

# HEALTHCARE philanthropy

## Season of LIGHT

An annual  
holiday campaign  
exemplifies  
charitable giving

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**12** How to establish a culture  
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relationships on giving

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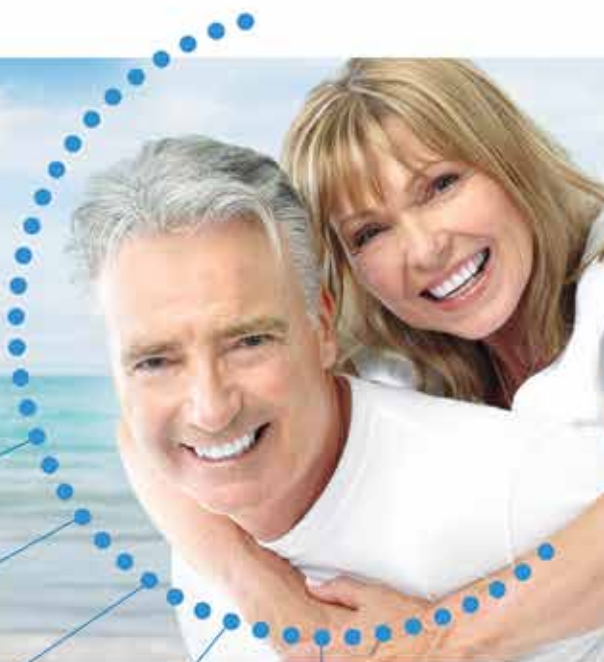
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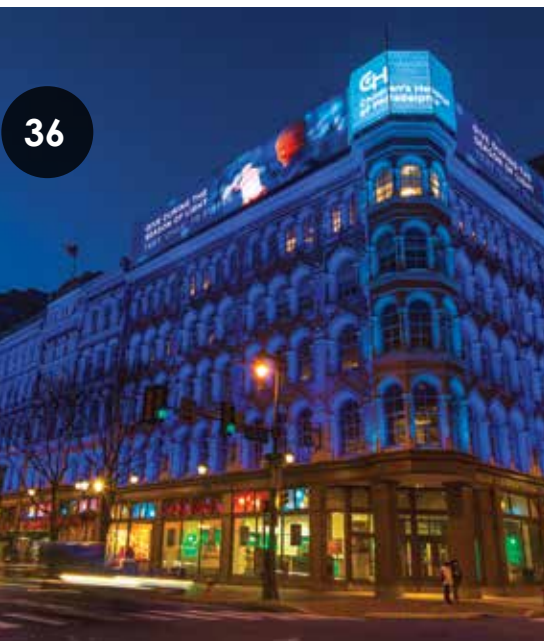
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# HEALTHCARE philanthropy

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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.

#### **Healthcare Philanthropy mission:**

*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.





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By Jory Pritchard-Kerr, FAHP, CFRE

Chair, AHP Board of Directors

## FROM THE CHAIR

# Strategic partnerships

AHP recognized the value of collaboration as one of the pillars of our 2016-2018 Strategic Plan. With the support of leaders from across AHP's membership, we established a direction to forge partnerships with key leaders from other organizations to extend our reach and increase our impact for our members.

Since the adoption of the plan, AHP has searched for opportunities to engage with other organizations to bring our members more resources, stories and articles to help you reach your goals.

A few of the partnerships already underway include the following:


**Charitable Giving Coalition.** AHP is an active member of the Charitable Giving Coalition, whose mission is to protect the charitable giving tax deduction in the United States. The Coalition has reached out to lawmakers to protect the current legislation in the U.S.

**Apra.** AHP is building an information-sharing relationship with Apra, as association for those who work in prospect development, to increase the value of AHP membership by identifying ways to improve current programs. Our work will help us deliver improved educational offerings specifically related to the important work of donor research.

**Association of Advancement Services Professionals (AASP).** By connecting the Education and Curriculum Committees of both AHP and AASP, we will have access to best practices across the philanthropic industry. Best practice models from a wider scope of charitable organizations will benefit our members and improve all professional practice.

**Canadian Advocacy.** In order to respond to the Ontario Minister of Health's directive against the naming of hospitals as part of donor recognition, AHP has been working closely with the Ontario Hospital Association and members of the Association of Fundraising Professionals to provide advice to the Minister of Health in making this potential impactful decision for AHP's Ontario members.

**Association des fondations d'établissements de santé du Québec (AFESAQ).** AFESAQ represents health care foundations in the Province of Quebec providing French language services to their members. The goal of this partnership is to pool education and resources to provide the most up-to-date information in both of Canada's official languages.

Professionals in health care philanthropy are a community among themselves. AHP recognizes that all communities are stronger when they work together for the benefit of their members. The board and staff of AHP are committed to forging strong relationships with these partner organizations and others to benefit our members. 





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## Celebrating 50 Years through 50 Voices

**T**he Association for Healthcare Philanthropy invites you to celebrate our golden anniversary with us in New Orleans this October. We're looking forward to a bright future and kicking off the next 50 years of education at the 2017 AHP Annual International Conference.

We're also celebrating our members and volunteers, without whom we would not have reached this milestone. Ever since a small group of hospital

development officers gathered in New Orleans five decades ago to form a professional association, the Association for Healthcare Philanthropy has been instrumental in providing education, standards and thought leadership on health care fundraising. And members like you have been key to the progress in our field and in health care. Thank you for your contributions to, and participation in, AHP. We truly enjoy working with each of you.



We know that you're facing challenges today that our founders couldn't have imagined 50 years ago. That's why we constantly strive to help you face a changing industry confidently and why we'll continue to be a reliable resource for fundraisers worldwide. We are committed to realizing our vision to be the definitive authority in health care philanthropy.

As part of our year-long 50th anniversary celebration, we launched the "50 Years, 50 Voices" project earlier this year. If you have not yet viewed the video series, I encourage you to visit [www.ahp.org](http://www.ahp.org) and explore our members' stories—and even submit one of your own.

The eagerness with which our members share their memories is both inspiring and humbling. We've heard, "I've had the opportunity to teach, but I've also had the opportunity to learn from the most inspirational group of professionals," from Pearl Veenema, CFRE, FAHP, of Hamilton Health Sciences Foundation, and, "AHP has been an incredible resource for me in terms of my education as a fundraiser," from Mary Anne Chern, FAHP, ACFRE, of White Memorial Medical Center Charitable Foundation. AHP is looking forward to creating more positive experiences for you in the coming years.

We look forward to seeing you in New Orleans! 

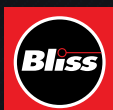
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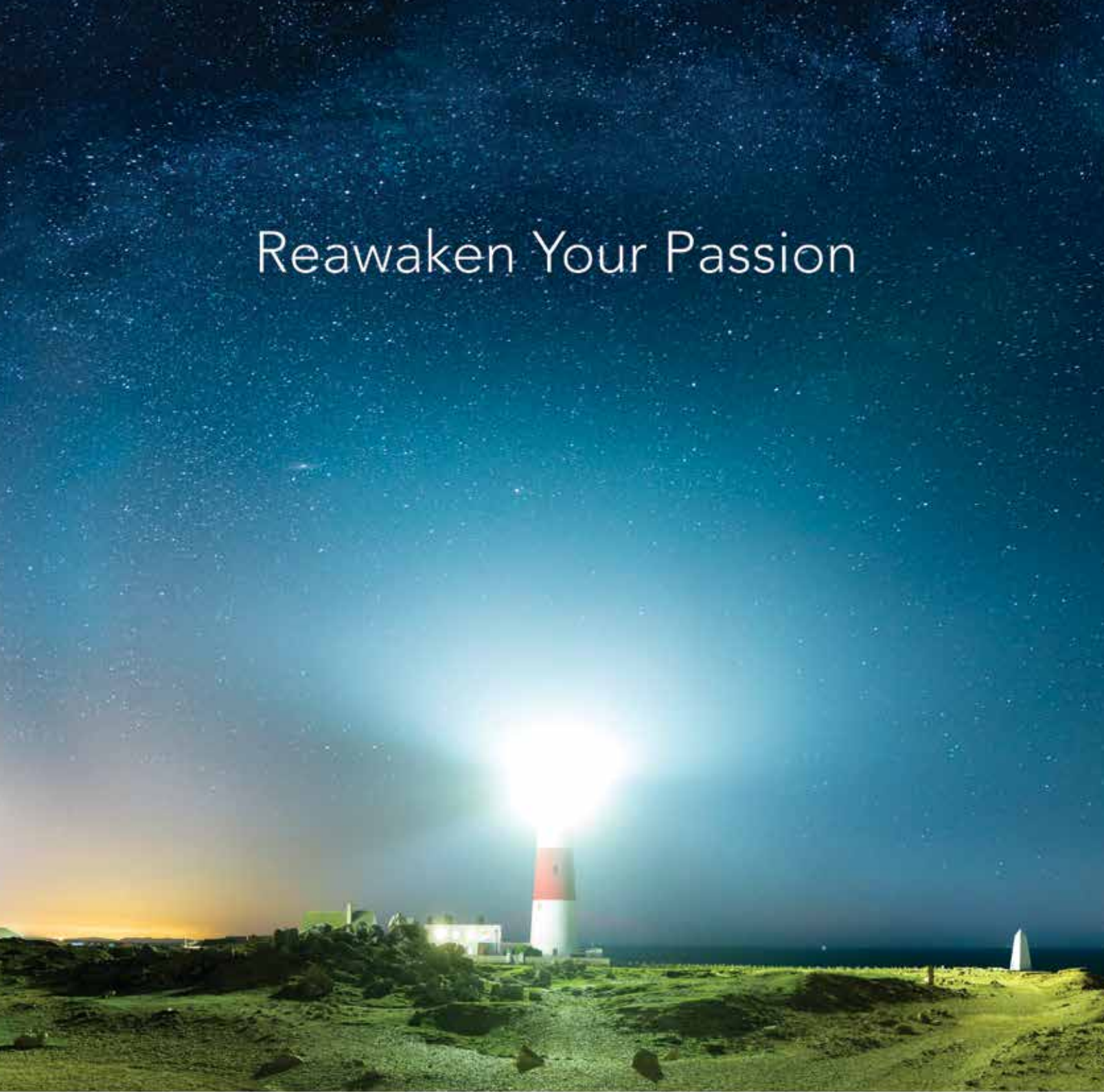
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## Timing the Ask for Hospice Development

*By Bonnie Jess Lopane, CFRE  
Vice President, Development &  
Community Relations, Hospice &  
Community Care, Lancaster, Pa.*

Seeking contributions from families following the death of a loved one is a challenge faced by hospice development offices, hospitals and health systems. While hospices often receive memorial gifts, these contributions are usually smaller, one-time gifts from friends, neighbors or co-workers who want to support the family's wish to have contributions made to a specific charity but do not have a previous affinity for the organization. But donors need to be cultivated equally, and donors who have made a memorial or tribute gift to your organization already have a relationship with your organization. The opportunity exists to build a relationship that grows into a potentially long-term relationship.

### When to make the ask

How soon is too soon to make a request for a contribution when a loved one has received hospice care? One fundraising approach is to ask for a gift at the time that the donor has the greatest affinity for your mission. Of course, that would be immediately following the loss of a loved one for hospice programs, for which there is heightened sensitivity around timing. Typically, hospice development offices recognize the families' bereavement period as one year to 16 months and generally do not ask for financial contributions during this time. The risk is whether the bereaved family member will still feel compelled to contribute after more than a year.

Families may be offered opportunities to participate in specific fundraising activities such as "Light Up a Life" or "Path of



Remembrance" that enable families to remember their loved one through purchasing a light on a tree or a brick on a memorial walkway. While these giving opportunities are fundraising in nature, they equally include a bereavement component and are sensitive to the loss of a family member.

Opportunities such as these that are presented early in a person's loss of a loved one may help create a cycle of giving that may help a donor to stay connected to your mission. Memorial programs are managed by the Development Office from a fundraising perspective, with the related bereavement events a collaborative effort with Development, Bereavement and Spiritual Care. Bereaved individuals find it meaningful to remember their loved one through programs such as these, making it acceptable to offer these opportunities during the bereavement period. Visit [www.hospiceandcommunitycare.org/path-of-remembrance](http://www.hospiceandcommunitycare.org/path-of-remembrance) or [www.hospiceandcommunitycare.org/light-up-a-life](http://www.hospiceandcommunitycare.org/light-up-a-life) for details.

Hospices should develop and execute meaningful strategies to engage tribute gift donors to make a second gift. This requires getting the donor to become engaged enough in the mission of the organization to consider making future gifts.

**Learn how to get a second gift in online-only AHP Next content at [ahp.org](http://ahp.org).**

## What's Next for Health Care Fundraising?

As AHP turns 50, we asked thought leaders to help us predict the future of fundraising.

### 2020

**All Baby Boomers will be 75 or older by 2020**, moving the generation more firmly into the target audience for grateful patient giving as they become more frequent recipients of health care services.

### 2025

**Ongoing changes in technology change foundations' day-to-day operations:** There will be an increased use of big data and related technology in both hospitals and foundations.

### 2030

**Millennials collectively become the wealthiest generation:** Fundraisers should begin investing resources in the communications channels that Millennials use and start building connections now.

### 2060

**Generational wealth transfer finishes:** A study by Boston College researchers in 2014 predicted \$58 trillion dollars would transfer by 2061.





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## Celebrate AHP's 50th Anniversary With Us

I am looking forward to seeing you at the 2017 AHP Annual International Conference in New Orleans this October!

This year, AHP is celebrating 50 years of educating health care development professionals, and we're looking forward to a bright future advancing our industry. Join us for the largest gathering of health care fundraisers to learn, share and network.

Learn more at [www.ahp.org/International](http://www.ahp.org/International).

*Susan C. Dolbert, Ph.D.*

*Chair, 2017 AHP Annual International Conference*

## 50 Years, 50 Voices

As part of our year-long 50th anniversary celebration, AHP launched the "50 Years, 50 Voices" project. Visit [www.ahp.org/50](http://www.ahp.org/50) to explore our members' stories or submit your own.



**"AHP will continue to have an impact on the profession and it will ultimately impact our communities. And the work that we all do together, and will continue to do together, will help make a difference to all the people that we serve."**

*– Bill Littlejohn, CEO & Senior Vice President  
at Sharp Healthcare Foundation*

## New Orleans After Hours

After spending your day learning and sharing ideas, explore everything The Big Easy offers at night!

**French Quarter**—Your authentic New Orleans nightlife starts in the French Quarter, a National Historic Landmark and the site of the original New Orleans colony. Bar hop down Bourbon Street (be sure to try a Hurricane) or enjoy authentic NOLA cuisine in one of the many restaurants unique to New Orleans. Learn more at [www.frenchquarter.com](http://www.frenchquarter.com).

**Frenchmen Street**—If you want to experience New Orleans jazz, you can't miss Frenchmen Street. You'll find the best live music the city has to offer at the various clubs and restaurants along this street in the Marigny neighborhood. Find information on bands, shops and more at [www.frenchmenstreetlive.com](http://www.frenchmenstreetlive.com).

**Themed Tours**—New Orleans has no shortage of guided tours. Nighttime tours will take you through the picturesque and celebrity-filled Garden District, the storied cemeteries and almost every neighborhood in the city. A ghost tour or a voodoo tour is especially fun for your postconference nights! With so many options to choose from, check with one of the many tourism kiosks and storefronts around the city or browse the city's official tourism website, [www.neworleansonline.com](http://www.neworleansonline.com).

**New Orleans Museum of Art (NOMA)**—If you'd like a quieter, but no less stunning, experience, the NOMA is open until 9 p.m. on Fridays, leaving you time after the day's breakout sessions to enjoy the city's impressive art collection. Visit [www.noma.org](http://www.noma.org) for more information on exhibits and directions.



The 2017 AHP International Conference is the largest gathering of health care development professionals anywhere. It unites the best minds in the profession to share ideas, resources, best practices and benchmarks. The world of development is changing, and the AHP International Conference is your best opportunity to connect with the industry partners who specialize in helping you stay a step ahead.

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# Achieving a dream





## How the Geisel School of Medicine and Dartmouth-Hitchcock established a grateful patient program

In 2013, Dartmouth-Hitchcock launched a strategic initiative to increase physician engagement in philanthropy, boost patient referrals to development and create a sense of shared ownership in the mission of philanthropy. Until that point, the development team had put little attention on grateful patient fundraising.

Fast-forward to June 2017. In less than four years, results include:

- More than 300 grateful patient referrals.
- An increase of more than 80 percent in physicians who engaged with development.
- Securing approximately \$20 million in contributions as well as an additional \$2.7 million in commitments.
- Soliciting \$14.6 million in pending asks.

Just as important as the quantifiable results above are key lessons the Dartmouth-Hitchcock advancement staff learned:

- To motivate physicians, you need to help them see how philanthropy can help achieve their dream.
- Put a program in place with defined goals, activities and processes to help physicians—who are process-oriented professionals—feel comfortable taking part.



- Grateful patient fundraising must be an ongoing, strategic process that evolves over time. There is no “silver bullet.”
- Success breeds success. “To build momentum, find a champion and succeed with one physician on a single gift,” said Dorothy Heinrichs, senior associate director on the development team. “Then take the show on the road with the other physicians. It can be extremely effective.”

In addition to the development team’s lessons, physicians at Dartmouth-Hitchcock are learning that development staff wants to help them, they are experts in philanthropy, and collaborating with them can lead to successful outcomes.

### Engage and train leaders

Dartmouth-Hitchcock is a nonprofit academic health system that serves a patient population of 1.9 million in New England. Anchored by the Dartmouth-Hitchcock Medical Center in Lebanon, N.H., the system includes the Norris Cotton Cancer Center, the Children’s Hospital at Dartmouth-Hitchcock, 30 outpatient clinics and affiliate hospitals. In partnership with the Audrey and Theodor Geisel School of Medicine at Dartmouth and the VA Medical Center in White River Junction, Vt., the health system trains nearly 400 residents and fellows annually and performs world-class research.

The development staff, which is made up of 42 positions in Lebanon, N.H., raises funds for both Dartmouth-Hitchcock and the Geisel School of Medicine.

When planning its program, development recognized that physicians will take philanthropy more seriously if leaders endorse it—particularly section chiefs, department chairs and the executives above them. So, early on, the team recruited leaders for philanthropy training, including clinical and research department chairs, section chiefs, physicians, practice managers, chief nursing officers and nurse managers.

Fifty leaders and six development professionals attended the first workshop, held in October 2013. Nine workshops have been held since, for a total of more than 250 health professionals trained as this article goes to press.

The workshops last about two hours and include the following elements:

- An overview of philanthropic principles.
- Videos of donors talking about why they give and their emotional rewards.
- Videos of physicians describing the role they’ve played in philanthropy and the ways it allows them to improve patient care.
- Highly interactive discussions to raise questions, explore approaches and provide details.

Individual development professionals are assigned as liaisons to each department. The liaison meets personally with department leaders to discover their philanthropic priorities—an approach very different from the traditional method of communicating from above the priorities of organizational leaders.

Right from the start, members

of the Dartmouth-Hitchcock development team knew they must be clear that they weren’t promising immediate gifts for the department and that individual objectives would not be considered priorities of equal urgency. They posed open-ended questions to the health care professionals, which was a new experience for the latter. Previously, development officers had not been proactive in asking leaders what they wanted for their respective areas. The officers asked:

- What are the goals for your department?
- What is your estimate of their cost?
- How are you getting your section or department message out there?
- Whom do you know that might be interested in your work, or possibly in supporting your efforts?

In early meetings, health care professionals were quite surprised. Some responded, “I don’t know. I really haven’t thought about it.” Others knew their funding priorities and were more than ready to discuss them with the development team.

Derek Brown, senior associate director on the development team, emphasized that it’s critical to connect the physician to ways philanthropy can help achieve a dream. “A development professional should never expect referrals if the physician doesn’t have a dream,” Brown said. “The dream could be audacious or as simple as needing more time to do research. We quantify the dream—put price tags on it. At that point, we have a motivated



physician—one ready to consider referrals.”

## Be personal and consistent

Personalizing their approach for each participant and working together as partners proved to be critical. The team learned that the best-laid plans are great, but mutual understanding, the discipline of follow-through and dedication to good development work are key. As true believers in meaningful philanthropy, the development team worked to make physicians and other health care professionals true believers, as well.

To strengthen working relationships, they adapted to each physician’s personal style. Brown noted that you must “roll with the doctor’s personality and feelings. Different doctors prefer to handle different tasks. Some want to reach out. Some want the officer in the lead at all times. Others want the officer to be a coach or advisor. We should adjust, so long as we agree upon the plan together.”

It’s mandatory for each development professional to book quarterly meetings with physicians to hold each other accountable for next steps and maintain momentum. In the program’s first year, the development partners who proved to be most successful were very consistent about reaching out and making sure that the meetings took place.

During these meetings, the physician and development professional would:

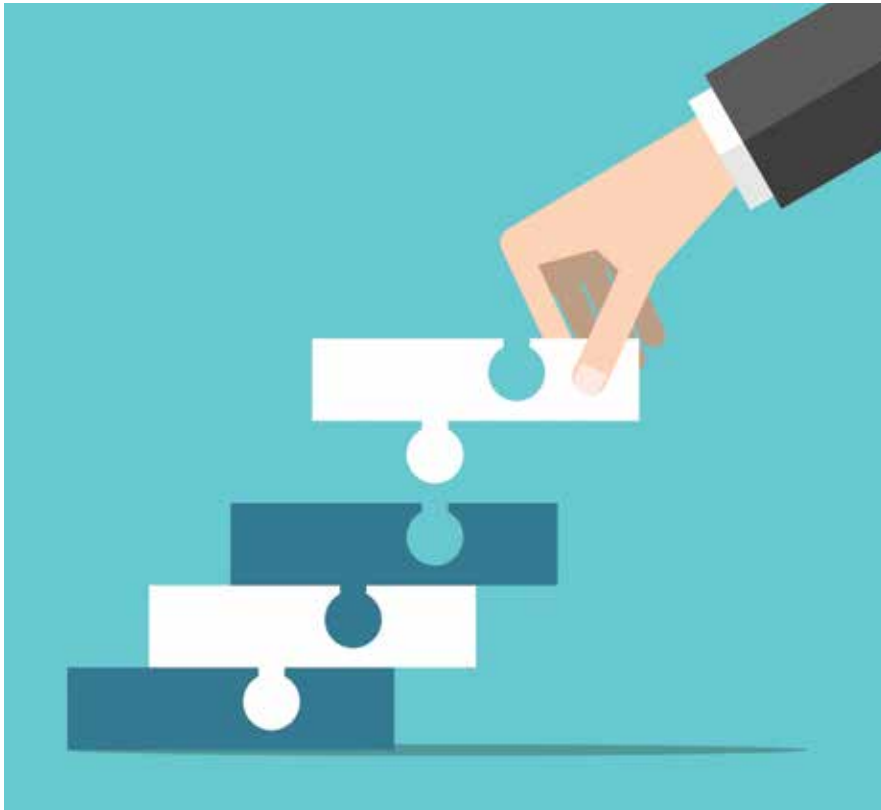
- Revisit department and section goals that had been conveyed by the leader of that area.



## Six Elements for Success

By taking a strategic, process-based approach and applying lessons learned along the way, the development team is achieving success engaging health professionals, building a robust culture of philanthropy and creating meaningful experiences for donors. The team identified six components that are key to the program’s overall success:

- Gain leadership buy-in at the start.
- Be strategic in recruiting “early adopters”—health care professionals that others look up to and trust.
- Assign liaisons from the development team to work with each medical center department.
- Ask the right questions when meeting with physicians to identify and promote their “dream.”
- Strengthen relationships between health professionals and development professionals, and be consistent about following up.
- Maintain a mindset of continuous learning.



## Cultivation Strategies

Potential efforts that development professionals and physicians discuss when determining how best to cultivate donors include:

- Education days where potential donors learn about the goals and workings of particular disciplines and departments, such as “Ophthalmology Education Day” or “Vascular Surgery Education Day.”
- Events to meet key leaders, such as “meet the hospital chief executive officer” or “meet the medical school dean.”
- Lunch meetings with a favorite physician or nurse to talk about exciting developments and goals.
- Tours of a specific area of interest, such as Dartmouth-Hitchcock’s Connected Care Center, the Norris Cotton Cancer Center or the Children’s Hospital at Dartmouth.
- Birthday cards or holiday cards mailed to identified individuals, signed by a favorite physician or nurse.
- Referral cards and informational one-pagers to give to potential donors.
- Friendly check-in calls from physicians or department leaders to ensure quality care is being provided.
- Helping to schedule appointments with physicians when difficulties or urgency are a concern.

- Pair dollar levels with goals, fine-tune them and, when the goals matched those of the organization, discuss potential opportunities.
- Discuss referrals (patients and families who might be candidates for grateful patient donations) and what the cultivation process might look like.
- Identify and plan for activities that may help cultivate donors.
- Discuss progress on events and with individual donors and potential donors.

After each meeting, the development professional conducted research on patients and family members whose names were provided and followed up with the referring health professional (either before or at the next meeting) with notes on progress, receptivity and interest.

Activities that the development officers and physicians planned together not only engaged interested patients and family members but also promoted collaboration between development and physicians, kept philanthropy in the physician’s mind and facilitated regular contact. (See “Cultivation Strategies” sidebar.)

Having a formal outreach process and engaging in consistent follow-through were important for building physician trust. With a few meetings under their belt, interactions became more relaxed. Email was also used to give feedback and updates to physicians.

Thanks to trusting relationships and two-way communication, many physicians felt comfortable

asking development partners to coach them in techniques to employ with patients or family members who appear interested in philanthropy.

### **Some eager, some not**

When implementing their strategic plan to engage physicians, the development team encountered physicians who were eager to be involved with philanthropy, such as pulmonologist Richard Enelow, M.D., professor of medicine and vice chair for research affairs. “I see the development team as my partners,” he said. “With their guidance and assistance, I’m engaging more deeply with donors who support my work and learning how to cultivate larger gifts.”

However, they also encountered physicians who were ambivalent or had had negative experiences that gave them reservations about working with the development team. In such cases, it was important for development to talk through what had happened and address the physician’s reservations.

Early on, most physicians tentatively accepted that Dartmouth-Hitchcock was moving toward a new way of doing things. They had a lot of patients coming through the door who were expressing interest in research or clinical work, and they didn’t want to waste that opportunity. But others remained reticent. Brown said that with such physicians he would ask for a “test referral”—the name of a potential donor he would use to illustrate how the process works without actually contacting the person. Then he would do research to determine the individual’s giving capacity.

“If there is capacity, I talk about the words we would use to ask for a meeting,” Brown explained. “I then talk about the words we would use during a meeting.” In this way, he could explain how the process would unfold—role-playing aspects of the potential interaction between the development professional and the prospect. This approach shows how courteous and meaningful the process of engagement can be for patients and families and helps build the physician’s trust.

### **Meaning, not money**


Building a grateful patient program and establishing a culture of philanthropy requires continuous learning and refinement to help staff internalize new roles. The development team holds workshops on a rolling basis built on a “donor-centric” curriculum—emphasizing that philanthropy is not about the money, but about the meaning the donor derives from giving.

Evaluations the workshop participants filled out indicate that they appreciate learning ethical ways to respond to patients’ gratitude and interest, and that they now recognize the importance of partnering with development. “The development team knows how to work with donors—how to find new ones and how to appropriately thank and engage with previous ones,” said Timothy Gardner, M.D., associate professor of medicine and director of pancreatic disorders. “It’s reassuring to know that they will remind me to reach out to particular donors, when a stewardship report is due or when such contact will move a

relationship forward.”

Looking ahead, the development team plans to provide more coaching to chiefs, chairs, researchers, nurses, physicians, volunteers and staff and to increase the quantity and quality of referrals.

The team will also focus more attention on high-level volunteers, such as past and current overseers of the medical school and Dartmouth-Hitchcock trustees, and on referrals from the hospital’s C-suite executives—people who have a vested interest in seeing the medical school and hospital succeed.

Dartmouth-Hitchcock’s solid strategy has brought impressive results. In the next year and beyond, the team is poised to build on what it has accomplished, growing philanthropy that is meaningful to patients, health professionals and the institution. 



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# Changing culture to promote philanthropy

The University of Rochester's 'Philanthropy Champions' become advocates for a sustained approach to grateful patient fundraising

**A**t the University of Rochester Medical Center (URMC), we had tried various “grateful patient” fundraising efforts since 2007, but we lacked a formal, disciplined program headed by a dedicated staff member. All that changed in July 2015, when we established our Patient and Family Giving Department (headed by Elizabeth Dollhopf-Brown) and built a sustainable “Philanthropy Champions” program in which physicians, nurses, dentists and other health professionals become philanthropy advocates.



Our overall goal: to change our culture so that valuing and promoting philanthropy becomes the norm for executives and caregivers throughout our health system.

### **“What will be different?”**

URMC is an integrated academic medical center made up of The School of Medicine and Dentistry, School of Nursing, Strong Memorial Hospital, Golisano Children’s Hospital, Wilmot Cancer Institute and other affiliated institutions. URMC treats

more than 600,000 patients annually. Our advancement team comprises 60 people, some based at the academic medical center and others staffing the affiliates’ foundations.

Our first step in establishing a grateful patient fundraising program was to ask ourselves, “What will be different from past attempts at increasing patient giving and physician involvement in philanthropy?” We had already tried many things, including supplying physicians with “prescription pads” for referring patients to advancement,



We found that “one-off” training of caregivers had demonstrably less impact than 1:1 coaching models in which individual caregivers were engaged over time with advancement professionals.

hosting seminars with role-playing and video testimonials, and establishing ad hoc partnerships with physicians. By 2008 we had developed an excellent patient database—called the Medical Advancement System (MAS)—but the coding and tracking were so undisciplined that we couldn’t quantify results or accurately assess the pipeline.

So what did we do?

- **We began with clean data and good reporting.** Over the course of 18 months we reviewed and updated the patient data; determined which reports we wanted to obtain to show the results of our efforts; and established a disciplined process for tracking and coding patient prospects, referrals and gifts.
- **We looked for other successful programs.** We attended an intensive training program at the Johns Hopkins Medicine Philanthropy Institute and researched approaches other institutions were using for grateful patient fundraising. We found that “one-off” training of caregivers had demonstrably less impact than 1:1 coaching models in which

individual caregivers were engaged over time with advancement professionals. We concluded that a formal program that included a partnership between caregivers and advancement professionals as well as training and coaching would yield the best results.

- **We engaged a leading fundraising consulting firm.**

After interviewing four different candidates we selected Marts & Lundy. What most won us over was the firm’s willingness to work with us in a flexible way and let us try our own ideas. Its role was to guide us during the first year of the program, set the schedule, lead the general learning sessions and participate in individual coaching.

### First cohort launched in 2016

Our dean and chief executive officer, Mark Taubman, M.D., suggested the name “Philanthropy Champions” for our program, which we rolled out in March 2016. He invited our inaugural cohort of 19 caregivers, mostly department chairs and highly regarded leaders, to a special kick-off dinner and “Advancement 101” session, which was also attended by the university’s chief advancement officer and the 13 gift officers who would be assigned



## The role of “advancement partners”

The major gift officers—called advancement partners—assigned to each Champion play a critical ongoing role in moving Champions from the theory of grateful patient fundraising into practice. Typically, each advancement partner works with no more than three Champions at a time and handles these responsibilities:

- Attend each training session with the Champion and meet regularly to build mutual trust and understanding.
- Receive referrals of patient names from the Champion and seek guidance on the best way to engage those patients.
- Contact referred patients and set up personal visits to ascertain their philanthropic capacity and inclinations.



to the Champions as “advancement partners” (see sidebar).

The key role of a Philanthropy Champion is to alert advancement staff to potential patient prospects. During our two-hour kick-off session, which included dinner at a popular club off campus, we covered the following topics:

- Overview of the donor giving cycle and the Champion’s role during each stage.
- What the fundraising process looks like.
- How to recognize philanthropic interest.
- Working with the advancement partners.
- Making referrals to advancement.
- Participating in early prospect conversations.
- What to know about patient donor privacy, confidentiality and the Health Insurance Portability and Accountability Act (HIPAA).

Over the next eight months we presented three additional training sessions, a panel discussion with patient donors, a role-play session to help Champions learn to engage patients comfortably and monthly individual and team coaching sessions. The three major training sessions—roughly one every other month—covered the topics below and involved discussion, demonstration and practice of specific skills.

1. **Engaging with donors and developing partnerships**—What to listen for when talking with a patient and how to respond to comments such as, “I wish there were something I could do to thank you.”
2. **Articulating your case**—How to talk about your research or projects in ways a lay audience can

relate to and how to adapt your case to various audiences.

3. **Securing gifts and stewarding relationships**—What Champions’ roles in cultivating donors are, how to work with families and multiple generations and how to recognize signs of interest in additional giving.

### Guiding principles

We understood from the start that the program must mirror the values of the institution. This grounding not only is the proper and humane way to approach patient philanthropy, it also gives the program greater credibility. In addition, we emphasized that ethical and legal considerations are paramount. University Advancement works closely with the URM C Compliance Office

to receive, safeguard and manage patient data, and we strictly adhere to federal regulations. Everyone on our advancement team must receive annual HIPAA training that is audited by URM C compliance.

As we developed the program, we stressed to leadership four important principles that would be part of its fabric.

1. **Patients come first.** Patient care and comfort are fundamental. The referral process must honor caregivers’ deep knowledge of their patients, and caregivers should never feel compelled to engage in activities that make them uncomfortable. In keeping with the patient-centered biopsychosocial model of medicine first articulated at URM C—which focuses on the interaction of biological,

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One of our Champions said, “This is part of continual improvement. Most of us aren’t good at it. We all have skill sets we can build.”

psychological and social factors in disease and its treatment—philanthropy can complement the healing process by providing patients and families an avenue to express gratitude or grief. Even so, nothing should compromise the caregiver–patient relationship, caregiver efficacy or treatment itself. We seek to instill our fundraising efforts with the same commitment to patients for which

URMC medical professionals are known.

2. **Three key skills for every Champion.** These skills, covered in the three training sessions that follow the kick-off (described above), boil down to understanding what to listen for, what to say and what to do. We received many comments from physicians, nurses and dentists indicating that—although they

are highly educated, skilled and practiced in difficult, heartfelt conversations with patients and their families—they had little grounding for how to approach conversations about gratitude and giving. One of our Champions said, “This is part of continual improvement. Most of us aren’t good at it. We all have skill sets we can build.” They welcomed a deeper understanding of the personal dynamics of each situation and were eager to learn and practice new communication techniques.

3. **Individualized approach.**

Our analysis of best practices in working with providers for grateful patient fundraising found that individualized approaches are most effective. For example, a randomized, controlled trial at Johns Hopkins showed that physicians with individualized coaching in fundraising raised nearly \$220,000 over three months, compared with a group of 32 physicians who received less intense training.<sup>1</sup> We provide training and opportunities that are differentiated according to professional role and comfort level. We try to meet Champions where they are: Have they worked with donors before? Are they afraid that becoming involved in philanthropy is unethical? We make sure that Champions achieve comfort with fundamental skills before advancing to deeper engagement. By offering one-on-one and small-group strategy sessions for Champions and advancement partners, we provide the opportunity to discuss specific prospects, processes or questions



## Recruiting the right people

Changing our culture at URM C so physicians, nurses and other caregivers recognize when patients and families wish to express gratitude through giving—and can respond in a way that opens the door to philanthropy—means having the right people on board from the start. Research indicated that we should look for Philanthropy Champions who<sup>2</sup>:

1. Are recognized leaders respected by peers and institutional leaders.
2. Are open to talking to the advancement team and may see positives for themselves in partnering.
3. Serve a patient population with financial resources or qualities correlated with giving.
4. Work in an area of strategic importance to the institution so that giving opportunities align well with the institution’s direction and have lasting impact.

# EDUCATING NURSES

## on Their Role in Philanthropy

By Samantha Vigliotta, Vice President, Foundation and External Affairs, Peconic Bay Medical Center, Northwell Health; Amy E. Loeb, Ed.D., M.B.A., RN, Chief Nursing Officer, Peconic Bay Medical Center, Northwell Health; and Helen Poole, RN, B.S.N., MPH, Principal Consultant, Gobel Group

Nurses spend the most face time with patients but do not always feel comfortable in referring them to the development team. Without knowing other outlets through which to show gratitude, families give back by bringing pizza, cookies and thank-you notes to the nursing floor. With nurses serving as a liaison with the development department, grateful patients have a new avenue to thank a caregiver.

**The program.** In an overhaul of its philanthropic strategy, Peconic Bay Medical Center (PBMC), part of the Northwell Health System, a 200-bed hospital with outpatient therapy and rehabilitation services located in Riverhead, New York, implemented an intensive training effort to engage nursing teams as philanthropy champions. With support from the Gobel Group, Peconic instructed nurses on the purpose of philanthropy and their role in supporting patients and their families. The course, approved for one credit hour of continuing education credit and presented by clinical nurse, Helen Poole, RN, MSN, MPH, explained that patients and their families want to help, whether through a plate of cookies or a gift to the organization. Nurses were reminded that they serve as part of a total caregiving team and were shown how major donors helped the hospital build new operating rooms, purchase new IV pumps and create scholarships.

**The results.** An overhauled patient database now provides donor history. With more detailed information on patients and donors, PBMC leverages its database as a tool to engage and motivate caregivers. The development department also interacts more with the nurses by attending Nursing Leadership Council meetings monthly, reporting on the foundation's campaigns and sharing donor stories. Together, nurses and development created a Patient and Family Advisory Council to give the community an active voice at Peconic. In addition to cultivating potential donors, the council provides an opportunity to connect with the community on a more personal basis.



A year later, the team has appealed to former patients and encouraged them to join the caregiving team in making a gift. Donors can contribute to a *Celebrate Your Health* appeal in honor of a caregiver. The department also identifies tangible investments, such as nursing technology and education, to which former patients can relate. Finally, Peconic began a stewardship program that included sending personalized thank-you notes from the nursing team. Acquisition mailings to former patients are signed by the chief nursing officer.

This strategy added more than 300 new donors and increased annual fundraising by 20 percent in 2016. The Hospital Consumer Assessment of Healthcare Providers and Systems' likelihood-to-recommend ratings for the patient experience at Peconic increased from the 8th to the 33rd percentile. And most importantly, by teaching nurses about the mission of the development department, the hospital accelerated gifts. For example, a Peconic nurse manager made a referral for a patient's family who was expressing immense gratitude, and the family later made a mid-level gift in honor of the team on that unit.



while reinforcing content from general training sessions.

#### 4. Data and analysis are essential.

Our Champions are clinicians and scientists who have been trained to make evidence-based decisions, so we knew our program must involve solid data and clear analysis of our activity and outcomes. Data collection and tracking allows us to measure our activity, evaluate new approaches (hypotheses) and make informed strategic decisions. The dashboard we created, which is shared monthly with URM and advancement leadership, shows five years of activity and goals for eight metrics:

- Number of patients contacted.
- Number of patients visited.
- Number of new patient prospects identified.
- Number of major gifts solicited.
- Number of Philanthropy Champions.

Our Champions have helped us raise more than \$4 million by referring patients or participating in the gift process with patient donors.

- Number of caregiver referrals.
- Medical center dollars raised from patient prospects.
- Number of patient donors.

Our Medical Advancement System accommodates tracking HIPAA-allowed medical interactions of current donors and potential prospects as well as patient referrals, contacts, appeals prior to qualification and other advancement activities. Coupled with our advancement database, MAS allows us to

track a patient's relationship with us from first medical visit to eventual gift. Thanks to rigorous coding, we can delineate donors who first gave because of their patient experience versus other categories, such as university alumni or parents.

We also carefully track how patient prospects enter and progress through the donor cycle and the outcomes achieved, regularly reviewing, auditing and analyzing our information to identify trends, inform strategy and report on activity and progress. We developed a detailed data audit process to ensure we catch errors and gaps early and can work with gift officers and staff to make updates.

### Results and lessons

We launched our second cohort in September 2017, with 10 participants. As of this writing, the third is being planned, with a target number of 35 participants. As we move forward, we expect to bring on roughly 35 new Champions each year.

Table 1 lists the results from the first two years. Some significant improvements since 2015 include:

- Referrals to advancement from caregivers increased 10-fold.

Table 1. Results of Philanthropy Champions program—first two years

|   | FY2015         | FY2016*        | FY2017        |
|---|----------------|----------------|---------------|
| Number of Philanthropy Champions            | 0              | 19             | 28            |
| Number of new patient prospects             | 125            | 316            | 405           |
| Number of patient referrals from caregivers | 33             | 288            | 326           |
| Number of major gifts solicited             | 22             | 29             | 46            |
| Dollars raised                              | \$5.38 million | \$5.08 million | \$8.2 million |
| Number of donors                            | 274            | 385            | 509           |

\*First year of Philanthropy Champions program.



- Dollars raised from patients increased 50 percent.
- More than three times as many patient prospects were identified compared to 2015.

In addition, since March 2016, our Champions have helped us raise more than \$4 million by referring patients or participating in the gift process with patient donors.

One key lesson we learned is that participants truly appreciate the cohort approach. We ask our best health professionals to take part—and they know each other by reputation—but they are so busy, they rarely get a chance to meet in person. When we invite people to the program and they learn who is in their cohort, they often say things like, “I’ll go because I love Dr. (So-and-so) and it will be so great to see him.” Other important lessons to keep in mind:

- **Flexibility is important.**

Because our Champions are so busy, we do our best to make the program fit their schedule, including planning early-morning breakfasts or evening sessions with dinner at the medical center so they don’t have to leave the building. We streamlined the program from our original plan, which called for more sessions and a fairly rigid individual schedule for each Champion. From their feedback we also learned that an academic year calendar, with all sessions laid out in advance, will increase attendance.

- **A sustained commitment from leadership is critical.** To make this program part of the culture, not just a technique of

the moment, we need ongoing institutional support—and are grateful to have it.


- **The “multiplier effect” magnifies the program’s power.** Department chairs in the first cohort wanted us to educate their staff about the three skills and other program aspects. Whether talking with the Department of Surgery, the School of Nursing or basic scientists, our core message was the same, and we were able to spread our message far beyond our Champions.

## Looking ahead

The first year of the Philanthropy Champions program involved a great deal of on-the-go improvisation. As we shaped the elements and determined what worked best, we recognized the program’s huge potential and realized we needed a road map. Now we have a three-year strategic plan that establishes the program’s hallmarks and sets targets for annual cohorts, new audiences and a curriculum that will engage “graduates” of the program so they remain involved as Philanthropy Champions.

For others interested in launching a similar program, whether at a large medical center or a community institution, our advice is: Start somewhere. Try things and see what works. You won’t get everything right immediately. We certainly didn’t. Start with solid data and processes to measure results, and think about how to engage participants over a long period, rather than a “one and done” effort.

Aim for a program that takes root and grows, as ours has.

Driving our institution to a stronger culture of philanthropy has not been easy but is paying dividends beyond our expectations. 

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**Frank Interlichia** joined Marts & Lundy as senior consultant in 2017 with more than 30 years of experience building and leading health care and university development programs. He was previously senior associate vice president and chief advancement officer at the University of Rochester Medical Center.



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# Appreciation amplified

Concierge  
programs that  
work



We all know that patient satisfaction is a key performance driver for our health care systems. What we may not consider is that improving the patient experience can also fuel philanthropy. Grateful patients are among our most generous donors, so it benefits our organizations to provide those who support us with exceptional experiences.

Concierge programs are one of your best tools to demonstrate appreciation to your valued donors and prospects. These programs, which deliver a range of enhanced services to patient benefactors, are becoming increasingly popular—and not just at major health systems. Numerous smaller, community-based hospitals are also recognizing the ways concierge services can increase a donor's connection with your institution and help development staff establish and deepen donor relationships.

The benefits of concierge programs are also supported by the development literature: A 2013 report by Grenzebach Glier and Associates highlights anecdotal data suggesting that positive patient experiences lead to increased gifts, so health care organizations that deliver higher levels of service may enjoy better philanthropic outcomes.<sup>1</sup>

This article looks at some health systems' successful concierge programs and discusses how foundations might build a case for starting such a program, as well as ways to individualize and scale concierge programs. However you choose to operate your concierge program, it can be invaluable for elevating donor and prospect gratitude and enhancing gifts to your institution.

### **What is a concierge program?**

Most health care systems provide some level of patient and guest relations services. These might include delivering snacks and personal items to patients, helping to make local hotel reservations or arranging transportation for family members.

Concierge programs also provide enhanced services specifically targeted to your donors and VIPs (such as prominent community members, officials or celebrities) and possibly to high-potential prospects. Institutions typically establish guidelines to determine which donors

receive these services—such as those who reach a certain level of cumulative giving, serve in lay leadership or volunteer roles (such as on a hospital board) or have VIP status.

### **A range of services to meet donors' needs**

Although concierge programs vary by institution, some common services offered to benefactors include assistance with appointment scheduling and coordination, expedited appointments, hospital escorts while on site, physician referrals and higher-level personalized services and amenities for hospitalized patients.

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Numerous smaller, community-based hospitals are also recognizing the ways concierge services can increase a donor's connection with your institution.

Many institutions offer concierge programs with more than one level of support. Cedars-Sinai Medical Center in Los Angeles, for example, offers Premier Health Services and the Twenty-Four/Seven donor benefits program. Premier Health Services caters to Cedars-Sinai's board of governors (a group of philanthropic leaders who raise funds for the medical center) and donors who have reached a designated threshold of cumulative giving. Benefits include dedicated staff to help with admissions as well as physician referrals and assistance with other special needs. The Twenty-



Four/Seven program offers a deeper level of support to patients for whom access and high-touch services are paramount, such as:

- Around-the-clock availability and assistance.
- Health care coordination while traveling abroad, including air medical transport.
- Access to special dining services.
- Fee-for-service luxury suites.

### **Tailoring a concierge program**

When designing a concierge program, it is important to align it with your organizational culture and values.<sup>2</sup> The approach at Mayo Clinic in Rochester, Minn., is guided by the institution's mission to deliver an unparalleled experience for people across their lifespan as well as their belief

.....

**Maintaining a clear separation between concierge programs and the delivery of care is essential to both operationalizing and messaging these programs.**

that service excellence leads to significant philanthropy. "Mayo Clinic is driven by a consistent, resolute focus on the care of patients," said Cheryl Hadaway, chief development officer and chair of the department of development. "At the heart of this

is understanding each patient's preferences and needs."

Concierge services can be calibrated to the size of your institution and the amount of time employees can devote to the service (see the "Staffing your program" section later in this



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article). For instance, a community health system might initially target a small group of donors and provide a limited list of services.

### Getting buy-in

Despite concierge programs' potential to increase donor satisfaction and gratitude, some clinicians have been reluctant to endorse them.<sup>3</sup> One of their major concerns is the appearance that wealthy benefactors are receiving a higher level of medical care via these programs. Maintaining a clear separation between concierge programs and the delivery of care is essential to both operationalizing and messaging these programs: "It must be abundantly clear and widely known that there is only one standard of medical care for all," said Dan Lowman, senior vice president at Grenzebach Glier and Associates.<sup>1</sup>

The experience of Children's Hospital of Philadelphia (CHOP) offers some helpful tips for navigating a program startup that could be fraught with challenges. In 2010 CHOP became the nation's first children's hospital to establish a formal concierge program. The development staff proposed a strategy to CHOP's chief executive officer and board of trustees, who served as a small pilot group for enhanced services. "Gaining the endorsement of our chief executive officer and board of trustees was essential to our success," said Susan Piergallini, associate vice president for development operations.

With leadership's support, development staff met with physician groups, nurses and social workers to educate them about the new program. Attitudes

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among reticent clinicians changed over time as benefits of offering concierge services, including increased engagement and philanthropy, became clearer (see the “Accountability and impact” section of this article).

“Having a strong culture of philanthropy certainly helped pave the way,” said Piergallini. “The importance of philanthropy to our institution is manifested in a multitude of ways, and this program is simply one way we can help nurture that.”

### Staffing your program

When planning for your program, be realistic about the amount of time staff can devote to donors and what services you are able to offer. Under-resourcing a concierge program could jeopardize the goodwill you aim to create. For most programs, hiring at least one dedicated full-time staff member is a good baseline, depending on the size of your institution and the population of donors you are targeting. And because coordination of care often represents a significant component of services, having concierge staff with registered nurse credentials or a background in clinical care, social work or a related field can be a value-add for your program.

Sometimes budgetary constraints may tempt smaller shops to consider splitting a major gift officer's time so he or she functions as part development officer, part concierge coordinator—but this blending of roles can create confusion. CHOP has chosen to maintain a clear separation between the roles: Concierge staff members do not



## The EHR and your concierge program

Some institutions successfully use patient electronic health records (EHRs) to streamline their concierge services while protecting patient privacy.

Designated development staff members at Vanderbilt University Medical Center in Nashville, Tenn., have access to the Health Insurance Portability and Accountability Act (HIPAA)-permitted data set through the medical center's electronic data warehouse. Vanderbilt's privacy officer and general counsel approved the specific data tables and fields to be extracted. A piece of middleware (software that bridges two systems) combines the EHR data sets with data from the donor database, such as wealth screening information, to create a streamlined, functional report for development program staff.<sup>4</sup>

Sharp Healthcare Foundation in San Diego designed a system for gift officers to access an EHR field to classify donors and prospects. “An important element of any grateful patient program is for the foundation or philanthropic program to have access to the patient record, both to maintain coding of donors or friends and to locate grateful patient donors for visits and follow-up appointments,” said William Littlejohn, Sharp's chief executive officer and senior vice president. “In addition, it is an important element for the clinical staff to be able to easily identify donors to the institution.”<sup>4</sup> Littlejohn and his team developed extensive documentation that details their process of accessing and maintaining donor information in the EHR, in alignment with HIPAA as well as with compliance, privacy and legal requirements.

solicit gifts and are trained to refer patients who indicate an interest in philanthropy to a gift officer. “We assign concierge officers to donors and prospects in our donor database in the same way we assign

gift officers,” said Piergallini, explaining that concierges at CHOP have a donor portfolio similar to a gift officer's. “Having this continuity promotes a good flow of communication among





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## Tips for a successful concierge program

1. Get buy-in and support from your hospital's senior leadership.
2. Establish guidelines to determine which donors and prospects receive concierge services.
3. Hire dedicated staff to deliver concierge services.
4. Ensure processes are in place to alert development and concierge staff when a donor enters the hospital.
5. Enlist the help of partners in providing services, such as appointment schedulers; their contributions are key to a well-run program.
6. Establish metrics to measure your successes and identify areas for improvement.

our staff, as well as coordination and mutual accountability for stewarding the relationship.”

### Coordinating concierge services

Providing seamless coordination of services requires that concierge and development staff work closely with other hospital departments. For example, some institutions ask hospital admissions personnel to alert concierge staff when key donors arrive. In others, the development research team proactively reviews

scheduling records for outpatient appointments taking place in the coming two weeks and also reviews the daily inpatient census. The research team then alerts concierge services so they are prepared to connect with donors and high-potential prospects.

Numerous institutions have customized electronic health records (EHRs) so development staff can access data permissible under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). EHR systems can generate an electronic alert,

for example, to notify development staff when a donor arrives for care. Having access to patient information can raise concerns about privacy—see the sidebar for ways different institutions have addressed these concerns.

One of the most common services concierges provide is coordinating medical appointments for donors and their families. Having a good relationship with schedulers—whether within the hospital or in affiliated physicians’ and specialists’ offices—can be key to your program’s success. Buy-in from those who can expedite and change appointments is vital, so make sure to communicate to them the purpose of the concierge program, how it works and why it is so important. You also must recognize and express appreciation to all the contributors who make concierge services possible.

### Reporting structures

Be sure to consider where your concierge program is situated in your health system’s organizational structure. At CHOP, concierge services reports to the associate vice president for development operations, who also serves as development’s designated HIPAA contact. “From the start, our vision for this program was to cultivate deeper relationships between our institution and the donors who support us,” said Piergallini. “For this reason, development provides a suitable home to cultivate and nurture this program and the relationships it engenders.”

### Accountability and impact


Evaluation, an essential component of any program, can be

especially helpful in demonstrating the value of concierge services to hospital and foundation leadership. Identify key performance metrics and create a dashboard that monitors progress of the program. As one example, the metrics CHOP uses to evaluate the program's impact include:

- Number of visits (in-person).
- Number of assists (telephone or email support).
- Philanthropy generated from patients who received concierge services.
- Number of new donor conversions from patients who received concierge services.

In the 2016 fiscal year, CHOP concierges posted more than 1,800 interactions (visits combined with assists), and that total is on track to be surpassed in 2017. "We expect concierge staff to enter contact reports in the donor database so we can capture these moves and any important information that may be pertinent to advancing our relationship with the donor," said Piergallini.

## Optimizing the donor experience

Investing in a concierge program can help optimize donor and prospect experiences and increase the flow of grateful patient philanthropy. Development programs that invest in delivering exceptional services to benefactors will see a significant return, as measured by growth in private support and, equally important, in donors' feelings of gratitude toward your institution. And that, as they say, is priceless. 

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**Sarah Andrews, M.B.A.,** leads the fundraising programs for the Cedars-Sinai Samuel Oschin Comprehensive Cancer Institute and the department of medicine. She has 20 years of experience in the nonprofit sector and previously served as acting vice chancellor for advancement at the University of Colorado Anschutz Medical Campus and on the executive management team at the Children's Hospital Oakland Foundation.

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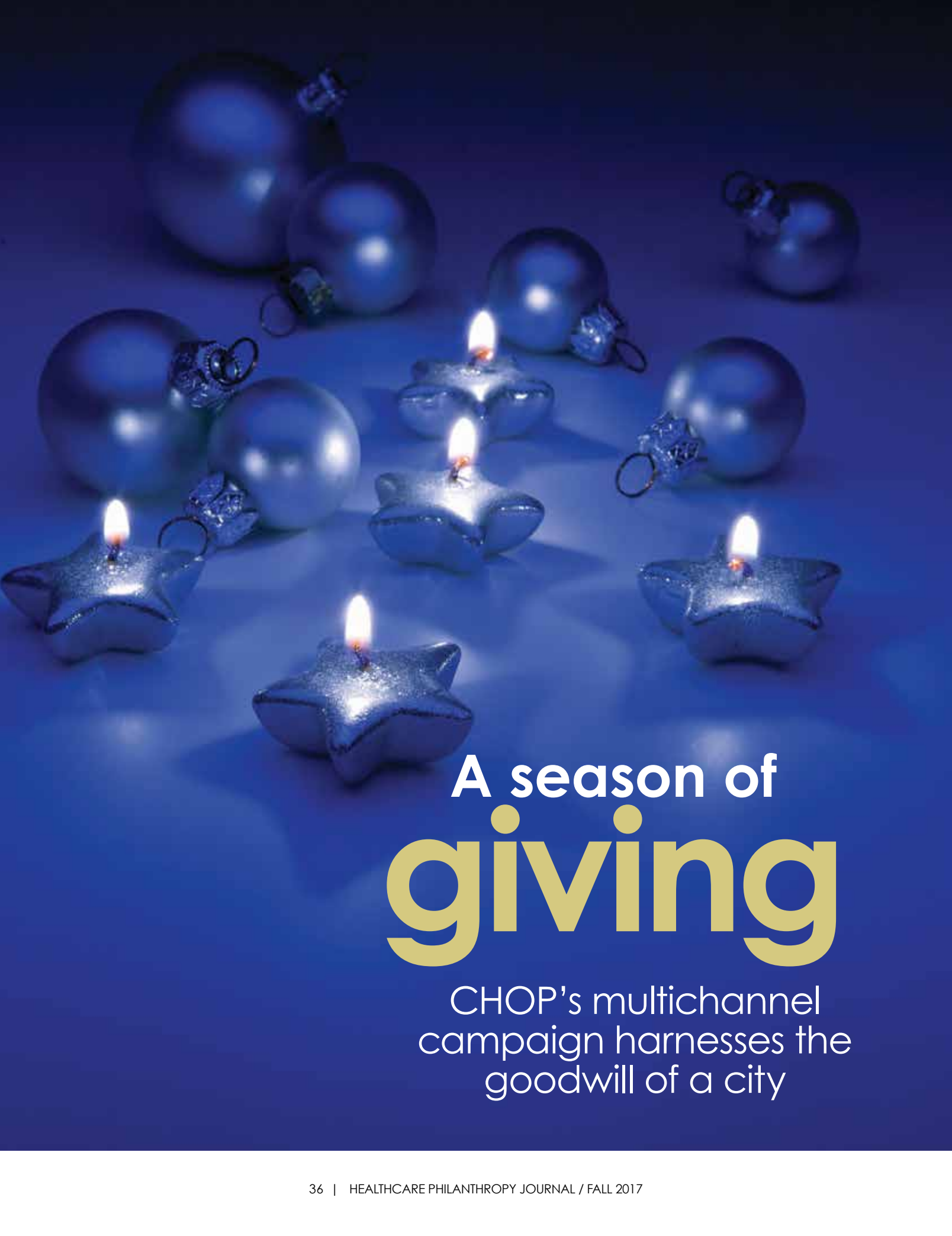
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# A season of giving

CHOP's multichannel  
campaign harnesses the  
goodwill of a city

The winter holiday season can be a particularly stressful time for hospitalized children and their families. Festive celebrations provide a stark contrast to the challenges of dealing with a child's illness. And because many of these kids will not be home for the holidays, they may feel especially lonely and isolated.

At Children's Hospital of Philadelphia (CHOP), our foundation's desire to support our patients and their loved ones was the impetus behind the Season of Light giving campaign. Now in its third year, the citywide initiative is built around a simple theme: reminding CHOP's children and their families that they are not alone and helping to give them a brighter future through philanthropy.

The campaign features the lighting of major Philadelphia landmarks, direct mail and email appeals, social media posts, print and digital advertisements, city banners and a culminating seasonal caroling event. All these elements are planned and coordinated by our two-person development department, with some help from our public relations and marketing staff and event planners.

Much of our success is due to community partners who help us make the campaign highly visible. In this story of Season of Light, we'll talk about how we developed and executed our successful multichannel campaign. By engaging people at the right time with the right message, we are able to demonstrate to CHOP's families that they are not forgotten at the holidays—and also illuminate the impact of philanthropy on children's health care year round.

### Our idea

Development offices know the power of asking for support at the end of the year. Many donors are already planning to give and are motivated by the charitable message of the season. For several years before Season of Light, we had sponsored a successful direct mail campaign during this time.



But in 2015, the year we began the campaign, we wanted to provide a bigger morale boost to CHOP families and also involve people in our organization in a more personal way. We decided that a widespread display of seasonal lights, colored “CHOP blue” and illuminating familiar city landmarks, would be a great way to show support for our families and remind the community of the impact of giving. To make sure people linked the light display to our message, we knew we needed a comprehensive campaign that would raise public awareness.

### The campaign begins

Our process began in mid-summer when we started making calls to request that iconic locations in our city—including the Benjamin Franklin Bridge, Lincoln Financial Field, historic Boathouse Row on the Schuylkill River and the Philadelphia Convention Center—light up in blue for three days in mid-December. Not only were the vast majority of the sites we contacted willing to participate, but also almost all donated their energy costs and the colored lighting to the campaign.

We amplified our efforts by using another public-facing and relatively low-cost symbol—the city banners that cross major Philadelphia streets. CHOP’s public relations and marketing departments also helped us place ads in and around transit stations and in local print magazines and playbills. And we produced short radio spots and placed our messaging on digital billboards. See the sidebar for additional details about our campaign advertising.



## Radio, print and outdoor advertisements

During November and December, we blanketed the city with multimedia advertising. As a result, our audience saw an estimated 20 million impressions reinforcing Season of Light and the message that CHOP is a charity of choice in our region. These ads included:

- Two radio spots (one 15 seconds and one 30 seconds) featured on three local radio stations. The spots targeted adults ages 45 and older, and each closed with a direct call to give.
- Full-page print advertisements placed in *Princeton Magazine*, *Philadelphia Magazine* and *Playbill* for the Philadelphia Orchestra (combined circulation of nearly 200,000).
- Colorful banners carrying the Season of Light logo and message. Sixty-eight of the banners that adorn streets of Philadelphia year-round (sharing information about local events and institutions) were dedicated to Season of Light—located around Philadelphia’s Christmas Village (a popular seasonal pop-up shopping venue), around City Hall, along heavily trafficked downtown streets and surrounding CHOP’s main campus.
- Bright digital billboards advertising Season of Light along the Atlantic City expressway and Interstate 76, and eye-catching digital signage placed in eight Port Authority Transit Corporation regional commuter stations and in 12 Southeastern Pennsylvania Transit Association stations. These routes take hundreds of thousands of commuters in and out of the city of Philadelphia each day.





## The power of story: direct mail

Direct mail remains the heart of a community-based fundraising campaign; it's an ideal way to reach a large audience with a compelling message and a clear call to action. By our second year, one million pieces sent over three separate mailings drove the success of Season of Light. In our appeals, we combined the power of our patients' stories with a simple, direct message and ask.

In 2016 our first mailing shared the experiences of three-year-old Jaxson, who had been treated for a cancerous brain tumor. The envelope included a letter from Jaxson's mom, Diana, telling of her son's heart-wrenching diagnosis and subsequent treatment, along with five festive holiday cards. This mailing in mid-October was sent to nearly 450,000 households across the Delaware valley and beyond.

The appeal was segmented and versioned according to audience types: for nondonors, we asked that they join us to let families know they care and told them how their donation can make a difference for CHOP kids. For renewing donors, we asked them to continue giving and reminded them of the reasons to give. For reinstatement donors, we asked that they please come back and support CHOP's important work.

In early November, we sent a second appeal to more than 460,000 households. This letter told the story of Jaiden, a 9-year-old boy who loved to play basketball until doctors found a mass on his lung large enough to touch his heart. This appeal included a single holiday card adorned with candles and a short message: "Sending you love and light this holiday season! You're in my heart." Recipients were invited to sign and send this card back to



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## Digital media for Season of Light

CHOP used email blasts, social media and digital advertisements as tools to disseminate the message of our campaign.

### Email

A series of four email appeals, mailed in late October and early November, featured Jaxson's story. The first two included a request for donations. The final two consisted of a call to "Share Your Light" by sending a virtual candle with a message of encouragement to children at CHOP. Last year we received over 1,660 messages to distribute to children (an increase of 61 percent compared to year one).

In addition, a Giving Tuesday series of four emails highlighted a holiday wish list of needs supplied by our child life, education and creative arts therapy specialists. The list consisted of a range of items, from a \$10 musical toy to a \$200 specialized gaming system for kids to play with while they are in the hospital. Contributing these items allowed donors to make a tangible and immediate impact for CHOP kids and families.

Finally, a series of five emails in December featured a dollar-for-dollar match offer. Each email was delivered to our approximately 140,000 email addresses on file.

### Social media

Our social media efforts centered on Facebook, Instagram and Twitter. Our posts were boosted, or paid for, to ensure they remain prominent features in our 117,000 followers' news feeds. We also partnered with the Philadelphia Eagles and other organizations to use their social media accounts to promote Season of Light.

### Digital advertisements

Digital advertisements typically result in little direct revenue, but are crucial to raising the profile of the campaign. Popular wisdom dictates that a person must see a message seven times for that message to become memorable, and these advertisements can help build familiarity and receptiveness.

We placed ads through Amazon, Odin, Tremor, Sharethrough and Rhythm One, resulting in 18 million impressions (potential views) that reinforced CHOP and Season of Light messaging. Our increase in generic (or unattributed to a direct appeal) online revenue and gifts in year two is likely at least partially a result of greater investment in these digital advertisements.

CHOP for delivery to a child in the hospital—an engagement piece that helped donors make a direct, emotional connection with CHOP kids.

A third and final renewal and reinstatement appeal, mailed to more than 100,000 households in December, featured a dollar-for-dollar match offered by an anonymous donor. A fourth, much smaller mail series went out to mid-level donors in the \$1,000 to \$10,000 gift range.

## Spreading our message: digital media

Digital and social media are effective and inexpensive methods to engage new constituents and reinforce print and advertising messaging. We promoted Season of Light with email appeals, social media posts and online advertisements. See the sidebar for more details about the specific tools we used.

## Lighting a city

Our inaugural 2015 lighting event was held at City Hall. Though it was successful, we felt that moving to CHOP's campus for year two provided a better tie-in to the campaign. Our 2016 gathering featured a caroling concert open to the public and led by the CHOP employee choir, along with the lighting ceremony. To get an estimate of attendance, we included an RSVP button on our website invite. We had more "yes" responses than the actual number of attendees, and fortunately our gathering of 300 was a perfect size to manage on our health system campus.

Right after his final day of chemotherapy, little Jaxson stood before a cheering crowd



"It is the goal at Nationwide Children's Hospital for families to find hope and healing because we understand the mental well-being of children is as important as their physical well-being."

David Axelson, MD

Chief of Behavioral Health at Nationwide Children's



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The CHOP Season of Light campaign lights up Philadelphia's landmarks and buildings during the holidays.

and pressed a big button to light CHOP's holiday tree and signal 23 participating Philadelphia landmarks to light up in blue. Local media, including popular news stations, broadcast the event and spread a message of hope throughout the Delaware valley.

### Moving forward

As we develop our third (2017) Season of Light campaign, we are using our previous years' experiences to plan going forward. One idea we will implement this year entails reaching out to community partners and asking

if they will work with us to create items such as a keepsake ornament tied to our campaign. We'll also expand our outreach with more postings on our partners' social media sites.

We're grateful for how willing those in our city are to contribute resources to help CHOP kids—very useful to know for anyone who might attempt a similar campaign on a smaller scale. Many elements that made our campaign a success were donated or very low-cost. As we mentioned, most of the iconic buildings and monuments did not charge us for

energy and lighting. Businesses are often willing to hang banners and post signs on their buildings to show goodwill, and local radio and television stations may donate airtime. Your organizations' board members or foundation teams may be able to connect you with potential community partners.

### Establishing lifelong connections

In our first two years, Season of Light raised more than \$3.3 million from 55,000 contributors. Between year one and year two, we were able to expand the campaign significantly. See Table 1 for a comparison of some benchmarks.

Our successful numbers tell only part of the story. Equally important is how Season of Light has helped us forge affirming and meaningful partnerships across our region. The support of local business owners, sports franchises and city leaders has been invaluable to our campaign.

We are grateful for our increased engagement with so

Table 1. Season of Light by the numbers—years one and two

| Item                                | Fiscal Year 2016 | Fiscal Year 2017 |
|-------------------------------------|------------------|------------------|
| Web impressions                     | 3.1 M            | 18 M             |
| Trackable media impressions overall | 3.2 M            | 20 M             |
| Messages sent to CHOP kids          | 970              | 1,661            |
| Buildings lit citywide              | 16               | 23               |
| Direct response dollars             | \$815,592.01     | \$1,148,420.30   |
| Total dollars                       | \$1,889,305.34   | \$2,376,600.28   |
| Total gifts                         | 24,198           | 31,264           |

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Season of Light has helped us forge affirming and meaningful partnerships across our region. The support of local business owners, sports franchises and city leaders has been invaluable to our campaign.

many generous donors in the Philadelphia community and beyond, and we hope that families participating in our fundraising efforts and lighting event will become a holiday tradition. We

want to build lifelong connections by continuing to share stories of CHOP kids and their families.

Those connections were apparent on a chilly night last December, when Jaxson's mother


spoke to a crowd that radiated warmth and support. "We're forever grateful for this amazing place," Diana said as her young son wriggled in her arms. "Thank you all for sharing your light." 



**Kathy Rubino** serves as senior director of donor relations and stewardship at Children's Hospital of Philadelphia (CHOP). She conceived of and managed CHOP's inaugural multichannel Season of Light campaign in 2015 and led efforts to expand the initiative in 2016.



**Joseph Cross** joined the direct marketing team at CHOP in 2015. He has more than a decade of experience managing direct response programs on both the client and agency side.




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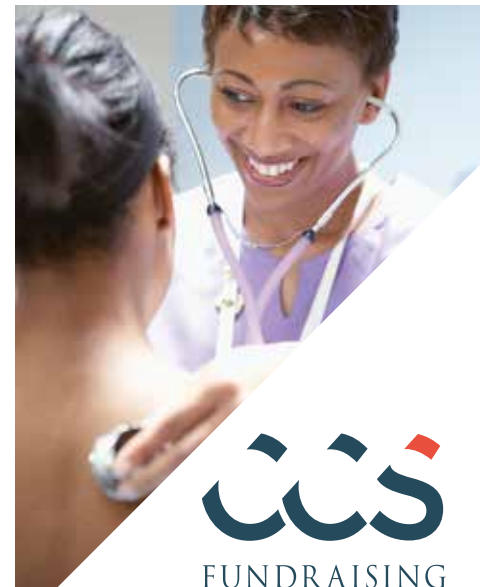


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