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# philanthropy



## Two sides OF THE same coin

Integrating planned  
and outright giving  
to maximize  
funds raised

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with social media

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What keeps development  
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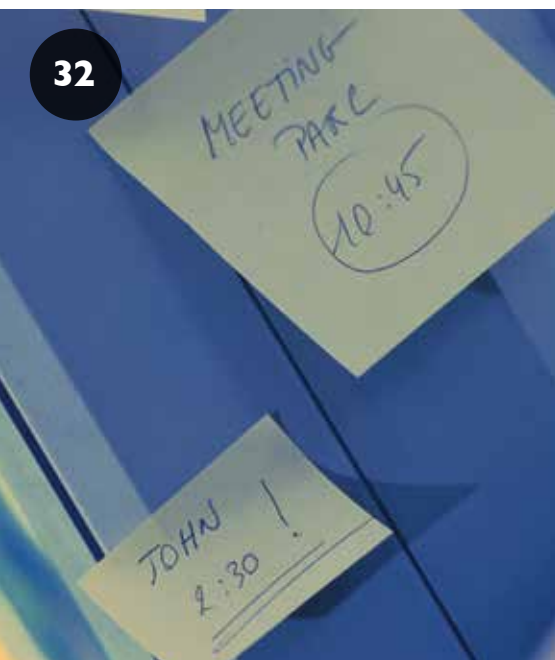
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## philanthropy

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The Association for Healthcare Philanthropy (AHP) is the leading authority for standards, knowledge and leadership in health care philanthropy. As the world's largest association for health care fundraising professionals, AHP represents 5,000 members who raise more than \$10 billion each year for community health services. AHP supports its members and serves the public through high performance standards, expert knowledge development and executive leadership that advance the practice and performance of health care philanthropy at both the local and national level.

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By David L. Flood

Chair, AHP Board of Directors



## FROM THE CHAIR

# A defining time in health care development

While this time of year may seem routine—with its familiar back-to-school shopping and other end-of-summer drills—for those of us in health care development it's a defining moment. With only a few months to year-end, AHP is nearing the close of its current strategic plan.

The plan's focus on standards, knowledge and leadership has brought many positive changes to our industry—including an emphasis on data sharing; greater definition applied to fundraising standards; new and expanded educational offerings; and formalized benchmarking to evaluate progress and direction.

In 2016 a new AHP strategic plan will emerge, promising to usher our industry into a dramatically new and exciting era. Building on the significant progress we already have achieved, this new roadmap will continue to focus on meeting greater expectations for philanthropy—including tighter strategic alignment with our health care institutions while continually strengthening a culture of philanthropy and stewardship.

Incorporating a broad range of perspectives from AHP members, member institutions, partners and external resources, the plan focuses on:

### Developing strategic partnerships

As we have become the leading authority on fundraising standards in our industry, collaboration with other professional organizations will allow broader reach and result

*Continued*

In 2016 a new AHP strategic plan will emerge, promising to usher our industry into a dramatically new and exciting era.

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toward more universal understanding and acceptance of current best practices. It also will expand our visibility and provide additional content and perspectives to enhance member education.

### **Delivering quality educational offerings**

Electronic connectivity has transformed the way information is acquired and shared. To remain on the leading edge, AHP aims to continually cultivate a multichannel approach and offer programming tailored to the different needs of our members. We envision an expanded selection of learning opportunities, as well as outreach that addresses the unique needs of growing and evolving system landscapes.

### **Broadening engagement offerings and opportunities**

Today there is a greater need among members for additional ways to connect, collaborate, mentor and share ideas. The goal is to develop programming, e-content and delivery platforms to increase engagement in educational encounters such as conferences, webinars and e-learning; participation on volunteer committees and faculty; online encounters such as website visits and downloads; and participation in member satisfaction surveys to ensure progress and contemporary value to membership.

These opportunities also must meet the specific needs of fundraising professionals from an increasingly diversified array of specialty health organizations—such as pediatric facilities, home care, hospice, academic hospital facilities and more.

### **Gaining universal acceptance as the industry's thought leader**

We will identify “hot topics” and develop a way to share industry knowledge through a formalized research and white paper process. We also will form strategic alliances with peer organizations to conduct research and provide valuable content to members.

In addition, engaging and educating the C-suite is vital to gaining credibility and visibility for philanthropy. Our plan aims to provide value to members by expanding training on establishing healthy C-suite relationships, as well as by collaborating with other professional organizations that help to shape and influence C-suite perspectives.

Above and beyond these goals, the committee also has identified

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a longer-term aspiration to expand our footprint beyond North America. We believe the health of communities around the world will be enhanced by a global philanthropic web that includes people and resources woven with a common purpose of quality health care and wellness. These discussions are an outgrowth of successful exchange relationships recently forged in Europe, with AHP receiving more international requests for resources every year.

As the new strategic plan suggests, AHP will work to provide numerous services in the coming years to help development professionals succeed—with an intensive focus on fundraising performance measures. As members of the largest health care development professional organization in the world, you are key players in our noble mission.

Whether you have limited or significant time to volunteer, I urge you to be proactive and be involved with your association. I recall that my own first interaction with AHP involved simply volunteering to help with a golf tournament. That small step has carved a professional path that has led to networks and benefits I never could have imagined.

It is an honor to represent nearly 5,000 AHP colleagues who are advancing philanthropy at our institutions and in our communities. Thank you to the many members who have participated in the strategic planning process. We look forward to the work ahead.

In closing, allow me again to express special thanks to our Strategic Planning Committee members and liaisons: **Mendal Bouknight; Amy Day; Sue Doliner, FAHP, CFRE; David Gillig, FAHP; John Graham IV, FASAE, CAE; Sharon Jones, FAHP, CFRE; Mark Larkin, CFRE; Bill Littlejohn; Mitze Mourinho, FAHP, CFRE; Bridget Murphy, CFRE; Jory Pritchard-Kerr, FAHP, CFRE; Pamela Puleo, FAHP, CFRE; Thomas Sloan, CFRE, FACHE; and Randy Varju, MBA, FAHP, CFRE.** 

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AS I SEE IT

## Supporting and elevating the profession

**H**ealth care philanthropy holds a unique position in the spectrum of nonprofit causes and institutions. There are additional hurdles, such as navigating patient privacy laws when communicating with potential donors. However, there also are the benefits of a highly personal and fulfilling form of philanthropy—one that builds relationships with grateful patients and enriches the health and well-being of communities.

Our specialized field requires specialized knowledge, and AHP provides education and resources to help guide you every step of the way. In this issue of *Healthcare Philanthropy*, our Forward Thinking article explores some of the top challenges in the industry today, as well as advice on how to address them.

You also will find articles on current trends, including the integration of planned and outright giving to maximize fundraising potential; social media strategies to reach and engage a responsive audience; and the concept of turning cold calls over to trained professionals to increase development productivity.

In addition to providing essential knowledge, AHP puts a great deal of effort into developing and implementing solid management tools for health care development. We have created a comprehensive system of measuring and reporting

philanthropic activities to help take the guesswork out of running a successful program.

The *AHP Standards Manual* provides peer-established definitions and consistent rules for industry reporting that focus on the unique characteristics of health care development. It gives you a better way to communicate philanthropic impact to your boards, executive teams, donors and the public.

The annual *AHP Report on Giving* provides key industry benchmarks, including total funds raised (cash and production), return on investment and cost to raise a dollar—as well as industry trends and performance comparisons based on institution type, number of full-time employees and sources of funds raised. The new Report on Giving Online Database gives you the ability to delve deeper into the data and run numerous custom reports.


I cannot overemphasize the importance of member participation in the annual AHP Report on Giving Survey. Although benchmarking requires an investment in time, it is essential to help guide development strategies and improve outcomes. It also is one of the fundamental tools we possess in making the case that development professionals deserve a seat at the leadership tables of our institutions.

Development professionals are questioned year after year by board

In many health care institutions, development often provides a higher return on investment than any other department.

members and executives about their cost to raise funds, the efficiency of their operations and the necessity of their staffs. In many health care institutions, an overlooked factor is that development often provides a higher return on investment than any other department.

Development offices that make good use of metrics are in a better position to request more resources and a stronger voice in aligning philanthropy with the health care organization's strategic plan.

At AHP, our focus is on the unique characteristics of health care philanthropy and the unique needs of our member institutions. Our goal is to provide you with sophisticated support in order to strengthen professional skills, elevate fundraising performance and position health care development as integral to the health care enterprise. 



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# Two sides of the same coin

## The benefits of integrating planned and outright giving

**I**ntegrating the efforts of planned giving officers and major gift officers is not a new idea. But it seems especially timely as every day, more than 10,000 baby boomers in the United States and about 1,000 in Canada reach the age of 65 and begin to solidify their estate and legacy planning.

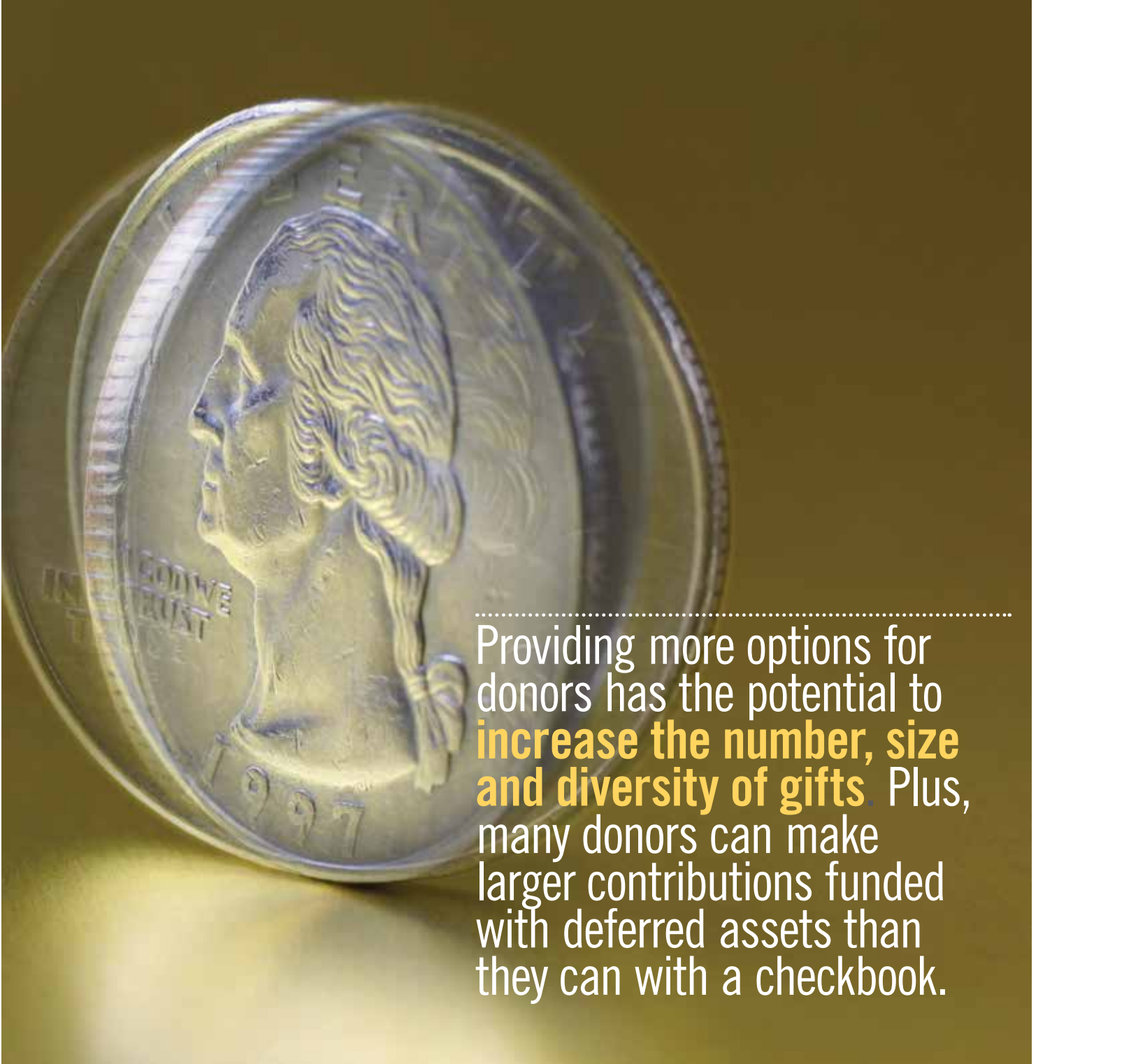
In addition, gift reporting standards recently established by the Association for Healthcare Philanthropy (AHP) recommend that both current gifts (such as annual fund donations) and future gifts (such as bequest commitments) be counted at face value (instead of being adjusted according to the time frame in which funds will actually become available) to both enhance donor recognition and reflect

overall fundraising productivity.

The climate for leaders and development shops to seriously consider an integrative approach has never been more favorable.

Simply put, integration is the idea of helping development officers who specialize in outright gifts to consider planned giving as an additional option for discussion with prospective donors. Combining gifting vehicles in what many now call a “blended





Providing more options for donors has the potential to **increase the number, size and diversity of gifts**. Plus, many donors can make larger contributions funded with deferred assets than they can with a checkbook.

gift” (such as an annual or major gift paired with a bequest) may best meet a donor’s desires and goals for philanthropy. Blended gifts also may provide the greatest financial benefits for your institution over time.

Providing more options for donors has the potential to increase the number, size and diversity of gifts. Plus, many donors can make larger contributions funded with deferred assets than they can with a checkbook.

Integration can be achieved through creative collaboration between gift development officers. For example, a planned gift officer and a major gift officer might work together to develop a blended gift proposal for a donor. Eventually—through collaboration, experience and education—these officers may evolve into what we call *personal gift officers*. They reflect true integration at the program level as all fundraisers (in annual gifts, major gifts and



planned giving programs) learn to think broadly about all gifting options for prospective donors.

Personal gift officers have developed a mindset that regularly considers blended gifts, and they are confident about discussing different gifting options with individual

extra years of life and has committed to an annual gift of \$2,000 targeted to the hospital's oncology division. Through John's thoughtful stewardship, Mr. Gordon eventually decides to donate \$50,000 outright to help the hospital start a new cancer-screening program. It's a

We will revisit this story later to see how it unfolds. We also will provide more details about various perspectives and strategies required for effective program integration and blended gift cultivation. We hope to inspire you to take a closer look at how your annual, major and planned giving programs can work together to better serve donors while maximizing fundraising potential.

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## Gift planning practices in the United States and Canada share many similarities, but there also are important differences to consider when discussing the integration of planned giving in a comprehensive development program.

donors. We'll talk more about personal gift officers later in this article.

### Integration scenarios

To begin to illustrate integration at work, here are two stories drawn from donor engagement experiences we've observed in our careers. In these scenarios, a donor we'll call Mr. Gordon is working with two fundraisers, John and Jane.

John is a major gift officer for a suburban hospital where Mr. Gordon's wife was successfully treated for cancer. In the first scenario, although Mr. Gordon's wife is now deceased, he is tremendously grateful to John's institution for giving her precious

successful outcome: The hospital's oncology division is enhanced, John is happy and the donor is very satisfied that he was able to help.

The second scenario involves Mr. Gordon's beloved granddaughter, who suffers from severe asthma and is regularly treated at a pediatric hospital where our second fundraiser, Jane, works. Mr. Gordon also donates \$2,000 yearly to this children's hospital through its annual giving program. But when he shares with Jane that he is ready to consider a larger outright gift of \$50,000, she approaches the potential donation differently and achieves an even more satisfying outcome for Mr. Gordon and a much more lucrative one for her institution.

### The climate for integration

As we mentioned, AHP's most recent gift-reporting standards recommend that charitable institutions show total productivity of fundraising efforts by recognizing revocable bequest commitments and life-income gifts (gift annuities, charitable trusts) at the current face value of the gift. Counting these different gifting vehicles at current face value suggests that AHP, along with its sister associations including the Partnership for Philanthropic Planning, the Association of Fundraising Professionals and the Council for Advancement and Support of Education, recognize a need for universal gift counting and fundraising productivity standards.

These new standards also might signal a shift toward a more donor-centric model of fundraising, one that offers donors recognition based on the face-value dollar amount they are committing to, not the type of giving vehicle or the time value of their donation.

### Being open to options

Philanthropists who want to contribute to our health care institutions don't think of themselves as "major gift" or "planned giving" donors. Yet in our development activity plans we often categorize donors in this way, and that can cause us to approach them with a limited mindset. We need to remind ourselves that a prospect

identified by the planned giving team also may be capable of making a major outright gift, while another assigned to a major gift officer may be willing to explore the idea of a deferred gift.

Incorporating the idea of blended gifts into a comprehensive development activity plan can produce valuable results currently and far into the future. Frank Minton, a leading gift planning practitioner in both the United States and Canada, has written extensively about the benefits of this integrative approach. Minton's perspective is that a development office's primary objective is to raise funds for its organization, and staff members who share the responsibility to meet this goal are more frequently successful than those who concentrate on a single program area alone.

In addition, Minton points out that effective communication and collaboration between annual, major and planned gift officers provide exceptional cross-training opportunities. Introducing colleagues to new ideas, successful strategies and useful technical information can be nothing but beneficial to the entire team and its overall fundraising efforts.

## Different types of gifts

When we discuss integration we are addressing the three distinct specialty areas of annual gifts, major gifts and planned gifts that exist either as stand-alone programs with their own staffs or simply as revenue channels in smaller shops. Chart A serves as a quick reference for thinking about how the gift cultivation process might vary with each gift type.

Most opportunities for collaboration to create blended gifts will occur between major gifts

**Chart A:** Overview of gift planning process and giving vehicles

	Annual Gifts	Major Gifts	Planned Gifts
<b>Research</b>	Limited	Thorough	In-depth
<b>Cultivation</b>	Limited	Personalized	(More) personalized
<b>Cultivation Timing</b>	Within 12 months	12–18 months	12–18+ months
<b>Engagement</b>	Not usually personalized	More personal	Highly personal
<b>Solicitation Focus</b>	Recipient-driven	Recipient-driven	Donor-driven
<b>Gift Timing (Influences)</b>	Calendar/tax year	Recipient need	Donor life events
<b>Gift Source(s)</b>	Discretionary income	Income and/or assets	Assets
<b>Gift Frequency</b>	Regular	Periodic	Ultimate/final
<b>Gift Size (Relative)</b>	Modest	Large	(Very) large
<b>Gift Recognition</b>	Modest/standard	Customized	Customized
<b>Stewardship</b>	Periodic	Regular	Regular

and planned giving specialists. As shown in Chart A, these types of gifts generally involve personal cultivation by a development officer who can bring an integration mindset to the transaction. Plus, donors who have the capacity for a major gift also may be willing to consider a deferred one, and vice versa. But donations to an annual fund drive also may be important parts of a blended gift.

## Changing performance measures

Although the integrative approach gives fundraisers new and exciting gift cultivation options, planned giving and major gift officers often pursue their work independently—and a major reason gift officers

don't collaborate is that shared success often is not reflected in their performance evaluations. For instance, if a planned gift officer invests considerable time and effort working with a major gift officer to close a large outright gift and the gift counts toward only the major gift officer's goal, she will probably assign low priority to future collaboration on current gifts. The reverse would be true if the major gift officer spent a lot of time securing a bequest commitment without this fact being considered in his performance evaluation.

Obviously there should not be a double counting of gifts, but ideally each development officer should be credited for the totality of his or her production activities. The



## Gift planning in the United States and Canada

Gift planning practices in the United States and Canada share many similarities, but there also are important differences to consider when discussing the integration of planned giving in a comprehensive development program. For instance, some very effective gift planning instruments such as charitable remainder annuity trusts and charitable lead trusts are not available to donors outside the United States.

In Canada, while there is no estate tax, there are “end of life” taxes that become due and payable by the estate on the death of its citizens—typically related to tax-deferred assets held in retirement plans and the taxes payable on capital gains realized on appreciated assets such as real estate or listed securities. These taxes generally can be offset by making a gift by will, as these donations are receipted at full market value and 100 percent of the gift can be claimed against net income in the year of death (with a one-year carry back for excess credits).

In the United States, the estate tax is a concern to a relatively small number of prospective donors. With personal exemptions now exceeding \$5.4 million per person (unused portions of which can be transferred to a surviving spouse, bringing the marital exemption to a combined \$10.86 million in 2015), only the nation’s wealthiest contributors are likely to enjoy a tax benefit by making a gift by will. For all other donors, their end of life charitable bequest is a notable expression of true philanthropy—that is, of voluntary action without benefit—to support a favored health care organization.

report form for a major gift officer could contain data on current gifts completed or pledged as well as a statement with data covering deferred gifts in which he or she was involved. (Further, the major gift officer might have two performance goals: the number and dollar value of current gifts and the number of deferred gifts with which he or she assisted.) Similarly, the planned giving officer would list, in addition to information about deferred gifts, the number and dollar value of current gifts on which he or she collaborated. Performance measures such as these make working together and the blended gift option much more attractive for development officers.

In smaller organizations, where one person may be responsible for cultivating both deferred and current gifts, this point is probably moot. However, even a single development officer should be properly credited with both current and deferred gift production (realized and expectancies) in performance evaluations.

### How integration works: education and support

A development shop might decide to implement a strategy of program integration in a variety of ways. With the encouragement and support of their chief development officer, major and planned giving officers may simply keep the blended gift approach in mind as they cultivate donor relationships and seek the expertise of colleagues as needed to develop possible proposals for those donors. A major gift and planned giving specialist might even decide to meet together with a prospect both believe might be open to the idea of a blended gift.

To make integration more accessible while helping colleagues,

as well as philanthropy and institutional leadership, feel more comfortable with this approach, development officers can act as “ambassadors” (as well as technical specialists) for their gift areas, promoting workable strategies for blended giving. Here are some easy, inexpensive ideas to help educate and engage others:

- **Offer presentations and workshops.** Adapt the technical level and focus for your audience. At Children’s Hospital, we recently held a Jeopardy-style competition between two teams of gift officers to learn more about planned giving concepts. Free lunch was included, of course.
- **Circulate program materials.** Remember to share in-house brochures, newsletters and other direct-mail pieces describing planned giving vehicles, major gift campaigns, etc., with colleagues, senior executives and board members.
- **Circulate relevant articles, publications and association newsletters.** The recorded successes and strategies of other organizations lend considerable credibility to the idea of integration and can help reinforce your work. Keep colleagues abreast of the evolution of planned and major giving as both a fundraising program and a profession by sharing association newsletters and journals such as *Healthcare Philanthropy*. This year Children’s Hospital launched a planned giving internal newsletter for all staff members in our development office, which has been a great vehicle for education and engagement.
- **Publicize year-end results.** Highlight achievements, solid statistics and measurement

models, especially those that involved more than one development officer/vehicle/gift category. Using AHP’s gift counting standards might prove particularly helpful here.

- **Share the success.** When a blended gift is confirmed or realized, share the excitement and reinforce the fact that you acknowledge this is a shared success—the result of your organization’s mission, credibility and good work, a strong outreach program, effective public relations and a committed staff and volunteer cadre.
- **Make the most of seminars and conferences.** If possible, invite a board chair, senior volunteer, fellow development officer or advancement colleague to attend an AHP or other conference or workshop with you.

## The personal gift officer

We envision an evolution in the role of development officers into personal gift officers—those who embrace a new, broader understanding of options for working with individual

donors. (We should note that there is still likely to be a role for specialized development officers with responsibility for corporate donations, foundations, etc.)

Chart B outlines the perspective of an ideal personal gift officer, who effectively combines the priorities of both the major gift and planned giving officer. Cultivating this highly personalized and forward-thinking mindset has the potential to create the most meaningful giving experiences for your donors and also to be of optimum benefit to your health care institution.

## An integration success story

Now let’s revisit our donor scenarios. We left Mr. Gordon informing Jane that he was ready to consider a major gift of \$50,000. Instead of simply accepting this outright gift, Jane—a personal gift officer who has cultivated this relationship and has a good understanding of Mr. Gordon’s motivations for giving—explores the idea of combining an increased annual pledge of cash with a future commitment from his estate. Upon further reflection, Mr. Gordon decides to increase his giving



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**Chart B:** Perspectives of the personal gift officer

What Major Gift Officers Think	What Personal Gift Officers Should Think (Ideally)	What Planned Gift Officers Think
Look for outright gifts	Look for outright and deferred gifts	Look for future gifts
Focus on gifts from income	Focus on gifts from income and assets	Focus on gifts from assets
Prospects have high net worth	All qualified prospects are cultivated	Prospects include those with modest or limited incomes
Longevity as a donor is not vitally important	Longevity of relationships is understood to be of interest to all concerned	Longevity as a donor is central to prospect segment
Planned gifts are confusing and technical	Understanding both current and deferred gift options is an asset	Love to talk about the technical aspects of gifts
Goal deadlines and urgency for gifts drive activity	A balanced approach to align recipient needs with donor interests/intentions	More focused on problem solving than closing gifts by a certain date
Spend most of their time with middle-age donors	Spend time with qualified prospects within appropriate age segments	Spend most of their time with older donors
Compensated for current year gift production	Compensated for both current year gift and expectancy production	Compensated for current year gift production


to \$5,000 per year for the rest of his life to fund an annual lectureship on asthma.

Additionally, he decides to create two endowed funds with money from a retirement account that the hospital receives at the end of his life. One of the deferred gifts will be for \$100,000 to permanently endow the asthma lectureship and name it in his granddaughter's honor. The other gift of \$300,000 is named for his late wife and provides perennial support for pediatric cancer research. Mr. Gordon was delighted and moved by these gifting opportunities and invited his granddaughter to join him at the first asthma lectureship. And Jane secured new pledges of \$400,000 for her hospital in

addition to increasing Mr. Gordon's annual pledges.

All components of the gift (both the cash and the bequest) were booked at current face value, and totaled over eight times more than the commitment Mr. Gordon initially considered. Now that is successful integration at work.

Both John and Jane did something wonderful for Mr. Gordon by opening the door to new possibilities for philanthropy that met his needs and aspirations, but one might successfully argue that the gift to the children's hospital did so at a deeper and more profound level. We believe this is what all personal gift officers should be aiming for: considering all donation options to create a

giving experience for the donor that is deeply meaningful. That is the raw material from which transformational gifts are made. 



**Ian M. Fraser, MBA, FAHP, FCEP**, is a consultant in philanthropy who specializes in legacy gift planning. A long-time faculty member and a director emeritus of the

AHP Madison Institute for Healthcare Philanthropy, he currently serves as the planned giving track dean.



**Tom Yates** is the director of planned giving at The Children's Hospital of Philadelphia, where he has worked since 2008. Prior to joining Children's Hospital, he worked in the

institutional advancement office at Drexel University.



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# No-cost social media strategies **that bring results**

Engage and build your audience—and even get donations—without using cat videos

Competing for attention on social media can be discouraging for nonprofit health care organizations, given their limited budgets. Facebook, the behemoth of social media sites—with more than one billion active monthly users—has become crowded with mundane and mindless content, not to mention elaborate sponsored campaigns masquerading as user-generated material.

Complicating the picture is a change Facebook announced in January 2015 to “increase the relevance and quality of the overall stories—including page posts—people see in their News Feeds.”<sup>1</sup> Facebook claimed this change would not increase the advertisements people see on their News Feeds; however, organizations posting promotional content should “expect their organic distribution to fall significantly over time.” In other words, Facebook wants you to buy more ads—and if you post something that looks like an ad without paying for ad space, it won’t get very far.

The good news is that you don’t have to spend money to make an impact. At Hamilton Health Sciences Foundation in Hamilton, Ontario, we found no-cost ways to reach and engage a responsive audience.

## A targeted approach

Our foundation supports the fundraising efforts of four different hospital sites and their diverse range of programs: McMaster Children’s Hospital, Hamilton General Hospital, Juravinski Hospital and Cancer Centre and St. Peter’s Hospital. We use several social media channels, but the primary one is Facebook.

A key part of our strategy was to create and maintain four distinct Facebook pages to target patients and donors of the separate sites. Such an approach may not be right for everyone, but it worked in our favor. Prior to creating our pages, donor profiling research revealed that many of our supporters preferred to give to specific hospitals, rather than to the foundation as a whole. Those results informed both the structure and the strategy for each Facebook page, which continues to evolve as we evaluate audience response.

The four hospitals have different care models and patient populations. Therefore, each of the four foundation pages (listed below) has different logos, profile pictures and content, but through similar branding and theming, we can maintain connection to the mission of the overall foundation.

- McMaster Children’s Hospital (facebook.com/SupportMacKids) delivers pediatric care.
- St. Peter’s Hospital (facebook.com/SupportStPeters) focuses on palliative care and rehabilitation.
- Hamilton General Hospital (facebook.com/SupportTheGeneral) emphasizes cardiovascular, stroke, burn and trauma care.
- Juravinski Hospital and Cancer Centre (facebook.com/SupportJuravinski) handles cancer care and orthopedics.

## Tools and strategies to boost performance

Page Insights, a native Facebook tool currently available to pages with more than 50 likes, provides a wealth of data you can use to guide your social strategy, measuring a range of metrics from post performance to demographic information such as gender and age segmentation. It even allows page administrators to keep track of their competitors’ engagement rates—and get a sense of what works—with a feature known as Pages to Watch.

Post performance depends largely on factors measured by EdgeRank, the algorithm Facebook employs to determine which posts appear in a fan’s News Feed. EdgeRank uses three main variables:<sup>2</sup>

- **Affinity**—the likelihood of a user seeing your posts based on how often the user has interacted with your page in the past.

.....

There is no tried-and-true method to determine how a certain content type will perform on any social platform. Testing and evaluation will help you formulate a strategy tailored to your supporters.



- **Weight**—the priority EdgeRank gives a post based on the post type (photos, videos, links, plain text) and how many comments and likes the post gets.
- **Time decay**—the likelihood, based on a post's age, that the post will show up in a user's News Feed.

Many additional factors can affect a post's performance, including timing, content repetition and post frequency.<sup>3</sup> Although it's important that your Facebook page displays up-to-date cover photos and current information in the "About" section, the focus should remain on appearing in users' News Feeds, because that is the content people are most likely to see. Studies show that 90 percent of fans do not revisit a page after their initial interaction.<sup>4</sup>

At Hamilton Health Sciences Foundation, we adopted a social strategy using "four Cs" to ensure our posts get maximum exposure through Facebook's News Feed. You, too, can apply the four Cs—curate, correlate, coordinate and cultivate—to expand and enhance your nonprofit's Facebook presence.

## "Curate" to tailor content

Rather than duplicate content across all of your social media channels and Facebook pages, use Facebook's

Page Insights tool to examine past performance and determine what content is best suited to your audience and platform. Within the tool, engagement data (how many likes, comments, shares or clicks the post received) is available and can easily demonstrate if a certain post type is not resonating with the audience.

Your audience is unique and deserves unique content on each platform. Facebook users are likely to tire and move on if they see the same exact posts from you on Twitter. However, you can repurpose content into a format suited for each platform. For example, here is how you might effectively use three different platforms after an annual fundraising gala:

- **Twitter** can provide quick updates sent in real time from the event (allows only 140 characters).
- **Facebook** can host a full photo album following the event.
- **LinkedIn** can feature a press release announcing the fundraising total.

There is no tried-and-true method to determine how a certain content type will perform on any social platform. Testing and evaluation will help you formulate a strategy tailored to your supporters.

Curating content also extends to repeating posts. Platforms such as Twitter are useful in promoting repetitive content—you can send the same link and accompanying text multiple times—whereas Facebook's EdgeRank algorithm works against similar posts by reducing their reach.<sup>5</sup> The algorithm's effect can become challenging when you need to promote a fundraising event or remind your audience of an awareness day, contest or special offer. To be more successful, highlight a different part of the message or reframe it from another perspective to ensure that each post is distinct, making it easier to reach as much of your audience as possible.

## "Correlate" with your focus

Avoid posting content that does not correlate with your organization's internal activities and the impact you seek in the community. "What is your favorite animal?" might be a relevant post for an animal-rights organization, but it certainly has no place on a hospital foundation's Facebook page. Posts such as "Like if Tuesday is your favorite day" or "Comment below with your favorite fruit" not only cheapen your professional presence, but because of the EdgeRank algorithm, they also reduce your reach.

Facebook considers these posts "like-baiting" and defines the practice as "explicitly asking News Feed readers to like, comment or share the post to get additional distribution beyond what the post would normally receive."<sup>5</sup> The like-baiting strategy was once considered a sure-fire method to increase organic reach and an easy way to boost metrics. However, this engagement is typically superficial and will not correlate to a real relationship or a future donation.

## Glossary of Facebook terms

**EdgeRank:** The algorithm Facebook uses to determine which articles should be displayed in a user's News Feed.

**Like-baiting:** Trying to compel Facebook users to click the "Like" button associated with a piece of content.

**Organic reach:** The number of people who see your post for free on Facebook.

**Page Insights:** A Facebook tool that provides information about your page's performance.

**Pages to Watch:** A feature of the Page Insights tool that lets you create a list of pages similar to yours and compares ongoing performance.

## CASE STUDY:

# #FightRileyFight taps Facebook for fundraising

In May 2014, Hamilton Health Sciences Foundation launched #FightRileyFight—a crowdfunding campaign initiated by the family of Riley Dunda, a young hockey player who suffered a massive stroke at age 18. A specialized neuroradiology team at Hamilton General Hospital restored Riley's blood flow by guiding a catheter through his blood vessels to retrieve a clot in his brain.

Riley's family was touched and inspired by the level of care he received at Hamilton General Hospital, and wanted to get involved in fundraising as a way to thank the hospital for saving his life. Thus emerged the idea for an online campaign to support the hospital's stroke program and its interventional neuroradiology service.

Before his stroke, Riley played for the Hamilton Redwings, a Canadian junior hockey team. His family had connections with the hockey community, and their efforts drew the attention of sportscasters and several National Hockey League players, who helped focus attention on Riley's campaign. The family also created its own Facebook page ([facebook.com/FightRileyFight](https://facebook.com/FightRileyFight)) to share information about Riley's recovery. They posted frequent updates on Riley's condition, chronicling his physical therapy and efforts to regain strength and mobility—glimpses of personal moments that encouraged their investment in Riley's well-being. The Facebook page urges viewers to donate to the stroke program at Hamilton General Hospital and provides a link to the campaign's website at [www.hamiltonhealth.ca/FightRileyFight](http://www.hamiltonhealth.ca/FightRileyFight).

Riley also appeared in news articles and television segments, which were shared with the online community following Riley's progress. Coordinating cross-promotion between the Hamilton General Hospital Foundation page and the FightRileyFight page increased engagement rates to an unprecedented level, multiplying our reach from hundreds to thousands.



Shortly after the Facebook page was created, the first round of fundraising focused on Riley's upcoming birthday. Throughout the following months, local sports teams organized to donate game proceeds toward the campaign, and Riley became the official patient ambassador for Hamilton General Hospital's signature yearly run/walk event, Strides for the General.

The campaign was successful at garnering donations because it tapped an existing social media audience that was tied in to every aspect of Riley's recovery. Followers wanted to learn more about his operation and the pieces of equipment that would help him regain motor control. They saw the equipment in action through photos and short videos uploaded by our foundation and Riley's family. Once they understood the value of the equipment, they grasped the fundraising need—recognizing that donations would help the hospital pay for this equipment and save the lives of future patients just like Riley. Promotion using print, radio, television and online sources involved multiple touch points, in keeping with the Rule of Seven, to reinforce the audience's understanding.

After six months the campaign had already raised \$48,000. And the best news is that, more than a year after his stroke, Riley is taking college classes, practicing his skating and continuing to improve.

The Rule of Seven, an oft-quoted marketing maxim, refers to the number of “touch points” a brand must have with a customer before the customer will make a purchase.<sup>6</sup> Effective Frequency, a similar concept, refers to the number of times a person must be exposed to an advertising message

before he or she responds—and before the exposure is considered wasteful. If you are just getting started on social media, or advancing your social media strategy in a new direction, one post or one campaign is not enough. You must establish an ongoing, positive relationship

with your audience to lay the foundation for a future donation. Create meaningful moments of interaction. Instead of like-baiting, post high-quality messages that reinforce your mission statement, enhance awareness and give your audience an incentive to engage with you.

## “Coordinate” for peak exposure

Because social media is available 24/7, you can consume inordinate amounts of time constantly checking activity and figuring out when to post. A better approach is to use Facebook’s Page Insights feature, where the section “When Your Fans Are Online” demonstrates, in graph form, the times your audience is most active. Whether you use Facebook’s native scheduling feature when creating a post, or alternative applications such as Buffer or Hootsuite, schedule posts to deploy during peak hours for maximum exposure.

At Hamilton Health Sciences Foundation, we noticed that each page’s audience was most active at different times of the day. Much of our younger audience, for example, comes online later in the evening. We now schedule our posts to go live and engage with a younger demographic on their time, without being constrained by traditional working hours.

Scheduling is important in a successful strategy because of time decay, one of the three key EdgeRank factors described earlier in this article. The longer a post has been “live,” the less likely it is to appear in a user’s News Feed. If you plan to post at 9 a.m. simply because it is the most convenient time, those logging in at 5 p.m. may never see your message.

## “Cultivate” your audience

Rather than asking for donations directly, establish trust with your audience by providing a steady stream of relevant and informative content, and introduce your need slowly. Start by letting your audience get to know your organization and share stories that promote their emotional involvement.

Remember, Facebook began as a community space for people to connect with each other, not with companies or brands. Donors tend to give based on a personal or emotional connection, as Tara Turner noted in the Fall 2014 issue of *Healthcare Philanthropy*. People who support a cause via crowdfunding do so in many cases “...because they know the person they are funding or because a friend has asked them....Hospital fundraising that uses this kind of crowdfunding appears to have less success....As larger organizations, hospitals appear to lack the one-on-one element that [makes these campaigns] so successful.”<sup>7</sup>

At Hamilton Health Sciences Foundation, we found that patient ambassadors can help establish the missing connection and heighten would-be donors’ understanding of why a donation is needed and the impact it will have. Using ambassadors isn’t a ground-breaking idea—but bringing them in to social media is a new angle. As illustrated in the case study, identify motivated patients who can help spread your message through their own networks and use their social influences to further your cause. The more an ambassador internalizes your mission and makes it his or her own, the more successful your fundraising will be.

## Social media is an engagement vehicle

It can be difficult to justify spending time and resources on social media, particularly with today’s focus on achieving measurable return for invested dollars. Yet as social media platforms evolve, it is truly becoming possible to accurately measure engagement, user flow and, ultimately, donation increases.

Nevertheless, social media is primarily an engagement vehicle,

not a transaction channel. Instead of beginning with the donation in mind, connect with your audience first. Provide interesting and relevant content to grow your audience organically. And unless you have a strategy-based reason, stay away from cat videos! 🐱

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**Grace Ryder** recently served as the digital marketing coordinator at Hamilton Health Sciences Foundation in Hamilton, Ontario. A graduate of the honors communication studies program at McMaster University, she has more than five years of experience managing social media accounts for organizations in both nonprofit and corporate sectors.

# Today's **top** **challenges** in health care philanthropy

Development professionals discuss what  
keeps them up at night

**A**s we continue to emerge from the economic struggles of the last decade, the nonprofit landscape is showing signs of optimism. According to the Nonprofit Research Collaborative's *Winter 2015 Nonprofit Fundraising Study*, 52 percent of charitable organizations in the United States and Canada saw charitable receipts increase in the first half of 2014, compared to the same six months in 2013. Estimates from *Giving USA 2015* show that charitable giving rose for the fifth year in a row in 2014, surpassing a prerecession peak.





These reports, as well as AHP's own *Report on Giving*, indicate that the health sector shares in this philanthropic growth. But in an era of regulatory changes, hospital consolidations, shrinking margins and a highly competitive nonprofit landscape, health care organizations across the country face a number of challenges. Development leaders are being asked to do more with less, while identifying new and sustainable sources of funding.

As Jane Haderlein, senior vice president of philanthropy and public affairs at Huntington Hospital in Pasadena, Calif., writes in *Health Affairs*: "Philanthropy was once simply 'nice to have,' but discussions regarding its role and strategic imperative can now be heard regularly at hospitals. More institutions are incorporating explicit expectations of fundraising into their financial planning and now consider fundraising a 'must' for survival."

To better understand the challenges in our industry, AHP spoke with health care philanthropy professionals from across the country and asked them one simple question: "What keeps you up at night?" Although responses varied, five key themes emerged.

## A competitive landscape

Health care organizations, like many of today's nonprofits, face the challenge of making their voices heard in an increasingly crowded field. According to the National Center for Charitable Statistics, there are approximately 1.43 million tax-exempt organizations in the United States. There are about 80,000 charities registered with the Canada Revenue Agency.

Conversations reveal this is an ongoing pain point for health care organizations—in both large and small markets. Julie Voss, CFRE,

vice president with the Memorial Hermann Foundation (part of the Texas Medical Center), reports her foundation faces a great deal of competition in the Houston area.

"There are four other major hospitals within a two-mile radius of our facility," explains Voss. "So we are constantly educating community leaders on what makes us unique and sets us apart from other nearby institutions."

Eileen Pronobis, CFRE, executive director of Faxton St. Luke's Healthcare Foundation, faces similar challenges in her smaller community of Utica, N.Y.

"Although we live in a unique community with many generous and giving donors, there are a number of other great charities seeking philanthropic dollars, so it is our goal to constantly communicate, engage and find new ways to inspire our donors to continue to give," she says.

In response, some hospitals have increased the size of their philanthropy departments to keep up with the competition. Tammy Gilland, vice president of Athens Regional Foundation in Athens, Ga., reports her team has added staff members to stay competitive



In a competitive landscape, philanthropy leaders stress the need for all stakeholders in the health care organization to help build the capacity, the systems and the culture to support fundraising success.



and expand its reach. But additional staff can lead to additional expectations.

“We’re facing more competition than ever before,” says Gilland. “The majority of our funds have been raised in our county, so we’re trying to increase our presence and raise more money despite more competition from other health systems.”

## Making the case for philanthropy

In a competitive landscape, philanthropy leaders stress the need for all stakeholders in the health care organization to help build the capacity, the systems and the culture to support fundraising success.

“Establishing a culture of philanthropy is important for all nonprofit organizations, but it is especially important for those organizations experiencing change,” says Timothy Seiler, Ph.D., CFRE, director of the Fund Raising School at the Indiana University Lilly Family School of Philanthropy in Indianapolis.

Inova Health Foundation in Falls Church, Va., is one example. Historically, Inova had a robust mix of payers and had not depended heavily on philanthropy. But as the organization’s mission has changed, there has been an increased need for philanthropic dollars, according to Development Director Jennifer McGihon. She says the challenge has been in educating all stakeholders within the organization.

“We have the job of educating a number of internal audiences—from the chief financial officer to our medical staff, physicians and nurses,” says McGihon. “Ultimately, we need to fully engage these audiences so we can take a more thoughtful approach

to philanthropy, as opposed to viewing it as an afterthought.”

Amy Day, system vice president of the Presence Health Foundation in Illinois, also stresses the importance of creating a culture of philanthropy and engaging leadership to make the case for continued support.

“Our job is to help educate our chief executive officer, our board, our donors and others to help them understand the role philanthropy can play,” says Day. “It has been a challenge as donors’ interests move away from infrastructure and capital projects and more toward investor philanthropy. So in addition to educating stakeholders on the importance of philanthropy, we are trying to align donors’ needs with ongoing budget needs and goals.”

Many philanthropy leaders report the education process can be difficult. But once stakeholders see the benefit of philanthropy, they become more involved. “Many physicians and administrators view participating in philanthropy as one more thing to do in their already very busy day,” says Voss. “But once they have benefitted from philanthropy, they get it.”

This challenge extends to board members and physicians as well. Gilland says she wishes she had more time to engage her board and the hospital’s physicians in order to stress the importance for them to give, donate and advocate on the foundation’s behalf. In response, Gilland is meeting one-on-one with physicians to help educate them on the importance of not only donating, but advocating for the department.

Fundraising is no longer just a fundraiser’s job, says Claudia Looney, former senior vice president of Children’s Hospital of Los Angeles and principal

of Claudia and James Looney Fundraising Consulting in North Tustin, Calif. “Development teams need to have a continuous dialogue with chief executive officers, board members, volunteers, doctors, nurses and other leaders about how they can be engaged with fundraising. I like to play to strengths and let them be engaged in the fundraising process where they can be successful and can have fun,” she says.

## A demand for accountability

In addition to increased competition and the need to engage stakeholders, philanthropy departments face increased scrutiny and demands for accountability at every level.

Perhaps the greatest pain point for today’s health care philanthropy professionals is accountability for meeting their goals, says Seiler. “Fundraisers have to meet goals in order to fund programs and fulfill an organization’s mission,” he says. “This can cause a great deal of anxiety if the goals are not realistic or attainable.” For philanthropy executives to be successful, Seiler says they have to be accountable to these goals and need realistic expectations that are clearly communicated.

The need for greater accountability is being felt across health systems. In Illinois, Day says her department is tasked with streamlining processes, capitalizing on teamwork and providing greater accountability for top performance.

At Faxon St. Luke’s, Pronobis faces similar challenges, saying that accountability is a main component of her strategic plan. Her team is consistently looking for ways to increase operational efficiencies to bring the philanthropy department to the next level.

At Athens Regional, Gilland reports the chief executive officer of the hospital has outlined three key goals for the entire health system. Accountability is a main component and the foundation is constantly looking to these goals to determine where it can have a measurable impact.

## Attracting and retaining top talent

For years, there has been widespread concern in the nonprofit sector around staffing challenges. According to a 2014 survey by Nonprofit HR, one out of five nonprofits indicated that turnover has been the biggest employment challenge at their organization.

And the challenge appears more prevalent in development departments. A 2013 report from CompassPoint and the Evelyn and Walter Haas Jr. Fund found many organizations are struggling with high turnover and long vacancies in the development director position. In fact, half of development directors surveyed said they expect to leave their current jobs in two years or less. More than half of the executives surveyed said their most recent development director search did not produce enough candidates with the right mix of skills and experience.

According to Seiler, there is widespread concern about turnover rates in the field of philanthropy. He notes many leaders in the industry are asking themselves how to keep their best fundraisers on board for long periods of time, so they can continue to develop programs and cultivate key relationships with donors, board members and volunteers.

When it comes to attracting and retaining top talent, it often is a supply and demand issue. According to Looney, today's large,



Health care organizations, like many of today's nonprofits, face the challenge of making their voices heard in an increasingly crowded field.

multibillion dollar campaigns are recruiting large numbers of the top fundraising talent. Hence, fundraisers who are successful are in high demand. These talented professionals have a number of opportunities available to them and often can find higher-paying positions elsewhere.

Staffing issues can be particularly difficult for small community hospitals. Lucy M. King, who manages corporate and community partnerships for the Foundation at East Jefferson General Hospital in Metairie, La., says staff size is the organization's largest issue. According to King, the small community hospital has not had the financial resources to add more staff

members and grow the foundation. It is crucial to have a very active and engaged board so that the foundation can continue to grow and support the hospital's needs, says King.

Sarah Karantonis, director of advancement at the Upper Chesapeake Health Foundation in Bel Air, Md., reports staffing also is her department's main pain point—as the foundation transitions from an event-centric to donor-centric model of fundraising, placing emphasis on major gifts and implementing a successful grateful patient program with support from physicians, clinical team members, hospital senior leadership and the board.

Employee turnover can be particularly costly, especially when it impacts a philanthropy department's ability to form and retain important relationships with donors. Michael Delzotti, CFRE, CSPG, senior director of development at the University of Texas MD Anderson Cancer Center in Houston, believes there is an entire generation nearing retirement who will take with them key relationships and an understanding of relationship building that many of today's philanthropy executives may not yet embrace or fully understand.

Delzotti says philanthropy departments can address employee turnover and a limited talent pool by expanding their searches beyond the traditional nonprofit sector. "The industry can be more inventive and adventurous with new hires by

turning to candidates in the private sector who could enter the field and hit the ground running."

Other leaders like Gilland have maintained key relationships by organizing a volunteer association of former employees and retirees who want to stay involved, want to contribute and want to leverage relationships to aid fundraising efforts. "Some of our volunteers have been around 35 to 40 years and we rely on them a lot. You stand on the shoulders of those who came before you," she says.

Generally, when it comes to addressing employee turnover, Looney advises clients to make it about more than just a paycheck. "Employees have to feel supported, feel like they are part of an important mission, and feel like they are being listened to by the decision makers," she says.

Although employee turnover is a concern for many philanthropy departments, Seiler reminds us to look at the positive: People donate to an organization, not to one person on a development team.

## Technology woes

Another pain point for many philanthropy professionals is outdated technology. According to a recent white paper from CDS Global, today's nonprofit fundraisers are dealing with disparate databases that do not sync; older program models no longer supported by any service providers; or models that simply cannot provide the connectivity and communication functionality expected by today's donors.

"Staying abreast of new technology is a challenge," admits Pronobis. "It's changing so fast, and



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we are constantly asking ourselves what is the best way to take in new information or communicate with donors.”

At Inova, McGihon says her team has struggled with outdated technology such as older software and equipment. Although her team tries to stay mobile and up to date, she says that desktop computers and outdated software have been roadblocks and created disruptions to accessing certain systems like Raiser’s Edge.

Younger generations rely heavily on new technology and may be redefining the way development teams network with and maintain relationships with donors—making the latest technology more important than ever, notes Seiler.

Looney agrees on the importance of technology. From data mining and predictive analytics that help development teams predict the likelihood of gifts, to social media channels that allow teams to get their word out, “today’s technology is exciting and provides a necessary and a significant advantage for development teams who have these capabilities,” she says.

## Philanthropy professionals are (generally) getting a good night’s sleep

Although philanthropy professionals face a number of challenges, they generally love what they do. The majority report that their work is incredibly fun, challenging and rewarding.

When asked how they “get to sleep” after a long day, philanthropy professionals like McGihon and King say they stay balanced by being healthy, exercising, taking time off and remembering to not sweat the small stuff.

Delzotti says although some days are stressful, he actually finds

great comfort in connecting with donors. “It’s powerful to work with prospects, learn their stories and connect them to a cause greater than themselves. People write their moral narrative with philanthropy. It’s glorious work!”

Day agrees: “To be the person who can connect with someone and make a difference in itself is so gratifying. My job is incredibly rewarding.”

Karantonis says she is grateful for each day and receives satisfaction knowing her hard work is helping others right in her community.

And leaders like Pronobis and Gilland praise the support of their strong development teams who

help them strategize, implement best practices and make every day fulfilling, productive and successful.

As for the future workforce, the outlook is positive. Seiler, who teaches a graduate program in philanthropy at Indiana University, is encouraged by the enthusiasm of his students—many of whom will enter health care. “I think we can all be very optimistic and enthusiastic for the future,” he says.



**Alissa Momberg Lawver** is a communications consultant with Mayes Communications in Washington, D.C. She has nearly 10 years of experience advising and working with clients in the health care industry.

## SPONSOR SHOWCASE

Competition can be fierce for philanthropic dollars in the healthcare sector, yet healthcare philanthropy is filled with potential when examined in the greater context of the nation’s increasing charitable giving. That is to say, there is hope, but not without productivity.

Too many fundraisers today have oversized but unqualified portfolios and misguided or unattainable goals, leaving their activity paralyzed and fundraising results deficient. Fundraising metrics are changing, and leaders can miss opportunities to realize optimal return by not focusing on the right metrics for the right reasons. Managers, Boards, and fundraisers must work together to effectively structure advancement teams and set strategic goals that will lead to desired outcomes.

With the proper support, timeline, and measureable activities, frontline fundraisers can be highly productive and lead successful major gift campaigns. Accelerating success doesn’t always require new or larger teams, but it does often call for a team trained with the right skills, tools, and professional development. In fact, gift officer retention and investment in training are two key components for producing greater giving.

Productivity analysis, input assessment, manager and team workshops, and goal-setting coaching are among the tools Graham-Pelton Consulting provides to help healthcare Boards, leaders, and fundraisers focus on getting the optimal return on gift officer activity. The outcome is valuable – high performing, highly productive fundraisers leading their organizations to philanthropic success.







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# A **fresh** way to secure discovery visits

Turn cold calls over to trained professionals to  
increase development productivity

**O**kay, it's time to get fired up for your prospecting calls! You're seated in your cubicle; your call list is in front of you. You look around and can't see anyone over the cubby wall but you know they are there—your colleagues—listening as you prepare to make your first cold call of the day. The nerves set in. Will your discovery call list yield visits? If it does, will those visits be productive?

You scroll down the call list, hoping to choose someone willing to accept a visit from you. At the University of Florida (UF) Health Office of Development, the list is primarily made up of alumni who trained at the academic medical center or “grateful patient” leads. Experience tells us that, in most cases, the people on an institution's call list will fall into one or more of these categories:

- Have heard from you before and haven't responded.

- Have a connection with your institution, but your records aren't accurate. You won't reach them unless you do some research to correct their contact information.
- Haven't been called before—and, in the case of alumni, may not have been contacted by anyone from your institution for any reason in the 45 years since they graduated.
- Aren't excited by your call and can't wait to tell you that they know you are a



fundraiser and it's all about the money.

- Are happy to take your call—which is the group we hope will pick up the phone every time.

Let's face it, most development officers dread making cold calls. But there's no avoiding it—not if you're going to reach your yearly quota of face-to-face visits with potential donors. You've got your headset on and you stand up, look in a mirror to make yourself smile and think through your approach. Do you run the risk of sounding like a telemarketer by using formalities such as, "Sir, Ma'am, Mr. or Mrs.?" Or do you try to pretend you're a prospect's best friend? One misstep can derail the whole call.

### Trained schedulers bring results

The reality is that cold calling is necessary. It's the most logical place to start building a pipeline of potential donors.

But why does this task have to fall on development officers? Why not free them to focus on what they are very good at: building relationships, cultivating portfolios, meeting face to face with qualified prospects and soliciting and closing gifts?

That's what we did at the UF Health Office of Development, a shop of roughly 50 employees, including 15 development officers. We piloted a "scheduling and outreach" program in April 2014 in which we trained a young alumna to handle our cold calls. It was so successful,

.....  
The reality is that **cold calling is necessary.** It's the most logical place to start building a pipeline of potential donors.

we implemented the program permanently in July 2014 and added a second caller (known as a “scheduler”). Our thinking is simply this: Let’s leave the cold calling to professionals who really know how to work the phones.

This novel concept minimizes the countless hours of preparation and rejection that development officers inevitably face when they try to secure appointments. Instead, skilled phone professionals devote 100 percent of their time to connecting with prospects, researching, updating prospect contact information and securing visits with people outside the portfolio of cultivated prospects.

The schedulers focus on prospects in the identification and

.....

We see the future of our dynamic profession—the business of fundraising—to increasingly involve **leaving the art of cold calling** to trained professionals.

discovery stages—in other words, the hidden gems. At the UF Health Office of Development, our schedulers have identified major gift prospects, potential board members and other constituents with the inclination and capacity to give—and the pipeline

continues to grow every day.

We anticipated that the schedulers would save us time and secure more visits, but we discovered other bonuses:

- **Better records.** Part of the schedulers’ calling routine involves obtaining accurate

## Calling tips for better results

Here are some key strategies schedulers use for securing visits, provided by Degrees of Connection:

- Practice makes perfect. Leave yourself a message on your phone to hear how you sound. Would you return that voice mail? Call a friend, family member or coworker and role-play with that individual. Accept constructive feedback about ways to improve.
- Be comfortable with your role and mission. Don’t be quietly ashamed to be a fundraiser. Share your enthusiasm for your organization and the great things going on there. Feel proud of what you do when you pick up the phone and call to connect. Along the same

lines, be comfortable with your organization’s mission and goals, and be excited about sharing them with others.

- Rethink your attitude toward the “gatekeeper.” There is something magical about the so-called gatekeeper relationship. In fact, let’s not even use this common industry term. Instead, think of anyone you reach who isn’t the person you really want to talk to as your best ally. Changing the way you think about the person on the other end of the phone is key to your success.
- Have good energy during your calling time. When you are dragging on a call, people can hear this over the phone. Make sure you come across clearly and confidently.
- Practice overcoming objections. Review the objections you



hear the most and practice responses until you are comfortable with them. If you are honest and proud of why you are calling, your listener will feel it.

- Pick up the phone. Calling someone directly works much better than a text or email. On a live call, you can manage objections and build a rapport. You can’t do that easily when you’re not talking directly to the individual.



biographical information to update our donor database. Over time, call lists become more effective, adding to overall efficiency.

- **Fewer no-shows.** The schedulers confirm all appointments they've made before the development officers set out on visits. Before, when we made our own appointments, we often skipped the confirmation step—which wasted time and money if the prospect failed to show up.
- **Scheduler's "magic touch."** Schedulers, with their customized approach, have a way of getting on calendars. They might say something like this: "I'm calling on behalf of Harvey Green from our development office and he would like to meet with Dr. Smith for 30 minutes on October 22." Two schedulers setting up appointments for the people they represent can be a formula for success.
- **Staff development.** The valuable experience that our schedulers gain allows us to groom them for other development roles. Also, they can share their skills with everyone in our office, teaching us their techniques.

## The numbers tell a story

The scheduling and outreach program at the UF Health Office of Development is now in full swing and the numbers speak for themselves. Our analysis indicates that the probability of securing a discovery appointment increases tremendously by use of a scheduler, as shown in Table 1. In addition, as highlighted in Table 2:

- More than 60 percent of these visits were set by the

**Table 1.** Scheduler rates vs. industry average: Visits obtained per 100 calls

Average visits UF schedulers yielded	Highest yield of visits UF schedulers obtained (number of visits secured divided by number of recorded contacts)	Industry average yield of visits
14	33	10

**Table 2.** Measurable improvements from scheduler activities

Percentage of visits scheduler set on the first contact	Percentage of visits scheduler secured by phone (versus email or other methods)	Increase in development officers' annual visit numbers compared with previous fiscal year (before schedulers were added)
62%	92%	30%

scheduler on the first contact.

- More than 92 percent of visits were secured over the phone versus email, snail mail or other methods of contact.
- The year-to-date development officers' annual visit numbers were 30 percent higher this fiscal year compared with last year.
- The officers secured several commitments of five to six figures.
- The schedulers made almost 800 updates to prospect records—updates that might not have been made at all the previous year.
- Within the first year, the program paid for itself.

Using schedulers allows development officers to be more productive overall—beyond what the numbers above convey.

- They become more efficient at planning trips.
- They log an increase in identification visits that build the donor pipeline.
- They close more gifts with discovery prospects.

## Objections to overcome

The scheduling and outreach program doesn't change your relationship with established prospects already in your portfolio. Your development officers might worry that schedulers making cold calls will cost them the "warm-up" phase of a meeting, but remember—schedulers are calling prospects who don't know the officer personally. Because skilled schedulers are adept at being informative but brief, they know how to efficiently introduce the officer, verify contact information

and set up a face-to-face appointment without prospects feeling they've said all that the officer needs to know.

When implementing a scheduling program, you may have to overcome a few hurdles. Sometimes, development officers may not be comfortable giving schedulers access to their calendar. After years of doing things one way, it can be hard to give up control.

Development officers must be highly organized and plan who they want called at least a month ahead of time. You also may need to adopt a new process that allows the schedulers to work more efficiently with the development officers' calendars.

Some officers may be hesitant to use this program initially, but once they see how many more visits are set up for those who participate, they recognize the program's value. It's important to reassure your team that the program enhances and complements their current prospecting efforts and that it is voluntary.

### Callers with keen skills and passion


To implement a scheduling and outreach program, you need to recruit or cross-train calling professionals (schedulers). At the UF Health Office of Development, we trained two alumni who had already worked in our office. If you can't hire a seasoned calling professional, you can train administrative assistants, secretaries, program managers or development assistants to systematically secure discovery visits. This staff member can track progress, reassess best practices and share his or her skills with the development officers who continue to make their own prospect calls.

Key traits to look for in a potential calling professional include the following:

- Experienced and comfortable working the telephone.
- A warm and polished phone presence.
- Interest in fundraising.
- Attention to detail—including ability to read maps, estimate travel time, accommodate development officers' preferences, etc., so visits are scheduled effectively.
- Good at follow-up.

- Collegial mindset; works collaboratively with development officers.

Scheduling and outreach programs have been implemented in a few development shops, in addition to the UF Health Office of Development. Whether your development officers are calling on grateful patients, alumni, former residents and fellows or "friends" of your institution, this program can be applicable to all.

We see the future of our dynamic profession—the business of fundraising—to increasingly involve leaving the art of cold calling to trained professionals. The trained callers we've worked with approach this job with refined skills, passion and a belief that they are doing important work. That's exactly what you need to get in the door with your constituents. 

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**Leslie Chambers** is president and chief executive officer of Degrees of Connection, a consulting firm that specializes in creating custom scheduling offices, securing visits and developing staff skills. She is formerly director of advancement at the University of Rochester, where she launched and managed a scheduling office that secured nearly 7,000 visits. Recently, she helped the University of Florida Health Office of Development establish a scheduling office.



**Harvey Green, CFRE**, is executive director of the University of Florida Health Office of Development, with oversight of the major gift and reunion giving programs. He is leading fundraising efforts for the UF College of Medicine's new medical education building and oversaw the college's \$50 million "How We Learn" campaign.

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