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Leadership insights from around North America



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Published by: Content Communicators LLC PO Box 938, Purcellville, VA 20134

Publisher: Josephine Rossi Art Director: Janelle Welch Sales Director: Alison Bashian, 440/232-0108

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Chair, AHP Board of Directors



FROM THE CHAIR

Making the most of membership

am so very honored to have the opportunity to serve as chair of the board of AHP. I've been an AHP volunteer since 2006, when I first worked on the Convene Canada organizing committee. I became involved with the work of this board in 2011, first as a regional representative for Canada and then as an elected member of the smaller, more strategic board. During that time, I have seen many of our colleagues devoted to the service of AHP, but none more committed and knowledgeable than our past chair, David Flood.

On behalf of our members, I thank David for his commitment, enthusiasm and leadership over the past two years as chair. He helped us to establish a strong strategic plan and oversaw its implementation. David's leadership has set us on a focused path to realize our vision *to be the definitive authority in health philanthropy*. I thank him for his leadership and am so pleased to announce that he will remain on the board for another term.

The first piece of advice my chief executive officer gave me when I started in this field in 1988 was to join AHP. He told me that

I would find a wealth of information about health care philanthropy and a group of professionals who would embrace me and help me grow as a professional. It was the best career advice I have ever received. I have led the foundation of Collingwood General & Marine Hospital for over 27 years now. We are a very small hospital in a recreational community in Ontario, Canada. Although small, our hospital depends Continued

I am proud to have been selected to lead you and promise that no issue or member will go unnoticed.

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almost exclusively on community support to replace old and outdated medical equipment and to purchase new technology. It's a daunting task in a community of only 60,000 full-time residents, but AHP has helped me leverage the support of our medical staff and create a deep understanding at all levels of our organization of the important role philanthropy plays in delivering care to our patients.

My experience is unlike most members of the AHP board. First, I am Canadian so I have a good understanding of the challenges our international members face. Second, like a large portion of our membership, I represent a smallto medium-sized organization. I believe that as a truly international organization, AHP must understand and support every member. I am proud to have been selected to lead you and promise that no issue or member will go unnoticed.

I can't tell you all the ways that AHP has helped me to advance my career and to make my organization more productive and efficient. Whenever I have a question or concern, AHP has been there to help me. I wanted to pass that same sense of support and camaraderie on to other philanthropic professionals.

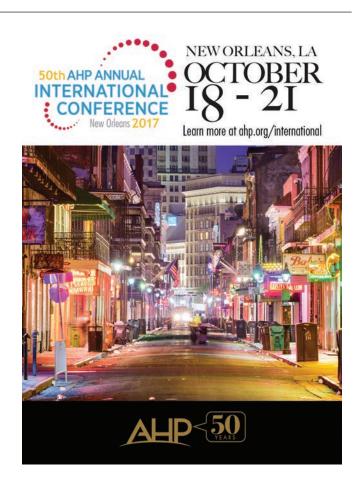
AHP can do the same for both your career and your organization. If you are looking for ways to become more involved with AHP, we have many great engagement opportunities, including AHP Member Ambassadors, Member Engagement Committees and Peer Groups. AHP's membership department is always happy to connect you with a volunteer position. Just contact them at membership@ahp.org.

I often say that fundraising is a "team sport." The best way to learn about new initiatives and best practices is to get involved. Attend a conference, listen to a webinar, actively participate in the AHP Huddle, volunteer. Believe me, the return on your investment of time and energy will be substantial.

I pledge to ensure your AHP membership will always hold value for you and your organization. I hope to meet you at one of AHP's many valuable learning experiences. Please introduce yourself so we can get to know each other better.

Thank you for being an AHP member.





AS I SEE IT



Professional development in a changing philanthropic landscape

I'd like to begin by welcoming Jory Pritchard-Kerr as chair of AHP's board. We are honored to have Jory, who is a longtime AHP member and the executive director of the Foundation at Collingwood General and Marine Hospital in Collingwood, Ontario, to lead us through the completion of our 2016-2018 strategic plan.

We are also excited to recognize the 2016 AHP High Performers in this issue of *Healthcare Philanthropy*. As development professionals, we are continuously searching for ways to improve our organization's performance. The value of the information provided in the 2016 AHP Report on Giving is the openness with which your peers have shared information and allowed us to develop industry benchmarks.

It's especially important with a new president and a new administration in office. The question we have all been asking ourselves since November is what impact the Trump administration will have on health care and philanthropy. I guarantee you that in the coming months, AHP's focus will be on protecting the integrity of the charitable giving tax deduction. It is not so much who is in office, however, but the state of the economy that affects giving. Philanthropy is a trailing indicator of the economy. New policies enacted under this administration may take a while to affect giving, and even with new legislature, it is the strength of the economy that will be the deciding factor.

Bill Littlejohn, the chief executive officer of Sharp HealthCare Foundation, told us, "The more people make money, the more they will give. The wealth effect works." And Sarah Andrews, the associate director of development at Cedars-Sinai Medical Center, noted that the pressures from the new administration are not unique to 2017, and many organizations take proactive steps to prepare for the future.

We believe that development professionals will need a more proactive agenda with this administration. Know that AHP will be here to advocate for your needs and offer resources such as:

1. The AHP Performance

Benchmarking Service: Once your shop has digested the 2016 *AHP Report on Giving*, you may want to consider our service designed by and for health care development professionals. It allows you to generate comparison reports to help you improve financial and human resource evaluation and planning.

2. The 2017 Summit on Ethical Guidance for Grateful Patient Fundraising and Philanthropy (GPFR&P): Co-hosted by AHP and the Johns Hopkins Medicine Philanthropy Institute, the summit will take place this June. Attendees will represent a range of stakeholder perspectives and will work to develop a set of ethics guidelines for GPFR&P, which will then be disseminated for national adoption.

3. The 2017 AHP Madison

Institute: The "Madison experience" includes five days of intensive learning in your choice of seven fundraising tracks. The Institute offers health care development professionals an unparalleled opportunity to learn, share and develop connections, as well as make professional contacts in a supportive learning environment. HIGH PERFORMER 2016 PERFORMER

What defines a high performing Organization?

AHP recognized the top 25 percent of all reporting organizations in the *2016 AHP Report on Giving*. These organizations had net production returns of higher than \$11.9 million.

In the United States, net fundraising revenue for high performers is almost seven times higher than for all institutions reporting (\$21.1 million vs. \$3.0 million, respectively). In Canada, the net fundraising revenue for high performers is three times greater for all institutions reporting (\$22.3 million vs. \$6.7 million, respectively). High performers depended less on annual gifts and special events as major fundraising sources, and more on corporate gifts and major gifts.

LITTLEJOHN

AHP High Performers on participating in the AHP Report on Giving Watch full clips and more online on AHP's YouTube channel at youtube.com/user/ahpvideo.



"Benchmarking is really critical in terms of how I communicate with board members... It's helpful to compare our health system to other like health systems."

> —Julie Cox, vice president of development, LifeBridge Health



"It is the science behind the art of fundraising." —Mark Larkin, president, Boca Raton Regional Hospital Foundation

"Participating in the *Report on Giving* and the performance benchmarking is equally as important as being a member of AHP."

—Bill Littlejohn, chief executive officer & senior vice president, Sharp Healthcare Foundation

For more information, order your copy of the 2016 AHP Report on Giving at www.ahp.org.



The 2017 High Performer List

HOSPITAL NAME	FOUNDATION NAME	FOUNDATION LOCATION
Advocate Health Care	Advocate Charitable Foundation	Downers Grove, IL
Allegheny Health Network	Allegheny Health Network	Pittsburgh, PA
Aspen Valley Hospital	Aspen Valley Hospital Foundation	Aspen, CO
Banner Health	Banner Health Foundation	Phoenix, AZ
Beaumont Health	Beaumont Health System	Royal Oak, MI
Boca Raton Regional Hospital	Boca Raton Regional Hospital Foundation	Boca Raton, FL
Boston Medical Center	Boston Medical Center	Boston, MA
Children's Hospital Los Angeles	Children's Hospital Los Angeles Foundation	Los Angeles, CA
Cook Children's Health	Cook Children's Health Foundation	Fort Worth, TX
Craig Hospital	Craig Hospital Foundation	Englewood, CO
Dignity Health	Dignity Health Philanthropy	San Francisco, CA
Einstein Healthcare Network	Einstein Healthcare Network	Philadelphia, PA
Florida Hospital	Florida Hospital Foundation	Orlando, FL
BJC Healthcare	Foundation for Barnes - Jewish Hospital	St. Louis, MO
Hackensack Meridian	Hackensack Meridian Health Affiliated Foundations	Neptune, NJ
Hamilton Health Sciences Foundation	Hamilton Health Sciences Foundation	Hamilton, ON
Spectrum Health	Spectrum Health Foundation	Grand Rapids, MI
Hoag Hospital	Hoag Hospital Foundation	Newport Beach, CA
Hospital for Special Surgery	Hospital for Special Surgery Fund, Inc.	New York, NY
Houston Methodist	Houston Methodist Hospital Foundation	Houston, TX
INTEGRIS Health	INTEGRIS Foundation	Oklahoma City, OK
Intermountain Health	Intermountain Foundation	Salt Lake City, UT
Interior Health Authority	Kelowna General Hospital Foundation	Kelowna, BC
Lee Memorial Health System	Lee Health Foundation	Fort Myers, FL
Lehigh Valley Health Network	Lehigh Valley Health Network Office of Philanthropy	Allentown, PA
LifeBridge Health	LifeBridge Health	Baltimore, MD
Mackenzie Health	Mackenzie Health Foundation	Richmond Hill, ON
MedStar Health	MedStar Health Foundation	Columbia, MD
Mercy Health	Mercy Health	Cincinnati, OH
Miami Children's Health System, Inc.	Miami Children's Health Foundation	Miami, FL
St. Joseph Health System	Mission Hospital	Mission Viejo, CA
Community Hospital Foundation	Montage Health	Monterey, CA
McGill University Health Center	Montreal Children's Hospital	Montreal, QC
Parkland Health & Hospital System	Parkland Foundation	Dallas, TX
Piedmont Healthcare	Piedmont Foundation	Atlanta, GA
Rutgers Biomedical and Health Sciences	Rutgers University Foundation	New Brunswick, NJ
Sacred Heart Health System	Sacred Heart Health Foundation	Pensacola, FL
SCL Health	Saint Joseph Hospital	Denver, CO
Sanford Health	Sanford Health Foundation	Sioux Falls, SD
Seattle Children's Hospital	Seattle Children's Hospital Foundation and Guild Association	Seattle, WA
Sharp HealthCare	Sharp HealthCare Foundation	San Diego, CA
St. Michael's Hospital	St Michael's Hospital Foundation	Toronto, ON
Sutter Health	Sutter Health	Sacramento, CA
The Ottawa Hospital Foundation System Summary	The Ottawa Hospital Foundation System Summary	Ottawa, ON
The University of Texas Health Science Center at Houston	The University of Texas Health Science Center at Houston	Houston, TX
Trillium Health Partners Foundation	Trillium Health Partners Foundation	Mississauga, ON
UMass Medical School	UMass Medical School/ UMass Memorial Development Office	Shrewsbury, MA
University of Arkansas for Medical Sciences	University of Arkansas for Medical Sciences	Little Rock, AK
Vail Valley Medical Center	Vail Valley Medical Center Foundation	Vail, CO
Visiting Nurse Association Health Group	Visiting Nurse Association Health Group	Red Bank, NJ
Wake Forest Baptist Medical Center	Wake Forest Baptist Medical Center	Winston-Salem, NC



Using Lean Six Sigma in fundraising

This content is adapted from the session "Be Ready for Demographic Forces that Challenge Health Care and Spur Philanthropy" by Amy G. Day, vice president, Department of Advancement, Loyola Health System & Loyola Health Sciences Division, and Steven A. Reed, partner, Performance Advantage, presented at the 2016 AHP Annual International Conference.

There is an art and a science to philanthropy. The former includes interpersonal skills and relationship building, and it is the aspect with which development officers are often more comfortable. But if in the next five to 10 years you plan to grow your revenue, on which dimension will you need to improve the most, art or science?

If you answered science, process improvement can help you meet your goals. Six Sigma is a datadriven approach to eliminate defects in any process, while a Lean organization cuts waste and increases value for customers by creating an efficient flow and reduced cycle times. When you combine the methodologies, Lean Six Sigma emphasizes speed, reduced waste and making the best use of staff and volunteer resources through a powerful data-driven system.

- Use high-cost, scarce resources to do only high-value work: In fundraising, these resources are your major gift officers. Instead of wasting time on administrative tasks, their time is better spent fulfilling the metrics you set, such as making 10 major gift calls a week.
- Create abundant flow into the donor pipeline: In a Lean organization, you may be working with a small group of donors who move through your pipeline in under a year. Continuously building your pipeline means increased donations.
- Set key critical-to-quality (CTQ) process measures: Set check points throughout your process

by deciding what's important for your team to measure. That could be the number of prospecting events held each month, the number of connections you should make at each event or any criterion that will ensure success.

- Measure early, measure often: Yearly performance measures are too far apart for Lean processes. It may lead to issues like deferring projects or goals to the next quarter or year and otherwise gaming the system.
- Eliminate out-of-bounds process variance: Create your "way" of fundraising, so you have a baseline process that is ingrained in your culture. For example, if you have 14 gift officers, you will have one consistent way your organization goes about acquiring gifts, instead of 14.
- 6 Focus on high-return activities: Find out what your revenue mix is. How much high-dollar value are you bringing in with lowvolume cost?

What you need to know about CONTENT MARKETING

This content is adapted from the session "How Storytelling Can Turn Into Donors" by Lisa Arledge Powell, president, MediaSource, presented at the 2016 AHP Annual International Conference.

Brand journalism, or content marketing, is nothing new, but recently, it has become the buzzword in the marketing world. Health care foundations aren't exempt from the need to market themselves, so it's important to investigate how the movement toward content may fit with your shop.

1 Stop writing press releases and start telling stories: Focus on creating newsworthy content, not just news-style content. Newsworthy means pertinent to the audience you are trying to reach, not just a trending topic on Twitter. Develop a credible voice and speak to the right audience.

2 Think like a beat reporter: Model your content team on a newsroom. Set weekly meetings to split beats

among your team and set assignments. Then make sure people within your department really get inside their donors' heads and find out, every week, what has become important to them since the last time they spoke.

- 3 Think with your eyes: Every story from health care has a visual that can accompany the copy. Include a photo, video or graphic with your content—or better yet, make the visual your content.
- 4 Measure storytelling: First, develop clear goals with your development team. Once everyone agrees on the purpose behind the content, those goals will drive your content distribution plan. Then, set up the measurement systems for the content itself.
- Un-brand your content: Otherwise, it's just an ad. When you find stories within your organization, your mission and brand will be evident without splashing your logo on every piece.

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Building a transformative board

Instead of quickly filling slots, plan ahead to obtain the qualities you need

reat board members are essential for the success of health care fundraising organizations. The influence board members gain from their business, civic and social ties gives them leverage to open doors unlike anyone else in the organization.



Board members' clout is especially important today, with hospital operating margins in peril and health care reimbursement shrinking. Increasingly, hospital executives are looking to philanthropy as a dependable and growing income source. Unfortunately, signs point to massive failures in the effectiveness of nonprofit board members to help the organization achieve its goals. Both executives and board members appear to be deeply dissatisfied with the board/nonprofit partnership.

- Fewer than one in five nonprofit chief executive officers (CEOs) strongly agree they have the right board members to effectively oversee and govern their organization.¹
- Forty percent of boards are unable to meet fundraising targets.²
- Three out of four development executives are dissatisfied with board engagement in fundraising.³
- Sixty-five percent of nonprofit executives and board chairs give the board a grade of "C" or worse in fund development work.¹

Rather than treating board selection as an afterthought or accepting underperformance, it's important to reconsider the role and composition of your health care foundation board. What you need is a transformative board.

What is a transformative board? One that has the competencies, connections, focus and commitment to help the organization achieve its goals.

Recruiting challenges

The board you build today will define your success tomorrow. But, no question, recruiting board talent is hard.

Nearly 60 percent of chief executives say finding people to serve on the board is difficult,¹ and 16 percent face "extreme difficulty attracting one or more new board members."² Deadlines to secure members are short and each candidate's caliber needs to be high, but the obstacles are huge—a highly imperfect situation.

How often have you attended a one-hour committee meeting that identified prospective members to fill all anticipated board

Business consultant Jim Collins, who famously advised that "getting the right people on the bus" is the most critical element to move an organization from good to great, said people are more important than either the destination (your vision) or the route (your strategy).⁴ Despite the importance of selecting talent, many organizations spend too much time trying to fix and train the poorly selected people they have rather than addressing the root of the problem: getting the right people on Collins' proverbial bus.

The revolving boardroom door makes recruitment a constant battle:

Unfortunately, signs point to massive failures in the effectiveness of nonprofit board members to help the organization achieve its goals. Both executives and board members appear to be deeply dissatisfied with the board/ nonprofit partnership.

vacancies? It happens too often. The board has six open seats. A group brainstorms names in less than 60 minutes with little reflection on the choices being made. This lack of diligence would never be tolerated when selecting a paid employee, so why is it acceptable when selecting leaders for our organization?

- The average board today has 15 members.
- On most boards, one-third of members have a term ending each year—which means recruiting five new members just to keep up with planned attrition.
- Other members may cycle off unexpectedly for relocations,

new jobs or changes in family circumstances.

And, each time the door revolves, the foundation risks losing expertise, knowledge, institutional memory, commitment, culture and other qualities that engender high performance. Add this to the recruitment challenge: The competition for talent is as fierce as the competition for charitable dollars.

Tailor your selection criteria

There are three types of organizations that generally advance health care fund development. Your organization may be either a 501(c)3 public charity or a supporting organization with a board that fulfills legal governance responsibilities, or your organization may be a hospital department with an advisory board. Regardless of structure and legal responsibilities, your volunteer leaders are charged with:

- Developing a strategic vision to guide outcomes.
- Ensuring alignment between health care organization. strategy and funding priorities.
- Monitoring the performance of fund development efforts.
- Stewarding financial resources. However, the development

board's highest calling must be maximizing total charitable dollars raised. This straightforward mandate often gets lost when selecting the leaders who will serve—but it should be foremost in our minds.

To enable exceptional work, the board must include a portfolio of people with the wisdom, courage and connections to lead. Board members should be selected based on each person's competencies, expertise, experience, hard and soft skills, knowledge, behaviors and circles of influence—and selection criteria should reflect the foundation's priorities, strategy, opportunities, challenges and environment.

As the organization's ambitions change over time, so will the qualities needed on the board. Unfortunately, too many organizations use outdated, onesize-fits-all board nomination matrixes that anyone can download from the Internet.

If you select board members based on such arbitrary criteria, you will not get what you need. Exceptional work will not occur simply because you have a balance of lawyers, accountants and marketing executives or an equal distribution of males and females.

Instead, tailor your selection process to the particular needs of your health care foundation. Learn how to identify people who bring the competencies and connectivity needed to help your organization advance and thrive.

Decide on consistent, proactive and meaningful ways to collect the names of prospective board members. For example:

- Board member nomination?
- Giving history?
- Physician referral?

Whatever methods you use to identify board prospects, do the following:

- Create a list of 25 to 100 people to evaluate further.
- Use your donor data management system to track moves, touches and information



After winnowing potential board candidates to those who seem most qualified, compare each person's characteristics to the list of qualities you seek. Below are some items to consider:

Fundamental and non-negotiable traits:

- Integrity—a history of principled leadership and credibility.
- Purpose—passion for the organization's mission and personal aspirations for making a positive impact on the world.

Qualities to effectively advance philanthropy:

- Influence—ability to engage an expanding circle of others in giving to the mission.
- Communication skills—effective storyteller and advocate to share the vision.
- Charitable mindset—embraces giving as a joyful and meaningful activity.

Questions to ensure the right level of influence:

- Do we have access to effectively engage potential donors, advocates and influencers?
- Do we have gaps to fill in our existing networks or circles of influence?
- Can we tap leaders who will add credibility or gravitas to our work?
- Whose participation or endorsement will be essential to success?

Other considerations:

- Strategic leadership—vision and focus to guide the organization toward a vibrant future.
- Stewardship—knowledge and diligence to effectively safeguard, deploy and grow funds.

about their engagement the same way you would for any other high-value prospect.

• Pare your list to the most qualified names and pressuretest each against a series of filters (see sidebar) to determine who merits an invitation to serve.

After setting criteria for selecting board members, link these items to the organization's big picture. Consider organizational lifecycle stage, strategic plan and aspirations. What competencies, expertise and connections will be needed need to break through obstacles we fear are ahead?

As you seek to build a transformative board, you many find inspiration from people who have excelled at creating great teams, such as Amazon.com founder Jeff Bezos. He credits the company's "extraordinary people" and "setting the bar high in our approach to hiring" as the "single most important element of Amazon.com's success." Bezos has encapsulated his selection litmus test in three simple questions that are equally applicable in the foundation

Don't get hung up on the fact that board leaders are volunteers. Standards should not fall simply because a board role is uncompensated.

over the next three years to advance work at the highest level? Your list of criteria will be unique to your organization and will evolve over time. To help you build the right team to take the organization where it aspires to go, consider these questions:

- How could new members add real value to advance our strategic priorities?
- What's unique to our situation, environment or aspirations now that demands leadership?
- Do we have the expertise and connections to do what we must accomplish?
- Do we have who and what we

boardroom⁵:

- Will you admire this person?
- Will this person raise the average level of effectiveness of the group?
- Along what dimensions might this person be a superstar?

In considering what your organization needs, separate *attributes* from *competencies*. For example, having a CEO title might indicate influence and intelligence—or it might not. Being "wealthy" might indicate giving potential and access to those with financial wherewithal—or it might not. So, don't be swept away by a title, wealth screening score or other attribute without taking a deeper look at the individual.

Once you identify the players to include on your dream team based on their competencies, connections and potential, ensure your choices also reflect diversity in gender, ethnicity and perspectives. Then you will have a great list of prospects to enable excellence.

Be proud enough to be picky

The board will be only as strong and effective as it is designed to be. Don't get hung up on the fact that board leaders are volunteers. Standards should not fall simply because a board role is uncompensated. Each selection sets a level that determines whether other exceptional leaders will be attracted to the team.

And let's face it: Terminating a board member is much harder than firing a staff member. Spend the time to diligently select those likely to be with you for the next six years.

Keeping standards high means avoiding the tyranny of the empty seat. Although your organizational bylaws dictate the minimum number of board seats that must be filled, feeling compelled to fill every vacated seat every year can drive leaders to bring on anyone with a pulse who is willing to serve. Do not fall prey to the teeth-gnashing moment at the governance committee meeting when someone innocently suggests, "Why don't we just ask so-and-so?" Resist this desperation-driven solution to fill seats with people likely to be mediocre. With board seats a

scarce and limited resource, the organization simply can't settle for a marriage of convenience.

When inviting prospective members to join the board, do not discount your work so they'll agree to serve. Avoid underselling the commitment by saying things like, "You only need to come to a lunch meeting once a quarter," or, "We'll make it easy for you, so you won't have to do that much," or, "It's okay if you don't want to raise money." Why would we induce mediocrity at the very beginning?

Be forthright about the exact nature of the noble work the board is charged with advancing. Because the foundation's entire reason for being is to raise money, it's a centerpiece of effective service. Ask prospective members to be prepared to get knee-deep and participate as true partners.

Start off well together

The meeting to invite a prospective member to serve may be the first opportunity to demonstrate the organization's professionalism, preparedness, culture and candor. You should not only showcase the organization's mission and vision, but also convey the import and impact of board service. Make expectations clear at the outset by sharing a board member job description that outlines clear responsibilities.

Once someone has agreed to serve, your focus shifts from recruitment to onboarding—and a good deal of work remains to be done.

• Offer an escape route. Provide an orientation, facility tour or other opportunities to ensure a mutual fit and to enable someone to make a graceful exit before his or her first official meeting if the fit is not right.

- Create an orientation experience. Don't default to a boring orientation meeting where you wade through a thick binder of materials. Use storytelling to illuminate your culture, showcase your mission and emotionally connect leaders to the work. Ensure the CEO and board chair are present to issue thanks and provide a vision.
- Connect new members with a mentor. Pairing new members with existing board members provides a comfortable way for them to learn about the cultural norms and organizational priorities before coming to the boardroom. It's also a great way to kick-start making someone a meaningful contributor to the group.
- Make a proactive plan for board education. Many board members lament that they feel underprepared for the role. See that new and returning members have consistent access to information and tools so they can vibrantly fulfill their roles.

Best strategy: the right people

Your board should be a valuable lever to increase the foundation's impact. Exceptional board members can promote transformative governance, provide a growing network of community contacts and enable the foundation to scale beyond the limits of staff.

When it comes to an organization's ability to succeed, no strategy outperforms bringing on the right people to build organizations that are influential, connected and effective. Selecting board members who will lead is simply one of the most powerful steps your organization can take.

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Gain a Competitive advantage in fundraising

New tools for donor relations and stewardship can put you at the forefront



Graham-Pelton

he landscape of nonprofit philanthropy is evolving rapidly. Between 2000 and 2010 the number of registered nonprofits in the United States grew by 24 percent.¹ Today there are more than 1.5 million taxexempt organizations competing for donor dollars² and health care makes up one of the largest nonprofit sectors, employing 57 percent of the nonprofit workforce.³ In this increasingly competitive marketplace, the way that we approach donors and manage our relationships with them is more important than ever.



Fortunately, an array of new tools and strategic trends has the potential to transform our donor relations and stewardship. As development professionals representing three diverse areas-health care, higher education and the conservation of our natural world-we have collaborated to explore some of these forward-thinking options, as well as some best practices and "next practices" that are driving stronger donor relationships. We hope that by providing ideas from not only health care philanthropy but other sectors, including for-profit, we can help you gain a competitive edge in your fundraising going forward.

Externally and internally focused trends and tools

A major shift in the culture of philanthropy has occurred over the last few years; more than ever before, we view the development process from the perspective of our donors. One widely used approach, donor-centered fundraising,⁴ fulfills several essential requirements for inspiring donor enthusiasm and loyalty. These include:

- Giving donors prompt and meaningful acknowledgment of a gift.
- Having donations directed to a specific program or initiative that resonates with them.
- Sharing the impact of the gift before asking for another.

With this philosophy of donor relations in mind, innovative organizations are investigating thoughtful, creative ways to help donors navigate the giving process and have a more satisfying experience overall. The examples we cover in this article fall into two categories—and for organizations to thrive, they must devote resources to both.

1. We call the first category *externally (donor) focused* trends, which include the use of new technologies, secure donor portals and experiential engagement

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opportunities. However, at the same time that nonprofits are striving to deliver robust, appealing, interactive experiences for their donors (and perhaps creating even more competition for donor dollars with their creativity), health care organizations are dealing with an ever-increasing demand for services.⁵ To support these enhanced programs, they need a strong and loyal donor base.

2. Thus the importance of category two. *Internally focused* tools are those that help development professionals enhance their donor relations and stewardship methods. Some examples we discuss include new systems for better project management and the use of data-driven strategies.

Using technology in new ways

In an America's Charities Snapshot report based on discussions with 240 nonprofits nationwide, more than 90 percent said that in the last few years new technologies have allowed them to feature more data, deliver information more quickly and communicate better with donors.6 We've observed that technology is changing our donors' expectations, too-they are looking for the same instant access to substantive information that we receive in our constantly connected lives. E-commerce has transformed the online giving experience as donors become accustomed to multilevel transactions; for example, they can make a gift, plus register for an event or purchase a membership. And perhaps due to the popularity of crowd-funding platforms, they also expect to be able to direct gifts at any level to the work they find most meaningful and fulfilling. It's

important to keep these expectations in mind as we use new technology to update our online giving processes.

In addition, technology is changing the ways in which we can engage with donors. We have sophisticated interactive graphics on our websites that allow visitors to explore a huge range of information with a few clicks. And organizations have the capacity to use multisensory tools, including video, virtual reality simulations and physical recognition displays. One example is the donor recognition system at St. Clair Hospital in Lebanon, Pa., which features both donor names and donor stories in video format (view at www.bit.ly/2nx0NJ6).

Other organizations operate at the intersection of the physical and digital. One great example is City of Hope National Medical Center in Duarte, Calif., which uses an online portal to highlight-and leverageits onsite physical recognition, thus extending its influence and reach (view at http://cityofhope. plannedlegacy.com). Finally, organizations such as Massachusetts General Hospital in Boston, Mass., are doing more with specific online recognition and storytelling, along with subtle fundraising touches (view at https://giving.massgeneral. org/donor-recognition).

Developing secure donor portals

Just as we now make doctors' appointments and view our personal health information using an online portal, we must be able to provide our most loyal and dedicated donors with a simple, safe, immediate way to learn about the impact of their generosity. One way to do that is by deploying a secure donor portal, a protected electronic space that can store and share a variety of information pertaining to a donor's philanthropy and use those items to provide a customized experience. (See the sidebar for information that might be included in a donor portal.)

The higher education sector was an early adopter of donor portals and its experiences can help inform best practices and considerations for our health care institutions. The initial portal build out should leave room for future growth and additional components, says Fulvio Cativo, director of donor relations and stewardship at the University of Maryland. "Donors will want a product that has every possible bell and whistle. These requests and calls for better, bigger and faster will test your team's capacity, your IT team's capacity, and it will make you wonder if you can please everyone with this platform," Cativo explains. "You probably cannot. At Maryland, we made small and significant additions to our endowment portal every year, and little by little, we addressed donors' calls for more information, more transparency and more content to make this a tool worth using for them."

Developing a donor portal is a strategic, long-term endeavor. Planning for its creation and implementation should be a collaborative effort involving fundraisers and staff in the areas of donor relations, information technology, gift administration and communications-and should take into account the confidentiality sensitivities of health care organizations and the legal/ compliance staff who must ensure adherence to the Health Insurance Portability and Accountability Act. And while a portal can be an excellent tool, we want to emphasize that it should supplement, not replace, the human interactions that

What features might be included in a donor portal?

A portal should serve as "one stop" for donors to see their history of giving and impact.

Elements that might be part of the portal include:

- Donor's giving history.
- Letters or videos from grateful patients or staff.
- Impact reports of donor's giving over time.
- Notices of interest (upcoming events, important organizationrelated items, etc.).
- Live construction video feed for a building or expansion the donor supports.
- Photos of previously completed facilities the donor supported.
- Market values over time, if the donor has established endowed funds.
- Event photos, if relevant.



help an institution build trust and lasting relationships.

Creating new types of experiential engagement

Technology may be reshaping aspects of our relationships with donors, but it is still vitally important to strategically engage them in various in-person activities. Events remain a key strategy, and we've seen a move toward more experiential activities that allow attendees to have a direct experience of the organization's work and how people are benefiting. For example, providing hands-on, personal experiences, such as including donors in a kids' health fair in the new children's wing, may resonate with those who helped the facility be built—or who are considering a gift.

Other engagement activities might involve peer-to-peer fundraising, often via events that benefit the health system. A run/ walk for a hospital might be one example. It's important to be aware that someone who pledges support for the run may be more motivated by her relationship with her friend who is participating than by your cause. We need to approach new contacts like these sensitively, perhaps sharing information about the ways their donations have made a difference without assuming that they will automatically become renewing donors.

You might also consider providing travel opportunities, a donor engagement tool that is widely used in non-health care organizations. Including donors on organizationsponsored trips can draw them into your story, provide them with a once-in-a-lifetime experience and give key staff opportunities to bond with them. But because travel can be complicated and expensive, it's important to have a clear understanding of the trip's purpose and develop meaningful metrics to track its efficacy as a driver of philanthropy. When planning a visit to a partner health care system in another country, for instance, you might include activities such as demonstrations of new technology that you know to be interesting to key donor prospects and which your institution may be considering. This might be a step in a future solicitation for a gift to update technology at your own institution.

Investing in project management tools and training

Advanced project management tools (TeamGantt, Trello, Asana and Microsoft Project are a few examples) are becoming an essential component of donor relations work. As development professionals become involved in complex projects that require resources and participation from other departments and external vendors, the information and timelines they must coordinate go far beyond the capacity of outlines and Outlook calendars.

Investment in these tools, as well as in project management skills training, can have significant benefits. As stated in a report by the Project Management Institute, "In today's increasingly complex and competitive global marketplace, technical skills are simply not enough. Companies are seeking added skills in leadership and business intelligence to support longer-range strategic objectives that contribute to the bottom line."⁷

Professionals can leverage project management expertise to transform their roles from operational to "Instead of functioning in a single department," Emlen explains, "We reach out to colleagues across the organization to link their work with the goal of promoting philanthropy. Many of our internal goals in donor relations and stewardship might fall away in this model as we become more attached to the strategic direction and mission of the organization."⁷

Capitalizing on data-driven strategy

Development professionals are using increasingly detailed and sophisticated data to better evaluate

...More innovative organizations use a multitiered approach aimed at understanding the multiple platforms in which a donor engages with an organization.

strategic. Says Shomari White, associate vice president at Children's Hospital Foundation, "As more health care institutions use lean management to streamline systems to improve the value to customers and patients, the fundraising departments that support them will also be asked to use these principles to maximize productivity and raise funds at a lower cost. It will be the project management team that will lead the charge."

Julia Emlen, executive editor of the *Journal of Donor Relations and Stewardship*, says it is also important for donor relations/stewardship professionals to broaden their vision, aligning project goals with their organization's larger mission. which sources and key measures of performance to focus on for donor engagement. Here's one example: Organizations now employ multiple solicitation channels, instead of separating donors into distinct groups such as "online donors" or "donors who attend events." While formerly we might have targeted our stewardship efforts with distinctions such as these in mind. now more innovative organizations use a multitiered approach aimed at understanding the multiple platforms in which a donor engages with an organization. Development professionals then develop a strategic multichannel donor relations and stewardship program using the data they gather.

Jon Jeffries Thompson, director of digital communications at Children's Hospital Foundation, says it's important to look more broadly when evaluating return on investment of these new data-driven efforts. In the scenario above, for instance, no one tactic gets primary credit for a gift, "yet all those touch points should be a part of the investment calculation because of the way they helped predispose the person and finally motivate them," Thompson explains.

This type of evaluation is not simple; in complex organizations donors often have multiple opportunities to give, including online, via direct mail appeals and by attending events. The data also have to be accumulated and measured over time and may require specialized expertise to analyze. Yet making the effort to implement these strategies can have a large payoff. With new information from data, Children's National decided to emphasize tactics such as sending e-blasts and reducing its use of direct mailing. Says Thompson, "The outcome of this thought process and data modeling is that we lowered our online cost per dollar raised for small-sum unrestricted gifts from 82 cents to 7 cents in a single fiscal year." Results like these suggest it's well worth investigating data-driven donor relations strategies.

Ideas of the future

In our increasingly complex world with its 24-7 access to information, attracting and sustaining donors is ever more challenging. Yet the opportunities for connection, as illustrated by the trends and tools we've discussed here, have never been greater. Health care organizations that invest in these innovative practices for enhanced donor relations and stewardship are uniquely positioned to strengthen relationships with their donors, realize their mission and advance their philanthropy.

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FEATURE

By Jane L. Wheeler, M.S.P.H., Steven Rum, M.P.A., Rebeca Rios, Ph.D., and Scott M. Wright, M.D.



How many physicians per gift officer?

Years of experience in development make the difference in grateful patient philanthropy evelopment offices in academic medical centers (AMCs) typically assign a portfolio of faculty to each gift officer, but the number of faculty per gift officer varies widely across institutions, and even across departments in an institution. Is there an ideal number of medical faculty a gift officer can handle to raise the most dollars from grateful patients? We set out to answer that question in a study of more than 100 major gift officers at large AMCs in the United States.

Strikingly, our study did not turn up a "best faculty-to-gift-officer ratio." In delving deeper, to determine the impact of many characteristics of gift officers, we found one variable in particular length of experience in the field—to be a statistically significant predictor of grateful patient fundraising (GPFR) success.

Our data showed that each extra year of experience under a gift officer's belt was associated with an additional \$69,000 in donations per year—a powerful figure that helps make a strong case for striving to retain gift officers at an AMC.

Best ratio unknown

GPFR is an increasingly substantial—and sometimes essential—source of funds for AMCs. Though the amount raised through GPFR is difficult to quantify, the research firm WealthEngine estimates that patients contribute approximately \$1.6 billion per year to health care organizations.¹

Despite the magnitude of patients' philanthropy, scant evidence exists on the effectiveness of various GPFR practices, and we have very little actual data to help us understand the factors that contribute to a gift officer's fundraising success.^{2–4}

In GPFR, development professionals

largely depend on physicians' referrals to identify patients who may be interested in giving.⁵⁻¹² In a recent national survey by WealthEngine, 82 percent of health care development leaders (n = 68) reported that they rely on physicians and clinical staff to help identify new prospects.¹³ Yet many physicians remain ambivalent about the ethics and acceptability of GPFR.¹⁴⁻¹⁸

Our data showed that each extra year of experience under a gift officer's belt was associated with an additional \$69,000 in donations per year.

Development departments in AMCs typically assign a cohort of medical faculty to each major gift officer. This approach allows the gift officer to focus attention on a small group of faculty, establish rapport and get to know each person's research and clinical interests. However, nothing in the development literature specifies the optimal number of faculty that should High turnover among major gift officers... incurs substantial costs related to recruitment, hiring and onboarding. Our results suggest that the actual costs of this turnover are much greater... as the short tenure of many gift officers likely results in less funds raised for AMCs.

be assigned to each major gift officer.¹⁹

Study springs from training program

We developed our study concept during the 2014 Johns Hopkins Medicine Philanthropy Institute (JHMPI) Summer Institute. This three-day intensive training program introduces mid-career and senior development officers to thought leadership in medical development. A core purpose of JHMPI is to explore how research can elevate quality and performance



in medical development. At the JHMPI Summer Institute, we educate development professionals about what constitutes credible "research" in the eyes of our physician-scientist colleagues. We also examine how rigorous medical research differs from typical development "research," which tends to involve benchmarking against other institutions, accessing information about prospects or tracking trends in giving.

Although medical research can take many forms—such as clinical or epidemiological studies—it always starts with articulating an important and viable research question that is feasible to answer through a well-designed study. Also, medical research always uses an explicit methodology to gather data and employs statistical analysis to make sense of that data.

By teaching JHMPI Summer Institute participants about medical research and involving them in rigorous methods to answer development questions, we seek to:

- Strengthen their ability to speak the same language as the medical faculty with whom they interact.
- Enhance their research skills so they can study development practices in the same rigorous

Table 1 - Demographic and job characteristics of study participants

way that physicians study their
own practices, which will
help build credibility for the
development profession.

In an interactive session, we asked the 36 participants at the 2014 JHMPI Summer Institute, "What research question would you want answered in order to improve your practice?" After considering the many ideas, we selected the question about "best faculty-to-gift-officer ratio" as both feasible to answer and likely to yield useful results.

We developed a crosssectional, observational study in which we surveyed development professionals at seven AMCs: Johns Hopkins, Stanford, University of Colorado, University of Florida, University of Michigan, Washington University and Yale. Although other institutions participated in the 2014 JHMPI Summer Institute, we included in the study only those that could provide access to all their major gift officers—so as to avoid selection bias.

- All major gift officers at each participating AMC were surveyed.
- We defined "major gift officer" as an employee who conducts face-to-face fundraising with physicians and donors and who focuses on gifts at or above an institutionally defined, dollarfigure threshold.
- The recruitment pool included 134 major gift officers; of these, 114 responded to the survey, for a response rate of 85 percent. (This is considered an excellent response rate for a scholarly survey study.) Table 1 summarizes participants' characteristics and responses.

Average age	42
Female gender*	75%
Race/ethnicity* Black/African American White/Caucasian Latino or Hispanic Other	3% 79% 13% 5%
Educational level* Associate's degree Bachelor's degree Master's degree Doctoral degree	4% 51% 41% 5%
Work-related information	
Average years of experience in medical development	8.7
Average years of experience as major gift officer	8.6
Average number of faculty supported (assigned to the major gift officer)	47.9
Average number of faculty engaged (actively working with the major gift officer)	11.7
Job satisfaction ("Overall, I am satisfied with my job") Disagree Neutral Agree Strongly agree	5% 8% 63% 23.8%
Productive relationships with faculty Disagree Neutral Agree Strongly agree	2.4% 15.5% 64.3% 17.9%
Time pressure ("I feel a lot of time pressure in my job") Disagree Neutral Agree Strongly agree	6.0% 9.5% 53.4% 32.1%
Too many faculty ("I feel I am asked to cover too many faculty members") Strongly disagree Disagree Neutral Agree Strongly agree	4.8% 29.8% 35.7% 21.4% 8.3%
Average dollars raised per year, over past three years	\$2,034,583
Variance between annual dollars raised and fundraising target	-\$44,107

Note: This table includes the 84 survey respondents (out of 114) who provided complete data for the key study variables.

* From five to seven participants were missing data on these demographic characteristics.

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Survey overview

The survey instrument, developed from a comprehensive review of the literature and our previous research,^{2, 15} measured major gift officers' perceptions and attitudes related to their jobs, fundraising targets and assigned faculty. We (the four authors of this article) designed the survey; collectively we possess expertise in survey design and many years of GPFR experience.

- To ensure clarity, we pilot-tested the survey in March 2015 with gift officers who were not subsequently included in the study's dataset.
- The final survey had 49 items using five-point Likert scales with standard response options ("strongly agree," "agree," "neutral," "disagree," "strongly disagree").
- Demographic information about participants was also captured.
- We looked at dollars raised as the primary outcome, based on the question, "How much money did you raise last year?" Secondarily we looked at the difference between gift officers' dollars raised versus their fundraising target, based on the question, "This year, what is your target for dollars raised?"
- We designed the study to determine whether one variable in particular—the number of faculty supported by each participating gift officer—explained either outcome. Participants answered two questions: "How many faculty do you support?" and "Of these, how many are truly engaged in grateful patient philanthropy?"
- The survey also collected self-assessed measures of job satisfaction ("Overall, I am satisfied with my job"), time pressure ("I feel a lot of time pressure in my job"), productivity of faculty relationships ("My relationships with my assigned faculty are productive") and perceptions regarding the number of faculty supported ("I feel I am asked to cover too many faculty members").
- The survey was first sent electronically in May 2015 to all major gift officers at the seven AMCs, who were contacted via email with a request to complete the survey.
- Those who did not respond were sent reminder invitations up to four times over two months (May to July 2015).

Length of experience is key

We expected to find an optimal range for the

Years of experience as a major gift officer (longevity) was a strong predictor of greater funds raised per year.

number of faculty assigned per major gift officer a range that maximized the dollars raised in GPFR. However, this study did not reveal such a "sweet spot." The number of faculty assigned to each gift officer was not strongly associated with either annual dollars raised or the variance between dollars raised and fundraising target.

Instead, our results suggest that GPFR performance may be better predicted by length of experience as a major gift officer, and secondarily, by certain characteristics of gift officers such as feeling time-pressured and overworked by being assigned too many faculty.

Years of experience as a major gift officer (longevity) was a strong predictor of greater funds raised per year. Our discovery that each one-year increment of greater experience was associated with an additional \$69,000 in donations per year had not been quantified previously. This finding reflects the longitudinal, relationship-based nature of development, in which many philanthropic partnerships take years to mature.

Staff turnover common, costly

Our study results are highly relevant in light of trends in development officers' career paths. In a national survey of 2,722 participants, 38 percent of development directors in organizations with annual budgets of \$10 million or more said they anticipate leaving their organization within two years.²⁰ High turnover among major gift officers, which is endemic to medical development, incurs substantial costs related to recruitment, hiring and onboarding. Our results suggest that the actual costs of this turnover are much greater than those related to bringing on new staff, as the short tenure of many gift officers likely results in less funds raised for AMCs.

Development leaders may want to pay special attention to job satisfaction among their gift officers, given the relationship between job satisfaction and retention found in other health care professions.^{21–24} Among the major gift officers participating in our study, job satisfaction was significantly correlated with the perception of having productive relationships with faculty.

Because our study design reveals associations but not causality, we are left to wonder whether:

- a) Higher job satisfaction better positions a gift officer to establish productive relationships with faculty, or
- b) Productive relationships with faculty help increase a gift officer's job satisfaction.

The relevance of the correlation

between job satisfaction and perception of positive faculty relations is further substantiated by our previous study, which found that one-on-one relationship building between gift officers and faculty members resulted in better development outcomes specifically, "qualified referrals" of names of grateful patients who had significant giving capacity.²⁵

Our study provides useful evidence for AMCs to consider. With a better understanding of the factors that predict high gift officer performance in GPFR, AMCs can more thoughtfully employ strategies to invest in and retain these professionals. Maximizing philanthropy from grateful patients will, in turn, allow AMCs to allocate greater resources to mission-critical programs—



clinical initiatives, education and research—with the ultimate purpose of advancing medical science and benefiting patients.

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Ideas for a successful employee campaign

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At Montage Health, we recognize and value how our employees give of themselves every time they clock in. So four years ago when we first explored the idea of asking them to engage even more by giving philanthropically, we wanted to conduct our employee campaign in a thoughtful and effective way. There were many factors to consider: What areas for support would resonate with our employees and why? How would we structure the campaign?

For answers to these and other questions we first looked within, bringing together stakeholders organization-wide for help. Later we reached out to leaders of other employee campaigns so we could learn from their experiences. In this article we outline how we created our employee campaign, our lessons learned and the changes we will implement moving forward.

Every campaign is different because it reflects the culture of an individual institution. Montage Health's "personality" is inclusive and engaging by design (for many years, it has been voted Best Place to Work in a local poll). We are very concerned that employees not feel pressured to participate in anything, especially in our employee campaign.

In addition, comparing campaigns directly is complicated because many considerations, such as the size of an institution, the length of the campaign and provider for nonprofits quoted in the CharityVillage article, "Employees give when there is a trigger to give, such as an employee giving campaign that has been carefully crafted for this important audience."¹ In a different

In many ways our employees are our ideal donors because their knowledge of our institutions may cause them to feel a strong commitment to particular programs or services.

even how participation is recorded influence results. (For instance, at some organizations if employees simply fill out a pledge form they are counted as "participants" whether they ultimately give or not.) By sharing stories from a variety of health systems, we hope to provide some ideas and strategies that might be good fits for your particular situation.

Why an employee campaign?

Employee giving campaigns are becoming more common in the nonprofit world. According to an article published by CharityVillage, a large Canadian online community dedicated to nonprofit news, recruiting and skills building, many staff are passionate about the work they do and are willing to deepen that connection in a tangible way.¹ And like many donors, employees often will not make a gift unless they are asked to. According to Blackbaud, a software and service Blackbaud publication, Stephen Mally writes, "Employee donor engagement is just as important as volunteer donor engagement because employees are often your organization's best ambassadors and their enthusiastic support helps foster the support of other donors." ²

In many ways our employees are our ideal donors because their knowledge of our institutions may cause them to feel a strong commitment to particular programs or services. With this in mind, we believed that many of our Montage Health employees might welcome the opportunity to be part of an employee campaign.

Planning our campaign

We decided from the beginning that we would focus on overall percentage of employee participation, not on total funds raised. With the help of our development office, our employee campaign committee began its planning. The committee consisted of two well-known and highly regarded co-chairs representing the clinical and business sides of our organization and 17 enthusiastic employees.

The committee decided our campaign, called We Care•We Share, would support our hospital's wellness programs, which have strong impact in the community and are often preventionfocused and nonreimbursable by participants' insurance. Using an outside assessment of local community needs, the group chose potential initiatives to support and asked employees to rate the most compelling via an online survey. Examples chosen over the years include providing financial support for patients needing diagnostic breast care screening services, as well as adolescent mental health programs and elementary school nutrition programs.

Choice seems to be an important factor in encouraging people to give. According to Benevity, a company that works



Donating to employee campaigns

Employees can donate in various ways, using:

- Payroll deductions (the most popular).
- Paid time off.
- Pledge forms.
- Online giving.

with Fortune 1000 employee giving programs, "When employees have the option to choose the charity they give money to...they are five times more likely to participate than when the company restricts it to one or a short list of organizations."3 At the same time, Benevity says, "... don't be afraid to both empower choice and provide guidance on pillars or causes that have strategic relevance or proven impact."3 At Montage Health we have the best of both worlds: Each year, the committee chooses three initiatives to support, plus our chief executive officer identifies an area of greatest need. In addition, employees can designate their donation to any department or program that resonates with them.

Employee donations may be made online, with pledge forms or through payroll deductions; check the sidebar for more about ways to donate.

The campaign begins

In 2013, as Community Hospital Foundation (now renamed Montage Health Foundation), we launched our first month-long campaign. We publicized the campaign to our almost 2,000 employees with intranet and email postings from the co-chairs, flyers and pledge forms distributed to departments, a committee-staffed table in the employee cafeteria, visits to the system's off-site locations and presentations at staff meetings and new-employee orientations. See sidebar for additional ideas from other campaigns.

From the beginning, there was strong support from our chief executive officer along with 100 percent participation by the

Ideas for marketing your employee campaign

Montage Health publicizes its campaign using a combination of intranet and email postings, stories of impact and presentations. Here are some additional ideas from other health systems:

- Baxter regularly posts results-to-date during its campaign, and also sends daily emails to employees updating them on their departments' percentage of participation.
- At St. Elizabeth, volunteers present at every newemployee orientation; typically 50 percent of these new employees return their pledge cards that day. They also place articles in the staff newsletter.
- Sharp sends postcards to nondonors at their homes.

hospital's leadership council, which provided a great example of executive buy-in and endorsement for the campaign. In the first year, 24.3 percent of staff participated and by year three, that number was up to 30 percent. That seemed to be good, steady growth, but the committee decided to organize a focus group to better understand our philanthropic culture and also assess perceptions of the campaign and the effectiveness of our communications.

We learned that our employees wanted to know more about the impact of their gifts, so in year four we began intranet postings that featured examples of campaign success stories. We also produced a fiveminute video featuring widely recognized employees discussing the supported programs and the impact of philanthropic funding. Although we heard many positive comments about the video, there was little change in our participation rates.

What's the norm for employee participation?

We wondered how our numbers stacked up against those of other institutions. Among the 13 members of an offline chat group that focuses on employee campaigns (managed by Adam Wamack of Florida Hospital), the average percentage of employee giving was 23.7 percent. We asked for input from the AHP Huddle online forum too, and found that participation rates were all over the map.

Plus, measuring success by percentage participation tells only part of the story. For example, Sharp Healthcare in San Diego, Calif., has 18,000 employees and in 2015 its employee campaign participation rate was 14 percent. But donations exceeded \$1 million—an impressive 6.25 percent of the \$16 million raised by its foundation. (Sharp's is a staff-driven campaign—see the sidebar for an explanation of the difference between this type and the more common employeedriven campaign.)

What are some of the ways that high-performing organizations like Sharp engage employees to invest in their campaigns?

Strategies of high performers: peer-to-peer fundraising

One shared strategy is peer-to-peer outreach. Cindy Costa, director of development for Baxter Regional Medical Center in Mountain Home, Ark., reports an 80-85 percent annual participation rate strengthened by foundation support and employee involvement. Fifteen years ago, foundation staff recruited an employee campaign chair who was well respected and liked. She identified 10 "captains" who recruited outgoing, upbeat co-captains (one per 10 members of each department), making sure to cover large nursing staffs and other departments that work in shifts. The development office trains these committee members, who are given tips and strategies to spread the word about supported initiatives. During the campaign, if a department's participation is low, development staff checks in and offers helpful ideas if desired.

Samaritan Albany General Hospital in Albany, Ore., is another high-performing organization that harnesses the enthusiasm of its employees (52 percent of them donated in 2015). Jo Ann Yonemura, development specialist, works with a committee of employee ambassadors who attend four organizational meetings, present to two departments (one of which can be their own) and help with events. Yonemura trains these employees



Employeeversus staff-driven campaigns

Most campaigns are employee-driven, with the idea that peer-to-peer fundraising is most effective. In this situation, employees are on the campaign committee and serve as ambassadors. A staff-driven campaign, such as Sharp Healthcare's, is completely managed by the development office without an employee committee.

to effectively share their personal stories of giving.

Similarly, St. Elizabeth Healthcare in Edgewood, Ky., has an 80 percent annual participation rate among its more than 7,000 employees. Its campaign committee of 50 employees makes regular presentations at staff meetings and new-employee orientations, among other outreach efforts.

The question of incentives

At Montage Health we've been conflicted about the use of incentives, such as giveaways or prizes, to encourage or reward donations. Many of the most successful campaigns feature them. But we wondered, is the spirit of philanthropy somehow compromised if a donor gets something in return? Lyndsey Richards, Sharp Healthcare development officer, says, "We want our employees to give because it's meaningful to them and they truly believe in the impact of their giving." Sharp has chosen to offer incentives that have no monetary value, such as a ride on the limo bus that takes donors to their all-staff assembly or recognition on an employee donor wall.

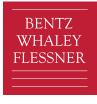
For some organizations, incentives are a fun perk and a way for employees to feel connected to the campaign, but they're not considered a major inducement for giving. Costa of Baxter Regional, which uses a variety of incentive gifts ranging from tumblers and participation stickers to catered department lunches and a kickoff party, believes her organization's campaign is successful because it benefits programs frequently used by employees and their family and friends. Because Baxter is in a small town of 13,000 and the next closest hospital is several hours away, people often have a personal connection to these programs.

Other ideas for incentives include St. Elizabeth raffling eight hours of paid time off every day for two weeks. According to Lisa Speier, coordinator, database and donors, "The raffle is definitely an attention getter." St. Elizabeth also gives gift cards, baseball tickets and donor pins, and departments that reach 80 percent participation get a pizza party. Campaign committee members can also receive incentives, such as gift cards, for attendance at events and meetings, and for securing pledge forms.

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Feasibility Studies Fundraising Strategies Grateful Patient Programs Campaign Counsel Development Audits Analytics Annual Giving Board Engagement Prospect Development At Albany General, part of a multihospital system, different locations set up competitions as incentives. For example, one chief executive officer might challenge another to do something funny and attention getting. During the 2016 campaign, a local restaurant owner/chef challenged employees of two hospitals to raise funds for an early childhood literacy program and offered his specialty cake as a people see them as wasteful and feel they take funds better put toward our supported initiatives.

Which brings us back to one of the points we raised in the beginning of this article: All campaigns are different and what works well in one institution may not in another. While we'd like to increase our percentage of participation, at the end of the day our effort is meant to give employees

For some organizations, incentives are a fun perk and a way for employees to feel connected to the campaign, but they're not considered a major inducement for giving.

prize. (Yonemura says that Albany's employees are very competitive and like food!) The organization's other incentive items include lunch bags, reusable grocery bags, water cups and coffee mugs, and departments that achieve 100 percent participation receive a breakfast buffet or pizza party.

Lessons learned: our evolving campaign

As the We Care•We Share campaign evolves, we're doing some things differently. One example involves the use of incentives. Our first three years, all employee donors were entered into a drawing to win an iPad 2, and in year four there were weekly raffles of \$100 gift cards. But after some reflection, we've decided to eliminate incentives going forward because, based on the culture of our institution, many an opportunity to experience the joy of philanthropy by financially supporting those in need in their community. That's what feels right.

We do have some good ideas to try. Based on what we learned from other organizations, our new strategies for the May 2017 We Care•We Share campaign will include:

- Developing committee job descriptions and looking at expanding the committee to include members who are perceived leaders in their departments.
- Recruiting nurse educators who have contact with nurses on all shifts.
- Training committee members to tell their own stories of why they give and to share compelling stories behind the initiatives.
- Discussing the campaign in

more detail in our new-employee orientation, with a focus on the initiatives that benefit the community.

• Promoting initiatives that have a wider impact on community wellness, such as our new mobile health clinic or our countywide diabetes initiative.

In 2015, Montage Health raised \$15.2 million, and the employee campaign's portion was \$116,795 from 648 employee participants (a more than 60 percent increase from the dollars donated in year one). Can our campaign grow? Yes, of course. But our goal is for the We Care•We Share campaign to develop steadily and organically, perhaps one day rivaling more successful campaigns in a way that works for us.

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annual employee campaign. Previously she worked in higher education where she introduced an annual employee campaign at the community college level.



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