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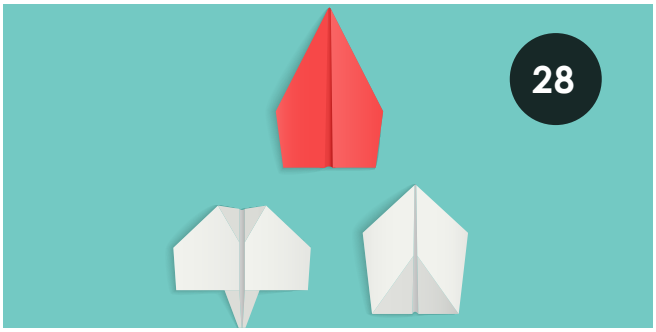

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The Association for Healthcare Philanthropy (AHP) is the health care development professionals' definitive source of thought leadership, connections to facilitate innovation, and tools to advance knowledge and elevate philanthropy. As the world's largest association for health care fundraising professionals, AHP represents 5,000 members who raise more than $11 billion each year for community health services. Our mission is to inspire, educate and serve those transforming health care through philanthropy.

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Healthcare Philanthropy will be an authoritative resource for health care 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 health care philanthropy literature, *Healthcare Philanthropy* will educate, empower and inspire development professionals and, thereby, help strengthen the case for philanthropic support and the mission of AHP.

AHP Association for Healthcare Philanthropy

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By David L. Flood | Chair, AHP Board of Directors

FROM THE CHAIR

A noble journey

Over the past two years, it has been a tremendous honor to represent AHP as your chair. During this era of dramatic change, I am especially grateful for the strong guiding hand of fellow and past board leaders, and for the remarkable efforts of so many dedicated committee and task force members who have helped to re-position and maintain our association as the leading resource and authority in health care philanthropy.

As I reflect on the past two years, among the most memorable endeavors I have shared in was the development and recent launch of a dynamic and member-driven strategic plan. This three-year roadmap is already broadening opportunities for greater member engagement, elevating industry standards and performance, and further positioning health care development as integral to the evolving health care enterprise internationally.

Through the efforts of many, AHP is uniquely equipped to serve as the definitive resource for education. Our association today provides tools and networking that benefits an expansive landscape, from community hospitals to large system foundations, and a growing spectrum of related specialty health care organizations that represent a critical continuum of care throughout North America. Our programs offer contemporary pathways to develop professional competencies among health care development professionals, ranging from basic principles all the way through executive-level skill-building.

> "AHP is uniquely equipped to serve as the definitive source for education."

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We've recently seen the launch of additional educational offerings, delivered through member-friendly platforms such as webinars and e-learning. Traditional face-to-face learning has also been enhanced through more specialized and forward-thinking forums, such as conferences focused on big ideas in philanthropy and leadership development.

To that end, please join me in offering special thanks to some of the many people responsible for the success of this year's AHP conferences: **Carrie Boardwick, CFRE**, from **Meridian Health** and her committee for their work on the *Big Ideas* conference in Denver in June; **Grant Stirling, Ph.D.,** from the **Ann & Robert H. Lurie Children's Hospital Foundation** and his committee for the *Leading Forward* conference in Miami in July; **Veronica Carroll, M.B.A., CFRE,** from the **Delta Hospital Foundation** and her committee for their work on *Convene Canada* in April; **Sharon Jones, FAHP, CFRE,** from **Chapters Health System** and her committee and faculty for the *2016 Madison Institute* in July; and **Sandy Ogletree, CFRE,** from **University Medical Health System Foundation** and her committee for their work on the *2016 International Conference* in Chicago in October.

Each gathering has been unique, each has been successful, and each made our association and profession stronger. I dare say that in adherence with AHP tradition, some fun was had and new relationships were forged in each of these locales as well. Great job to all!

Today, health care institutions everywhere are struggling to adjust to new trends and economic realities. These changes are bringing a new level of expectation to our development staffs and foundations. To respond effectively, we'll need to work collaboratively to develop skills throughout the entire philanthropy enterprise, using professional benchmarks that define standards for our industry's best practices—tools and resources available and encouraged through your association with AHP.

Health care is changing as never before, but I'm reassured to know that philanthropy continues to play a significant role in transforming lives and communities. It is a very special time to be involved in this profession and in the important work of AHP.

Thank you for traveling with me on this noble journey.

By Steven W. Churchill, MNA | AHP President & Chief Executive Officer

AS I SEE IT

Striving to bring increased relevance and value to our members

"Through content you connect. Content is the currency that powers the connection."

Content is Currency
Jon Wuebben

We're turning the page on a new chapter at AHP and I'm excited at the prospect of what we're bringing to you as members. After serving in my role for two years, traveling across the country to meet with members and recalling the insightful conversations I've had with so many of you, I've learned a great deal. Our team is ready to put words into action.

AHP's three-year strategic plan outlines several ways we will achieve our goal of becoming a thought leader and focus on meeting the informational needs of our members. In an effort to meet one of our goals, as announced at our Leading Forward conference in June, I'm pleased to share we have recently formed a Content Advisory Council.

Chaired by Steven A. Rum, vice president for development and alumni relations at the Fund for Johns Hopkins Medicine, the council is comprised of some of the key thought leaders in our health care philanthropy.

"We all strive for credibility in this industry," says Rum. "The more that we can do to verify and authenticate our value within the industry, the more we will be taken seriously among all our audiences, whether that is hospital boards, c-suites or other decision makers. We know these four topics are important issues for you as members. Our mission is well-defined and this will be time well spent."

The Content Advisory Council is charged with identifying current trends and issues in health care philanthropy. From the comprehensive list, the following four compelling topics were selected and will be addressed by 2018:

- The ethics of physician engagement in grateful patient fundraising.
- The impact of the health care marketplace on philanthropy, including systemization and consumer behavior.
- Development investment strategy and optimizing ROI.
- Professionalism: examining the high rate of turnover in our industry.

The council will cover each topic in a variety of ways. For example, by convening a summit with development leaders, physicians, donors, even ethicists, to explore our questions, or by conducting a survey of physicians to gauge their current attitudes toward fundraising and their potential role in the process, we will receive provide great insights into physician involvement in grateful patient gifts.

Our plan will be to publish the results of these research efforts in respected academic journals, bringing a new level of credibility to AHP's findings and value to you as our members. For each of the four content topics, we will dig deep and thoroughly examine these challenges—getting the information out via white papers, research reports, toolkits and other resources you can easily use within your organization.

We want to serve as a trusted voice for AHP members, bringing you original, informative content that is relevant and actionable. We will provide access to experts, best practices and information you can't find anywhere else. With our line-up of thought leaders serving on the Content Advisory Council, you can expect impactful results. We've done our research, listened to your suggestions and now, we're working hard to meet your needs. Stay tuned as we begin this new and exciting initiative at AHP.

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CEO Engagement

"We've taken for granted that our CEOs would be engaged. We need to realize that no amount of work or determination will overcome the obstacle of a CEO who doesn't care. The CEO is in a position to unleash access to resources, to open the door to other community leaders such as your boards and your physicians. We need to make sure that we're advancing our relationship with CEOs with the same level of diligence that we would with our most precious and most important donor prospects."

Betsy Chapin Taylor, FAHP
Accordant Philanthropy
Ponte Vedra Beach, Fla.

"What's one piece of conventional wisdom you would challenge?"

Donor Behavior

"I would challenge the myth of the empowered consumer or empowered donor. We find that the more information consumers have, in an industry like health care, the less empowered they are. Information isn't always better. What's important is the right information."

Ryan Donohue
National Research Corporation
Lincoln, Neb.

Board Development

"One of the conventional pieces of wisdom is that it takes a long time to change a board. Boards are hard to change overnight, but they can really change who they are in a two- to three-year time period. With the right leadership and the right engagement…that time frame can happen much quicker than people think."

Mark Marshall
Bentz Whaley Flessner
Minneapolis, Minn.

TREND WATCH: Board Development & Giving

THE TREND: We've entered an era of mega-gifts, says Mark Marshall, healthcare practice lead at Bentz Whaley Flessner. As more engaged board members make eight- or nine-figure gifts, Marshall and his team are now seeing campaigns where board gifts make up 60 to 70 percent of the total. "Several years ago, you would have expected it to be in the 30 percent range, so there's some real transition," says Marshall. "The top gifts have always made a difference, but the role of the board has really evolved to the very high end of large gifts that will shape the overall campaign."

THE CHALLENGE: With such a large concentration of gifts coming from just a few individuals, how can foundations replace those key volunteer donors after they make their largest donations and transition off the board?

THE SOLUTION: Foundation leaders need to make sure they're building a pipeline of future board members, says Marshall. Recruitment shouldn't begin when a vacancy is about to emerge. Find ways to engage potential board members over a three- to five- year time horizon, making cultivation part of your ongoing board strategy.

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AHP Association for Healthcare Philanthropy

Keeping High-Performing Talent

Having problems with frequent turnover? The Rutgers University Foundation in New Brunswick, NJ successfully decreased vacancies and increased internal promotion by implementing a new talent management strategy. In a presentation at the 2016 AHP Leading Forward conference, Tahsin Alam, director of talent management at the Rutgers University Foundation, emphasized the importance of a talent management approach to recruiting and retaining high performing team members.

Talent management is not merely human resources under a different name, Alam said. A true talent management strategy is more holistic, including recruitment, education, internships and training in addition to traditional human resources functions like payroll and benefit administration.

Alam shared several low- and no-cost retention strategies he uses to help develop and retain Rutgers Foundation employees:

- Flexible work hours.
- Summer hours for non-fundraising staff.
- Non-cash performance incentives. For example, when a major gift officer achieves their monthly visit goal, he or she earns a work-from-home day to use the following month.
- Academic and professional career advising. Alam told the Leading Forward audience that if he can help an employee take the next step in their career, even if that means a move to another organization, it is much more likely the person will return to Rutgers in a few years.
- Professional development. Alam said the Rutgers University Foundation covers the cost of two local educational opportunities and one long-distance conference each year for employees.

The Rutgers University Foundation has seen a significant return on investment since implementing their talent management program. In year one, Alam and his team filled 42 vacancies, reduced the average search length from 17 weeks to 11 weeks, and lowered the vacancy rate from 16% to just 9%. These results reflect an increased focus on developing and retaining internal talent.

Visit www.ahp.org/next for more from Tahsin Alam.

RESEARCH TO PRACTICE: **Donor Behavior**

What motivates a donor to give to a particular health care organization? A recent study by the National Research Corporation identified the top three factors that drive donation decisions:

1. **Provides high-quality care**
2. **Strong brand image**
3. **Provides personalized or individual care**

Ryan Donohue, corporate director of program development at the National Research Corporation, points out that these top factors are all perception-based.

"If I perceive that you've got a great brand or provide high-quality care or you give it to me in a more personalized way, then I'm more likely to want to contribute," says Donohue. "As a consumer, I'm more likely to want to improve health care because I feel those are the same factors that provide great health care."

What's the takeaway for fundraisers? Talk to your hospital's marketing team, Donohue advises. "Think about how important the brand is to donors. If fundraising and marketing get together to create a philanthropic partnership, even as unlikely allies, they can influence the same audience."

Visit www.ahp.org/next for more from Ryan Donohue.

By Sean Tackett, M.D., M.P.H.; Alexis Coslick, D.O., M.S.; Leah Wolfe, M.D.; Rosalyn W. Stewart, M.D., M.S., M.B.A; and Scott Wright, M.D.

Grateful patients under the microscope

Great care and altruism inspire donors; ethical concerns do not deter, findings suggest

Many patients are grateful for the care they receive—going so far as to express their gratitude through gifts, such as baked goods, flowers or money.[1] In fundraising circles, "grateful patient" has come to describe donors who contribute funds to providers or institutions from which they received health care.[2,3] As federal sources of revenue decline, grateful patient philanthropy is becoming an important financial source for health care systems. In fiscal year 2011, grateful patients contributed $1.8 billion to health care philanthropy in the U.S.[4]

In fact, grateful patient fundraising is developing into a science,[5] as suggested by a randomized controlled trial at Johns Hopkins Medicine showing that 19 physicians who received individualized coaching in grateful patient fundraising attracted $219,550 over three months. In contrast, 32 physicians given less intense interventions generated no donations at all.[6] Some companies even specialize in helping academic medical professionals build a "culture of philanthropy" and learn how to work effectively with potential donors.[7]

Not surprisingly, concerns have been raised about the ethical implications of grateful patient programs—especially their potential influence on the physician–patient relationship.[8,9] Changes to the Health Insurance Portability and Accountability Act (HIPAA) privacy rule in January 2013 have made fundraising in health care easier by allowing development professionals greater access to patient information. However, these changes also have heightened concerns about how much information should be available to individuals without a direct role in patient care.[10]

Although previous research has looked into development professionals' and physicians' views on grateful patient philanthropy, the voice of the patient has not been heard.[3,9,11] Yet understanding what motivates patients to donate is critical to the respectful and effective expansion of grateful patient fundraising efforts.[12] To address this gap, we conducted a qualitative study of grateful patients who had given to Johns Hopkins—providing the first empiric evidence of patients' perspectives on participating in health care philanthropy and laying the groundwork for future study.

Interviews, analysis, coding

To gain insights into how patients think about grateful patient programs, researchers from Johns Hopkins Medicine conducted a qualitative study of 20 patients who supported Johns Hopkins and its providers. We collected data from 2010 to 2012 by carrying out and recording one-on-one interviews that were then transcribed verbatim.

We used purposive sampling—a qualitative research strategy to identify respondents with common characteristics—to pinpoint patients who:

• Had made at least one substantive gift

in the past to the Johns Hopkins Department of Medicine.
- Were believed to be experienced in philanthropy.
- Were thought to be willing to discuss their philanthropic approach and experience.

The study was conducted according to a protocol approved by the Johns Hopkins institutional review board, and the participants provided consent.

Interviewers from our study team conducted structured, one-on-one interviews mostly by phone, although some donors preferred to meet in person. The interviewers followed a question guide designed to explore the following:
- The patient's initial motivations for giving.
- How the patient became aware of the need for financial support.
- How gifts affected the patient's care or relationships with treating physicians.
- How stewardship and development professionals influenced giving.
- Whether the patient was concerned about any ethical issues.

Transcripts were analyzed using an "editing analysis style," a qualitative analysis technique in which researchers identify "meaningful units or segments of text that both stand on their own and relate to the purpose of the study."[13] Using Atlas.ti 5.0 software, two investigators independently analyzed the first four transcripts and generated codes to represent the respondents' statements. They then created a preliminary coding template to use and refine when analyzing subsequent transcripts.

We stopped conducting and analyzing interviews when confirmatory rather than novel themes emerged from the interviews (i.e., "thematic saturation")—which is accepted qualitative research methodology. Twenty is a typical sample size for similar studies using one-on-one in-depth interviews.[9,11,14] The sidebar "Study facts and statistics" lists details from our results. The "sample size" sidebar spells out potential study limitations.

Study facts and statistics

Our study analysis revealed the following details:
- **Mean age of respondents:** 65.1 years (range 45–87).
- **Sex:** Most were male (13/20, or 65 percent).
- **Duration of personal relationship with Johns Hopkins at interview time:** Three to 64 years, with a mean of 22.3 years.
- **Size of past gifts from individual participants:** a range from thousands of dollars to greater than $10 million.
- **Ways gifts had been directed:** varied, including unrestricted monies to individual physicians; donations to support specific research projects, such as those affecting donors themselves or loved ones; and institutional support for Johns Hopkins, such as assistance with construction projects.
- **Timing of gifts:** varied, from donating after a first encounter to committing funds after a decades-long relationship with a physician or the institution.
- **Nonfinancial contributions:** most (11/20, or 55 percent) served in other fundraising capacities, filled voluntary leadership roles or contributed in nonfinancial ways.

Sample size, bias may be limitations

Possible study limitations include the following:
- Because of the small number of respondents, results may not capture the views of all grateful patients, even though the sample size was consistent with previous qualitative studies[9,11,14] and recurrent themes were identified.
- We only included patients who had donated to Johns Hopkins, whose long tradition of leadership nationally in research, education and clinical care may influence patients' decisions give.
- "Social desirability bias"—the tendency in self reports for people to present themselves in the best possible light—may have skewed responses. Our respondents may have wanted to give pleasing answers and to flatter physicians or Johns Hopkins.

Five recurring themes

The five themes that emerged from the data, summarized in Table 1, are described below and supported by quotes from the interviews.

1. Excellent patient care is a stimulus for gifts. Everyone interviewed explained that clinical care—whether their overall experience or from an individual provider—led to their decision to make a donation. Although positive clinical outcomes often served as stimuli for donations, they were not absolutely necessary as long as humanistic care was delivered.
- "The best model in the world is [my doctor] who is the greatest doctor I've ever known, just

as a caring, smart, brilliant diagnostician and caregiver, and he just puts the patient first. Nothing else really matters. He will do anything to make sure the patient gets the best possible care and to let the patient know that he cares. I think his success in philanthropy is all because of that."

- "I think the most important thing was that my husband got the best possible care and we had the best support that was possible—in spite of the diagnosis. I don't think you can be more grateful than for a death with dignity, a good death, and the support to keep you emotionally stable throughout an illness."

2. Admiration for physicians and desire to be supportive. The deep respect, and at times reverence, that patients felt for their individual physician, or for physicians in general, emerged as a key theme. Many cited the tireless efforts and diligence that physicians exhibit as reasons that encouraged them to give.

- "We like doctors and we love what they do, and we can't believe they have to raise their own research money…. They do amazing, herculean things."
- "After going through that experience and coming to know my doctor in a more personal way, my wife and I decided that we should shift charitable dollars to support his work…. He was an inspirational guy, who was so proficient and was achieving so much in so many facets of his career, we felt it was the appropriate thing to do to help support his research, and so the gift followed."

3. Patients' comfort discussing philanthropy. That patients felt at ease and were willing to discuss philanthropy with their physicians was apparent across the interviews. Some patients said these discussions should not occur during clinical visits; others felt this was acceptable once the medical issues were covered. Most indicated they wished their physicians felt more comfortable discussing ways in which they could use philanthropic support.

- "I don't feel awkward at all discussing philanthropy with my doctor."
- "My doctor said to me, 'I have some good news, I just became Chairman'… and I said, 'I'm a businessman, that's nice, congratulations, what are your goals?'"
- "My doctor told me about research that he was working on and I told him I'd like to participate financially and any other way that I could, but certainly financially."

4. Donors helping others. Giving for truly altruistic purposes, aiming to promote the welfare of others, was a clear theme in patients' responses. Most expressed a wish to improve the health and lives of those who will need care in the future. Often they conveyed this goal in the context of gratitude for the care that they had received or as part of a broader civic or humanistic endeavor.

- "Any time you make a gift for philanthropic purposes, you hope it's going to make a difference in lives. I've been given the most extraordinary opportunity that one can have. I'm 6½ years out now, I'm cancer free, from a disease that has about a 60-day diagnosis to death average survival. Obviously what I want is for my gift to make a difference in more people being able to have the same miracle that I've had."
- "Our motivation was to make the path better for those that follow us, because obviously research is needed."

Table 1. Major Themes Identified in Patient Interviews

	Total number of times theme mentioned in all interviews	Number of respondents referring to theme, n (%)
Excellent patient care serving as stimulus	71	20 (100%)
Admiration for physicians resulting in desire to be supportive	65	19 (95%)
Stewardship helping to activate and encourage philanthropy	53	16 (80%)
Patients' comfort discussing philanthropy	20	13 (65%)
Donors giving to help others	18	12 (60%)

Note: Despite calculating frequencies of themes (quantitative data) to simplify our findings, qualitative methods do not allow us to infer that frequency or prevalence of each theme corresponds to importance.

5. Stewardship's role in encouraging philanthropy. Patients commonly mentioned that they not only appreciated the updates they received after making a gift, but that the information made them feel better about their giving and enhanced their desire to donate in the future. Some said that getting specific data on how their gift was being used and seeing the results was important, while others were happy simply to receive an expression of gratitude.

- "So then we got so many thank you notes, we couldn't believe it. It wasn't that huge a gift, but it was a significant gift for us…. We never got so many thank you notes in our entire lives. It really wasn't that big a deal, but wow they must be really grateful!"
- "We did not realize how focused and pragmatic the connection is between the donation and the work because we didn't direct our gift. So, we're giving you X, and they'd come back and say we're going to use your X for these things. Then, to our surprise a few months later, we'd get a status report on these things and we were floored."

Perceptions, ethics, comfort…

The interviewers asked specifically about ethical issues perceived by patients. The content analysis did not bring any specific ethical issues to light and patients generally denied concerns about ethical matters, including an impact on physician–patient relationships.

A few patients, however, perceived that they were receiving special treatment by the institution as a result of their donation, such as being invited to lunches, getting a nicer hospital room or receiving better access to health care for themselves or friends.

- "Well, I guess I would admit that maybe twice in the last 10 years when I had a friend whose daughter was desperate to get into the hospital, I've made calls up there… I don't know whether they had any effect—I'll be perfectly candid—but I sort of felt that I had an 'in' there, that I can help get somebody in as a patient."

When we compared this study's findings to those of a previous study that looked at the perceptions of physicians at our institution who were successful at attracting financial gifts,[11] we recognized that:

- Both patients and physicians think that good clinical care, strong physician-patient relationships and systematic institutional support form the core of successful fundraising.
- Patients appear to be more comfortable discussing fundraising opportunities and activities than physicians are.

The reason for the discrepancy in comfort with fundraising talk may be that the patients in our study were experienced philanthropists who had made many donations before shifting their giving to Johns Hopkins. Another explanation may be the American Medical Association's position that physicians should not solicit gifts from their own patients,[15] as well as the general controversy about whether it is ethical for physicians to receive gifts from any source. Even physicians with a track record of receiving gifts from patients may be wary of violating professional obligations, which could explain why they were somewhat uncomfortable discussing potential philanthropic support with patients.

Other published literature has noted potential ethical issues regarding special treatment:

- Donor patients may receive "concierge" type services or "VIP" treatment, which may violate principles of justice and fairness and could further marginalize vulnerable populations.[9]
- Select patients may donate expecting to receive special treatment.[16]

> When donors interact with development professionals and receive feedback linked to their gifts they feel more strongly affiliated with the institution and may be more likely to give in the future.

A number of patients in our study described receiving special attention but none admitted to expecting it, and they all explicitly denied sensing ethical problems related to their donations. They also clearly stated that they were motivated to donate so they could express gratitude and to advance progress in medical treatment for others' benefit.

In a previous qualitative study at

Johns Hopkins of physicians' views on grateful patient philanthropy, all physicians were able to articulate ethical concerns that might arise when dealing with grateful patients, but most (55 percent) felt that their personal involvement in fundraising did not pose ethical issues.[9] People can be limited in perceiving their own biases; possibly the patients and physicians studied are demonstrating the "illusion of unique invulnerability."[17,18] Future study would be required to understand whether patients actually receive preferential treatment and to what degree that compromises—or, as some have argued, enhances[19]—the care of other patients.

This study and previous work[11,20] suggest that patients with a philanthropic disposition need to be made aware of financial needs for research, education or clinical care. When donors interact with development professionals and receive feedback linked to their gifts they feel more strongly affiliated with the institution and may be more likely to give in the future.

It's important to note that the most striking and consistent finding throughout our interviews was the emphasis on excellent clinical care—suggesting that serving patients' needs may be the best way to achieve success in health care philanthropy.

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The partnership principle

Collaborating with competitors for greater impact

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Fundraisers across North America have every reason to celebrate. Charitable contributions reached record levels in 2014 in Canada[1] and the United States,[2] moving both markets beyond the highs established before the 2008 crash.

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But the good news comes with a significant downside, because these frothy financial results are founded on an unsustainable basis of weakness and decline. The unfortunate reality is that fewer donors are giving to charity while the total number of charities has exploded. In other words, we have a shrinking donor base and increasing competition.

The data clearly reveal that the number of donors in the U.S.[3] and Canada[1] has dropped steadily since 2005 to 2006. Even more sobering, the percentage of eligible tax-filers who make contributions has dropped precipitously in the U.S. since 2002 and has tanked in Canada since 1990, as shown in Figures 1 and 2.

Against this backdrop, the number of charities has increased sharply. In both Canada[4] and the U.S.,[3] competition for the charitable dollar has grown by 30 to 40 percent over the past 10 to 15 years.

Consequently, it appears that the only option for fundraisers is to adopt a traditional stance toward a competitive market: fight each other over scarce donors and a diminishing market share. But the inevitable result will be to drive many charities toward zero and produce a less equitable distribution of funding for the diverse communities and families AHP members serve.

Figure 1. U.S. Charitable Giving: # Donors and % Tax-Filers Giving

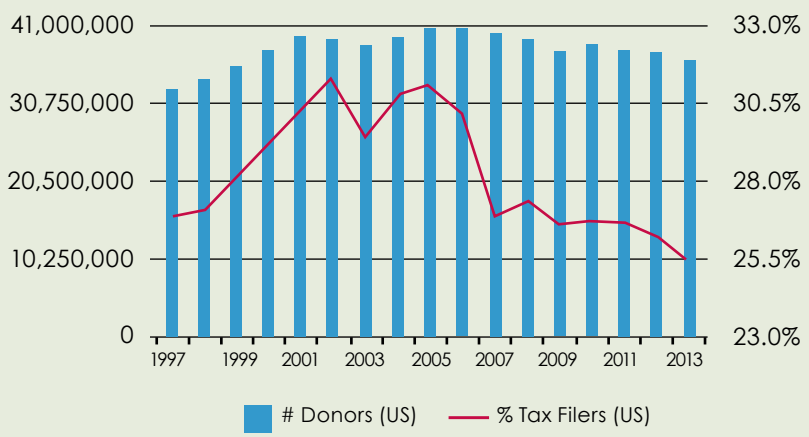
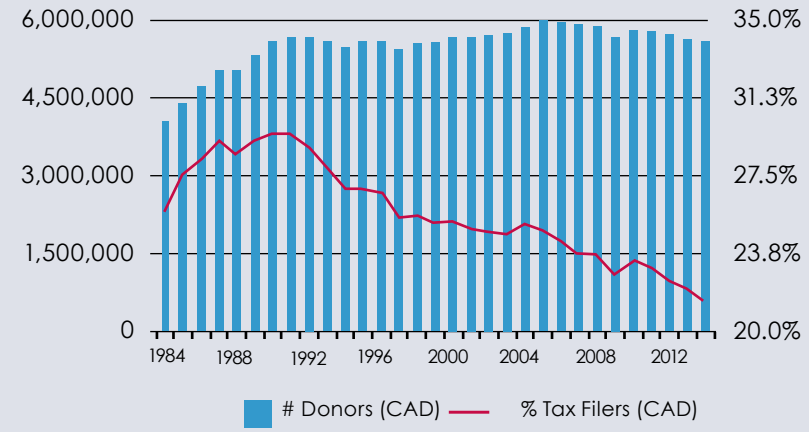


Figure 2. Canada Charitable Giving: # Donors and % Tax-Filers Giving



From competition to collaboration

What if there's a way for competitors to become collaborators, smoothing the friction between foes and delivering enhanced value for all?

- Value for the donor making the investment.
- Value for the families and communities who access initiatives undertaken.
- Value for former competitors, who are now collaborators.

Surprisingly, true collaboration in fundraising has been slow to take hold, but the experiences of a few organizations around the world—including our own—have shown it to be a useful approach for driving revenue growth and could reframe how health care charities can prosper in the evolving philanthropic marketplace.

Case in point: Ted Rogers Centre

A landmark in Canadian health care philanthropy was established in November 2014 with the founding of the Ted Rogers Centre for Heart Research (TRCHR) in Toronto. Its bold ambition: to transform and dramatically improve the future of heart health for children, adults and their families.[5] Another bold move: the unprecedented partnership between three world-class institutions that typically compete for donors and dollars.

The Hospital for Sick Children (SickKids), University Health Network (UHN) and the University of Toronto (U of T) came together to secure the largest private donation in Canadian health care history—$130 million Canadian dollars—and to supply matching funds to launch TRCHR, which has a goal of reducing heart failure by 50

percent in the next decade. As part of TRCHR, the institutions now collaborate on a range of activities from their home turf (all are situated on a few short blocks of University Avenue in downtown Toronto) and office space was added for the TRCHR directorate.

SickKids, UHN and U of T each raise in excess of $100 million annually—often chasing the same donors and sometimes succeeding at the expense of the others. After Canadian telecommunications pioneer Ted Rogers died in 2008 from heart disease, his family wanted to honor his drive for innovation by advancing the development of heart health therapies. They asked the three institutions to join forces and submit a compelling proposal—and months later, the TRCHR was born. Each institution contributes its unique expertise: genetic medicine for SickKids, translational cardiac research and computing for UHN and bioengineering for U of T.

Mansoor Husain, M.D., executive director of TRCHR, describes the partnership as "unique," allowing the Ted Rogers Centre to take steps that no freestanding research center could attempt. "Through this collaboration, we can truly address heart failure throughout lifespan, from children to older adults," he says, "and truly leverage the depth and expertise in basic science and engineering to innovate in health care."

Lessons lead to 'partnership principles'

Negotiations and planning for TRCHR took nearly two years and the efforts of many. The core team consisted of six people from each institution: a total of 18 executives, advancement officers and scientific leads. As we brainstormed ideas to develop this transformational partnership in heart health, key principles emerged (summarized in Table 1).

The TRCHR is an example of a *transactional* partnership model; it's not a fundraising collaboration but instead a way of maximizing a one-time gift. Partnerships also can be *project-based*—working together with other groups for a specific period to achieve an objective, or be *joint campaigns*—a group effort to raise funds. And although the TRCHR is but one example of what a successful partnership between competitors can accomplish, it provides key considerations about how to approach, build and execute a new relationship among fundraising agents.

> The key to successful partnerships is having complementary competencies—strengths that supplement rather than compete.

Principle 1: Origin of the partnership

Although there is no right or wrong way for a partnership to originate, the origin defines how the partners are selected and the freedom each participant has.

Vision. A partnership sparked by a vision—a sense of what is possible or a defined objective—tends to provide the most latitude and autonomy. For example, Bill and Melinda Gates' vision to make fresh drinking water and affordable sanitation available in developing countries led to the Gates Foundation's "Reinvent the Toilet

Table 1. Characteristics of the Five Partnership Principles

Origin	Implication	Outcome
Vision	Market determines partners	Meritocracy—best partners emerge from field
Donor	**Partners chosen for you**	Limited autonomy—yet high motivation to succeed
Fundraising Executive	Choose your own partners	Freedom—yet challenge to engage partners

True collaboration in fundraising has been slow to take hold, but the experiences of a few organizations around the world—including our own—have shown it to be a useful approach for driving revenue growth and could reframe how health care charities can prosper in the evolving philanthropic marketplace.

Challenge" in 2011.[6] The foundation clearly articulated its goal but put few parameters around fulfilling it, calling for the world's best and brightest to take up the challenge. One result was widely broadcast last year when Bill Gates drank a glass of water converted from human feces; the processor that turns waste into water, electricity and ash was invented using Gates Foundation funds.[7] Other researchers continue to work on sanitation improvement ideas.

Donors. When donors initiate a partnership, the collaborators may have limited flexibility but tend to be highly motivated to succeed, as in the case of the TRCHR. SickKids, UHN and U of T were simultaneously soliciting the Rogers family to support different projects. Instead, seeing potential that the competitors did not immediately recognize, this visionary donor asked all three institutions to come together and address the condition that ended Ted Rogers' life.

Fundraising executives. Although fundraisers probably have the least power to launch a partnership, they tend to have abundant optimism and a strong sense of what is possible. An example of such an effort is the partnership among SickKids, the Children of Chornobyl Canadian Fund and the Ukrainian Canadian Congress to launch a pediatric fellowship program that teaches high-demand skills—primarily in neurosurgery—to physicians from Ukraine.[8] All groups were very willing to take part, without the wariness that sometimes occurs when competitors try to collaborate. To avoid mistrust or unease, it's important for each organization to participate equally in developing the partnership's form.

Principle 2: Algebra of partnership

The basis of any successful partnership—whether in fundraising or romance—is to define the mutual benefit to each party. The fundamental algebra of partnership is simple: 1 + 1 = 3.

If partners cannot "find the 3," there's no sense in proceeding because a partnership will be valued only if every stakeholder understands the benefit. David Palmer, vice president of advancement at U of T, notes that "complex partnerships are not virtues in and of themselves; partnerships are virtues only if they allow institutions to work together for greater scale and impact."

The actual process to "find the 3" takes time, careful consideration and very hard work. Ted Garrard, president and chief executive officer of SickKids Foundation, says the greatest challenge in establishing TRCHR was "aligning the three partners and identifying how the unique strengths of each could be brought to bear on the proposed new center. This proved more time-consuming than we originally expected and involved a lot of give and take."

To "find the 3," it is helpful to consider:

- How the donor's investment will have greater scale and impact by investing in the partnership rather than in one partner alone.
- How the work delivered through the partnership will have greater scale and impact than if it were delivered through any partner alone.
- How the fundraising partnership will capture more market share, profile and revenue than one partner could capture alone.

Principle 3: Values of a successful partnership

Values lie at the heart of any relationship. Those to keep firmly in mind are:

Transparency. A leading Canadian philanthropist is fond of remarking that "there are no secrets between partners." The power of these words to defuse a tense room and accelerate a stressful partnership negotiation is almost magical—but only if the partners are honestly

committed to them. Removing the impediment of hidden agendas by simply, plainly and honestly addressing the challenges and opportunities of the partnership allows transparency to become the operating principle and lays the foundation for trust.

Shared risk/shared reward. To be motivated to drive toward larger reward, each partner must have something at risk and to gain. However, the potential risks and rewards do not need to be equal. Partners come in all shapes and sizes; rarely will contributions, costs and benefits be shared equally.

Leadership. Any new venture requires consistent, engaged leadership—especially true when developing a partnership with a competitor. In a sector where staff turnover is high, the leader assigned to the partnership must be on board for the entire process. It's also important to engage all sides of the partnership in leadership roles so continuity is maintained through negotiation and implementation.

Tolerance for ambiguity. Ventures involving partnerships are bound to have unanticipated delays, setbacks and uncertainties, so tolerance for ambiguity is essential. Think of a protracted major gift negotiation, in which the outcome is clearly desired but the path forward is rarely well defined. The same patience and attention that fundraisers show donors are necessary with potential fundraising partners.

Principle 4: Common stumbling blocks

The impediments to a successful partnership, which are numerous and not always obvious, include the following:

Culture. Because culture is difficult to define and naturally varies across different development shops, culture challenges are subtle. You must understand what your partner considers valuable and important, just as you would strive to grasp the personality and motivations of your next major giving prospect. A good partner will work patiently and carefully, as with a donor, to find the right pathway to success.

Size. If one shop is larger—with higher revenue, a bigger team, more resources and a prominent brand—then a small shop may feel threatened or overwhelmed. In some cases, the smaller shop might fear that the partnership is merely the disguised prelude to a takeover. On the flip side, larger shops may disregard the unique contributions the smaller shop can provide—particularly when the small shop has a focused mandate to engage supporters dedicated to that specific area. Through inattention—if not arrogance—the larger shop can overlook and devalue the partnership potential in front of it.

Personality. Although organizations are larger than the people who lead them, leaders drive the organization's culture, provide the "face" shown to potential partners and typically are responsible for negotiating the partnership terms. However, leaders are as diverse as the communities they serve. Some leaders naturally extend the hand of partnership because all they see is opportunity. Others are skeptical and must help create the conditions for success before they'll feel confident that failure is less likely than success and its benefits.

Money. In forming a new partnership among competitors, concerns about money come up immediately. Who counts what? Who controls what? Who receives what? And who recognizes what? Underlying these questions is the larger, often unspoken fear: "Don't steal my donors!" If you reflect on the fundamental value of the partnership—to "find the 3"—then the issue of money simply becomes a measure of how large the upside can be for each partner. When considering a fundraising

partnership with competitors, remember that money is the means by which something is accomplished, not the end in itself.

The path ahead

The key to successful partnerships is having complementary competencies—strengths that supplement rather than compete. In health care, for example, the most obvious opportunities for fundraising partnerships are the following:

Disease-based charities and health care charities with a specific expertise. What if the health care charity has a service line supporting a certain type of patient and the disease-based charity has direct funding for research and education programs? For example, an autism charity that advances education and research might partner with a hospital that provides clinical programs for people with autism. This integrated model presents a powerful proposition to take to market and will interest many donors—both the homogeneous interests of the disease-based charity's supporters and the broad interests of supporters for the hospital's wide range of programs.

An academic partner allied with your institution. Although many academic health centers support robust educational programs through clinical residencies, research fellowships and other programs, they can't confer degrees on students. And the academic institutions granting degrees do not offer clinical care to patients. Think of a partnership between a state university with a robotics lab in its engineering program and a health care center developing novel surgical interventions. By working together, these institutions could attract new donors, emphasizing ways student talent developed in the lab—from undergraduate to post-doctoral—can translate to surgical advancements.

A direct competitor across town. This scenario works best when the differences between partners are clear at the outset, such as a pediatric hospital partnering with a general hospital to support health across the life span. The general hospital may very well treat children, but the fact remains that the pediatric hospital specializes in children and does not treat adults. The key lies in profiling the difference clearly to the market and emphasizing why this difference is precisely the reason that a partnership makes sense.

Tennys Hanson, UHN vice president and chief development officer, says, "For UHN, partnerships are now another arrow in the quiver of our fundraising strategies. Partnerships might even be a preferred path—but only for larger gifts that address complex problems."

Partnerships between charities are not a panacea, but rather a valuable tool to address a certain set of circumstances. It remains with each charity to consider its own context and determine when and where the partnership path is appropriate.

U of T's David Palmer identifies three elements that can be extremely helpful in building a partnership:

- Disciplinary excellence in the topic that needs to be addressed.
- Enabling and collaborative structures already in place, such as jointly appointed faculty, that can be leveraged among partners.
- The presence of champions in each partner institution to drive the initiative forward.

These champions, which Palmer calls "the most critical element," can be clinical leaders, scientists or fundraising executives, but they must have passion for the mission and the credibility to engage key stakeholders in support of the partnership's larger vision.

Reflecting on the value of partnerships, SickKids chief executive officer Garrard says, "Rather than having to work

Partnerships between charities are not a panacea. But they are a valuable tool to address a certain set of circumstances. It remains with each charity to consider its own context and determine when and where the partnership path is appropriate.

with multiple institutions, donors can directly interface with the partnership." He also cites these benefits:

- Achieving economies of scale by bringing together each partner's assets and strengths.
- Obtaining new resources through a transformational gift that one partner alone would not have been able to obtain.
- Building on each partner's strengths to achieve better health outcomes—and great benefits to society as a whole.

Of course, work supported by a partnership will not be successful unless donors are motivated to invest—which is why you must clearly articulate the donor benefit when building your next partnership opportunity.

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Grant Stirling , Ph.D., joined the Ann & Robert H. Lurie Children's Hospital of Chicago Foundation on Aug. 1, 2016, as executive vice president and chief development officer. Previously he served as chief development officer at SickKids Foundation in Toronto, where he was responsible for planning and managing the $1 billion comprehensive campaign for SickKids.

Follow the charitable leader

A simple social example can increase disclosed and documented planned gifts

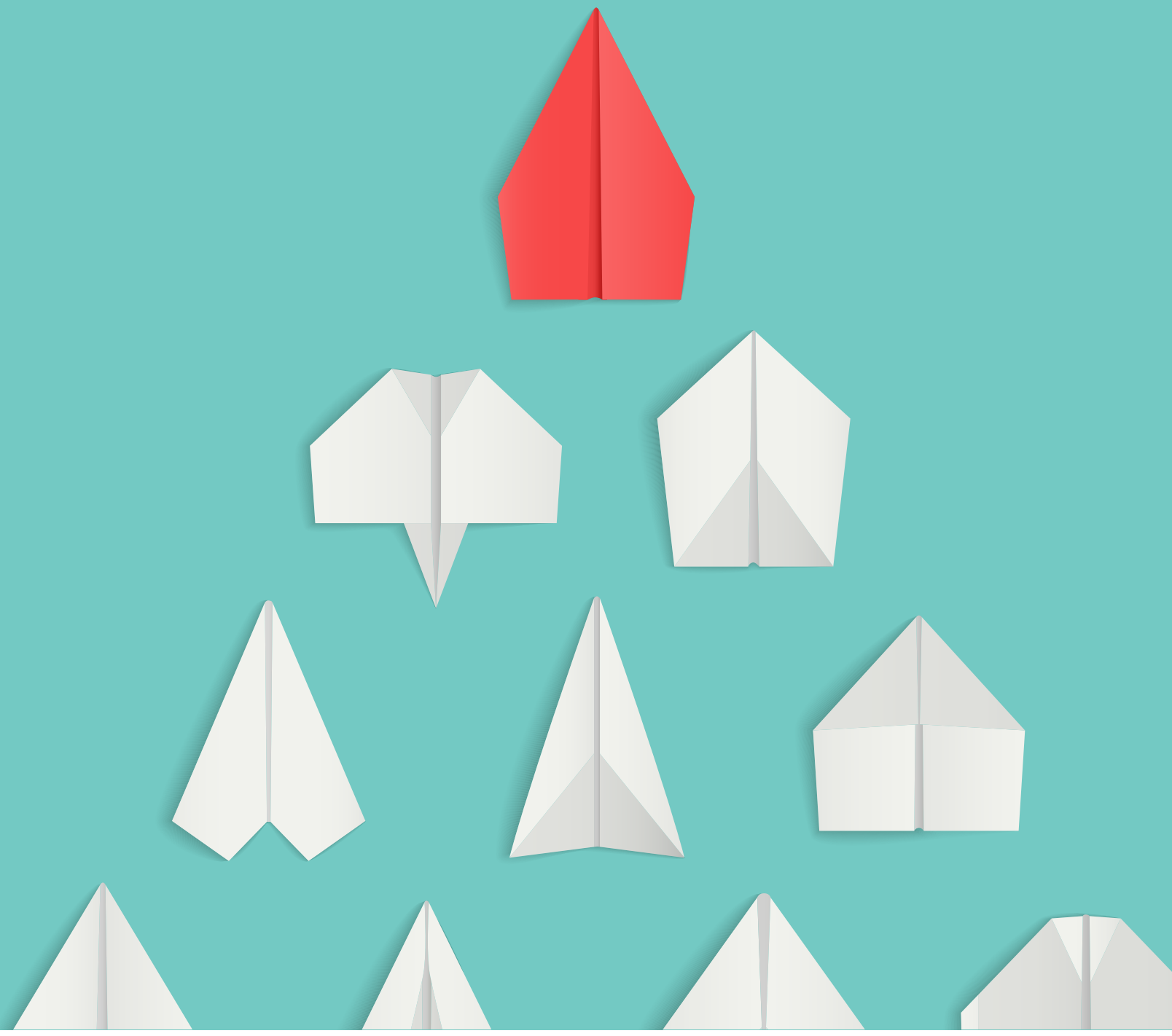
Five years ago, as I concluded a meeting with a nonprofit organization's executive committee, I noticed a large oil painting of a woman on the wall. The vice president for advancement explained that the woman was not only a faithful donor during her lifetime, but she also had surprised the organization with a $7 million bequest after her death.

What she said next was as elegantly stated as the woman was dressed in the painting, and it prompted me to start looking at the nature of the planned giving donor/institution relationship differently. "This gift has always felt incomplete," my colleague explained. "We never got to appropriately thank her for her remarkable generosity to our organization."

Before this encounter I too often thought of planned giving as essentially a one-way relationship. Donors designate a charity in their estate plan and get satisfaction from knowing they have helped an organization that is important to them.

However, the ideal relationship between a donor and an institution is a two-way one. When foundation and health system leadership know about bequests, they have the opportunity to thank and recognize donors for their gifts during their lifetimes. And perhaps most importantly, when donors choose to disclose and document a gift to your hospital by sharing their gift intentions and the stories behind them, they can motivate others to make a planned gift and therefore multiply their generosity many times over.

Health care organizations continually strive to increase their numbers of disclosed and documented planned



gifts, with mixed success. What might encourage donors who include your hospital as a charitable beneficiary in their wills, estate plans or retirement assets to make these gifts public, without them feeling pressured by your gift officers?

One strategy, the simple social example, resonates with many donors. The simple social example means just what it says: a donor's planned gift serves as a powerful example of philanthropy that encourages other donors to make and disclose their planned gifts.

This article discusses research and industry observations that support the strategy of the simple social example and shares stories of institutions benefiting from its use. If this article motivates you to establish simple social examples

for your foundation, the results should be an increased number of planned giving donors—and, most important, an increased number of donors who disclose and document their planned gifts.

The research and our observation

In early 2015, I watched a webinar led by Russell James III, professor and CH Foundation chair in personal and financial planning and the director of graduate studies in charitable planning at Texas Tech University. James, who is an attorney and certified financial planner with a doctorate in consumer and family economics, is and has been the go-to researcher for all things planned giving for the past several years.

One of James' most important findings was that individuals are influenced by others who set a simple social example by including nonprofit institutions in their estate plans.[1] In his research, he analyzed the surveys of several thousand study participants and their level of interest in including a charitable bequest in their wills. Here is what he discovered:

- When no reference to making estate gifts to charity was included in the survey question, only five percent indicated an interest in a charitable bequest in their wills.
- When the survey asked if participants would like to leave money to charity in their wills, 10.4 percent indicated an interest.
- Finally, when the survey informed participants that other individuals leave money to charity and subsequently asked if there were any causes important to them, 15.4 percent then indicated an interest in a charitable bequest in their wills.

What is a disclosed and documented planned gift?

A planned gift is documented once a donor provides a copy of the section of the gift instrument that names a nonprofit institution as a charitable beneficiary. Some examples include:

- Dispositive language in a will that names the charity as a percentage beneficiary or for a specific gift amount.
- Copy of retirement account beneficiary designation form.
- Language in an inter vivos (living) charitable trust that names the charity as an income or remainder beneficiary.
- Gift annuity agreement, current or deferred.
- Beneficiary/owner form of life insurance policy.

A revocable planned gift can be removed or changed by a donor at any time and includes bequests in a will or trust as well as beneficiary designations of a retirement plan. But some signed estate gift pledges, current charitable remainder and lead trusts (those that do not include language allowing the donor to change the charitable beneficiary) as well as insurance policies owned by a nonprofit institution constitute irrevocable gifts that the donor cannot retract.

That's one illustration of the power of donors setting a simple social example for your organization. My firm's experience with a large number of donors, especially strategic donors, has been similar. (For purposes of this article, I consulted with James and he confirmed that Heaton Smith's experience corresponds with findings noted in at least three of his research papers.) When strategic donors include a health care institution in their estate plans, disclose and document their gifts and allow their stories to be told, then other donors respond and follow the social example set by those influential donors.

The strategic donor

Strategic donors, or influencers, want to give at their greatest capacity now and also make sure their gifts have the greatest long-term impact and can influence

other donors. Setting a simple social example is one way they can leverage their gifts for the greatest benefits, both from other planned gift donors' bequests and in annual giving revenue. (Another interesting finding from James' work is that people who make a bequest also tend to increase the amounts of their annual gifts.)[2]

How do you identify a potential strategic donor to your institution? Over the last 20 years, my firm has worked with many strategic donors and noticed that they are often community leaders who are open to telling their donor stories. Plus, strategic donors tend to want to direct their planned gifts to support a specific program and are attracted to the idea of influencing and encouraging other donors to support the mission of the organization.

Two case studies

Let's consider two examples of health care institutions that have used simple social examples successfully. The first is a five-hospital system, while the second is a large community hospital.

In 2008, Lynnie Meyer, chief development officer of Norton Healthcare Foundation and Children's Hospital Foundation (which helps support the nonprofit Kosair Children's Hospital) in Louisville, Ky., and the foundations' boards made a strategic decision to launch a threshold legacy society named in honor of Wade Mountz, president and chief executive officer emeritus of Norton Healthcare. (Meyer and I wrote an article highlighting the Wade Mountz Heritage Society for the spring 2010 issue of *Healthcare Philanthropy*. Norton is included here to illustrate the longitudinal effects of donors setting a simple social example.)

Mountz served in leadership positions in the Louisville health care sector for 40 years and was president of the American Hospital Association, so the legacy society named in his honor would embody many of his core values of vision, leadership, integrity and commitment. Mr. and Mrs. Mountz's disclosed and documented charitable bequest created a simple social example for other Norton donors to follow.

What were the results? To date, 98 Norton Healthcare and Kosair Children's Hospital donors have irrevocably committed almost $40 million in support of the hospitals. This represents the minimum amount in deferred gifts that the foundations will receive, because many donors signed irrevocable estate pledges for $100,000 but named one of the foundations as a percentage charitable beneficiary of their estates. Disclosed and documented gifts range from $100,000 to $8 million. The Wade Mountz Heritage Society celebrated its eighth year in 2016, and 11 new members were honored in May at the society's annual dinner. These 11 donors' irrevocable commitments total $4.4 million.

Another example of the impact of donors setting a simple social example is from Anne Arundel Medical Center (AAMC) in Annapolis, Md. In August 2013, John and Cathy Belcher disclosed and documented their minimum $10 million blended gift to the hospital, and AAMC renamed its health sciences building in their honor. John Belcher, who at the time was chief executive officer of a large communications and engineering firm in Annapolis, served on the foundation's board from 2002 to 2011, including a term as board chair. Cathy Belcher has been highly engaged with the foundation, serving on its gala committee for several years. She also volunteers and supports other nonprofit organizations in Annapolis.

AAMC Foundation—under the leadership of Jan Wood, CFRE, and its board—launched The John and Cathy Belcher Legacy Society in August 2013.

When donors choose to disclose and document a gift to your hospital by sharing their gift intentions and the stories behind them, they can **motivate others to make a planned gift** and therefore multiply their generosity many times over.

The society's requirement, like Norton's, is a minimum $100,000 gift to the hospital, although AAMC accepts both revocable and irrevocable commitments. To date, 29 donors have committed a total of $15 million to the foundation.

It's possible that members of these foundations' legacy societies would have disclosed and documented their gifts regardless of the leadership provided by generous donors like the Mountzes and Belchers. However, the initial donor response was significant enough that it seemed likely donors were responding to the simple social examples established by these influential donors.

The simple social example in targeted communities

Other specific groups of donors, such as physicians, also may respond to the simple social example. Greenville Health System (GHS) in Greenville, S.C., is an academic health care system comprising eight hospitals and the state's largest nonprofit health care system. In September 2014, an influential physician and his wife disclosed and documented a $1 million blended gift—an inter vivos (living) charitable lead trust and a bequest with a signed gift agreement.

Their gift launched the Fund for Advanced Pediatric Care at Children's Hospital of GHS, and the donors' story provided a simple social example for the GHS physician community. Since September 2014, two additional physician donors have documented $1 million blended gifts in support of Children's Hospital—a $240,000 inter vivos charitable lead trust

and a $250,000 bequest with a signed gift agreement. Ten other physicians are currently in discussions regarding planned or blended gifts as a result of the initial simple social example.

Furthermore, the largest gift in the history of Children's Hospital of GHS was recently announced: A multi-million-dollar blended gift that named a child safety institute. These generous donors were influenced by the physician and his wife, who established the simple social example.

expectancy income alone—a fact that underscores the importance of increasing your numbers of disclosed and documented gifts.

Of course, there are many reasons donors might consider changing their estate plans or choose not to implement them. It also is important to note that bequest giving is on the rise overall, totaling $31.76 billion nationwide in 2015.[5]

So why not use strategies that give you the greatest chance of staying on the right side of these statistics? Providing a simple social example can help your hospital or health care system receive an increased number of planned gifts and documented planned gifts—some that may transform how you are able to deliver care to those you serve. AHP

Strategic donors…are attracted to the idea of influencing and encouraging other donors to support the mission of the organization.

Increase your odds for success

Russell James discovered another surprising statistic: Over a 10-year period, 44.5 percent of charitable bequest donors he studied removed at least one nonprofit institution from their estate plans.[3] He also cites an extensive study that compares individuals who reported the inclusion of charitable bequests in their wills before death versus actual distributions from those estates to charitable beneficiaries after death.[4] This study revealed only 35 percent of the estates distributed a charitable estate gift to nonprofit institutions—one reason James cautions fundraising professionals about building a planned giving program on

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William David Smith, founder and president of Heaton Smith Group, LLC, provides legacy and charitable estate planning services to nonprofit organizations. He has more than 20 years of experience in the nonprofit sector, including health care, arts and culture, religion and higher education.

You had me at hello

How strategic onboarding can improve gift officer satisfaction and retention

Imagine it's your first day as a new gift officer for a large health system's foundation. You're excited about this opportunity but also nervous—there's so much you don't know! You aren't sure which parking lot to use, you don't have a computer yet and you need to find the room where you'll get your employee ID. Plus, the office manager told you you're scheduled to attend a new-employee orientation, but she's away from her desk and you don't want to interrupt your new office mate's phone call.

This scenario is more common than we'd like to acknowledge. Fortunately, some employers do help new gift officers feel welcome initially, and even more importantly, continue to give them tools to help them become engaged and productive members of the team. But for many other hires, those first days of uncertainty can extend into weeks and months of floundering, unsure of their role and whether they are successfully fulfilling expectations.

And there's a larger issue: Research has shown that new employees' attitudes and beliefs towards their organization are formed very early in their tenure and remain relatively stable over time.[1,2] In fact, one study found that turnover intentions are formed within six months of joining a new organization.[3] Nationally, the median tenure of gift officers ranges from 16 to 18 months, an indicator that the earliest encounters they experience within their new work environment may be contributing to the high rate of turnover in our industry.

In addition, hiring a new team member is a major investment toward the financial success of your organization. Research has shown that an employee voluntarily leaving can result in costs (including lost

productivity plus time and effort to conduct a new search and hire) that range up to 250 percent—two-and-a-half times—his or her annual compensation.[4] Yet development leaders and hiring managers frequently invest considerable effort to find perfect candidates, then fail to equip them with the tools and knowledge they need to excel and feel like valued contributors.

A proactive, holistic approach

Implementing a strategic onboarding program can help health care development shops proactively address the problems of employee turnover and dissatisfaction. While there are numerous definitions of strategic onboarding in the literature, for the purposes of this article, it's defined as the process by which newcomers learn the attitudes, knowledge, skills and behaviors required to be successful within their institutions.[5]

Joanne Alexander, senior director of learning and organization effectiveness in the University of Michigan's Office of University Development, encourages institutions to start from where they are. "Our program initially focused on recruiting and learning. Moving forward, we are incorporating a greater emphasis on systematic retention and succession planning efforts as a means by which to deepen the institution's investment in people," she explains.

Strategic onboarding marks a shift beyond simply assimilating newcomers to their new culture and environment, to a holistic process designed to accelerate the newcomer's learning. Many development practitioners are beginning to rely on strategic onboarding programs to improve employee retention and accelerate a new hire's learning process. When your new gift officers feel well prepared for their new roles, they are more likely to become confident, knowledgeable and productive contributors to your development team.

Six essential characteristics of strategic onboarding

1. **Invest.** A smooth on-ramp to your organization on day one is important, but don't stop there. Onboarding is an investment in newcomers' learning that takes place over time. Make sure your hiring manager and HR department have the time and resources needed to implement a strategic onboarding process.
2. **Chart the course.** Communicate a schedule of activities so the newcomer knows what to expect during their first weeks and months on the job.
3. **Clarify expectations.** Hiring managers should discuss the employee's role and expectations, as well as how he or she will be evaluated.
4. **Appoint an onboarding partner.** Identify a colleague who will serve as a dedicated resource partner during the first year of the newcomer's employ.
5. **Keep it simple.** Focus your onboarding programming on the practical knowledge gift officers need to get up to speed.
6. **Clarify objectives.** Be clear about what your onboarding is trying to achieve and stick with it.

Personalized, effective onboarding

For the most part, standard onboarding has been limited to new employee orientations that cover general policies and procedures—more akin to a checklist than a meaningful set of activities ordered and delivered in a strategic and thoughtful manner. Scholars have highlighted the critical need to shift from a one-size-fits-all solution to a tailored set of activities that capitalize on the unique nature of the newcomer's role.[6]

A successful strategic onboarding program begins by asking, "What do we want our gift officers to know?" This question will align your planning around activities that give each specific gift officer the greatest chance of success. Here's one example: Consider the departments

the new gift officer might need to interact with and the key people in those departments. A successful onboarding program might include an introductory session with each of these people. This makes the new employee's role in the larger organization clearer and also builds trust, so if they need information or help they know whom to ask. Similarly, scheduling time with foundation and hospital leaders who are involved in the fundraising process helps new officers feel like part of the team and may give them greater insight into the big-picture mission and vision of your organization.

Shared responsibility

Development managers sometimes assume onboarding practices are the domain of human resources (HR). While HR is a critical partner in recruiting and engaging employees as well as in facilitating new employees' learning, it's your development department that can best equip new gift officers with the knowledge, skills and behaviors they will need to be successful in their specific roles.

Many development offices have created a new division of talent management that reports to the chief development officer and works collaboratively with the institution's HR department. This specialized function is frequently responsible for development recruiting, onboarding and employee engagement, including ongoing professional development. This structure has been successful at numerous institutions because it marries the specialized development content knowledge with the infrastructure and expertise of human resources.

Sample onboarding activities

As we saw in our introductory scenario, you have the opportunity very early on to make sure your new employee's interaction with your organization is a positive one. This sets the tone for a continuing series of strategic onboarding activities. Initially, supervisors or office managers might call new hires before their start dates, briefly covering details, such as where to park and what orientation meetings are scheduled, etc., and giving them opportunities to ask questions. When they arrive on that first day, having a workstation ready for them and making sure they are introduced to other staff members goes a long way toward easing initial jitters. Many development offices also pair new gift officers with a mentor or "buddy" who becomes their go-to for information and resources.

Industry knowledge suggests that it takes at least a year for a gift officer to acclimate to his or her new position, and 18 to 24 months to reach maximal contribution—but as we mentioned in the introduction, many of them may not even stay with a health system that long. However, strategic onboarding can accelerate the process of getting a new employee up to speed. For example, some gift officers begin a new position without having a donor portfolio in place, and the expectation is that they will build one. Fortunately, it's becoming more common to have donor prospects ready for your new hire as part of your onboarding strategy. (Some foundations are even required to justify the need for a new position by demonstrating that they have untapped potential donors.) Having an initial portfolio of donors conveys a powerful message that the new officer is not only welcome, but needed.

Because onboarding is an ongoing investment in your gift officers' job satisfaction and productivity, it will likely extend over a period of up to six months or longer depending on how they are acclimating to their new roles and environment.[7] Managers should plan for regular check-in conversations about goals and progress—perhaps at 45-day, 90-day, six-month, one year and 15-month intervals.

Evaluation is an essential component of any successful program, so identify performance indicators you will measure at these key intervals, such as employee satisfaction and engagement. You also can correlate the data with gift officer turnover metrics to help assess the effectiveness of your program.

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Strategic onboarding in practice

Many institutions, from Johns Hopkins Medicine to the University of Washington, have created specialized curriculums that all new hires and internal promotions are required to complete during their first six to 12 months of employment. Coursework is personalized to each person's specific position and could include frontline fundraiser training, new supervisor training, people skills training and one-on-one leadership development coaching, to name just a few topics.

The University of Michigan provides a valuable blueprint for institutions that are exploring the integration of strategic onboarding to enhance their talent management program and improve organizational performance. Michigan is distinctive in that it was one of the first institutions of higher education to formally establish a development talent management program approximately 12 years ago.

"The rationale for us was easy," says Joanne Alexander. "Approximately 80 percent of our development operating budget is allocated to human capital. Being in a relationship business, we know our employees are the keys to our success."

The onboarding program developed by the Office of University Development at Michigan is customized to the newcomer's role. "We start by asking, is the employee a gift officer or not, and are they at the director-level or above," explains Dave Zubl, associate director of development learning programs at Michigan. Following a general university orientation, Michigan offers all incoming development staff a formal overview of fundraising. "We want our development colleagues to understand what fundraising means at Michigan and connect them to the culture of our institution and fundraising program," Zubl continues.

Next, for gift officers, Michigan offers *Fundraising Fundamentals*, a four-part classroom-based curriculum that goes deeper into the major gift officer's role, portfolio basics and strategic partnerships. Following each didactic session, managers are provided discussion questions to guide conversations with the newcomer during one-on-one meetings. Michigan also offers supplemental coursework on topics such as planned giving and endowment.

The next phase of Michigan's onboarding program will be to develop support tools and templates that can be customized easily to a unit's particular needs. Program evaluation centers on retention rates, career transition rates, gift officer metrics (visits, solicitations, closed gifts) and participant feedback.

"Participant feedback confirms that gift officers' confidence goes up as a result of their participation in the program," says Alexander, "and our managers perceive that gift officers feel more comfortable in their roles."

Better satisfaction and retention

In summary, a strategic onboarding program will maximize your return on human capital investment as newcomers move towards increasingly higher levels of productivity. Equally as important, strategic onboarding enhances gift officer job satisfaction and engagement, leads to better employee retention rates and, ultimately, results in better progress toward your institution's long-term goals. AHP

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