higher than those of

other high-income nations.² Texas is ranked one of the highest states for poor maternal health outcomes.³ Recently, there has been a national call to focus not just on postpartum hemorrhage and hypertension, but also on social determinants of health (SDoH) in an effort to mitigate our high rates of severe maternal morbidity (SMM).⁴⁻⁵ Food insecurity is one such social determinant of health with systemic impact, particularly among women of

color and low-income families.⁶ Philanthropy can do more than fill the gaps. It can catalyze sustainable, community-driven solutions that address health disparities at their root causes.

A New Framework for Health Philanthropy

Fundraisers and healthcare leaders face challenges embedded in structural disparities, economic inequality, and access barriers. However, a growing number of donors and funders are becoming aware of SDoH and are eager to make deeper, more informed contributions. This evolving awareness offers a vital opportunity to transition from traditional, donor-centric models of charity to equity-focused investment frameworks. In this model, philanthropy shifts from providing temporary relief to investing in long-term, community-led solutions that empower historically marginalized groups. This kind of philanthropy reframes giving as a tool for systemic change, redistributing resources in ways that promote dignity and sustainable well-being.

Case Study: Food is the Best Medicine (FBM)

One of Ascension Seton's most impactful initiatives is Food is the Best Medicine (FBM), a 100% philanthropically funded maternal

health equity program. FBM was established by the Ascension Texas Council on Racial and Health Equity in response to alarming rates of maternal death and severe maternal morbidity in Central Texas. Barriers to healthy food access, particularly among minority and low-income families, were identified as key contributors to these poor outcomes.

The program's mission and vision were co-created with community partners, ensuring authenticity and alignment with local needs. Through FBM, postpartum women and families receive prepared meals, fresh produce, pantry staples, and nutrition education delivered to homes weekly for eight weeks. Families primarily resided in Austin's Eastern Crescent, a low-income, majority-Hispanic area shaped by historical social and economic disadvantage and health disparities. Home delivery helped to ensure that transportation issues were not a barrier to food acquisition.

Building Authentic Community Partnerships

Like any philanthropic initiative, FBM is rooted in community need. The program directly aligns with Ascension Seton's 2024 Community Health Needs Assessment (CHNA), which was conducted in partnership

with local healthcare organizations, public health agencies, and community organizations. The CHNA identified four regional priority areas:

1. Healthcare access and quality
2. Mental and behavioral health
3. Social determinants of health
4. Maternal and child health

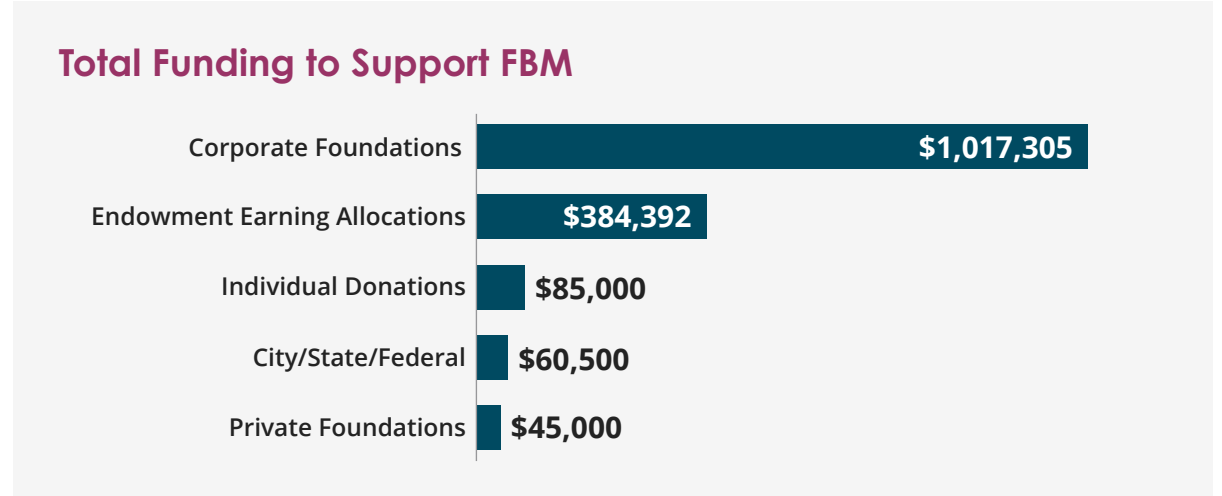
FBM focuses on postpartum women, specifically those from underserved communities. More than 54% of Ascension Seton's birthing patients are underfunded, underscoring the importance of caring for everyone. FBM's collaborative structure includes:

- Ascension Seton Foundation, which funds and manages the program;
- Ascension Seton Medical Center Austin, where birthing women are recruited into the program;
- Central Texas Food Bank and Farmshare Austin, which prepare and deliver healthy food provisions weekly; and
- UTHealth Houston School of Public Health at Austin (UTHealth), which collects participant data and evaluates program outcomes.

This collective approach has built strong community trust and credibility among individual donors, private foundations, and corporate funders.

Funding Strategies for Health Access Initiatives

FBM's funding strategy has evolved over time, but it has always operated under a philanthropic-first model, where generating social and community good is the primary mission and goal. This approach aligns with Ascension Seton Foundation's (ASF) mission-driven focus. The program has diverse funding streams and is supported through a combination of private foundation grants, corporate giving, individual major gifts, and endowment allocations. Annual earnings from endowments, such as the Sister Gertrude



Levy Endowment (SGLE), are special restricted funds that require ASF to propose funding to the SGLE review committee. The committee then approves annual allocations. UTHealth has also secured \$500,000 in public and private funding to support research and program evaluation.

Fundraising strategies are tied back to the CHNA, with an emphasis on maternal health access and SDoH. Funders receive regular impact updates, including data dashboards, participant testimonials in English and Spanish, and program evaluation summaries, ensuring transparency and accountability. Purpose-driven patient stories and program data directly impact the ability to secure funds to sustain FBM and inspire additional gifts. Future sustainability efforts focus on securing principal-level gifts and federal research grants, as well as cultivating partnerships with local and national aligned partners.

We promote and present maternal health access initiatives to donors as mission-aligned, community-rooted investments. For individual

“[FBM] has meant SO much! We are over the income limit for SNAP by less than \$45 and so we don’t qualify. Honestly, I don’t know what we would have eaten some days without this food. We are truly grateful.”

– Ascension Seton birthing patient and FBM participant.

donors and families, many of whom have deep generational ties to Ascension Seton, either through receiving care at Seton facilities or being passionate supporters of the region's first neonatal intensive care unit.

We connect the programs to the broader Seton mission of caring for Central Texas families experiencing poverty and vulnerability. In donor meetings, we pair program data with patient stories, emphasizing how philanthropy can help families access healthy food, postpartum support, and trusted care during one of the most important and vulnerable periods of life.

For private and corporate foundations, we frame the programs around shared priorities, including maternal health, food security, mental health, health equity, social determinants of health, and community-based care. We cultivate relationships with local corporate representatives and private foundation staff using proposals, site visits, and impact reports to share progress, lessons learned, and plans for growth and expansion.

In addition to direct cultivation, we promote the programs broadly through Ascension Seton Foundation and Ascension Seton's social media channels, helping build visibility and reinforcing community trust.

Measured Impact: Strengthening Maternal Health and Well-Being

Since the program was established, data collected by UTHHealth and Ascension Seton show promising results, including:

- High program retention and delivery success rates
- Improved food security and dietary habits among participants
- Reduced symptoms of postpartum depression and stronger overall well-being
- Increased perception of Ascension Seton as a trusted partner in community health

FBM Program Impact

29%

Drop in
Postpartum
Depression

74%

Increased
Fruit & Vegetable
Consumption

28%

Improved
Perceived General
Wellness

19%

Food
Insecurity
Reduced

These findings are shared with both internal and external stakeholders to reinforce donor confidence and highlight philanthropy's measurable impact on access and health outcomes.

Emerging Initiative: Free Community Doula Program

Building on the success of FBM, Ascension Seton is developing a free community doula program to improve maternal health in Central Texas. In the U.S., Black women experience a significantly higher rate of severe maternal morbidity (SMM) than White women, with SMM rates for Black women being 2-3 times those of White women. This disparity has been ongoing for more than 100 years.⁷ Factors such as education level and socioeconomic status do not appear to be protective, and factors such as smoking, drug use, and obesity do not explain the difference.^{5,8} However, doula care for Black women has been shown to increase positive patient outcomes for both women and their newborns exponentially.⁹⁻¹¹ Free-to-patient doula care is in direct alignment with Ascension's goals to deliver a personalized birthing experience, provide advanced neonatal care for infants, advocate for the patient and their infant's needs, and provide patient-centered, high quality, safe, and evidence-

based clinical care. Developed in partnership with community organizations and evaluated by UTHealth, the program will launch in 2026.

The short-, medium-, and long-term goals are to improve patient outcomes and experience, reduce hospital readmissions and operational costs, and decrease disparities for birthing and maternal health outcomes.

Lessons Learned: From Collaboration to System Change

1. Partnerships Multiply Impact

Find and engage local organizations that share your mission. Funders trust known community partners, and collaboration amplifies reach, credibility, and results.

2. Frame Fundraising as Systemic Change, Not Charity

Avoid narratives that portray patients and families as passive recipients or victims. Instead, highlight empowerment, resilience, and partnership. FBM is a program for the community, by the community. It is nourishing future generations.

3. Use Data and Authentic Community Voice

Combine CHNA findings, program and patient data, and lived experience to inform funding

priorities and inspire investment through both metrics and stories.

4. Diversify for Sustainability

Blend funding sources, such as corporate, foundation, individual, in-kind, and endowments, to sustain programs long-term and build resilience beyond one-time gifts.

5 Questions to Shape Your Own Program

To translate these lessons into practice, consider the following reflection questions:

1. Which two or three community organizations could help address health access needs in your region?
2. How can you align your community initiatives with funders' mission and priorities (e.g., DEI, social impact, maternal health)?

3. What hospital, public health, or community data supports your case for investment?
4. How will you engage different donor groups and frame philanthropy as systemic change, not charity?
5. How will you think beyond a one-time grant or gift, and what could you achieve with \$1,000, \$100,000, or \$1 million in sustained philanthropic investment?

Shifting from Charity to Systemic Change

Advancing health access requires collaboration, vision, and intentional partnership. Through philanthropy, hospitals and community organizations can address access gaps at their root, transforming systems and outcomes alike. As healthcare fundraisers, we are uniquely positioned to mobilize resources, relationships, and trust to close gaps. By reframing philanthropy as systemic investment rather than charity, we can ensure that generosity changes lives and systems for generations to come. <

Key Takeaways

- **Philanthropy is a catalyst for closing the health gap.** When grounded in authentic community partnerships, philanthropy can drive systemic, sustainable change beyond traditional charity models.
- **Collaboration multiplies impact.** Aligning hospitals, nonprofits, and funders around shared goals builds trust, amplifies resources, and improves outcomes.
- **Data and stories inspire investment.** Combining program and patient data with personal stories strengthens donor confidence, deepens engagement, and supports findings from community health needs assessments.
- **Reducing health disparities requires new fundraising frameworks.** Moving from donor-centric giving to equity-centered investment redistributes resources in ways that promote dignity and sustainable well-being to marginalized communities.
- **Sustainability depends on diversification.** Blended funding models—corporate, foundation, individual, and endowment—create long-term program resilience.

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About the Authors

Victoria Threadgould has worked in nonprofit healthcare since 2018. She currently raises funds to support programs and patient service lines across all Ascension Seton adult hospitals in Austin, Texas. Shortly after starting at Ascension Seton Foundation in 2021, she co-developed the Food is the Best Medicine (FBM) program, which is 100% philanthropically funded. Victoria works closely with hospital leadership and local organizations to create and fund community-based initiatives that improve population health.



Dr. Alexandra van den Berg is a researcher with over 20 years of experience in the development, implementation, and evaluation of behavioral, environmental or policy interventions targeting food insecurity, food access, and obesity-related behaviors among low-income, diverse families living in underserved communities. Dr. van den Berg works closely with community partner organizations and Ascension Seton to oversee the implementation and evaluation of maternal health programs.



Dr. Elizabeth Polinard is the co-founder and chair of the Ascension Texas Council on Racial and Health Equity (ATCORHE), an organization committed to addressing race-based health disparities with a focus on maternal mortality and morbidity. Through ATCORHE, Dr. Polinard has developed several successful hospital-based initiatives, including Food is the Best Medicine (FBM), multidisciplinary health equity education, and a community doula program for high-risk birthing patients.





Your Leadership Lever

The Power to Transcend

By Gayle Pottle

The environment of uncertainty we face as healthcare philanthropy leaders is a reality we have grown accustomed to. Mergers and acquisitions, disaffiliations, and executive transition add layers of stress amid shrinking margins and high staff turnover. Without a playbook, philanthropy leaders experience accelerated burnout, burdened

with barriers to innovation and stymied sustainability as we peer into the future for our organizations.

Yet, we see evidence of the impact of transformational leadership in empowering healthcare philanthropy leaders to confront these challenges. Transformational leaders cultivate trust with both internal and external constituents. Adeptly leading organizations

through perpetual disruption and change, transformational leaders are change agents who skillfully manage conflict using emotional intelligence to strengthen engagement. In fact, effective transformational leadership can accelerate an organization's ability to fundraise, decrease turnover through improved engagement and resilience, and promote innovation.

To comprehend the scope of effective leadership and its implications, it is critical to distinguish transformational leadership from transactional leadership. While transactional leadership emphasizes short-term reward-based achievements devoid of lasting culture change, transformational leadership elevates personal motivation to achieve a compelling growth-centric vision, cultivating trust infused with inspiration, empathy, creativity, and independent thinking that challenges assumptions.¹ The two leadership types are complementary when transformational leadership builds upon a base of transactional leadership skills using Bass' notable framework: idealized influence, inspirational motivation, intellectual stimulation, and individual consideration.²

The Role of Trust

Assuredly, creating a trust-based culture is essential for activating transformational leadership. Without trust, leaders devolve into transactional managers void of influence, inspiration, and vision required for navigating change. Degrees of trust in leaders are either reliance-based, in which an employee is willing to rely on a leader's competence and knowledge, or disclosure-based, whereby an employee is willing to disclose sensitive work-related information and personal opinions to a leader.³ Trust coincides with ethical leadership, which impacts donors, staff, patients, and communities.

A high-trust culture also fosters organizational learning that fuels innovation and collaboration. Donor trust relies on transparency, demonstrable programmatic impact, and preserved human connection that respects ethics, especially when using AI-enabled fundraising tools. Opportunities for success in deploying innovation such as AI are complicated by constituents' level of trust in our organizations and leaders.

Ethical considerations around financial and personal information privacy and security, coupled with slow adoption of AI usage among some donor segments, create

Without trust, leaders devolve into transactional managers void of influence, inspiration, and vision required for navigating change.

the need for improved communication, implementation strategies, giving policies, and leadership visibility to engender confidence in embracing new AI fundraising tools. Demographic-based segmentation, precision philanthropy, and personalization are influential AI concepts for boosting donor trust and confidence in giving, according to a recent study of over 1,000 donors.⁴ Of course, AI chatbots performing fundraising tasks must evoke empathy and perceived humanness in order to maximize their capacity for engagement through the lens of trust.

Emotional intelligence is a powerful dynamic for leaders to embrace when building trust and enacting change. Emotionally intelligent leaders see things from others' perspective using social awareness and self-regulation. Introspective and self-reflective, these cognizant leaders remain mindful of their own affecting responses and biases, skillfully manage their own emotions and composure, understand the impact of their emotions on

others, and cultivate strong relationships that employees can count on.⁵

Transformational leaders are often gifted, charismatic individuals who inspire others by galvanizing alignment around a shared vision. Empirical research shows that transformational leadership positively impacts belief in management and positively correlates with an organization's change capacity.⁶ The engaging style of leaders who inspire and motivate others helps create a strong affinity for giving among donors, as well. A leader's reputation and credibility can further influence his or her level of success in fundraising. Reputable leaders who nurture trust-based relationships and deep donor engagement foster growth and increased giving through the course of change.

Workforce Dynamics

It is no secret that we find ourselves in the midst of a workforce crisis, with 75% of

nonprofits reporting persistent vacancies and 95% of leaders expressing concerns over staff burnout.⁷ Yet followers are consistently drawn to leaders who uplift and inspire, which in turn engenders employee commitment needed to reduce turnover. Practical competency such as managing conflict, often between volunteers and staff or volunteers and program recipients, can relieve staff stress and enhance job enjoyment. Transformational leaders who hone conflict management skills can attain higher levels of job satisfaction across teams.

Concepts such as self-efficacy—the belief in our abilities to execute behaviors toward our success—and cohesiveness have opened new pathways through which transformational leaders thrive. Furthermore, a survey of 298 employees experiencing significant organizational change found that self-efficacy in leaders and employees is a salient resource that correlates to positive behaviors in response to change, with more significant gains in high-change work environments.⁸ Self-efficacy builds confidence and determination in both leaders and teams.

The Engine of Innovation

Cultivating talent while boosting technological capabilities within organizations is paramount



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to any leader's success. Findings from research examining how transformational leadership impacts innovative behavior reveal a statistically significant relationship between the two.⁹ The role of leaders in sparking innovation is to stimulate individual and team intellect so that ideas can flourish and drive organizational success.

Growth initiatives are dependent on staff knowledge, skills, and competency for

navigating change and fostering innovation. Innovative transformational leaders remain abreast of new technologies and initiatives that elevate organizations' abilities to accelerate organizational efficiency and growth. The rising need to streamline operations and improve workflow drives opportunities for technology enablement such as AI. However, although nonprofits are aware of AI's benefits, adoption across the sector remains inconsistent.

As the number of healthcare philanthropy organizations who adopt generative and predictive AI grows, so too will insights into the intersection of transformational leadership, employee recruitment and retention, and dollars raised. Today, we see new opportunities in healthcare philanthropy careers with titles such as Chief Technology Officer, Chief AI Strategist, Chief Innovation Officer, and Philanthropy Data Scientists

throughout healthcare foundations of all sizes. Our imaginations are ignited with the horizon of new possibilities.

The Power of Individual Agency

Training and professional development offerings that emphasize transformational leadership combined with exemplary leadership practices attract individuals who are self-efficacious. Organizations who promote learning and development will discover new ways to strengthen career paths that the nonprofit workforce views as an organization's attractive competitive advantage. Ongoing training is required to reinforce principles, personalize their applications, and embed practices into an organization's culture for sustainable impact.

Assessments such as DiSC, StrengthsFinders, and others provide keen insights into management styles, leadership gaps, and team building models. Experimentation inside leadership or team-based groups within a culture of psychological safety incubates ideas needed to help our organizations succeed. However, individuals cannot achieve this alone without the institutional support that we must offer through programming and resources such as those offered by AHP.

Leaders who act as change agents help build resilient organizations that thrive in challenging times. Further, individuals at all career levels can curate their own leadership development to activate skills for becoming a transformational leader. Self-efficacy is accessible to all.

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Organizations whose cultures encourage individual experimentation—led by engaged employees with a spark of curiosity—will not merely survive hardships during difficult seasons but will thrive in caring for the world’s healthcare needs. Transformational leaders who serve as role models for these traits earn the confidence of employees and donors, enabling organizations to attract top talent required for pursuing forward-thinking creations.

Transformational leadership that maximizes strategic influence, inspiration, motivation, and intellect can be linked to increased fundraising, talent retention, and innovation in nonprofits. Challenges encountered in today’s healthcare environment threaten the sustainability and viability of many organizations, yet transformational leadership has the potential to uplift teams and elevate growth through trust that builds confidence for transcending change. Only through continued studies can we truly assess the ongoing positive correlation between leadership, innovation, and strategic growth. To be sure, transformational leadership provides the lever needed throughout all our healthcare philanthropy organizations to accelerate our shared vision of advancing health through generosity. <

Notes

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About the Author

Gayle Pottle, MS, CFRE leads philanthropic strategies for AdventHealth’s Rocky Mountain Region encompassing eight foundations. Coalescing a Fortune 100 tech background with her nonprofit leadership expertise, Gayle’s passion for developing a mission-centric, high-performing culture of philanthropy has been recognized by Harvard Business School’s Women’s Leadership Forum and numerous executive leadership awards.



Health Organizations Continue to Build Fundraising Capacity

By CCS Fundraising

In 2025, health organizations continued to strengthen fundraising performance while investing in the people, structures, and strategies needed to support long-term growth.

As reported in the 2026 *Philanthropy Pulse*, among 52 health organizations surveyed (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.

The findings also highlight how health organizations are strengthening fundraising fundamentals and baseline growth through investment in donor acquisition, internal capacity, and coordinated organizational strategies.

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 leverages centralized system-level strategies and resources while maintaining local fundraising teams and approaches.

As organizations pursue new fundraising initiatives, system-wide campaigns, and shared clinical priorities, leaders are aligning strategy to achieve maximum impact: coordinating priorities and messaging, managing principal gift relationships, and leveraging philanthropic investment toward system-level strategic goals.

Individual, Major Gifts Continue to Drive Philanthropy

Health organizations derive a significant share of fundraising revenue from major gifts (22%) and philanthropic grants (21%), underscoring the importance of a strong fundraising infrastructure and grateful patient program. 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 strengthening the fundraising foundations needed to support future growth. By investing in fundraising capacity, focusing on major gifts and

grants, and prioritizing donor acquisition and retention, leaders are positioning their organizations to expand philanthropic support and advance institutional priorities. [Explore additional findings in CCS's Health Sector Spotlight.](#)



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