

HEALTHCARE philanthropy

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*Changing How We Work
in Support of Our Missions*

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The Association for Healthcare Philanthropy (AHP) is the healthcare development professionals' definitive source of thought leadership, connections to facilitate innovation, and tools to advance knowledge and elevate philanthropy. As the world's largest association for healthcare fundraising professionals, AHP represents 5,500 members who raise more than \$11 billion each year for community health services. Our mission is to inspire, educate and serve those transforming healthcare through philanthropy.

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Mission: Healthcare Philanthropy will be an authoritative resource for healthcare development professionals by providing a timely, informative, and insightful collection of literature that will raise the standard of individual and organizational performance. Serving as the premier forum for healthcare philanthropy literature, the Healthcare Philanthropy Journal will educate, empower, and inspire development professionals and, thereby, help strengthen the case for philanthropic support and the mission of AHP.



Letter from the CEO

It has been quite a year for us all, and AHP is no exception. The word “pivot” has been overused this year, but it is still appropriate to describe the ways all of you have adjusted to new everything, and the ways AHP has thought about changing the way we serve you as you work to transform healthcare through philanthropy. As we look to 2021, AHP is dedicated to continuing to transform to meet your needs better. A few highlights:

- 1) AHPPrime Membership: AHP’s newest membership expands on our greatest strength—our community—with organization-wide membership access, working roundtables for peer leadership groups, as well as professional development and best practice presentations. We designed it to support your entire fundraising organization, from your most experienced Major Gifts Officer to the board’s newest member. AHPPrime also makes creating data-driven benchmarking cohorts easy, allowing you to give your C-Suite partners insight into your success and demonstrate where investment could return better results. Overall, AHPPrime is personalized to address your specific needs as you work to improve your healthcare fundraising performance.
- 2) Increased Digital/Virtual Content: Mini-series webinars on Planned Giving, digital versions of the AHP Primer and Advanced Courses, a virtual Convene Canada, monthly Canadian virtual discussions, and a new Leading Forward, with panel conversations and networking discussions on a monthly basis are all designed to accelerate professional development and increase your connection to the AHP community.
- 3) Diversity, Equity, Inclusion and Belonging: Launched in January, the AHP DEIB Task Force will quickly get to work to identify the ways in which we support members, as we all work to increase DEIB throughout healthcare philanthropy. We’ll be partnering with other associations to increase the number of professionals coming into philanthropy, developing toolkits for members to use, and identifying ways to increase inclusion in our own AHP processes.

It will be a busy first half of the year, and we are honored to support you in these and so many other ways. As always, I would love to hear from you.

Happy New Year!
Alice



Alice Ayres, MBA
President & Chief Executive Officer of AHP

Letter from the Chair

As we start this new year, I want to strike an optimistic chord. Having experienced the same changes you all experienced in this past year, I want to offer this thought: that perhaps what felt like deconstruction in 2020 was actually construction for 2021.

We had to change so much of how we do what we do as fundraisers, from the way we host meetings to the definition of an event, to how we interact with our colleagues to how we manage remote teams. While what we do today looks different than it did a year ago, I would suggest that the world also looks different, and this is what makes us ready—and hopeful—for this year.

In the pages of this issue of the Journal, you will find many of the creative ways our colleagues found this year to pivot their work with exceptional results. These articles show our collective resilience, and, at the same time, ask us to think about what we've learned this year about ourselves and our work that we want to make permanent even as this period recedes. I hope you find them as instructive and inspiring as I did.

AHP, too, has learned from this year and will incorporate those learnings into our work going forward. I want to thank the AHP staff for the immense amount of work putting together wonderful online education events so we could still gather as a community during a time where many of us felt isolated.

The AHP Board and Executive Team are embarking on two critical areas this year: implementing a new strategic plan, and the hard work of increasing the diversity of our membership in order to ensure equity and the feeling of belonging at AHP for all those transforming healthcare through philanthropy. I am excited for this work, and am hopeful for how it will impact the AHP membership for years to come.

And last but not least, I want to thank you, my fellow members, for your continued support. Thank you for renewing your memberships, for seeing the value of continuing your professional development, and for growing your community through AHP.



Fred Najjar

**Chair of the Board of Directors at AHP,
Executive Vice President & Chief Philanthropy
Officer at CommonSpirit Health**

A Major Boost to the Important Work of Fundraising During COVID-19

By James P. Lyddy



Photo by Intermountain Foundation

As short-term needs resulting from the COVID-19 pandemic ebb and flow, development professionals must continue to focus on building a robust major gift program by taking notice of donor needs and keeping their fingers on the pulse of strategic innovations in philanthropy. One of those innovations is the addition of a Medical Director for Development. The Medical Director for Development will have the high regard of the institution's research scientists, physicians, and allied health workers, and have a willingness to re-allocate 0.25 to 0.5 FTE of his or her time to work with the Chief Development Officer. The Medical Director for Development should report to the President and CEO, and would ideally sit on the President's Cabinet and Board of Trustees.

The inclusion of a Medical Director for Development is a boon to both the donor and the institution during the design process of principal and transformational gifts. The rationale for this involvement is to make certain that the correct information is obtained, and that the gift remains within the institution's protocols. It also gives the prospective donor confidence in the process.

In addition to being highly respected, the Medical Director for Development must: have a keen sense of the institution's mission, needs, and priorities; be comfortable working with prospective donors; have the ability to shape compelling narratives; master the art of the ask and gift negotiation; and be an advocate for both medical colleagues and development professionals.

Without doubt, the healthcare of our nation is experiencing unprecedented times. With nearly everyone focused on COVID-19, major gift philanthropy for healthcare has declined at many institutions where the focus of hospital leaders and staff has shifted to “flattening the curve” and working creatively to minimize negative margins, all while assuring their ongoing commitment to the populations in their respective regions.

However, as we have seen, the many smaller gifts to hospitals and healthcare systems have been seriously needed: practical priorities such as personal protective equipment and meals for frontline healthcare workers.

Returning to New Normalcy Through Major Giving

Over the past few decades, there have been many giving ideas, concepts, and strategies that have brought true joy to donors and charities who strike genuine partnerships to alleviate vexing societal challenges. The notion of the donor-advised fund is one such vehicle that is relatively new and is increasingly being used to benefit humanity.

However, as we eventually return to a new normalcy of how we move about our community, inviting major gift philanthropy will undoubtedly continue as a positive part of our culture—one that will continue to instill deep gratification in donors wherever these important gifts are made.

More now than ever, donors are inspired by brilliant research scientists, physicians, nurses, and many others who seek exciting therapies and modalities of care to help eradicate the physical and emotional pain associated with the seemingly countless variations of disease.

As a practicing development professional for many years in a number of first-rate, high-quality

institutions, I experienced an idea that appeared from the outset to be truly new—indeed radical—in the traditions of the philanthropy profession: creating a Medical Director for Development in the Development Office. Without a doubt, this role can make a significant difference in major gift fundraising.

Medical Director for Development

Fifteen years ago, the Mayo Clinic Development Office advanced the concept of a Medical Director for Development. This position has been so successful in helping to generate major, principal, transformational, and mega gifts that what started as a single position has now grown to many positions within the three primary sites of the Mayo Clinic: Minnesota, Florida, and Arizona. This important strategic decision has had an undeniable positive impact on the number and quality of significant annual and campaign major gifts to Mayo.



How It Works

A Medical Director for Development is first and foremost a highly regarded physician or research scientist who is either tapped by the Chief Executive Officer or applies to a job announcement to fill this position. While there are many criteria sought in a Medical Director for Development, the primary attribute is that he or she be highly respected by most of the

research scientists, physicians, and allied health workers at the institution and, when appropriate, by the same constituents at the affiliated sites. In fact, it should be a person who, when his or her name is announced to the hospital or healthcare system employees, generates the following type of reaction: “Wow, it is truly incredible that Dr. (name) has become part of the Development Office at this time in his or her career. Philanthropy must have a new focus here now!”

The Medical Director for Development must be willing to re-allocate between 0.25 FTE and 0.5 FTE to working with the Chief Development Officer, other development professionals, as well as countless deans, directors, and other healthcare professionals. These dollars are often paid through the Development Office or associated foundation.

To provide the Medical Director for Development with the proper authority, he or she reports to the President and CEO of the organization. Importantly, the Medical Director for Development will have an office for fundraising work close to the Chief Development Officer, and share a respectful collaboration with the senior leadership of the Development Office.

Greatest Value

The institutional fundraising priorities found in comprehensive campaigns today are often extremely complex. Clearly, this is an area where a physician who is the Medical Director for Development can partner with the assigned development professional for an accurate vetting of the opportunity and institutional need with the prospective donor.

Oftentimes a prospective donor at the principal or transformational gift level requires involvement by a medical professional to help design the gift, including a gift agreement. It is the Medical Director for Development

who is invited by the assigned development professional to enter the conversation with the prospective donor. The rationale for this involvement is to make certain that the correct information is obtained, and that the anticipated gift remains within the institution’s various protocols. This is of great value to the development professional, the Chief Development Officer, the CEO, the Chief Financial Officer, and everyone who may be involved in principal and transformational philanthropy. It also gives the prospective donor confidence in the process of making certain that his or her interests are aligned with the institution’s needs.

Ten Traits of a Successful Medical Director for Development

In addition to being a highly respected medical professional, the Medical Director for Development must:

1. Have the respect of a wide group of the medical professionals at the institution.
2. Have a keen sense of the institution’s mission, and particularly its needs and priorities.
3. Be able to work comfortably with prospective donors who often have their own respective reasons for giving very significant philanthropic support.
4. Be able to tell the institution’s story in a compelling way.
5. Master the art of asking a prospective donor, including the prospect’s family, for principal and transformational gifts.
6. Be an advocate among medical colleagues for the highly transient development professional staff, and address areas that require agreement.
7. Be able to lead prospective donors to research scientists and medical professionals who can help inspire large philanthropic support.

8. Be able to participate in the negotiation of solid gift agreements and memoranda of understanding.
9. Be able to travel to meet prospective donors wherever necessary.
10. Be able to work effectively with development professionals to create appropriate stewardship strategies, as needed.

Where appropriate, the Medical Director for Development should help to recruit Associate Medical Directors for Development. Once the program is underway, it is likely that these additional medical personnel will need to be recruited for affiliated hospitals.

A key responsibility for the Medical Director for Development is to sit on the President's Cabinet and Board of Trustees. Although some Presidents or CEOs might not support this step, it is crucial that the Medical Director for Development be able to have ready access to information about the institution as well as immediate access to the President or CEO. This is important because prospective donors will be keenly interested to see if the person they are working with has true institutional clout.

I have been most observant over the years to new ideas that will help inspire the elevation of philanthropy. We have seen some clients introduce, and are now seeing other clients seriously look at introducing, a Medical Director for Development into their respective institutions. Increasingly, hospitals and healthcare systems are understanding of the unique role that a medical professional can play in partnership with a development professional and a prospective donor. ■

James P. Lyddy is Senior Vice President at Graham-Pelton. For nearly four decades, Jim provided senior-level leadership to healthcare and higher education institutions, including his role as Department of Development Chair with the Mayo Clinic. Jim holds a doctor of philosophy degree in higher education administration from The Catholic University of America, a master's degree in teaching from Fairfield University, and a bachelor's degree in business administration from Georgetown University.

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11 Ways A Rural Hospital Transforms Community Perceptions to Exceed Campaign Goals

How did a two-person fundraising shop in rural Kansas overcome significant challenges to transform public perceptions, create a culture of collaboration, and raise \$4.6 million?

By Annika Morris, CFRE, Phoenicia Miracle, M.Ed., and Thad Henry



The prospect was daunting at first. How would we transition a fiscally conservative community of donors from “I’m willing to consider a token gift if the hospital has its back against the wall” to “I never thought we would give \$1 million dollars?” But that is just what we did. “This campaign has shown us how important the hospital is to the community on so many levels and that we should be supporting an agenda of excellence,” says Paula Radcliff, campaign co-chair.

The *Second Century Campaign* transformed the Winfield, Kansas and surrounding communities’

perspective on William Newton Hospital (WNH), which will celebrate its 100th anniversary in 2027. In the short term, the campaign provided funding to enhance the strategically important surgery center. Long term, however, the campaign altered citizens’ perspectives on well-being so they now view the hospital as a cornerstone of the region’s economy and future vitality. The results were notable:

- Exceeded phase one goal of \$3 million dollars with \$4.6 million raised to expand a strategically important surgery center.
- Increased total donors from 740 to 2,013 (a

272% increase).

- Reignited a legacy program with \$1.6 million in additional planned gifts.
- Positioned the hospital to pursue its long-term aspiration of funding a 10-year master facility plan of six phases.

Through this process, we found a profound opportunity to meld hospital and community aspirations together in a way that instilled a deep sense of community pride and excitement. This became bigger than just a hospital fundraising effort. It was a campaign for our community.

So, how did we achieve this wonderful success?

Realistically acknowledge challenges you will have to overcome

Hospital leaders were initially anxious about how to approach funding a 10-year, \$10-million master facility plan without a long tradition of philanthropic support from campaigning. The last thing anyone wanted was failure—especially a public one. There were valid reasons for concern:

- A hospital in a neighboring town was failing and regularly in the news.
- Many residents did not understand our financial model and mistakenly thought we received tax support.
- As a 25-bed hospital in a rural, four-county service area, we lacked big city resources to draw upon.
- As the foundation director, my experience was limited to mostly events and relationship management. I had never been in a campaign or true major gift fundraising.
- For many years, the hospital had raised funds through a gala and benefit auction.

- This would be only the second capital campaign since the hospital's founding almost 100 years ago!

In spite of these challenges, we knew philanthropic funding was going to be absolutely necessary if we were to make the investment necessary to continue providing high quality care and outcomes to area residents.



Before you launch, talk to your potential donors... A lot

Our thoughtfully designed campaign planning study proved to be crucial. We talked at length to potential donors and learned what was most important to the community and how this project fit into their aspirations. We held “Visioning Sessions” to present plans and facilitate discussion to determine where consensus and passion were strongest. We encouraged key potential donors and allies to talk about what they wanted our community to look like in the future. Through this approach, we were able to build a sense of ownership and enthusiasm among local leaders that would prove essential to our success.

We asked repeatedly, “What do people need to know and why is it important?” Their answers provided us with compelling context, urgency, and relevance we would articulate in our case for philanthropic investment. Because we incorporated their perspectives, we were able

to strike the right chord early in our donor visits and to facilitate an authentic conversation about the future of the community and the role of the hospital. We developed the campaign through a real community dialogue with wonderful results. This allowed us to emphasize the more compelling opportunities to advance the “enterprise” of caring for the community over just funding a series of building projects. That made a huge difference.

From the start, engage your senior administrators. They are critical to your success

We were fortunate our CEO, Ben Quinton, MHA, was open to accepting feedback, taking community members on tours, and partnering with other organizations to make sure the hospital and the community are successful. But we also worked hard to help our CEO understand just how important his involvement would be. This would be his first campaign as well as mine.

“As the hospital’s CEO,” said Quinton, “it’s tempting not to get too involved because you’re so busy. It is easy to say to Annika, ‘You’re the foundation director. Just go raise money.’” He understood from his experience with board members, however, that leading citizens would want to know from the CEO why this was so important to the larger “vision” and “enterprise” of community well-being and economic vitality.

“I looked to our foundation director for her expertise and judgement on where and when I could be most helpful. I’ve learned when we focus on education and outreach—not just going out and knocking on people’s doors and asking for money—but also asking them to get involved and be part of this exciting project, it turns out very well. It has been an investment of my time that has paid very large dividends.”

Develop community partnerships to build ownership, credibility, and influence

While individual giving remains the top source of our philanthropy, *The Second Century Campaign* cabinet also connected to key partners throughout the service region. These included the hospital auxiliary, hospital employees, and community organizations. William Newton Hospital’s Auxiliary were, in fact, the first ones to step up with a \$250,000 pledge!

Building on the excitement of the first six-figure pledge, our foundation and campaign committee focused on other natural partners, the hospital’s physicians, nurses, and staff. In what turned out to be a wonderful decision, we recruited a retired and well-respected nurse to spearhead the employee campaign.

Under her leadership, we spent time educating and building awareness among both current and retired employees. We visited with staff on all three shifts to hand out ice cream and make sure everyone was aware of how to get involved in the campaign effort.

Emphasizing easy-to-use giving options like paid time off (PTO) and payroll deduction tripled employee engagement over two years. At least two people in our rural health clinics gave 40 hours of PTO per year, an astounding amount of support.

Like most smaller communities fortunate to have a hospital, you can’t walk down the street and not bump into someone who’s been impacted or connected to William Newton Hospital. The employee campaign theme, “WE are William Newton,” really resonated with the community.

“Without our amazing employees,” our CEO commented, “we wouldn’t have what we have, and we wouldn’t be able to do what we do. Our employees pull together when there are needs

that come up. They are just so committed to doing the right thing for others.”

Maximize the impact of your naming opportunities

Personal and powerful connections to our hospital made a tremendous difference. In addition to the hospital’s auxiliary and employees, *The Second Century Campaign* resonated with well-respected local organizations like the H.L. Snyder Medical Foundation. Paula Radcliff, our campaign co-chair, presented to a group of the key members of that foundation because the hospital and a Snyder surgeon saved a relative’s life years before. As a result, they had a special interest in helping us.



Through our co-chair’s relationship, the hospital’s long-term engagement with the organization, and the strong case we had put together all combined to result in a naming opportunity gift that resonated with real meaning and positive associations. When you talk with potential donors, listen for those connections—they can make a huge difference.

“When the new surgery center opens,” Paula said, “we’ll have five photos, one of each Snyder-connected surgeon, with his history on the wall.” The naming opportunities highlighted a

larger narrative about community collaboration and celebrated key individuals and families to become a part of our collective story.

Stress that your hospital is also an important business partner

While the Snyder Foundation’s gift is rooted in history, the six-figure gift from Winfield Economic Development, Inc. (WED) emerged because of William Newton Hospital’s influence on the region’s future ability to attract businesses and families.

The American Hospital Association’s 2019 Rural Hospital report noted, “Nearly 20 percent of Americans live in rural areas and depend on their hospitals as important—and often the only—sources of care in their communities.”¹ Furthermore, 64 percent of at-risk rural hospitals are considered as important to the economic well-being of their communities as they are to citizens’ healthcare, according to a study by Navigant.²

In response to our carefully crafted presentation and proposal to WED, we received a \$500,000 challenge grant to inspire the corporate community to invest in the hospital in significant ways. WED realized that William Newton Hospital plays a highly influential role in its recruitment of businesses and corporate branches.

In August 2018, during remarks at the surgery center’s groundbreaking, WED President Rodger Steffen spoke, “Our board’s appreciation for William Newton Hospital’s role in our community has grown exponentially. This challenge gift was designed to diminish any potential of our taking our community hospital for granted.”

Publicize your leadership gifts: other prospects are listening

In December 2018, the CEO of a major local bank responded to WED’s challenge with a call to the hospital’s foundation; he wanted to invite bank

employees to participate in giving.

Over the next four months, the campaign corporate committee and foundation director worked with the CEO and his team. The result was \$90,000 in donations from bank employees and included a combined estate and corporate gift. Once again, personal connections made a difference. As the bank CEO noted, “Everybody here at the bank cares about our hospital. Some of us were even born there. The community support you provide lays a foundation for physicians to practice here and for the hospital to provide quality care—whether it is scheduled or emergency. We need this hospital. I can’t thank you enough.”

Stress that fundraising means quality care AND financial security

For decades before the transformation, WNH’s board and key leaders delivered quality healthcare in a quiet, understated way. They cited the following framework for their success:

- WNH is legally affiliated with the city of Winfield but receives no tax support (a positive among residents).
- WNH regularly operates in the black while 20% of rural hospitals risk being closed.³
- In the past 77 years, only three CEOs have led the organization, an average tenure of 25 years in an industry notorious for turnover.
- Winfield’s City Commission appoints the hospital board of community members who have no term limits.

William Newton Hospital’s high level of quality care with sound fiscal management is an oft-cited basis for success and communicates that we are a good investment to future donors.

“We’re very fortunate that we can be a profitable rural hospital as many are struggling,” CEO Ben said. “We focus a lot on growth. I’ve been a CEO of hospitals for 15 years, and if you’re not growing,

you’re not surviving. We’ve grown tremendously, adding 71 jobs and new service lines in the last several years. We manage our costs wisely, but that’s not the only thing. We are constantly looking for ways to deliver better care, locally.” Because of access to such qualified caregivers, during *The Second Century Campaign*, community members often cited exceptional healthcare outcomes and the dedicated staff at William Newton Hospital as reasons for being involved.

Don’t forget planned giving

Several conversations with a local couple about support for the surgery center developed into an anonymous, transformational gift that further seeded the planned giving society (William Newton Hospital Heritage Society) headed today by a strong team of community volunteers. Over time, that society will also become a major source of philanthropic support—and it began during this campaign.

Ensure you have the supporting resources you will need

We knew that as a staff and organization, we lacked campaign experience and might only have one chance to engage the community the right way. Our fiscally conservative community meant that our hospital leaders were cautious about spending significant funds on outside help from consultants or on additional staff. However, the failures of a rival hospital instilled a real sense of risk and a clear image of what we did not want. Ultimately, our board and staff leaders decided money would need to be invested wisely to generate the quality outcomes we sought. We carefully selected a consulting firm, Rogge + Associates out of Charleston, SC, with whom we felt a connection and believed would complement us well. For us, working with a consulting firm was invaluable to building the right team, getting the guidance we were looking for, and having supporting resources

to succeed. It allowed us to be our best. Our CEO's involvement, our wonderful campaign volunteers, our generous donors—we would not have had the success we did without their involvement and commitment. The big takeaway here is to take an honest inventory of your needs and seek the complementing pieces, whoever or whatever they may be, to prepare you to succeed.

Don't be surprised how visible you will become in the community

Today, William Newton Hospital and Foundation leaders are regularly invited to participate in city planning meetings, chamber of commerce efforts, and community vision casting—all a result of the spotlight that *The Second Century Campaign* shined on the hospital's absolute essentiality to Winfield and the surrounding region.

My perspective on fundraising as a profession has also changed during The Second Century Campaign. Six years ago, when I said yes to leading the William Newton Healthcare Foundation, people avoided me in the grocery store because they were afraid I was going to ask for money in the frozen vegetable aisle.

Ultimately, there were about 70 active volunteers and hundreds of donors who made this happen. I feel very privileged to be a part of it. I would say my role was to orchestrate the matching of donors with how they want to give.

I can see why some people wouldn't stick with it, but I fell in love with it even more during the process of the campaign, and it became much easier to ask people for support because as we focused on people in the region, this became a calling, not a job. Now it's fun and a lot easier.

For all of us, *The Second Century Campaign* would become so much more than a fundraising campaign. It became a pivotal and celebrated collaboration where the vision and aspirations of the hospital and community became one. People now see us as a vital pillar of our community, a source of enthusiasm and pride, and the key to a promising and healthy future. ■



Annika Morris and CEO Ben Quinton accept donation from William Newton Hospital Auxiliary (Georgia Harjo, President in 2018, pictured).

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¹"Rural Hospital Report" American Hospital Association. February 4, 2019.
<https://www.aha.org/guidesreports/2019-02-04-rural-report-2019>

²<https://www.navigant.com/news/corporate-news/2019/rural-hospitals-analysis>

³<https://www.navigant.com/news/corporate-news/2019/rural-hospitals-analysis>



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Facing COVID-19: Converting a *Night of Heroes* to a Virtual Success in Six Weeks

By Kevin Neal, Kate Fassett, and Lisa Hartsock



Night of Heroes is a core event for the Valleywise Health Foundation, highlighting incredible patient stories of resilience and survival. Each year we create a moving portrait of heroism—honoring patients, families, doctors, nurses and first responders—and give our community of 300 invited guests a chance to walk in the shoes of a hero. This year, we were excited to recognize 10-year-old Isabella McCune, who courageously survived more than 100 surgeries and procedures after suffering second- and third-degree burns over 65 percent of her body.

But then COVID-19 changed everything. Six weeks before our April gala, the National Basketball Association abruptly canceled a

game and then its entire season, and quickly the dominos began to topple across the country as professional meetings, sports seasons, and all forms of live gatherings were scrapped or postponed. We canceled our annual golf tournament on March 13, and immediately began to talk internally about what our *Night of Heroes* event could look like in this new environment.

Briefly we considered postponing, but with many other organizations moving events to the fall, and our *Night in the Valley* gala already scheduled for October, we did not want all our events packed into a short period creating the potential for donor fatigue.

The Show Must Go On...

We also deeply understood the importance of continuing to connect with our donors and our community even during a crisis.¹ We quickly assembled the team we needed to successfully pivot the April 23 *Night of Heroes* into a virtual event. “The show must go on” became our mantra, and we incorporated this theme into our messaging to convey the sense of urgency and commitment that we felt to our supporters, their invited friends, community leaders, and prospective donors.

For the next few weeks, it was all-hands-on-deck. While practicing our own safe social distancing, we selected online platforms for the overall event and the fundraiser, pivoted our messaging, created new content to weave into the live program, and continued communicating our plans and progress with prospective guests, sponsors, and our board.

Fortunately, we already had shot the footage for a 20-minute documentary about the experience of Isabella McCune, so we just had to complete post-production. The video captured Isabella’s vibrant personality as it told the story of her 276-day hospitalization and ongoing recovery after an explosion at a neighborhood St. Patrick’s Day gathering in 2018.

For the virtual event, we prerecorded interviews with Isabella, her medical team, and family members via Zoom, in addition to “welcome” and “thank you” videos from our leadership, and a short segment about our new Arizona Burn Center.

We also collaborated with local restaurant partners, longtime community supporters whose businesses were impacted by COVID-related shutdowns, to promote *Night of Heroes* and encourage participants to support local businesses and “dine-in” while they “attended” the event. We shared their menus and delivery

and curbside ordering links several days before the event. We selected online platforms, YouTube Live and Fund Duel, for both the virtual event and its “paddle-raise” auction-style fundraiser. YouTube Live offers reliable and easily accessible streaming for a wide range of devices and technical abilities and Fund Duel, a new fundraising platform, provided an opportunity for audience engagement with fundraising teams “dueling” to win with the most money raised. This helped recreate the paddle-raise excitement of an in-person event.

Keeping it Local and Making it Personal

Even as we were making this extraordinary technological pivot, we knew we could not lose focus on the fundamental concepts that had made the *Night of Heroes* a success: a strong focus on our local community and creating individual human connections.² This was more important than ever at this unprecedented moment when people whose lives were disrupted by a pandemic were looking for new ways to support their neighbors. It was essential to show our supporters how their generosity would directly impact their community and the individuals they care about.

We know donors respond better to individual stories than to statistics and generalities.

Year after year, people have responded strongly to our patients featured during our *Night of Heroes*. We have been strategic in the stories we pick.³ They must be unique, awe-inspiring, and make people feel like they are living that moment with our patient, and now we had to establish this connection virtually. We were able to achieve this intimacy thanks largely to the film, “Isabella,” and Isabella’s parents, who

provided important personal connections, especially her father, J.D., when he openly described Isabella's accident. There is nothing worse for a parent than seeing your child hurt, and every person can connect with that.

More Research-Based Principles of Giving

In addition to our focus on the community and local connection, we tapped into other evidence-based principles to guide our planning:

- **Giving is a social act.** One study shows people give significantly more to their university if they are contacted for a donation by a former roommate.⁴ And when people see others giving and making large donations, they are more likely to donate⁵ themselves, and they are likely to give more.⁶
- **Words can create the mood.** Careful use of language can greatly increase chances of success. Research into the psychology of giving shows that women increase their giving by 10 percent when adjectives typically used to describe a moral person are evoked, including words like “kind, caring, compassionate, generous, honest, friendly, fair, helpful, and hard-working.”⁷
- **Many givers act on impulse.** A significant portion of charitable donations comes from impulse donors responding quickly to feelings of generosity. These acts provide fast emotional satisfaction, and we can nudge them along by making it easy to donate, providing immediate gratifying feedback, spotlighting social norms that show others give generously, and portraying giving as not just an act, but a reflection of the giver's identity. All this, while emphasizing both the short-term and long-term benefits of giving.⁸

These concepts shaped the virtual *Gift of Hope* fundraiser that we translated to the online team fundraising website, which helped us raise \$225,000 during our *Night of Heroes*. A local

personality, a self-described “auctiontainer,” who has led energetic, paddle-raise auctions at our live fundraisers, worked with us to move this popular activity online.

Making it a social act, viewers of the live event were encouraged to join fundraising teams, invite friends and family to donate to their team via Facebook or Twitter, and upload personal photos. The team names included words and emotions evoked from Isabella's story such as Confidence, Dedication, Family, Heart, Inspiration, Gratitude, Community, Grit, Positivity, Perseverance, and Compassion.

Donors names and contribution amounts were called out as their photos flashed on the screen throughout the “duel.” To engage people of all ages and technology preferences (and to make it easy to act on impulse), the event offered many ways to participate—by text message, using a hashtag, or clicking a blue button on the screen.

The “auctiontainer” also encouraged head-to-head challenges for the different teams, whose fundraising totals were posted on paddles on a screen throughout the event. Between challenges and donation announcements, our emcee also described specific needs that various levels of funding would meet. This kept Isabella's story and the specific community needs that donors were supporting in the forefront.

The virtual event reached a much wider audience than our previous in-person events, with nearly 900 views of the live-streamed event in the first week and 1,550 views of the short film.

Donations came from both nearby and far-flung locations, including London, Florida, Texas, and Pennsylvania, helping us raise more money while spending less. Our net proceeds of more than \$180,000 represented a nearly 75 percent increase over 2019, and our cost-per-dollar-raised decreased to \$.24, well below the national average of \$.50 per dollar for events.

Most importantly, we strengthened our community. Attendee response was resoundingly positive and reflected our strategies.

"I felt so good. I felt as if I was part of something again," wrote one participant. "I woke up inspired today to do something because last night I finally felt connected and alive." To extend the momentum and excitement of the event, we followed up with final event results and a thanks to all donors and sponsors via email and social media. Handwritten *Night of Heroes* thank you notes were sent to donors, and new donors were added to our email and mailing lists for future events. ■

Kevin Neal is a past board chair and Kate Fassett is Vice President of Development for Valleywise Health Foundation, a nonprofit 501(c)3 partner supporting Valleywise Health, the Phoenix community's public teaching health system. Lisa Hartsock is Foundation Relations Executive for Valleywise Health.

¹Warwick, M. "Fundraising in Tough Times." Stanford Social Innovation Review Spring, https://ssir.org/articles/entry/fundraising_in_tough_times, (2009).

²Touré-Tillery, R., and Fishbach, A. "To Improve Fundraising, Give Donors a Local Connection." Kellogg Insight, <https://insight.kellogg.northwestern.edu/article/how-to-improve-fundraising>, (2017).

³Meade, A. "Emotive charity advertising – has the public had enough?" The Guardian, <https://www.theguardian.com/voluntary-sector-network/2014/sep/29/poverty-porn-charity-adverts-emotional-fundraising>, (2014).

⁴Meer, J. "Brother, can you spare a dime? Peer pressure in charitable solicitation." Journal of Public Economics 95: 7-8 (2011). 926-941.

⁵Carman, K. "Social Influences and the Private Provision of Public Goods: Evidence from Charitable Contributions in the Workplace." Harvard, <http://rwj.harvard.edu/scholarsmaterials/carman/SocialInfluences.pdf>, (2004).

⁶Smith, S., Windmeijer, F., and Wright, E. "Peer Effects in Charitable Giving: Evidence from the (Running) Field." The Economic Journal 125: 585, <https://onlinelibrary.wiley.com/doi/full/10.1111/econj.12114>, (2013).

⁷Wallis, D. "Getting Into a Benefactor's Head." The New York Times, <https://www.nytimes.com/2012/11/09/giving/understanding-donor-behavior-to-increase-contributions.html>, (2012).

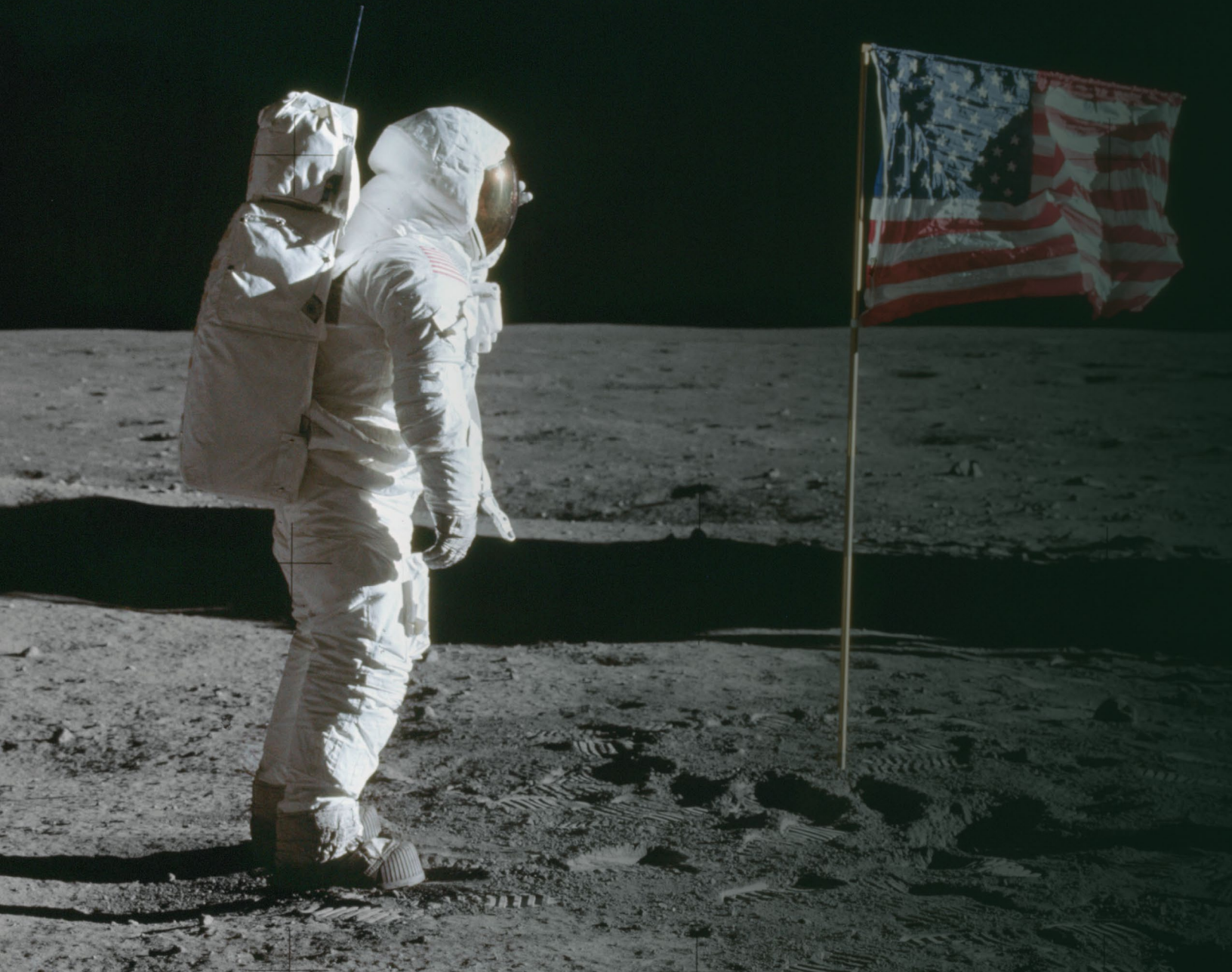
⁸Karlan, D., Tania, P., and Welch, S. "Behavioral Economics and Donor Nudges: Impulse or Deliberation?" Stanford Social Innovation Review, https://ssir.org/articles/entry/behavioral_economics_and_donor_nudges_impulse_or_deliberation, (2019).

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Giving History is Repeating Itself – Again

By Susan Tyburski

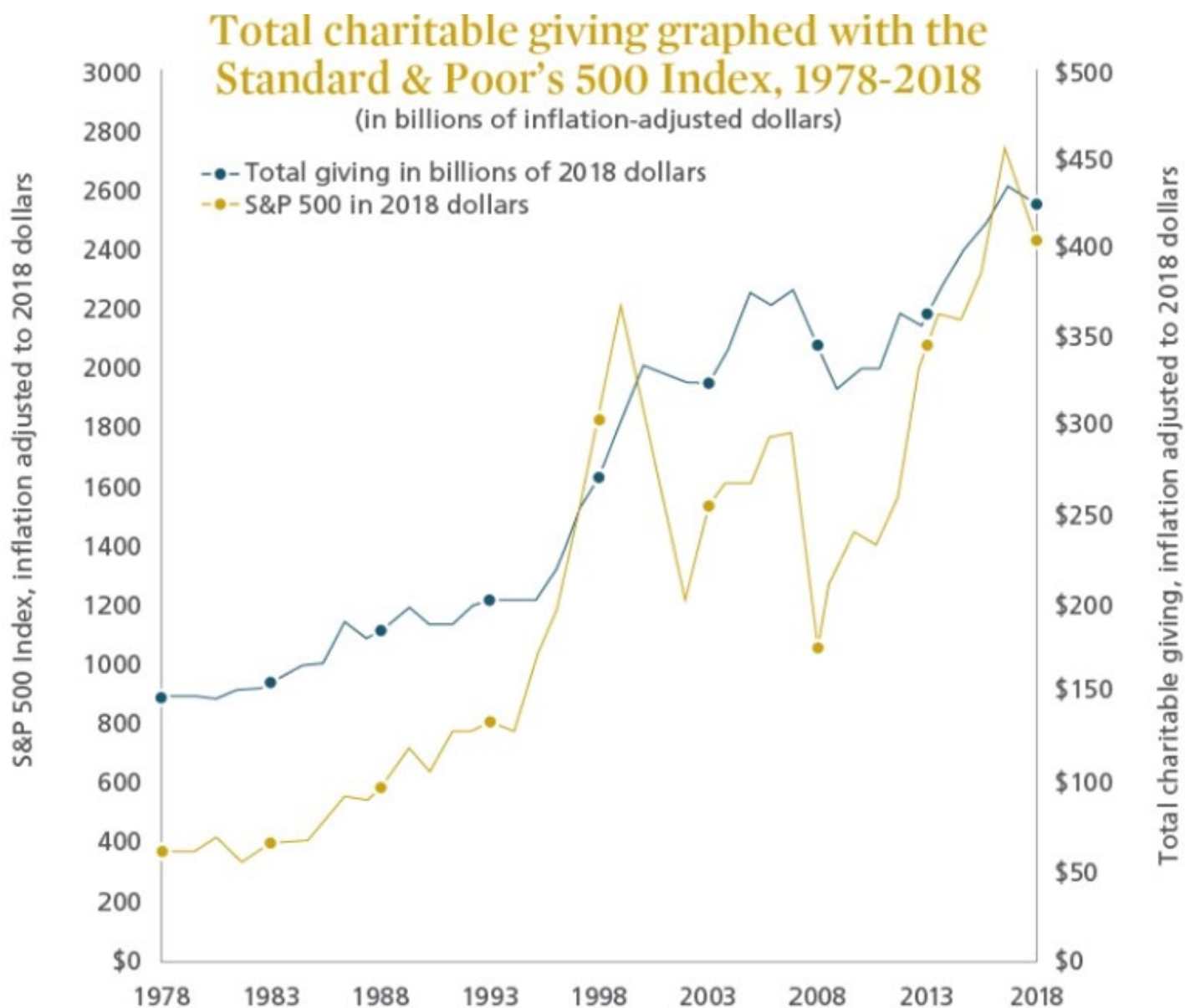


In early March 2020, as COVID-19 descended upon the United States, the Elmhurst Memorial Hospital Foundation in Elmhurst, Illinois took the lessons learned from past national crises and made significant, “on the fly” changes in outreach to our family of established and new prospect donors. Within 48 hours, we were reassuring our family base and raising support at the highest pledge and average giving levels. This is our story.

As executive director of the Elmhurst Memorial Hospital Foundation, I have watched our remarkable team of physicians, nurses, and staff for over 15 years. I have never seen anything like the threat of COVID-19 to our community hospital. What I call the Elmhurst “difference” was hard at work for those who depend on us. The hospital was triaging, testing, and treating patients concerned they had the virus as “positive” cases were being identified every

day. Everyone was working around the clock to prepare for a significant increase in COVID cases, and establishing best practices for patients, nurses, physicians, and hospital staff.

Elmhurst, Illinois is a small picturesque city tucked minutes away from Chicago. Founded over 110 years ago, the close-knit community of Elmhurst is known for their strong emphasis on quality of life, with generations returning to settle down and raise families over decades. Founded in 1926, Elmhurst Memorial Hospital is the top employer in the city. A replacement hospital was constructed in 2011 as an 866,000 square-foot, 255 bed, state-of-the-art acute care facility offering high-quality integrated healthcare including a high-tech emergency services department. Founded in 1980, the Elmhurst Memorial Hospital Foundation plays an integral role in supporting the hospital and its programs.



On March 11, 2020, we announced we were caring for our first patient who tested positive for COVID-19. We knew the hospital would quickly experience a tremendous increase in demand for services and our projections showed that needs would continue to grow, especially for our emergency room and observation unit. During this time, we were actively raising funds to complete the construction of the observation unit, which will add six additional rooms at a cost of \$1.6 million. A key component of our Annual Fund is the Foundation's onsite Patient Outreach Calling Program. Annually, we solicit about 17,000

recent patients, confirming the quality of the care provided and seeking their support. As luck would have it, the Annual Fund case already included the construction of the observation unit.

The clock was ticking. As more patients arrived at our emergency room with symptoms of the virus and tested positive, we knew our days working from the Foundation's offices in the hospital were numbered. In preparation for vacating the hospital and working from home we held a virtual meeting with our long-term partner, Gregg Carlson, President of Carlson Fundraising,

LLC and former Chair of Giving USA Foundation to discuss how to adjust our fundraising strategies.

Nearly immediately, I was being questioned by well-meaning leadership about the appropriateness of continuing to reach out to the community for philanthropic support at this time. However, as a professional fundraiser, I have experienced three national “challenges” with corresponding periods of severe economic stress: the bursting of the dot com bubble (2001-2002), the terrorist attacks of 9/11/2001, and the Great Recession (2007-2009). Together with Carlson, we analyzed each of these periods, along with the Stock Market Crash of 1987, and determined that there was a decline in giving resulting from these corresponding economic hardships. That said, analysis of these times showed there is a right way and a wrong way for non-profit organizations to manage these difficult periods and come out stronger on the other side.

During our research dive into fundraising during past national crises, we discovered certain types of giving are substantially hurt where other types tend to thrive. Giving (major donor, corporate, and foundation) most strongly correlated to the rise and fall of the stock market decline. However, individual giving as a percent of a person’s income remains relatively stable. With face-to-face fundraising temporarily gone, we needed to pivot away from traditional efforts like events and face-to-face major donor networking and lean into means such as phone, mail and digital. Within the next few days, we would implement the following three lessons learned from past national crises into our fundraising initiatives for the expansion of our observation unit:

- **Stay Calm and Carry On.** The inclination is to “circle the wagons” and cut programs and fundraising to conserve resources. While money needs to be “spent smarter,” the organizations that stayed the course in difficult times continued to raise funds, certainly more so than those that had pulled

back. Just as important, those that put campaigns on hiatus were among the last to experience the uptick when it did bounce back, which came faster than predicted. Donors want to continue to hear from you, especially if the economic strain is impacting your organization. Further, your donors must be “thanked” for supporting you.

- **Ask for What You Need.** Your organization’s mission has not changed, and those you serve have not gone away. In fact, the strain may have increased for those you serve as a result of the crisis (as it has for nearly all hospitals). You have the right and the responsibility to be sharing with your community and donors what is needed to meet your objectives.
- **Giving is Healing.** We have all experienced that “giving makes you feel good”. Now we have medical studies showing that giving is truly healing, with the act of giving triggering the dopamine center of the brain. All who sincerely ask for support of their organization are giving their donor base the opportunity to heal through giving.

By March 21, 2020, as the state of Illinois was ordered to stay-at-home, we had adjusted our fundraising initiatives to incorporate the three lessons learned and began training our fundraising team on our revised plan. We created a personalized letter, requesting donations to support Elmhurst Memorial Hospital’s mission: advancing the health of our communities. As an unrestricted gift, funds received could be put towards the critical expansion project. Initially, this appeal was mailed to 1,500 recent patients. The letter incorporated the following three messages:

- **Our Plan.** We listed the hospital’s swift and comprehensive response to the pandemic and that within the next few days the recipient would receive a call from a member of the Foundation to discuss what the hospital was doing to combat the virus.

- **Our Ask.** Our campaign to raise \$1.6 million for the new observation unit was more important now than ever. The hospital's family has been responding to their community's needs for more than 90 years.

Now, with their help the hospital can continue to deliver the highest quality and most compassionate care. With these thoughts in mind, we asked the recipient to consider a quarterly pledge of \$50 over the next three years, for a total gift of \$600 to support the hospital's mission. And remember, these were patient non-donor prospects.

- **Thank You.** Every recipient was thanked for their thoughtful consideration of our request for funding and to join us as we ensured Elmhurst Memorial Hospital stays on course in providing safe, seamless and personal care for our patients.

The week of March 16, 2020, the same week our letter requesting funding was mailed, the Foundation's offices had to vacate. Our fundraising office and staff had to join the millions of others across the U.S. in transitioning to working from home. Due to adjusting our fundraising initiatives from the onset of the pandemic, and with our Patient Outreach Calling Program software already using cloud based Software as a Service (SaaS), we were successfully up and running and implementing our revised strategies within 48 hours.

Our callers had access to communications with our 1,500 new prospects. Using laptops the team was able to: securely pull up their prospects; make telephone calls through a line appearing as Elmhurst Memorial Hospital on caller ID; secure donations; and make notes needed for thank you cards and follow-ups.

Each Caller was trained with a revised script asking them to reach out with a call, at my request, for three reasons:

- 1. Are you ok?** First and foremost, the hospital wants to be sure the recipient and those in their home are safe and healthy.

a) If no, the caller was trained to communicate that the recipient should call their doctor and see what they recommend, give the recipient the contact information for the County Public Health Hotline, and the hospital's hotline and website. Always, the caller thanked them for their time and communicated best wishes, and the call was ended.

b) If "yes" – all are OK, the caller expressed they were glad to hear that and introduced the second reason for their call.

- 2. Share.** Share with the recipient the top three things the hospital is doing to combat the pandemic:

a) Triageing, testing, and treating patients who may have the virus

b) Working around the clock to prepare for an increase in cases

c) Establishing best practices for patient care and caregiver protection

The caller engaged the recipient in conversation by asking, "Do these seem like the right action steps to you?" The caller also shared the needs of the hospital that have intensified and asked, "How do you feel about our plan to add capacity to meet the needs of your community?"

- 3. Full Ask.** The caller asked for the Foundation's suggested amount of a quarterly pledge of \$50 over the next three years, for a total gift of \$600.

The results have been remarkable. With a trained team of four part-time callers, (four days a week; four hours a day) we averaged over 150 prospect calls per week and succeeded in over

1,650 successful conversations—resulting in over 165 new gifts at an average of \$285 to date and nearly \$50,000 dollars in total and counting. We set out with a goal of a 7% pledge rate and are hitting at 9%, proving the success of the three lessons learned and the notion that our community wanted to connect with us and felt activated to help financially, rather than watch from the sidelines.

Elmhurst Memorial Hospital has treated 552 patients with COVID-19 and, unfortunately, 90 have passed away. Importantly, the hospital has successfully discharged 396 who are in various states of recovery. Since March, the Elmhurst Memorial Hospital Foundation has made 3,850 calls with 412 donors pledging nearly \$110,000 with an average gift of \$260 from patient non-donors in support of our mission.

Communities across the globe changed overnight and reminded the world that hospitals serve as the safety net for all people. COVID-19 continues to place a heavy financial burden on hospitals. Hospital Foundations should consider changing their traditional fundraising strategies to align with the three lessons learned: 1) Stay Calm & Carry On, 2) Ask for What You Need, 3) Giving is Healing.

Like most of healthcare and their Foundations, Elmhurst Memorial Hospital, and the Elmhurst Memorial Hospital Foundation will be under stress in the months and years to come. By learning from what history has told us, we will get through this together. ■

Susan Tyburski is an accomplished executive with more than 20 years in fundraising and development in education, cultural and healthcare institutions. Susan currently serves as Executive Director of the Elmhurst Memorial Hospital Foundation, where she manages and leads the operations and fundraising activities of the Foundation.



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Lehrer, Jonah. The Science of Charity. WIRED, December 10, 2010.
<https://www.wired.com/2010/12/the-science-of-charity/>

City of Elmhurst Comprehensive Annual Financial Report, December 31, 2018.
<https://www.elmhurst.org/ArchiveCenter/ViewFile/Item/4025>

Coronavirus and Economic Challenges: What History Tells Us and Steps Forward. Moore. March 17, 2020.
<https://www.mooredmgroup.com/coronavirus-and-economic-challenges/>

Giving USA 2019, The Annual Report on Philanthropy for the Year 2018.
Researched and written by IUPUI Lilly Family School of Philanthropy.



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Roadblocks and Successes in Philanthropy Communications

Giving Tuesday is a unique fundraising initiative driven by marketing rather than development. For both the marketing and development teams, this could create uneasiness. Here is how we addressed it.

By Bonnie Jess Lopane, CFRE, Amy Lewis, Nicole Minardi, and Allison Bucher



Giving Tuesday is a fundraising initiative familiar to many development officers and marketers. In 2019, \$511 million was raised online in the United States during Giving Tuesday.¹ Similarly, Lancaster, Pennsylvania's 24-hour online community giving day, the Extraordinary Give, raised nearly \$11 million in 2019. Unlike any other fundraiser held by Hospice & Community Care, it is driven by marketing rather than development, reliant solely on online gifts, email marketing and social media—all of which is implemented within two weeks prior to the event.

For the development team this creates some uneasiness, as they don't oversee the organization's digital and social media efforts. For the marketing team, it can be stressful because they aren't responsible for soliciting gifts, as this is the development team's responsibility. And for the organization to be successful, it requires open communication, a cohesive plan, being organized, respecting each other's roles and abilities, and delivering a consistent message across all platforms.

In 2019, Hospice & Community Care raised \$93,000 in one day—the most it raised during the Extraordinary Give since it began in 2012. 563 gifts were generated from 77 new donors—an increase of 49 gifts and 20 new donors as compared to 2018.

Success wasn't met without encountering some roadblocks when this initiative began seven years ago. The day of giving initially lacked a cohesive plan, used traditional print mediums, and included events to increase engagement, with little consistent messaging. These roadblocks became lessons learned, and helped the team approach each year with a fresh, new outlook.

Check out these roadblocks to avoid, and successes to emulate, to strengthen marketing and development communications within your organization.

Open Communication

While many organizations have integrated fundraising and marketing communications departments, there are as many in which the two entities are entirely separate.² Even when communications and philanthropy are part of the same department, it can sometimes be dysfunctional if the departments function as silos.

The silo effect occurs when separate departments or teams within an organization don't have a system to communicate effectively with each other, and productivity suffers because of it. So, what is the right structure?

"Marketers serve as storytellers and conduits for a relationship with a brand, and fund developers are relationship builders and personal representatives of the organizations they serve," says Aja Mae Pirtle, Managing Director of Marketing and Communications of the Lilly Family School of Philanthropy of Indiana University. "By working together, you can leverage the strengths of both departments

in a meaningful way." Meaningful creative collaboration between employees with various skill sets is a great way to facilitate long-term communication within a silo.

Hospice & Community Care's integrated model with development and marketing communications embedded in one department has been an effective structure for nearly 25 years.

"Marketing communications positions the organization and emphasizes the benefits that Hospice & Community Care delivers," says Bonnie Jess Lopane, CFRE, Vice President, Chief Development Officer, who oversees development and philanthropy, and marketing communications. "That is how you want donors, patients and families, and the community to think about the organization."

By comparison, some development and marketing communications departments are two separate entities overseen by different managers.

"Our two teams meet weekly," says Sharon Jones, FAHP, CFRE, Vice President of Development of Haven Hospice in Gainesville, Florida. "Marketing handles all service line marketing materials, controls the website and social media, and approves all marketing materials. The marketing team has great energy, creative ideas, and is very approachable. So there is good integration between marketing and development."

"Our departments are not located in the same office building, so communication can be a challenge," says Cindy Moody, Charitable Gifts Officer, and Brynnett Gamba, Director of Communications, Hospice of Marion County in Ocala, Florida. "Communications and development are separate departments, with development being just one of the departments served by communications. Any organizational communication must be approved by the communications team, which is responsible for all public outreach. Communications is

often too busy to accommodate the needs of development's timeline; likewise, development often feels that they are not always part of the overall communications strategy."

"Marketing may also be more focused on business development than philanthropy," said Aida Matic, CFRE. "The two departments should have shared goals and collaboration, and it is helpful if the marketing team sees themselves as having a role in philanthropy, and are able to devote sufficient time to collaborating with the development team. Both marketing and development need stories of patients and families, each for its own purposes, but in support of a shared mission... we sometimes forget that we are working towards one mission."

Collaboration between development and marketing colleagues is key in fostering positive relationships; when major challenges arise, the teamwork and trust that has been built will go a long way in solving problems.

"Development manages all aspects of fundraising collaboratively with marketing," says Lisa Smith, Associate Director of Development, Shriners Hospitals for Children in Spokane, Washington. "The development team provides basic design and relies on marketing to review materials to ensure organizational branding."

"Creating a development campaign typically begins with a 'creative brief' of the communication and/or marketing elements needed," says Bill Littlejohn, CEO and Senior VP, Sharp HealthCare Foundation, San Diego, California. "This involves development of the case elements, potential messages and audiences,

creative requirements, costs and responsibilities. Once the creative brief is approved, the collaboration ensues with individual roles and responsibilities."

Developing a Cohesive Plan

We've all heard it: "Fail to plan. Plan to fail." Whether it's a campaign case statement, direct mail appeal, or donor impact report, a cohesive plan is the first step to success. But if the development staff is creating that plan without the input or expertise of their communications colleagues, it could be detrimental.

At the beginning of the year, development and marketing teams should share their goals with each other. By doing so, they can effectively collaborate on a long-range communications plan that allows both departments to achieve those goals. Once established, it is important for both teams to meet regularly to assess the plan and determine if their objectives are being met.

This method has had great success for Hospice of the Chesapeake in Pasadena, Maryland. Sandra Dillon, Director of Communications, further explained. "Bi-weekly meetings create an open environment that allows for synergy between all our jobs and facilitates success and collaboration," Sandra says. "Being able to plan long-term has made the integration successful."

Sandra encourages teams to look at the full year rather than planning quarterly or month to month. Communications jobs typically involve 90 days from start to finish to enter the marketplace, so if organizations aren't looking six to nine months ahead, they will be running in place.

"Regular brainstorming sessions help create a sense of buy-in among all team members," echoes Bonnie Jess Lopane. "As one department, development and marketing communications staff 'huddle' weekly to discuss the week's priorities including joint projects."

The staff also conducts creative meetings when a new project is identified, involving both the marketing communications team and development staff to discuss the goals, ideas, budget, and timeline. Creative meetings well in advance of a deadline are an effective way of bringing the right expertise together to create an effective end result.

“At Sharp HealthCare, there is extensive collaboration between marketing and development (the Foundations),” shared Bill Littlejohn. “The Foundations have a development officer for communication and digital strategies who works directly with marketing on all Foundation projects that involve system-wide communications, digital strategies, or creative elements. There are regular meetings or strategy sessions which involve marketing and the Foundations for project planning and implementation.”

If long-range strategic collaboration doesn't quite fit your shop, you can also successfully plan on a project-by-project basis.³ At Hospice of Marion County in Ocala, Florida, the development team conceptualizes each of their print and digital projects initially. From there, they share the concept with the communications team. The director of communications, is then responsible for scheduling creative meetings with both departments, setting an ideal project timeline to maximize fundraising outcomes, and overseeing the execution of the plan, with her development counterpart having final approval.

Unfortunately, when development and marketing teams do not collaborate, there can be very real consequences—like poor fundraising results, and ill will created among key stakeholders. While working in a siloed development office at a small liberal arts college, Coco Minardi, former Director of Annual Giving, noticed declines in annual fund appeal performance. But this was counterintuitive to all the strategic efforts that were being put in place. Having used giving habits to create strategic

segmentation, data to determine realistic yet aspirational ask amounts, donor-focused content that was easy to digest and eye-catching postscripts, direct mail results should have been on the rise.

After a disappointing year, she reviewed not only the development calendar but that of the entire institution, and found that nearly all the fundraising appeals were mailed within days of other organization communications. Most notably, a Parent Fund appeal was mailed one week after a tuition increase letter was sent to all parents.

Being Organized

COVID-19 forced development and marketing to re-evaluate the cohesive plans they created together with an eye toward innovation. Hospice & Community Care was scheduled to hold its annual Spring Fling fundraiser to benefit children's grief support programs. The organization had to switch its focus from having an in-person event to a virtual one. This required the team to use new technology, evaluate its budget, and adjust its messaging.

Having to pivot so drastically from their original plan might have derailed some operations altogether. But because the marketing and development teams at Hospice & Community Care have created a culture of collaboration and organization, they were able to quickly and effectively modify plans toward a successful end result.

Some might argue that being organized could mean being rigid and prohibit capitalizing on new opportunities that arise. In reality, being organized not only saves time and eliminates workplace stress, it facilitates greater results by allowing teams to focus on their highest purpose. In addition to bi-weekly meetings with development colleagues, Sandra Dillon maintains organization by using an electronic ticketed tracking system to manage every project.

Dillon added, “Communications team members track their time spent on each project. This level of detail allows everyone to understand the indirect expenses involved and stay focused on the plan rather than making dynamic changes midway through the process.”

Hospice & Community Care uses a project management software, WorkZone, to organize not only its development events and appeals, but all marketing projects for the organization. The cloud-based software allows the team to identify those responsible for each individual task, assign deadlines, and upload documents, a one-stop-shop for team members to stay organized, maintain transparency and meet deadlines.

A lack of organization can impede creativity, delay deadlines, and lead to animosity between development and communications teams. Most significantly, it can diminish fundraising outcomes. So, instead of thinking about organization in terms of unpleasant and tedious tasks, reframe it as one of the easiest ways to be responsive to the circumstances around you, elevate your results and engender meaningful collaboration between departments.

2020 and the ongoing pandemic has brought to light the importance of having solid planning, collaboration, and organization among team members. Companies that already had a strong foundation in place pre-COVID-19 have been able to easily pivot their fundraising and marketing efforts to continue to remain successful.

Respecting Roles

Saying that you respect someone’s role within your organization is different than showing respect. Lack of respect may be dismissing someone’s comments during a meeting, having ideas used by another team member, and being excluded from work-related discussions.⁴ Respect in the workplace contributes to job satisfaction, and increases employee engagement and

team productivity.⁵ Understanding each team members’ value, strengths, and weaknesses, and having open communication are key to ensuring mutual respect.⁶

When Allison Bucher, Communications Manager, started at Hospice & Community Care in 2018, there were some learning curves. She was entering an industry unknown to her and she was also starting with two new employees in the development department. Each of them was trying to find their place, making for some tense moments and frustrations. However, they were able to adjust, acknowledge, and respect the strengths each brought to their roles and how those would be most beneficial to the department and organization.

“The key to good collaboration is ongoing communication, being open to others’ ideas, holding non-threatening discussions, and teamwork,” says Sharon Jones. “I’ve worked in organizations where marketing and development have not had a strong working relationship... you can’t put a price on the benefits when they do work effectively.”

Delivering Consistent Messaging

The lack of messaging consistency may not be noticeable in the beginning, but failing to identify and continue with a consistent brand identity can eventually have a negative impact.

The best way to get everyone on board is to allow one department to take the lead. Traditionally, that is the marketing department.⁷ This department is responsible for all the organization’s communication to the community and oversees its brand. They have their finger on the pulse of what to communicate, how to communicate, and when to communicate. They also have a broader perspective of what is happening in the entire organization.⁸

“Individuals in both the foundations’ and

marketing and digital strategies teams that have integration and collaboration roles,” shared Bill Littlejohn. “There is an understanding that Foundation and philanthropy marketing and communications is a system priority, and often the marketing team searches out the Foundation for patient stories or impact of philanthropy.”

However, the lead department should not make all of the decisions in a silo. Mary Arnzen, Major Gift and Planned Giving Officer at Southern Ohio Medical Center in Portsmouth, Ohio shares her thoughts. “Donor communication is different than mass communication and I don’t think our marketing team always understand what fundraisers do,” says Mary.

If marketing is taking the lead in your organization, they need to collaborate with the development team. They know their audience, goals, and objectives, as well as how their donors and prospects prefer to be communicated with. While fundraising is important, there needs to be a balance between development communication and organizational awareness.

Whether your marketing and development teams are one or separate, keeping the tips and recommendations above in mind as you are approaching each project will ensure a productive and successful outcome that ultimately benefits your organization and the individuals it serves.

Lisa Smith, Shriners Hospitals for Children concludes, “We learned that planning ahead and having good communication, being open to alternative ideas, meeting periodically, and discussing ideas together creates the most effective approach to raising funds for our mission.” ■

Bonnie Jess Lopane, CFRE is the Vice President, Chief Development Officer at Hospice & Community Care. Serving the organization since 1996, Bonnie has experience in leadership and management, philanthropy including major and planned gifts, women’s philanthropy, donor stewardship, marketing communications, and public relations.

Amy Lewis is the Director of Philanthropy at Hospice & Community Care and has been with the organization since 2008. Amy is responsible for major and planned gifts, donor stewardship and women’s philanthropy, as well as overseeing the organization’s donor relations officers.

Nicole Minardi is the Donor Relations Manager at Hospice & Community Care. Nicole is responsible for donor stewardship and oversight of the organization’s major fundraisers. She has been with the organization since 2018.

Allison Bucher, Communications Manager at Hospice & Community Care since 2018, oversees the organization’s social media, media relations and creative direction, as well as maintains Hospice & Community Care’s brand and website.

Forward Thinking article sponsored by



¹<https://www.givingtuesday.org/>

²<https://blog.philanthropy.iupui.edu/2020/02/27/marketing-as-fundraising-4-tips-for-a-successful-collaboration/>

³<https://www.workzone.com/blog/9-ways-to-improve-collaboration-between-departments/>

⁴<https://www.businessinsider.com/some-signs-your-coworkers-do-not-respect-you-2016-9>

⁵<https://blog.bonus.ly/6-transformative-benefits-of-respect-in-the-workplace>

⁶<https://blog.jostle.me/blog/how-to-practice-respect-in-the-workplace>

⁷<https://www.meltwater.com/blog/6-tips-for-enforcing-consistent-messaging-across-your-organization/>

⁸<https://www.entrepreneur.com/article/281523>

Nine Quick Communication Tips that Always Apply—Pandemic or Not

This issue's Sponsor Showcase is brought to you by Graham-Pelton.

By Nicole Antil



You don't need to wait for a pandemic to hit to sharpen your messaging. That said, difficult moments often reveal the cracks in the foundation of organizations, and it is up to you to stop these cracks from growing. These evergreen tips will not only help you today, but they'll remain relevant long after things are back to "normal."

Make Your Messages Easy to Say and Recall
Use common language and avoid jargon. If it's easy to say, it's easier to remember. (Jargon is not memorable.) If it's easy to remember, it's easier to repeat. And repetition is good. You'll see this repeated below.

Be Clear and Concise

Headlines (and Twitter) are popular because they demand brevity and directness. Can you make your point with fewer words? Try harder.

Stick to the Facts

Your messages should be supported by facts, but facts alone do not make a strong message. Don't try to convey loads of complicated information—save that for a white paper or research report. Boring (or worse, confusing) people to tears with data is not what great messages do. Pick out one key captivating fact

and build from there. Keep it short and avoid jargon. Repetitive? Exactly.

Show Emotion

The human brain is hardwired to respond first to emotion, then to facts. Speaking of facts, it's only human to react to emotion with emotion. That's why rage giving is a thing. Your most emotional supporters will be your most ardent, so give them something to pour their emotions into.

Inspire with Big, Bold, and Aspirational Ideas

On the topic of emotions, let's be clear: while fear is an effective emotion, fearmongering is not productive nor is it advisable. Paint a picture of something that will quell—not stoke—fear and anxiety. Leave people with feelings of inspiration and hope. Give them a call to action they can feel good about.

Have a Clear Call to Action

Use active voice and strong verbs. Limit adverbs and be intentional with your adjectives. Make it clear what you want people to do and how they can do it. Test your process so you experience it as a user would. Is it easy to donate, download, or sign up? Is it free from unnecessary hurdles? Can you do it with fewer clicks? Fewer questions?

Repetition is Good

We already covered this, but we're making a point here. When you reach the stage of being sick of saying your message, you just may be starting to break through.

Convey Urgency, Not Hopelessness

When people feel that the problem is so big that nothing they do is going to help, they are likely to shut down instead of getting involved. After all, who wants to throw money on a sinking ship?

Connect to Organizational Values and Mission

Always, always bring it back to who your organization is and why it exists in the first place. If you don't have a compelling and clearly articulated mission, make it your top priority to develop one. ■

Nicole Antil is Chief Creative Officer at Graham-Pelton.

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When a Donor Comes to You, Be Ready

When a patron called the Montage Health CEO to say she'd be making a transformational gift, the Foundation had to get to work to come back with an idea she'd love.

By Kevin Causey



Four years ago, a patron of our healthcare system told our CEO she wanted to make a gift to our hospital that would be transformational. Soon after, she did, giving Montage Health \$106 million.

It is a phenomenal gift, especially for an institution of our size. And it illustrates what I have found to be true in my 25 years in this field: philanthropists maximize their giving when their inspiration and confidence are in perfect alignment with the organization they are supporting.

Sometimes, this alignment can develop relatively quickly. More often, and particularly for transformational gifts, it takes years. In either case, it is incumbent upon us to drive the

process—to identify, inform, inspire, involve, ask, or, as in this case, accept, and then to include the donor in executing, as much or as little as they desire.

Our relationship with this patron goes back decades. Bertie Bialek Elliott and her first husband have been involved with Community Hospital of the Monterey Peninsula (the keystone asset of the Montage Health system) almost since its inception. The couple moved to Monterey, California the year the hospital opened, and she remembered being dazzled by its modern design. Her husband was one of the first physicians on the medical staff. Bertie was engaged from the outset, as a philanthropist and volunteer, serving on the Board of Trustees and leading more than one of

the hospital's fundraising campaigns. She had a keen interest in the evolution of Community Hospital, supporting, among other initiatives, the creation of its cancer center and its inpatient rehabilitation unit. She became a thoughtful and valued counsel to Dr. Steven Packer, CEO for the last 21 years, serving on a select advisory council at his request.

While Bertie had generously supported Community Hospital for years, her decision to make this transformational gift came the day her then-husband, David, was diagnosed with terminal cancer. She told Dr. Packer her plan the following day.

Dr. Packer had the wisdom and compassion to graciously thank Bertie and to delay further discussion of the gift. "Let's take care of David's journey first," he told her. "We can talk about this another time."

Putting the patient first, putting Bertie's grief first, putting our mission to provide exceptional healthcare first, reflected the relationship they had developed over two decades and exemplified the fundamental reasons for Bertie's confidence in our organization. This was paramount in setting the process on the right path.

"I have every confidence in Steve and the people who work with him," she said. "I gave it with no strings. They can take this and run with it."

After the end of her husband's journey, a few months passed, and in the interim I was hired as chief development officer at Montage Health to oversee the Montage Health Foundation. One of my first tasks was to lead the process to bring Bertie's philanthropic vision to fruition.

She initially did not dictate how she wanted her

gift used.

That illustrates the first part of my experience with major gifts: they are made when the giver has confidence in the organization and the people who lead it. The second part, that they are truly inspired, would come next.

We set about developing a proposal for a project that would be worthy of the gift. We gathered the Montage Health leadership in a series of sessions where we asked one fundamental question: What would be the most meaningful way for our organization to use \$100 million? We discussed dozens of ideas and initiatives. Many were discarded based on Bertie's desire that it be transformational; simply adding to the endowment, or reinforcing current programming and infrastructure, didn't meet that criteria.

Ultimately, we landed on four concepts:

- A new center for women's health
- A countywide healthcare navigation system
- A center for healthy aging
- A center and program for behavioral and mental health services for young people

We prepared four, two-page papers that laid out these ideas; they were thought out and articulated, but not overly "produced." We knew from experience that this would be Bertie's preference. Dr. Packer then presented them to her.

After reading the four papers, Bertie knew immediately which she would choose. To be sure, she asked each of her three daughters to weigh in, without sharing her own opinion. It was unanimous: the center for behavioral and mental health services for young people. The directive in hand, we set out to create a more comprehensive proposal.

We gathered national, regional, and local data



and statistics. We worked with our internal finance, facilities, and project management teams to get a sense of scope and scale. We worked with our current behavioral health clinicians to get a view of current best practices in working with young people, and the gaps, which were significant. We gathered information from practitioners nationally and globally who were doing innovative and forward-thinking work with young people. We put it together a booklet, telling a compelling story with an arc backed up by rock-solid data.

Dr. Packer met with Bertie again. She had only two requests, both of which tie to my opening point. First, she wanted it to be called Ohana, the Hawaiian word for family, which extends beyond blood relatives to the entire village. The second request was that Dr. Packer remain at Montage Health through the project's opening, as it was her confidence in him and the organization he runs that made her feel this gift would indeed be transformational.

Confident and inspired, the gift was made. Within two weeks Bertie transferred \$106 million. Staying true to our mission, building meaningful relationships and authentic opportunities for

engagement, and putting exceptional care and intention into a proposal, specifically designed for the donor at hand: these were the hallmarks that catalyzed a transformation of healthcare for the young people of this community.

As I share this story with you, our world is facing an unprecedented global health crisis due to the coronavirus (COVID-19) pandemic. Hospitals and healthcare organizations like ours are being challenged to rise to the occasion. Now, more than ever, our donors and our communities are looking to us as a source of confidence and inspiration. And there are many who want to step up and help us succeed.

Be ready, when the donor comes to you. ■

Kevin Causey joined Montage Health Foundation in 2017 as Chief Development Officer. Most recently, Causey was president of Saint Francis Foundation, which serves Saint Francis Memorial Hospital in San Francisco.

Accurately Calculating Donor Retention

By Stuart M. Manewith

There has been a lot of chatter recently on the topic of donor retention. In fact, not *just* recently. When I entered the hospital fundraising field in the 1990s, and was focused mostly on direct mail and telephone programs, donor retention was on our minds and was always a strategic priority.

But, with all that conversation, I've seen very few articles that discuss how to actually calculate donor retention; and those that do, either don't provide the details some healthcare fundraisers ask about or they don't discuss ensuring accuracy and consistency in those calculations. It's especially important that the donor retention calculations are solid from the beginning because so many healthcare foundations bring external supporter and transactional data into their main CRM systems from peripheral sources.

The Basics and Baselines

Let's start with some baselining—for the purpose of this article, *donor retention* is defined as the number of donors that donated in the past and that renew (donate again) from one time period to another, typically the from one year to the next. So for example, those donors who gave in 2018 and then donated again in 2019 were retained. Then you can calculate your *donor retention rate* by dividing the number of donors that renewed by the total number of donors that donated in the past.

$$\text{Donors This Period*} \div \text{Donors Last Period (Baseline)} = \text{Donor Retention Rate}$$

*Donors This Period, that were *also* Donors Last Period

However, those who are running these numbers often start by attempting to compile the numerator first, when the best practice is to start

by understanding the *denominator*: the total number of donors in the past year. That becomes your retention *baseline*. Then, pull the *subset* of those donors that donated in the current period.

Another mistake that leads to inaccurate donor retention calculations is (inadvertently) including donors in the numerator who were not part of the denominator. For retention calculations, it's important that your total number of donors in the retention period includes only those that were also included in the *baseline* period. The most common “period” is a conventional 12-month year—whether that's a calendar year or your hospital's fiscal year or fundraising campaign year. Since most financial results reporting revolves around annual cycles, and since most donors' donation habits also revolve around annual cycles (for tax purposes if nothing else), year-over-year (YoY) donor retention rates tend to be the most conventional metrics. That being said, donor retention can be calculated on any two (or more) time periods, but the calculations will only be as valid as the consistency that is applied.

Below is an example of a YoY donor retention analysis using a non-standard fiscal year:

MOUND CITY HEALTHCARE FOUNDATION DONOR RETENTION ANALYSIS	FY18: 10/01/17 - 09/30/18	FY19: 10/01/18 - 09/30/19	Retention Rate
	Total Number of Donors	Donors That Also Gave in FY18	
New Grateful Patient Donors	571	130	22.8%
5+ Consecutive-Year Donors, under \$1000	1550	1149	74.1%
Other Existing Donors, under \$1000	2795	1603	57.7%
All VIP Donors (\$1000+)	408	288	70.6%
Total Donors	5324	3170	59.5%

Hospital Foundations and Development Offices frequently bring large amounts of data from external sources into their main CRM. This most often includes grateful patient and other new donor data, and new contributions from existing supporters—all of which play an enormous part to accurately calculate donor retention rates.

One of the areas where retention rates can be understated, often badly, is when donations from *existing* donors are imported into the CRM but *new* donor records (i.e. duplicates) are inadvertently created, instead of attributing the new gifts to the proper existing donor.

In the analysis above for Mound City Healthcare Foundation, if 10% of online gifts from consecutive-year donors were incorrectly reported as new donors, the perceived retention rate for that segment would fall from the actual 74% down to 67%, and the overall retention rate would be perceived as only 57% rather than the actual of close to 60%.

Duplicate constituent records are troublesome for a variety of reasons but they can wreak havoc with donor retention analysis. Be sure that you are not inadvertently creating new duplicate records, and that you do any necessary merging, purging, and deduping *before* pulling your donor retention numbers.

Segment by Segment

Once you have the basic formula down, you can effectively apply it to segments and subsegments of your donor base as needed. It can be strategically useful to analyze donor retention rates not just for donors overall (always ensuring the proper baseline denominator), but also for the following examples:

- New grateful patient donors last year
- VIP donors
- Donors to particular purposes
- Long-term consecutive-year donors
- Event attendees/donors
- Organizational donors

In looking at retention by segment, consider collaborating strategically to determine the segments to analyze, and consider what the outcomes will point to in terms of future planning. Some segments will likely require a focus on improving retention, while others may be left alone if the strategy for that segment is currently generating healthy retention rates.

Long(er)-term Retention

It's often useful to analyze long-term (or longer-term) donor retention. For example, you might want to know the trends for retaining grateful patient donors after five years, comparing rolling five-year periods, or what percent of sustaining donors are still giving after 36 months, or what percentage of capital campaign donors were retained in the following annual appeal.



The calculation principle remains generally the same, but the key is that you need to start with the pool of donors in the oldest period as the baseline, and only look at subsets of that group for any future period you want to analyze, whether YoY or not.

For example, say you want to look at retention rates for grateful patients who became new donors in 2015, and analyze retention each year for 2016 through 2019. You can compare that five-year period against grateful patients who became new donors in 2014, and look at retention for every year starting in 2015 through 2018. Depending on the results, you may also want to look at how your foundation or development office engaged with those groups, looking for similarities or differences in strategy.

You may also want to look at not only YoY retention rates, but a higher look at retention rates between two five-year periods, such as 2014-2018 versus 2015-2019.

Regardless of how you segment your time periods, the two rules of thumb to follow are: first, your baseline year/period must be the oldest year/period, and the group represented in your numerator must entirely be a subset of your baseline group.

What About the Dollars?

This is a great question, and the answer is that the *number-of-donors* retention rate and the *amount-of-revenue* retention rate are not necessarily the same and, in fact, will likely be different.

The Association of Fundraising Professionals' Fundraising Effectiveness Project (FEP)'s 2019 *Fundraising Effectiveness Survey Report* found the following:

- The median *donor* retention rate was 43% in 2018. That is, 43% of 2017 donors made repeat gifts in 2018. (Note that preliminary 2019 FEP data show 45% retention from 2018 to 2019.)
- The median *gift* retention rate (i.e. *donor-revenue* retention rate) was 47% in 2018. That is, 47% of 2017 dollars raised were raised again by the same renewing donors in 2018.

The FEP has studied donor retention and donor-revenue retention back to 2005, and donor-revenue retention has consistently performed a few points higher than donor retention.

We could infer from this that renewing donors tend to give more in subsequent years after they've been retained; those metrics are based on an aggregation of data from some 14,000 organizations that participated in the FEP's studies.

Your organization will have its own results and benchmarks. The point is that donor-revenue retention is another data point to study, and the results of your own analysis will enable you and your colleagues to create and drive retention strategies that are right for you. The example below depicts a donor retention analysis and a donor-revenue retention analysis for the same pool of new grateful patient donors over a five-year period.

MOUND CITY HEALTHCARE FOUNDATION GRATEFUL PATIENTS, FIRST GIFT IN 2014, RETENTION 2015-19		
Year	Donor Retention	Revenue Retention
2015	22.5%	22.9%
2016	16.9%	17.3%
2017	13.3%	15.1%
2018	11.7%	12.6%
2019	11.5%	12.1%

The example below shows donor retention vs. donor-revenue retention for the same sample group that was presented under w section before:

MOUND CITY HEALTHCARE FOUNDATION						
DONOR RETENTION ANALYSIS	FY18: 10/01/17 - 09/30/18		FY19: 10/01/18 - 09/30/19		Retention Rate	
	Total Number of Donors	Total Donations	Donors That Gave in FY18	Total Donations from Donors That Gave in FY18	Donor Retention	Revenue Retention
New G. P. Donors	571	\$27,979	130	\$6,695	22.77%	23.93%
5+ Consecutive Year Donors, under \$1000	1550	\$114,700	1149	\$87,900	74.13%	76.63%
Other Existing Donors, under \$1000	2795	\$178,880	1603	\$106,550	57.35%	59.57%
All VIP Donors (\$1000+)	408	\$732,360	288	\$531,360	70.59%	72.55%
Total Donors	5324	\$1,053,919	3170	\$732,505	59.54%	69.50%

Less Common Retention Scenarios

Certain donor-retention circumstances may be uncommon, but probably not as uncommon as we think. Many healthcare fundraisers find themselves working through situations as described below:

1. Renewals Within the Same Period

Since research has demonstrated that donors who give again within the same giving cycle (typically a campaign year) are more likely to renew in the subsequent cycle, it's highly strategic for organizations to resolicit donors, appropriately, throughout the year.

Resoliciting donors in order to continue engaging with them, and to foster and encourage repeat giving in the same period, can be successful in both building relationships and raising more money. But conventional wisdom indicates that donor retention calculations and analyses should be based on metric consistency, meaning *YoY behavior is what will drive your retention rates*. Put another way, no matter how many times a donor gives in the baseline year nor how many times that same donor gives in the subsequent year, retention YoY is *binary*: either they did or they didn't give again in the cycle *after* their previous gift, either you retained them in the next cycle or you lost them.

However, there are two important corollaries to consider. First, if you resolicit your baseline population in the same year/period, you can certainly measure *in-period retention*, and use those metrics to analyze in-period fundraising effectiveness overall. In-period retention can be defined as the number of donors that donate again within the same fundraising year or cycle.

This metric is especially valuable for gauging grateful patient program and other new donor retention.

Second, resolicitation can certainly increase your organization's *donor-revenue* retention rate YoY. For example, if your baseline population is 1,000 donors that donated \$100,000 in 2019, and 480 of those give again in 2020, your donor retention

rate is 48%. But if you resolicit throughout the year and raise \$59,000 from those 480 donors, your revenue retention rate would be 59%

2. Number of Months into a Campaign

While YoY is the most common and conventional period to analyze, your baseline period can be anything that makes sense for your organization. Organizations that run annual campaigns spanning the calendar or fiscal year may want to measure donor retention at various points throughout the campaign. Ask yourself, "what's the donor retention rate four months into the campaign, and how does that compare to the previous cycle?" Then look at six months in and ten months in. This should be easily calculable as long as your baseline is accurate, and your numerator of retained donors only includes those that donated from the baseline population.

3. Campaigns Starting at Different Times

Similar to the example above, here's another scenario: a healthcare foundation runs an annual campaign for mid-point and major donors. They begin each campaign with a kick-off event, and then run until every previous-campaign donor and any new larger gift prospect have been contacted, and either gives or declines to give.

The kick-off may not take place on the same day each year. In this case, the retention construct is the *number of days into the campaign*. For example, the donor retention rate on day 150 of the campaign, knowing that in 2019, the kick-off was on January 22nd but in 2020 it was on February 17th.

Again, as long as your organization can pull your baseline donors and retained donors as a subset of the baseline, and, in this case, the beginning and ending dates are properly accounted for, you can get Campaign over Campaign (CoC) retention statistics.

4. Pledges vs. Pledge Payments

Generally Accepted Accounting Principles (GAAP) commonly require nonprofits that receive pledges to record the contribution revenue at the time of the pledge, create a

pledge-receivable at the same time, and then record any and all subsequent pledge payments as reductions to the receivable created when the pledge was recorded.

That being said, donor retention is more about gauging donor behavior and measuring whether a donor continues to be engaged (by giving) year-over-year. For calculating donor retention rates for pledgers, one practice is to “count” both the pledge activity and the payment activity when calculating donor retention.

This works best when the first payment on a pledge is made in the same fiscal cycle as the pledge itself. But even if it's not, donor retention rates measure donor involvement as well as being an indicator of stability in contributed income.

Revenue retention rates are more apt to align with GAAP, since the same contributed dollars should **never** be counted twice (i.e. a pledge and its payments). With that in mind, the best way to calculate revenue retention is to count only the pledge *payment* activity YoY. This represents the actual transfer of assets from the donor, and usable cash or cash equivalents for the hospital, rather than the pledge itself. Again, this works most to your advantage when a payment on the pledge is made at the same time or in the same period as the pledge itself.

5. Truly Major Gifts, Major Gift Donors, and Retention

Donor retention rates among the group of major gift donors won't look like those of your other donor groups as you go down the pyramid that represents your segmented donor base. It also won't trend the same way. (Note: the definition of “major gift donors” and what constitutes a “truly major gift” depends on the hospital and its community.)

While many hospitals have VIP annual giving programs that focus on ensuring large-dollar

donors make major gifts year-in and year-out, others focus on strategies that match major donors with major-gift opportunities that align with their philanthropic interests and with the needs of the hospital—and those may not come along every year or even every other year. Hospitals and foundations with major gift programs that, by design, don't result in conventional renewals from those donors, need to look at retention differently, and perhaps even set apart that segment from the lower-gift-higher-volume groups of donors for retention calculation purposes.

In other words, it may make sense to calculate major donor retention rates separately, or, in fact, look at each high-dollar donor or donor-family on a case-by-case basis.

6. Unsolicited Gifts

I once had a conversation with a Director of Annual Giving at a large academic medical center about unsolicited gifts from donors who had never given before. She was perplexed by the best strategy for renewing them; since they (evidently) didn't reply to any particular solicitation, she didn't know what motivated them to give, or whether they came from any particular prospect pool or external list.

We agreed that, following the proper acknowledgment protocol, she should resolicit them as appropriately as possible, using whatever information they provided (street address, email address, phone number, etc). But we also agreed that, from a donor retention standpoint, the expected retention rate would likely be low. I suggested that she analyze the retention rates for donors of unsolicited gifts early to see if the results for that segment would skew her retention metrics overall.

In the end, the number of unsolicited gifts was low enough to be immaterial, but for those organizations that do get a large number of unsolicited gifts from new donors, it's worth determining if there is any correlation among those donors to leverage renewals (and increase retention rates). It may also be worth calculating the retention rate for that segment separately

and, possibly, removing that segment from overall retention rate calculations.

Where to Go from Here

Yes, there has been a lot of chatter recently on the topic of donor retention. Hopefully, *this* chatter has helped you get the best possible handle on how to calculate donor retention rates consistently and accurately, how to apply calculating donor retention rates to different segments of your donor populations, and how to analyze donor retention tactically YoY, as well as longitudinally.

Most importantly, this article should equip you with the basics to determine your baseline population of donors against which to calculate retention rates, ensuring the numerator in your retention rate equation is always a subset of the denominator. Another way to put it is, while every fundraising organization out there would love to see donor retention rates of 70%, 80%, or even 90%+, it's mathematically impossible for donor retention to achieve more than 100%. For further reading, visit the AFP Fundraising Effectiveness Project at <http://afpfep.org/> ■

Stu Manewith joined Omatic Software five years ago as Director of Professional Services. Prior to that, Stu worked for 13 years at Blackbaud, also in Professional Services, as a consultant, solution architect, and practice manager.

· Association of Fundraising Professionals' Fundraising Effectiveness Project; 2019 Fundraising Effectiveness Survey Report

· CauseVox; 4 [sic] Surprising Donor Retention Statistics

· Bloomerang; Why Your Non-profit Needs a Second Gift Strategy

The Next Generation of Analytics: The Quantification and Analysis of Donor Engagement

By Betsy Rigby and Alex Oftelie



Data and fundraising, once thought an anathema to each other, were forever joined as many as 15 years ago when the science of analytics was first applied to the art of fundraising. Analytics can provide us insight at scale to meet the size of our databases, helping us extend the reach of our knowledge and experience beyond what we would otherwise be able to do. It takes the information we collect in our donor databases and turns it into actionable knowledge that informs strategy, and sets many organizations on new paths to success.

One of the great strengths of analytics is its reliance on existing data that we already have recorded and ordered—giving history, event attendance, participation on boards or committees, membership in a giving society—from which we can quantify an individual's level of connection to our organization. Analytics informs campaign goals and clarifies fundraising potential. It re-focuses stewardship efforts. It re-examines which donors are targeted. It

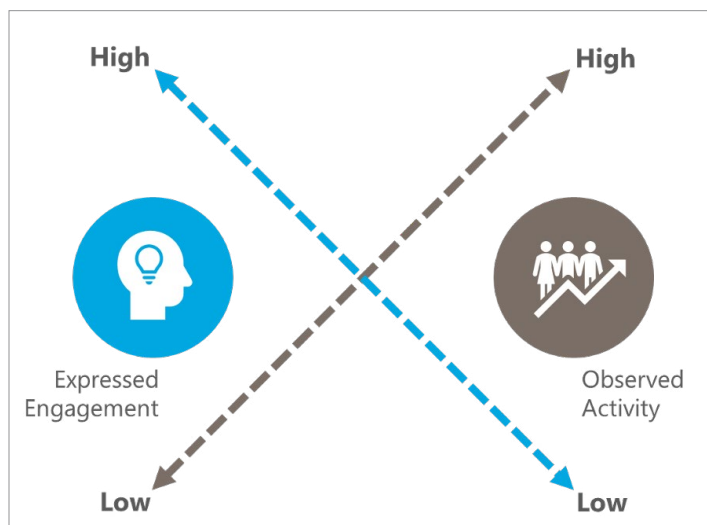
identifies prospects already on file but not being cultivated.

In fact, the fundraising field—and especially larger shops—has become incredibly proficient with analytics. We have seen analytics evolve from a project, to a process, to becoming an integral part of strategic fundraising and well-developed programs. With this implementation success, a new challenge emerges. Analytics has been revised and optimized where now many shops have reached their reasonable maximum efficacy: we have “mastered” traditional analytics.

We have reached this point, in part, because of one of the great limitations of analytics. It reflects traditional CRM data storage, and captures only who people are, and what they have done. Traditional analytics provides measures of connection based on what has happened, but does not necessarily reflect how the donor feels about the organization at any given time. Does the donor who looks connected actually *feel*

connected? Should we consider everyone who is not philanthropically engaged today to be poor prospects for the future as well?

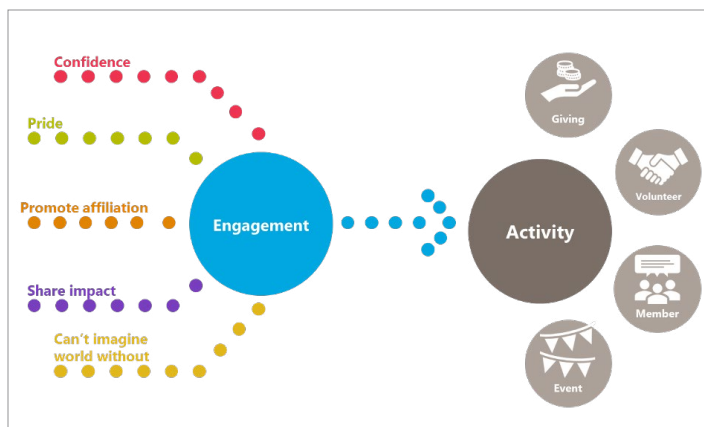
Sentiments of engagement are, in fact, the core drivers of philanthropic activity. Think of your alumni donor who loyally gives \$1,000 annually, and is a member of one of your giving societies that recognizes a long-term commitment to the university. “Dennis” meets a number of criteria so that staff who look at the attributes of his record count him as satisfied and committed. However, when asked how he feels, Dennis reports his level of engagement with his alma mater at a two out of five. He acknowledges that, were he to feel four or five out of five, he would be giving at a higher level and likely to have made a planned gift. Dennis has an Engagement Imbalance.



We posit the next level of analytics is the quantification and analysis of donor engagement

By asking donors to score three questions on a simple scale of 1–5, we can better determine their level of personal commitment to our organization:

1. How engaged are you by this organization?
2. How core is the mission to your identity?
3. How proud are you to be affiliated with this organization?



These results can then be analyzed against existing philanthropic activity and demographics, providing opportunities for deep segmentation on key areas of opportunity and highlighting the core areas to address misalignment.

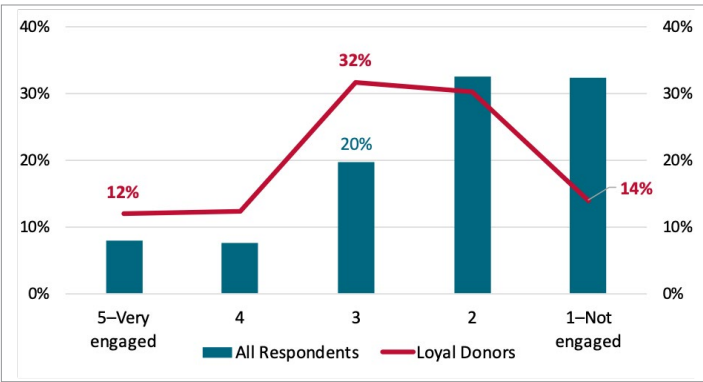
Our work has revealed that an engaged donor is nine times more likely to be a leadership annual donor and 14 times more likely to be a major donor.

Further, we estimate, regardless of size or mission, that institutions have an approximately 20–40% Engagement Imbalance in their constituencies.

For example, a recent survey of a children's hospital in the Midwest found respondents have deep pride in their affiliation with the institution and agree in the essential impact of the hospital—sentiments that are leading indicators of philanthropic support. Overall, only 14 percent of respondents rated themselves as Very Engaged. Those who did express that they felt very engaged demonstrated that they are four times more likely to be a loyal donor, three times more likely to be a donor for ten years or more, and three times more likely to have a donor lifetime value 300 percent greater than less engaged constituents. By projecting the rates of survey respondents to the entirety of the donor file, we projected one in five constituents has an engagement imbalance, with the predominant area of opportunity in the activation of

constituents who perceive themselves as highly engaged with the hospital but whose records demonstrate low activity (giving, volunteering, attending events, etc.). By identifying donors who feel engaged but are not yet actively supporting the hospital, the institution can prioritize their cultivation and stewardship, realizing an expected net gain in revenue.

A prominent medical school in the Northeast also found previously unidentified engagement opportunity within their most loyal donor populations. Among supporters defined as “loyal donors,” or those who have given every year of the last five years, more expressed feeling Not at All Engaged (14%) than feeling Very Engaged (12%).



This provided insight that even with populations who behave in the most connected ways, there was still significant opportunity to increase their engagement, which would ultimately increase their donor lifetime value. With the overall positive relationship between engagement and philanthropy demonstrated—the more you’re engaged, the more you give—they now view driving engagement as a key metric for increasing support. What drives engagement?

While there are factors external from development that impact engagement (experience and/or perceptions of clinical quality, positive or negative news stories), development can also micro-target drivers of engagement, directly messaging supporters and others on themes with the greatest impact. For the medical school, supporting constituents in their ability to share their own support were the strongest drivers of engagement.

A supporter who said they “strongly promote

their affiliation” were over 12x more likely to self-rate as Very Engaged. Enablement of “micro-marketing” and opportunities to allow supporters to carry the school’s message and share their pride now become targeted outcomes. Learn what drives engagement, execute, and then drive philanthropy.

If you answer “Strongly Agree” to:	You are __ times more likely to be Very Engaged.
Actively promote my Medical School affiliation	12.6x
Recommend support for Medical School	9.7x
Share how Medical School impacts the world	6.8x
Proud to be affiliated with Medical School	5.3x
Confidence in excellent use of its resources	4.6x
I couldn’t imagine a world without Medical School	3.9x

The most distinctive and impactful value of this kind of analysis is connecting what people perceive (survey) with who they are and what they do (internal data). When we can develop insights that focus on the similarities and differences between feeling and action, and discover drivers of important outcomes, we can create actionable strategies on who to prioritize and how to cultivate and steward them. Measurement of engagement therefore provides the next opportunity to identify prospects and uncover opportunities previously “hidden” when only using traditional analytics. ■

Alexander W. Oftelie, senior vice president of decision science at BWF Insight, oversees all analytics engagements, workshops and trainings, and product implementation. His specific areas of expertise include predictive modeling, business impact analysis, survey design and sampling methodology, analytics training, and analytics implementation.

Betsy T. Rigby, associate vice president at BWF, has worked exclusively in fundraising for more than 30 years. She spent half of her career in leadership fundraising roles for a range of Boston-area nonprofits and spent the other half of her career with the Partners HealthCare system in operational roles.

How Parkview Foundation Pivoted, and Succeeded, in Online Auction Fundraising

By Frances Brooks, MA, CFRE, and Heather Leas



This is a fundraising season like no other.

Teams with deep, experienced benches nimbly shifted into appealing for support for our essential workers and patients' needs as soon as the pandemic hit Washington state, New York City, and then the Midwest. They shifted focus from planning campaigns and grasped the COVID-19 challenge. Fundraising in a new landscape, they have achieved considerable success.

If you and your team initially found yourselves without the resources or experience to quickly adapt to this awkward and uncomfortable new normal, it is not too late. Take a time out and put strategies in place to bring this season into the black. Redefining success in a season of COVID-19 requires teamwork and a focus on your organization's strengths. Virtual events may finally bring changes to the fundraising sector which have been discussed for years. A new

appreciation for the philanthropy of individuals can emerge from this revised model. Our patients and co-workers will be the big winners.

Shifting Gears for COVID-19

At Parkview Foundation, the philanthropic arm of Parkview Health System in Indiana, the pandemic arrived in late March and a week later, our homes became our offices. Our first order of business was cancelling a legacy event we call *Cookin' Men*, slated to be held in April. Historically, this in-person, well-sponsored event attracts high-profile executives and up-and-coming leaders alike for a fun evening that routinely realized over \$200,000. This year's edition would benefit a women's health initiative. Event goers typically hear grateful patients share their stories and are asked to support efforts to treat—or prevent—devastating ailments like breast cancer and cardiovascular disease.

We pulled together a task force in March 2020. The team included the communications staff, advancement services director, events manager, and a major gift officer working with the beneficiary service line: the Parkview Heart Institute Her Heart program. Half the team had been on staff for less than six months. One was already scheduled to turn her duties over to a successor, and she shifted into a stay-at-home role almost immediately.

Our leadership appointed this task force with one priority: salvage the revenue from this fundraising event – an annual sell-out. Our second quarter budget depended on it.

We discussed the options: cancel *Cookin' Men* entirely, replace it with direct mail, engage traditional earned media, launch alternatives via social and/or traditional televised models, engage video components, or move to an online auction only. Everything was on the table. We settled on a combination of all of these.



The group decided to move from a one-night event to a week-long, online auction. Sponsors were contacted immediately about the move from a face-to-face environment to a virtual, online event. The shift led to staff filling in roles beyond their job descriptions, sourcing experience and quickly building a tightly woven team approach. Our Chief Administrative Officer, responsible for external relations, gave us the latitude to find our teammates' strengths and use them.

Halfway through the four-week retooling process, we onboarded a new event lead—on the job just two weeks—to manage the stewardship of the campaign. In addition to the *Cookin' Men* event, our group was tasked with overhauling fundraising campaigns for the third quarter of 2020, which was slated to hold no fewer than five upcoming virtual golf events.

Throughout the process, we realized many benefits of reexamining our standard operating procedures. Among them:

- Dramatically lowered expenses, with the elimination of venue and food costs;
- The value of a targeted communication plan including auction previews and multiple-day engagements which formerly had not been required;
- A more effective use of board members as social influencers and advocates for the cause;
- Increased engagement of our event goers which kept donors involved, as opposed to lapsing interaction due to the possible cancellation of this popular event;
- A better showcase for mission-based asks overshadowed in past live settings;
- A focus on auction packages with high intrinsic value, which offer greater appeal at a lower cost; and
- The ability to feature items throughout the weeklong event, extending the time for the auction to attract interest.

We also learned that extending donation time periods beyond the close of the silent auction allowed auction participants, who missed out on the item they might have most desired, to donate.

Our advancement services team combed records from the past five years of event attendance. The service lines stepped forward to provide new auction items. The communications

department overhauled the auction website, retooled press packets and, alongside our health system's Community Engagement team, assumed an emcee role for the 100% online event.

Significantly, our sponsors stepped forward during this vital time of transition and kept their commitments to underwrite this formerly live event as it moved to a virtual format. Review of their participation shows 96% retention, including five newly acquired corporate donors. In lieu of physical participation at the event, our team sent email and text messages to the event's volunteer chefs, asking for their input and requesting a new type of participation. We asked them to donate an item or service which would be of interest to the public, and they responded with gracious support.

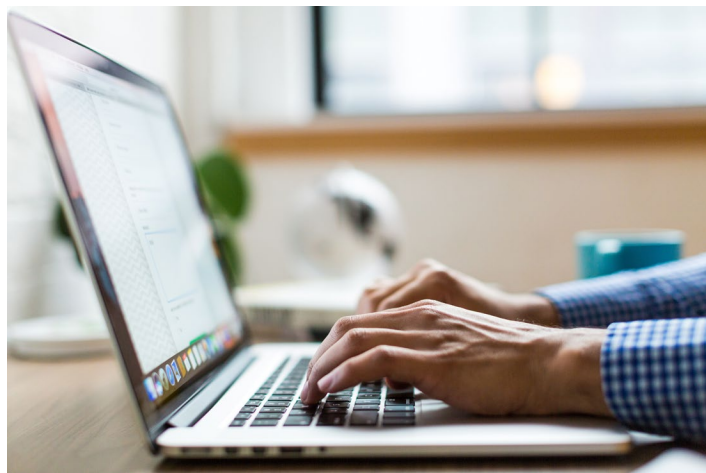
Engaging Volunteers for Success, Virtually Overnight

Our volunteers' ideas were intriguing and attracted generous philanthropic support from the community. From the day we announced our change to a virtual format (March 13th, 2020) to the day the auction opened (April 13th, 2020), 45 auction items rolled in from all corners of our health system's footprint. *Cookin' Men's* beneficiary, the cardiovascular service line, contributed two phenomenal experience packages: a meal planning session with the registered dietitians in our Community Learning Garden, and a team of physicians, normally event chefs, offered their always popular menu (a lobster and clam bake) to be enjoyed by a group of eight in their private backyard, at a post-COVID19 date.

Our health system President donated an exclusive dinner for six guests to be enjoyed with him and his spouse. Gift cards poured in by mail, and several chefs helped connect our task force to new attractions not previously offered at the event, including a coveted parking spot in the physician's garage.

Adjustments were evident everywhere.

Communications converted the popular Chef Cookbook to an electronic version. Virtual health usage was on the rise, and we were able to raise additional support to serve our at-risk patients by highlighting the need for safe, distance connection. The Foundation's board of directors championed the change in venue and model. We further engaged board members' support by drafting a template via email, outlining social posts, social media feeds, and opportunities to participate in the online event, as well as donation links. *Our version is on page 57.*



One board member used her personal connections to promote the new *Cookin' Men* virtual event while also setting an example by championing the event after it concluded. Board members offer vital insight into community perception and needs beyond the walls of our Foundation's activities; a real win in our pandemic situation. *Cookin' Men* was successful because she stepped forward to lend her personal and professional connections to the rapidly changing processes.

The Online Auction and Post-Event Engagement

Over the years, our Foundation has used the online auction software we incorporated this year. It has streamlined the process, and allowed for a more efficient registration and check-out process. While offering item hosting and bidding, it also has integrated texting and analytic reporting. This helped provide valuable contact information for each participant as

well as bidding insights. Based on the previous year's usage, our review identified the most successful items. We attracted additional items to complement those which had historically done well, and were able to review items where the cost outweighed the benefit. For instance, given the concerns around travel, we elected to not include expensive travel packages, which had a high expense-to-income ratio.

Here are the key recommendations which allowed our organization to continually engage participants over the course of the week-long virtual event:

- 1. Keep your selection fresh.** Our software provider allowed us to sort the online display by item number as well as item type. We capitalized on this functionality, and assigned a theme for each day's offerings; one-day featuring food items, another day home items, and a third day mission-based asks. We also introduced new items daily, sometimes twice a day, to keep the selection new, encouraging participants to log on multiple times throughout the event.
- 2. Feature items to showcase in the days before the auction.** We set aside local favorites including an exclusive women's name brand item, and behind-home-plate MLB baseball tickets, which were still popular given the limited awareness of COVID's impact on the season or upcoming travel schedules.
- 3. Overlap items alongside the opportunity to donate.** Many of our most popular items were unique, in-house experiences that could only be offered through our health system. . A behind-the-scenes tour of our emergency services suite was one of our first items to be purchased through *Buy It Now* pricing.
- 4. Incorporate mission-based items.** We offered a wide variety of simple branded items which allowed participants to support our mission. A guided meal-planning session, the *2020 Chef Cookbook*, virtual health and screening fund donations, and

in-house items sold through the auction, garnering a 177% return over fair market value.

Most significantly, the blend of traditional and social media led to a growth in auction participation of 60% over last year's live-event participation.



One of our most successful bidders to the online auction was neither a current donor nor patient. Moving from a downtown event center to an online model engaged donors who had not been able to participate in the past. They heard about the auction through daytime TV promotion.

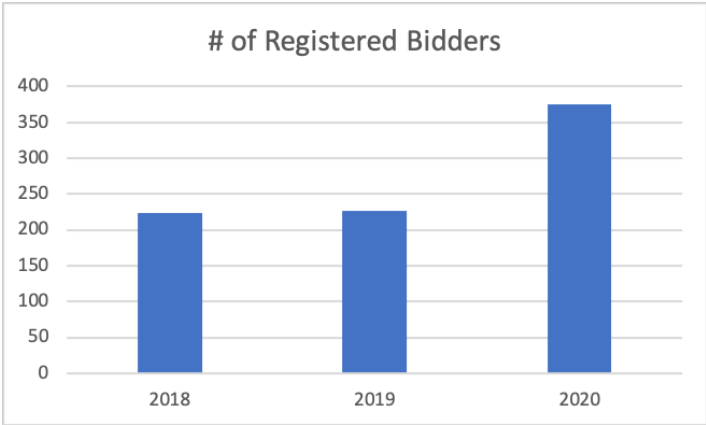
Traditional media was important, and blend of television, print and social media ads played to our advantage when mixed into our email campaign to support the new event format.

Significant Cost Savings Plus Donor Acquisition Yields Positive Result

Blackbaud Institute for Philanthropic Impact's Next Generation of Health Care Giving, 2018, reports 26% of health care donors make their gift or pledge at events. It was important to retain these donors. While overall event attendance dropped from 1,500 attendees, down to 375 registered auction bidders, through our combined efforts, *Cookin' Men* realized a donor retention rate of 27% from 2019 event goers. We expected a sharp decline with the modality change so close to the event. Of greater

interest, the move from a live event to online virtual auction saw a 54% acquisition rate in 2020 donors.

Of significance, auction participation exceeded our previous year's results, which had included 64 items, while the 2020 virtual event included just 45. (See *graphic for 3-year review.*)



These trends will continue to be reviewed as we compare the stand-alone online auction against the those held previously. Certainly, on our radar is in the previous years, the auction competed with countless conversations and delectable food offered at more than 100 chef tables. How we showcase this in future events seems noteworthy.

The cost savings realized with the safe-at-home model is significant. The reduction in venue and food expenses resulted in the cost to raise a dollar dropping from .28 in 2019 to .04 in 2020. Overall, we achieved 79% of our event goal between retained sponsorships, donations, and auctioned items.

Being able to secure this level of generosity, instead of cancelling, enables our annual plan stable growth. It also positions our major gifts team for a more focused donor appeal. Emphasis on personal connections is imperative for our success as we approach the second half of our fiscal year. Since the auction ended in April, we have intentionally been reaching out to lapsed donors. Working to engage them in new ways aside from the event should pay off in better year-around participation.

To Raise More, Leave Your Donation Button Open and Ask Again

A major learning point as we moved into this digital auction involved the closing of bidding. We elected to close the auction and the donation period simultaneously. We will change this for future online auctions, extending the donation period by at least 12 hours after bidding ends. With excitement high, a well-placed reminder text immediately following the virtual gavel falling might have brought us significant donations. With bidders vying for auction packages, who knows how many contributions might have been shut off when we closed the donation option?

Our Success Weighed on Trust and Teamwork

The shift from live event to a virtual, multi-day online auction happened in less than a week. The experiences of our team members, including those with unfamiliar colleagues, allowed us to see success where we might otherwise have elected a zero-sum gain. The generosity and excitement of our donors and investors was impressive. Venturing into this revised format helped to keep our annual development plan on track, as opposed to allowing those event participants to lapse or be lost donors.

Our success hinges on the world-class, high-quality health care our clinical teams provide and the commitment to excellence all our co-workers demonstrate each day.

Without the support of our Foundation board and our teams' desire to produce exceptional experiences for our community, success would have been limited, and lower annual donor retention seemed a probable outcome. Instead we acquired new donors with our revised virtual event planning.

The team's commitment to deliver on the high value of our legacy event helped our sponsors trust us as we re-imagined *Cookin' Men*. Our team's knowledge and experience allowed us to source their fundraising experience and rely on those strengths. We each offered what we had in our toolbelt and trusted others on the team to deliver their best efforts toward our mutual goals. We saw success. We learned new techniques we will incorporate into our next virtual event and we have started to define our success by quality of engagement, not just funds raised.

Calculating success differently, especially if your team is heavily reliant on events, takes time and an understanding of the elements of relationship-building. Event fundraising is highly transactional; philanthropy based on individual generosity is highly transformational. Our team seeks that transformational experience for all our investors as we refine the brand of our Foundation. This positive, strength-based approach can lead to a fundraising season like no other. ■

Frances Brooks, MA, CFRE, is a director of leadership gifts for Parkview Health, in Fort Wayne, Indiana, supporting the Parkview Heart Institute, Parkview Behavioral Health Institute and the diabetes service line. She has 19 years of experience in education and nonprofit marketing, event management, and health philanthropy.

Heather Leas is the events and corporate relations coordinator for Parkview Health in Fort Wayne, Indiana. She has 11 years of experience in event management, marketing, and nonprofit leadership.

Congratulations to the 2020 Class of 40 Under 40

These 40 young professionals are shaping the future of healthcare philanthropy with their notable achievements, influence, and innovation. Congratulations on behalf of the AHP community!

Do you know a high-performing young professional? Nominate them for the 2021 class. The submission period will open on March 29, 2021. For more information, visit ahp.org/40under40



Template for Board Shares and Advocate/Influencer Engagement

Potential Influencer Name,

We need your help – you are well connected online and throughout our community. We are asking you to consider taking on one more project and partnering with us next week for *Cookin' Men 2020*: **Will you be a [Beneficiary Name] advocate and social influencer?**

With the generous support of the community, we are working to raise [\$goal] to benefit the [Beneficiary Name] programming. This vital prevention and intervention program offers [IE: screenings, education, and funds the monthly support group for women living with heart disease]. We are more than halfway to our goal and have had to change to an online auction in light of the COVID-19 pandemic.

There are about 50 items available through our [insert link] online auction. We can raise the funding we need for **[two years of Her Heart] programming with your help!**

1. Sign up to participate at: [insert link]
Please plan to check in daily starting on Monday, April 13. Bid early and bid often!
2. Like and share our Facebook Event [insert link]
We will be featuring auction items each day. New items will be posted daily, as well.
3. Like and retweet Foundation Twitter posts [insert link]
Helping build awareness helps us raise funds for PHI's Her Heart.
4. Please share posts from [Foundation name] related to Cookin' Men: [insert link]
5. You can make a direct donation [insert link] online!

Please consider donating and asking others to join you – ask them to commit the same level as you are able. We will accept pledges, as well, if someone is not able to give today. Please let me know if I can assist!

It does not take much to make a difference in someone's life:

- \$xxx first priority from donation options included in the auction
- \$xx second priority from donation options included in the auction

Thank you! I know it is an uncertain time and you have a lot to manage. **For those women at [Beneficiary Name] today, alone right now, we want to offer support and connection.** [Program name] is a fantastic way to encourage her.

Your help will make a difference.

Be well and stay safe,
Foundation Staff Name

Trusting the Fundamentals of Fundraising During a Period of Disruption

By Jacklyn Lewis



When the COVID-19 pandemic swept through North America in March, hospital development teams turned into emergency crisis fundraisers, seemingly overnight. As stories of overrun hospitals and exhausted front-line healthcare workers filled the media, many people looked at supporting hospitals as a way to help. Consulting agency Marts & Lundy and Canadian affiliate Offord Group have advised clients during these unprecedented times.

Using survey results, combined with the expertise of our consultants and examples from across the sector, we can share early lessons of how fundraising fundamentals have been core to success.

In May, Marts & Lundy and Offord Group surveyed 36 American and 38 Canadian healthcare organizations to discover how teams were adjusting fundraising activities

and metrics for fiscal years 2020 and 2021. The survey uncovered comparators for organizations including how teams were being redeployed, how organizations were adjusting or maintaining metrics and how the case for support was evolving. The situation continues to evolve rapidly, including the way we engage with our stakeholders, and how we prepare to adapt and adjust.

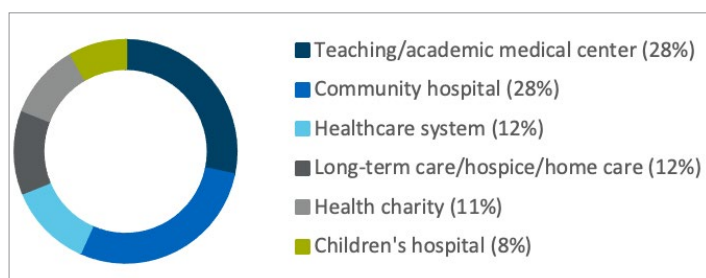


Figure One: Breakdown of the 74 organization types that participated in the Marts & Lundy/Offord Group Metrics Survey in May 2020.

Organizations are Redeploying Staff

Traditionally, fundraising business plans and individual gift officer metrics have been developed around what Marts & Lundy Senior Consultant & Principal David Gillig calls “the holy grail”— face-to-face visits with donors. Without the ability to safely meet in person, development teams had to change how they interact, inform and relate to donors.

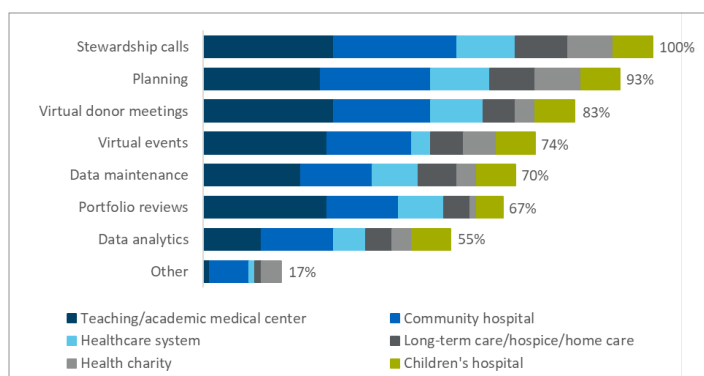


Figure Two. How Development Staff are being redeployed during the pandemic.

“When redeploying gift officers and measuring their activity, one of the most important considerations for organizations of all sizes is the quality of the interaction with the donor,” said David. “Gift officers are using methods other than face-to-face but are still having important conversations that advance relationships between donors and the institutions.”

Within the development team, some positions have been more disrupted than others. In addition to the technical and leadership challenges that come with supporting staff to work successfully from home, some positions, such as event officers, had to pivot or cancel their calendar of activity.

The survey showed that the majority of organizations redeployed staff to steward donors, engaged in planning activities, and moved to virtual meetings. Others focused on data

maintenance, portfolio reviews, and developing virtual events.

“We now know that existing donor relations can be maintained and strengthened using telephone or video,” says David. “What we’re still learning is whether these vehicles will be effective for qualification or discovery conversations. Typically, a salon event or a hospital tour would be a preferred strategy for turning a prospect into a donor. Without the ability to host in-person meetings, organizations need to be innovative.”

When the pandemic broke, staff at Women’s College Hospital Foundation in Toronto, Ontario, pivoted their focus to stewardship, and staff were asked to contact five donors every day.

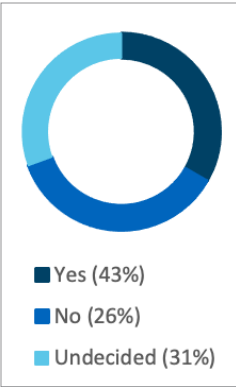
“We have never been busier, but in a different way,” noted President and CEO Jennifer Bernard in an interview with Offord Group in April. “Because we had to adapt so many things quickly, there is so much to do.”

Her team engaged volunteers in a virtual gratitude tour to thank donors and shared how they could access services at Women’s. The purpose of the calls was to check in on the donors’ wellbeing, provide a reminder that their hospital was a COVID-19 testing centre, and update them about the hospital’s role in recovery.

Donor retention is critically important as the competition for charitable support rises. Nicholas Offord, Offord Group founder and Senior Vice President at Marts & Lundy, has noticed a trend in donor attitude.

“Donors want to fulfill their existing pledges and commitments, and they want to make a second gift to their top charities to ensure their survival,” Offord said. “With their remaining funds, they are looking at supporting humanitarian organizations that will be managing the fall-out of the crisis. It is vital that donors understand your need and that you remain their priority through stewardship.”

Success Will be Measured Differently for Now



The survey also found that organizations were split on if—and how—they should adjust metrics to measure success. At the time of the survey, 43% of development offices were planning to adjust their metrics, compared to 26% who were not planning to change goals, and 31% who were undecided. When

asked how they would be adjusting metrics, the majority of respondents indicated that they would alter both activity and dollar targets.

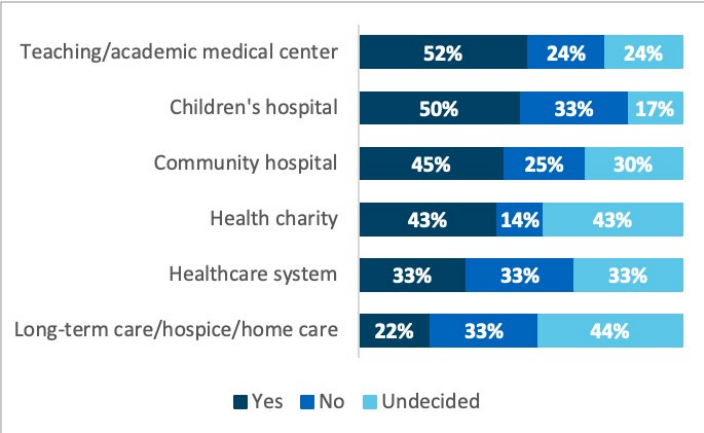


Figure Three. Responses to the question: Are you adjusting FY20 gift officer metrics/expectations given the impact of COVID-19 on your fundraising operation?

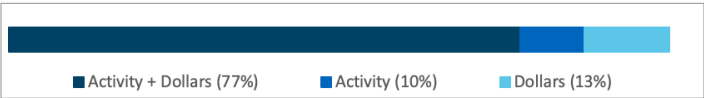


Figure Four. How organizations that are adjusting their metrics are making changes.

The Cleveland Clinic chose to maintain their metrics for fiscal year 2020

“If you are engaging with your portfolio, the money will follow,” shared Lara Kalafatis, Chair of the Cleveland Clinic Philanthropy Institute, during an interview with Marts & Lundy in July. “We use dashboards to track activity and that is what we are focused on.”

The team continues to partner with medical staff and hosts salons to identify and qualify new prospects, only now it’s all done over video. They are closely monitoring the data they are collecting to understand how to best cultivate donors in this evolving landscape.

The pandemic has seen people anchored in their homes, seeking human connection and trusted information.

Gillig advises that, “While there are a variety of ways that organizations measure success, the one that we really look for is how organizations are tracking their work with prospects.”

“Organizations that reached out in the early days of the pandemic to check in on their donors have found that they have built stronger relationships using the phone or video,” Gillig continued. “Now fundraisers are finding that they are having longer conversations, and need to ensure they schedule themselves more than the 10 minutes they originally planned.”

Hospitals had different experiences during the initial outpouring of philanthropy. Healthcare systems and community hospitals reported seeing an increase in support in May, while children’s hospitals and academic medical centers had seen a decrease in philanthropy.

“The hospital is seen as the anchor of its community, engaging with many diverse audiences for an array of reasons: to provide care, raise awareness about healthcare issues and prevention strategies,” Offord said. “The outpouring of support for community hospitals, and particularly for front-line healthcare workers, showed that donors wanted to give back to their local hospital, to make sure care was ready if they needed it. Donors have been looking for ways to take action on the crisis rather than expecting government to take on all issues.”

Mount Sinai Health System is an academic medical centre that was at the epicentre of

the pandemic in New York City. In an interview with Marts & Lundy in May, Chief Development Officer and Senior Vice President for Development Mark Kostegan shared how he has seen the commitment to health research from supporters across the U.S. The Board of Trustees made financial contributions, connected with their networks and developed innovative fundraising tools. As the first hospital in the U.S. to have an antibody test approved by the Food and Drug Administration (FDA), they were empowered to launch a national campaign.

The commitment of senior volunteers remains central to fundraising success. Inspired by Co-Chair of the Board of Trustees, Richard Friedman, Mount Sinai Health System used a sophisticated flow code, an advanced iteration of a QR code, to connect over social media and raised \$1.4 million from 10,000 new donors. As of July, Mount Sinai had raised a total of \$70 million in COVID-19 support. Non-profit boards and management have traditionally avoided taking significant risks, such as implementing the Mount Sinai flow code, but this kind of innovation will be defining as traditional operating standards are challenging or impossible.

Redefining the Case

The survey found that most organizations established special funds in support of their COVID-19 efforts, primarily for front-line healthcare support, personal protective equipment (PPE) and technology.

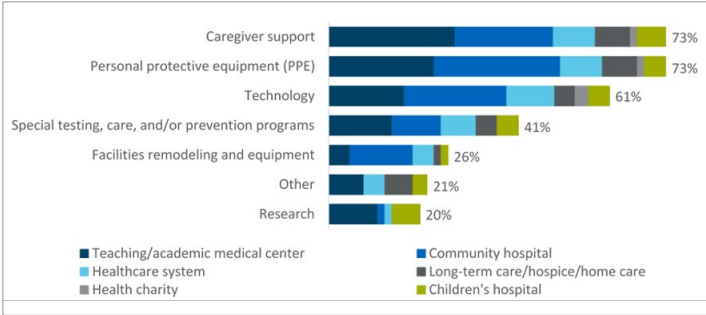


Figure Five. Special funds developed for immediate COVID-19 responses.

Some organizations, such as Mount Sinai, paused their previous fundraising priorities while they responded to the crisis, but many are looking

at when they can shift the conversation from COVID-19 back to other critical needs. In addition to maintaining strong stewardship programs, hospitals have needed to articulate relevant and clear priorities in a competitive environment.



“The under-investment in public relations at some hospitals has exposed big gaps in how they communicate,” Offord said. “The foundations that are filling that gap are maintaining a close, collaborative working relationship with the hospital team. It’s important to have a healthcare conversation, not just a fundraising conversation. This is a tremendous time to renew and rebuild the idea that the hospital is the heart and soul of the community. This will lay the groundwork for future fundraising.”

Increasing communication with donors across a variety of channels has been a common theme among hospital organizations adapting to pandemic fundraising. The fundamentals that are central to decision making by the team at the Cleveland Clinic are “1) make no assumptions that your donors don’t want to hear from you, and 2) do not stop fundraising.”

In an interview with Marts & Lundy in July, Florida Region Vice Chair of Philanthropy Jessica McLain elaborated on this idea: “We are demonstrating the need for support by showing how philanthropy will be used. We are using a sense of urgency and sharing the importance of giving right now.” Central to this success is engaging in open dialogue with donors.

Getting Ahead by Getting Back to Basics

The full scope and impact of this global pandemic are yet to be seen. After an initial outburst of support, the outlook for philanthropy looks constrained. Healthcare has an opportunity to retain support as it plays a critical role in the treatment and solution of this crisis. Successful fundraising is built on developing relationships and inspiring change—across programs and constituents—in a way that is meaningful and authentic. For organizations to succeed, the theories of stewardship, strong communication, and volunteer leadership will remain fundamental.

Regardless of the delivery, engaging constituents and inviting them to share in the solutions you are crafting will result in a reciprocal relationship. Innovation in regular operations will be necessary, and leadership built on strong fundamentals will emerge more resilient from this crisis. ■

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· For the full American survey findings and other COVID-19 resources, please visit <http://www.martsandlundy.com/insights/>

· For the full Canadian survey findings and other COVID-19 resources, please visit <http://www.theoffordgroup.com/category/thought-leadership/>

AHP 2021 CONFERENCES

While you practice social distancing, consider continuing your professional development and community-building by participating in one of the three virtual events we're hosting this year—but make plans to meet us in Boston for this year's AHP International Conference in October! Be sure to visit the AHP website for the latest in conference news.

Leading Forward 2021

THE AHP EXECUTIVE SUMMIT

March through June, 2021

Virtual

Leading Forward's same quality content—designed for chief development officers, executive directors, and other executive leaders in healthcare philanthropy—has been accommodated into seven Zoom-based sessions running every other week, starting in March. Early registration ends on February 26, 2021.



May 26-27, 2021

Virtual

AHP's annual Convene Canada conference is the premier educational event designed by and for Canadian healthcare philanthropy professionals. This year, we're hosting more than 20 educational sessions, with notable keynote speakers, and online networking opportunities using our virtual events platform. Take advantage of the early registration rate!



July through September, 2021

Virtual

Just as we did in 2020, this year's Madison Institute will be 100% online as the AHP Virtual Institute. The Institute will feature in-depth education in ten content areas while offering the same unparalleled opportunity for learning as you would expect at the Madison Institute. All tracks will be offered via Zoom in either a full or mini-track format.



Save the Date: October 20-22, 2021

Boston, MA

We're currently planning to meet in person for the 2021 AHP International Conference! You can expect a jam-packed schedule of sessions, inspirational keynote speakers, and a friendly gathering of peers in healthcare philanthropy.

Learn more and register for any of these conferences by visiting our website: www.AHP.org