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– Karla Aho, Director for Gift Planning, Michigan Tech University

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Liz Smith,
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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 4,500 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 Alice Ayres, MBA

AHP President and Chief Executive Officer



AS I SEE IT

Making data analytics and benchmarking central to AHP

For more than 35 years, AHP has been gathering data and performance metrics on health care philanthropy and publishing it through AHP's *Report on Giving*, which is provided to participating members. As a service, though, it has always been one of many that AHP provides. I am delighted to announce that as we look ahead to 2020, AHP will make data analytics and benchmarking central to its entire membership.

Just as with the health care industry as a whole, health care philanthropy is and should continue to be data driven. For AHP, that means we have an opportunity to use the data to determine where best practices can be found. In some cases, this means showcasing the high performers in each category. In other cases, the data may highlight improvements that can be modeled by others. Using data, we may find areas where we can all improve.

In order to make this a truly powerful engine for collective learning, we need all of you to participate. We know the current platform needs modernization, and we are working on doing just that. Our goals are to deliver:

- An easier way to input data with the goal of reducing the burden of participation.
- An upgraded benchmarking platform, with a particular focus on data manipulation and analysis, reporting and insights that come from the data.
- Best practices and thought leadership based on benchmarking data in the form of white papers, toolkits, case studies, presentations at events and via webinars, and a possible AHP speakers' bureau to be delivered on site at member organizations.

We hope you will stop by the membership booth at the AHP Annual International Conference October 23-26 in Washington, D.C., to see the early prototype of the new platform and to meet the AHP team working on this exciting new stage of our data focus. We're eager for your feedback so we can provide the very best tools to improve our performance in the important work of health care philanthropy. 



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FROM THE CHAIR

Every season is the season for results

“So, how’s your year going?” This is likely the most common question we get this time of year. Whether colleagues are looking to gauge their pacing, or C-suite leaders are checking in on the numbers, this is the traditional season for results. But even this tradition is being reshaped by health care’s transformation. To remain relevant in today’s quickly shifting landscape, every season is now the season for results.

This also means the resources we access must be relevant, timely and innovative. It’s no secret that high-performing teams require high-performing team members. As the definitive resource for health care philanthropy, AHP is committed to ensuring you have what you need to sharpen your professional skills and keep current on developing trends.

The Madison Institute is one example. The class of 2019 marked the 42nd year of the Madison Institute, and it was one of the largest classes in its history. Much of the recent growth can be attributed to the leadership of Sharon Jones, FAHP, CFRE, vice president of Haven Hospice in Gainesville, Florida. Jones served as chair of the Madison Institute for the past four years and, along with the program’s outstanding faculty, has impacted the careers of more than 1,000 participants. I’m delighted to share that Shannon Duval, senior vice president of philanthropy, CommonSpirit Health, will be chairing Madison in 2020. John Drake, MLA, CFRE, president, Baylor Scott & White Irving Foundation, will be vice chair.

Assessing your performance requires a robust benchmarking platform with valid comparison points and consistency in how data is gathered, tracked, processed and shared. Accountability to your donors, your boards and your C-suite is increasingly expected in today’s evolving and data-driven landscape of nonprofit health care delivery. You and your team’s ability to assemble, analyze and use data elevates your performance, improves decision making and

affirms philanthropy’s ability to differentiate and improve your institution’s performance.

Participation in AHP’s *Report on Giving* provides access to benchmarking reports and an industry performance scorecard, the ability to create like cohorts and view their data, and access to the published *Report on Giving*’s trends and insights. It also is the entry point for consideration as one of AHP’s High Performers.

AHP’s ongoing commitment to benchmarking is reflected in the significant work necessary to review and republish its *Standards Manual*. When used in combination with AHP’s Performance Benchmarking Service, consistent application of the reporting standards allows organizations to accurately compare data using reliable, professional standards. I’m thankful to the Standards Council for its work in reviewing, deliberating and defining these standards for AHP. Members of the Standards Council include Mendal Bouknight, co-chair, The MendalGroup LLC; Nancy Gregovich, co-chair, Intermountain Foundation; Chuck Alsdurf, CPA, Healthcare Financial Management Association; Carrie Boardwick, MedStar Health; Amy Collard, SSM Health Foundation—St. Louis; Nicole Thigpen Felix, Northwell Health Foundation; Joshua D. LaBorde, Sutter Health; Cindy Moon-Barna, Council for Advancement and Support of Education; Tamra von Schroeck, CommonSpirit Health; Joel Simon, LifeBridge Health; and David Wilke, CFRE, Mercy Hospital & Medical Center.

Finally, AHP’s Annual International Conference is the largest gathering of health care development professionals. There is no substitute for growing your network, connecting with peers, sharing new experiences and learning from the leaders in our field. I, along with 2019 International Conference Chair Bruce Bartoo, CFRE, senior vice president and chief philanthropy officer for MedStar Health, look forward to seeing you in Washington, D.C., this October. 



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YOUR PATH WITH AHP:
BASELINE
0-3 YEARS

Advice for early career health care development professionals



With the AHP Baseline level, you can develop the fundamental skills needed to launch a successful career in health care philanthropy. Learn the basics of major gifts, planned giving and campaigns with the goal of becoming certified and qualified in the field.

When asked for the best pieces of advice they have received or given, these AHP members offered personal insights for up-and-coming health care philanthropy professionals.



Engage with the mission

"The very best development professionals I have ever met and who I work with on a daily basis never forget that when you work in this field, it's all about service. I would encourage others in this field to remember that this is about the mission you serve and the people and partners you work with to achieve that mission."

—**Todd Peterson**, senior director of corporate and distinguished partners, *Be the Match Foundation*, AHP member since 2017



Find a mentor

"Be a sponge for knowledge. If there's a professional in your field who inspires you, or you think their job is interesting, just reach out to them. Fundraisers in general are very social and giving people by nature, so they're very willing to help out."

—**Jason Huff**, executive director, *Foundation Optimization and Administration*, *Mercy Health Foundation*, AHP member since 2008



Be fearless

"Do not be afraid to make a mistake. Always remember that not every prospect can be converted to a donor to your mission. Always remember donors do not contribute to need but to the advancement of a mission they understand and have experienced."

—**Sharon A. Jones**, FAHP, CFRE, vice president of development, *Haven Hospice*, AHP member since 1992



Continue learning

"Be committed to learning. Things are changing so rapidly. Fundraisers are called on to do more than just raise money. There has to be a commitment to constant learning and a dedication to continuing education."

—**Alisa Smallwood**, CFRE, vice president for development, *Grady Health Foundation*, AHP member since 2015



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WASHINGTON, D.C.
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Take the next step in your path with AHP this October

The AHP Specialist level is for health care development professionals looking to advance their careers by gaining management, relationship building and business expertise. At this year's AHP Annual International Conference in Washington, D.C., educational sessions in the Specialist track can help you learn critical best practices, trends and techniques for success.

Here are a few of the Specialist sessions at this year's conference:

From blah to blazing: how we upped our grateful patient fundraising game

In this session, you will hear from a group that was firing on all technical cylinders of grateful patient fundraising but not doing so hot on the "art" of executing. Through peer-to-peer coaching and mentoring, we created a unique, low-cost model for improving major gift officer skills and comfort levels related to grateful patient work. You will learn hands-on practical techniques for implementing this highly interactive model that is certain to increase your fundraising results.

Presented by:

- Eli Jordfald, MPA, CFRE, senior director of development, UNC Medicine
- Gail Perry, MBA, CFRE, consultant, Gail Perry Associates Inc.

Integration of fundraising efforts across a hospital system with multiple partner hospitals: lessons learned (and still learning)

Over the past 10 years, there has been a national trend of academic medical centers and larger systems acquiring and/or affiliating with community hospitals. As value-based purchasing and population health management evolve, this trend of "systemizing" health care is a new normal. This presentation will focus on how development

programs are impacted by such affiliations, key development components to evaluate, suggested best practices for successful integration of the development programs and how to leverage the partnership between the medical center and the community hospital.

Presented by:

- Michelle L. Glennon, Esq., associate vice president, Fund for Johns Hopkins Medicine
- Michael Hibler, MPA, executive director of development, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins Medicine
- Carol Shannon, vice president, Sibley Memorial Hospital Foundation

Eight great ideas: raising the bar with innovative donor stewardship

Are you providing your major donors with what they really want when it comes to stewardship and recognition? Let's dig into donor psychology and go beyond the basics with innovative approaches that will surprise and delight, build donor loyalty and move the relationship forward. From unique gifts and customized reporting to behind-the-scenes experiences that wow, you'll come away with ideas you can use in your own cultivation and retention efforts for this specialized donor audience.

Presented by:

- Jennifer Segal, director, stewardship, Dana-Farber Cancer Institute
- Jennifer Timmins, senior associate director, recognition, Dana-Farber Cancer Institute

Don't Miss Out—Attend these informative sessions plus more than 50 other educational sessions and workshops at this year's AHP Annual International Conference! Register at www.ahp.org/international.



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An AHP Fellow designation signifies a recognized standard of excellence

The AHP Executive level is for health care development professionals looking to instill confidence and motivate constituencies throughout their organizations. Executives have already demonstrated leadership, mentorship and a history of service to AHP and the philanthropic profession. Applying to be a Fellow of AHP is a way to sum up your career success to date.

What does it mean to hold the AHP Fellow designation?

The Fellow of the Association for Healthcare Philanthropy (FAHP) is a designation bestowed on AHP members who have made significant contributions to the health care philanthropy profession. The Fellow designation recognizes a career of achievement.

Representing fewer than 2 percent of AHP members, the FAHP is awarded to those who truly demonstrate professional excellence and a commitment to health care philanthropy. Becoming a Fellow of AHP tells current and prospective employers that you have met a recognized standard of excellence and have reached the top of your profession.

How do you become an AHP Fellow?

A strong candidate for the FAHP will possess most or all of the following attributes:

- Attainment of the CFRE, or a similar demonstrated commitment to lifelong learning—e.g., a master's degree.
- Active membership in AHP.
- History of having worked as a direct practitioner at some stage of his or her career.
- Tenure of eight to 10 years or more in health care philanthropy.
- Demonstrated history of service to AHP and the philanthropic profession.
- Career success that had a transformative effect on the organizations they supported.
- Demonstrated leadership, mentorship and community service.
- Comprehensive knowledge of health care governance and philanthropy. 

The next application cycle opens in 2020. To learn more about the FAHP program, please visit www.ahp.org/fahp.



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The AHP 2019 40 Under 40 Program is designed to recognize the future leaders within the health care development community.

Collectively, we are changing the world—one campaign at a time.

These 40 young professionals have demonstrated success in their careers and are shaping the future of the health care development industry.

FIRST NAME	LAST NAME	TITLE	ORGANIZATION
Lindsay	Ackley	Director of Major and Planned Giving	Dayton Children's Hospital
Sophia	Ahmad	Senior Director of Development	CommonSpirit Health – MercyOne Des Moines Foundation
Soula	Al-Abbasi	Executive Director	Canmore and Area Health Care Foundation
Blake S.	Bard	Chief Development Officer	Freeman Health System
Nathan	Bazinet	Director, Annual Giving and Grants	Cooley Dickinson Health Care, Massachusetts General Hospital Affiliate
Sarah	Borgeson	Director, Corporate and Foundation Relations	Shirley Ryan AbilityLab
Timothy	Boynton	Vice President of Development and Chief PR and Communications Officer	Lakeland Regional Health
Jessa	Brooks	Vice President of Philanthropy	CommonSpirit Health – Marian Regional Medical Center Foundation
Michela	D'Eramo	Director, Annual Giving	Dana-Farber Cancer Institute and the Jimmy Fund
Cory	Davies	Executive Director	RMH Foundation
Ryan	Drury	Senior Development Officer	Stollery Children's Hospital Foundation
Brenna	Finnerty	Senior Director of Development	Unitypoint Health Foundation
Stephanie	Fox	Vice President	Saint John Regional Hospital Foundation
Michael	France	Major Gifts Officer	Intermountain Foundation
Diane	Haskamp	Philanthropy Advisor, Doctors Hospital	OhioHealth Foundation
Eric	Heininger	Managing Director	EDEN+ Fundraising Consulting
Erica	Hill	Finance and Operations Manager	LMH Health Foundation
Talmadge	Ingham-Johnsen	Vice President of Development	Vanderbilt University Medical Center
Anthony	Keating	President and Chief Development Officer	Health Science North
Lauren	Kiger	Director of Corporate Relations and Cause Marketing	Children's Hospital of The King's Daughters
Jessica	Kowal	Chief Development Officer	Inspira Health
Jill	Kurszewski	Executive Director	Aspirus Riverview Foundation
Benjamin	Maltz	Senior Director, Foundation and Corporate Giving	Northwell Health
Kristen	McCall	Regional Vice President, Foundation West Florida	AdventHealth
Matt	Miller	Director of Development and Strategic Engagement	Loma Linda University Health
Emily	Parris Sandler	Senior Executive Director, Digital Philanthropy	City of Hope
Lindsay	Peddle	Director of Communications	Royal Alexandra Hospital Foundation
Richard	Pezzillo	Executive Director	New England Hemophilia Association
Laura	Pickett	Chief Operating Officer	Indiana University Health Foundation
Daina	Porter	Director, Communications and Donor Relations	Lakeridge Health Foundation
Emily	Riffle	Vice President and Chief Philanthropy Officer	MedStar Georgetown University Hospital
Amelia	Schofield	Senior Advisor, Foundation Relations, Alberta Health Services	Alberta Health Services
Scott	Senatore	President	Vidant Health Foundation
Andrea	Shepherd	Director of Philanthropy and Donor Communications	CommonSpirit Health – Saint Joseph Health Foundations
Tonya	Steiner	Executive Director	Global Access to Cancer Care Foundation
Steve	Testa	President	Nationwide Children's Hospital Foundation
Ali	Trinh	Charitable Estate Senior Director	Providence Foundations of Oregon
Ayin	Vala	Co-Founder and Chief Data Scientist	Foundation for Precision Medicine
Sara	Wajda	Director of Annual Giving	UNC Gillings School of Global Public Health
Dustin F.	Williams	Senior Director of Development	Vanderbilt University Medical Center



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The crisis pivot

Fundraising disaster
planning—lessons
learned from the
Camp Fire

It sparked at 6:31 a.m. in a remote area of the Feather River Canyon in rural northern California. Within an hour, the first evacuation order was issued. Tens of thousands of people raced for safety as the firestorm closed in and over them. This was the Camp Fire.

A wildfire in the foothills of California is not completely unheard of in early November. However, after years of drought and several devastating wildfires in nearby communities like Redding and Santa Rosa, the smoke rising on the Paradise ridge the morning of November 8, 2018, immediately put people on edge.

During my short drive to work at Enloe Medical Center, a community-governed acute-care level II trauma center located in Chico, California, day turned to night as the rising sun was overtaken by the enormous plume of dark smoke rapidly moving west. Coincidentally, Enloe personnel were prepared to participate in a statewide disaster drill when word of the fire was received. Without hesitation, our incident command center was activated in anticipation that the growing fire could disrupt emergency services in our region. Situated just 15 miles west of Paradise, we were standing by—ready for the worst but still hoping for the best.

Before long, information began flowing in rapidly, and none of it was good. The fire had roared through the small towns of Pulga, Concow and Magalia and was tearing through bone-dry vegetation toward the idyllic, tree-dense center of Paradise. First responders rushed toward the inferno as nearly 30,000 residents attempted to escape, their tires and bumpers melting in the flames as they fled. Some didn't make it.

As the choking blanket of smoke morphed from brown to black, the Enloe

command center received reports that the fire had reached the business district of Paradise and all first responder efforts turned toward evacuation. The hospital in Paradise was evacuating patients. Every emergency vehicle in the county was employed in the effort, as was Enloe's FlightCare helicopter.

Wind gusts as high as 50 miles per hour fed the flames and rapidly pushed the fire ahead, by some accounts as far as a football field every second, greatly hindering the evacuation effort. As the flames raced closer and traffic slowed to a crawl, people abandoned their vehicles and ran, the empty cars blocking escape routes. Families separated during the evacuation phoned one another to say goodbye, until the flames rendered cell towers useless.

With a direct reporting line between Enloe's foundation and marketing/communications departments, our team reported to the command center to handle media, share internal messaging and distribute information about evacuation centers. During this time, we learned two ambulance crews transporting evacuated patients and nurses had been caught in the gridlock,



An ambulance crew was forced to abandon their vehicle and seek shelter for evacuated patients during the Camp Fire.



taking shelter in the garage of a home after the lead ambulance caught fire. Working through the fear, every set of hands in the command center moved quickly and efficiently to make room for the rapid influx of patients and evacuees arriving at the doors.

In the ensuing hours and days, devastation from the Camp Fire became unbelievably real: 85 lives lost and 14,000 homes destroyed, along with businesses, schools, places of worship, daycares and skilled nursing facilities. Paradise's acute care hospital

sustained significant damage. Burning for a full 10 days, this was the worst wildfire disaster in California's history. It essentially wiped the town of Paradise off the map. It was a day that changed lives—every single one.

Stories of heroism abounded as the community assessed the impact. The ambulance crews trapped by the flames kept the fire at bay with garden hoses and rakes as nurses cared for patients in their make-shift shelter. Firefighters plowed abandoned cars from the roads with their

engines and bulldozers, picking up stranded motorists along the way. Deputy sheriffs, police officers, firefighters and 911 dispatchers worked tirelessly to evacuate residents even as their own homes burned to the ground. Off-duty Enloe staff arrived spontaneously to assist wherever they could, as well as to provide comfort to their colleagues and patients directly affected by the fire.

Enloe Foundation's response and activities

Because I serve as director of advancement and communications at Enloe Medical Center, my teams needed to be ready to effectively manage an unexpected fundraising need while simultaneously accommodating the enormous amount of media attention headed our way during the Camp Fire. Below is a day-by-day outline of our activities, beginning the day the Camp Fire ignited.

Day 1—Thursday, November 8: "We must do something now."

Clearly, the small staff at the Enloe Foundation needed to pivot away from our current multiyear capital campaign to focus on the situation at hand. A lot of people were going to need us, and we had no time to waste.

Components of a fundraising disaster toolkit

1. Identify your organization's highest values in a regional crisis.

Brainstorm various disaster scenarios that may affect your region (fire, flood, earthquake, terrorism), and match your organizational response to the needs that may arise. What unique niche will your organization serve in a disaster, and what type of support will you require to meet the need?

2. Build a framework of messaging that can be edited quickly.

Create messages that would fit the various scenarios you have identified. Keep them updated and relevant as your organization and your community evolve over time.

3. Create web-ready visuals to match your messaging.

An archive of available artwork will decrease the amount of time you need to update your website and social media content.

4. Be present on social media before, during and after a disaster.

Effective management of social media will build a strong base of support year-round and will help you rapidly scale up your messaging in a crisis situation. Plan to use this medium to share important community messaging related to the disaster as well as to share your fundraising message.

5. Invest in a quality text-to-give service.

These subscription services are an invaluable tool for your annual giving program and event activities, but they become priceless in a disaster scenario when time is of the essence. Find the service that works best with your donor database and website, and one that provides the option for donors to pay the credit card exchange fee, if they choose—many will do so if the option exists.

6. Build a strong relationship with your marketing/communications team.

If you do not currently have direct lines of reporting between your foundation and your organization's marketing/communications team, build a strong relationship and share your disaster plans freely. In the midst of a local or regional disaster, your communications team will be busy gathering and communicating emergency information. Providing them with clear, concise messaging related to fundraising need will make their job much easier.

artisteer/Getty Images



7. Simplify your gift acknowledgment process.

Even a small shop can effectively manage a personalized acknowledgment process. Customizing the automated receipt function of your text-to-give service will ensure no donor is forgotten. The language in your thank you letter should speak directly to the disaster and include a message of hope. Thousands of gifts will arrive rapidly; however, you must not skip this crucial step.

8. Practice, practice, practice.

At least annually, and upon the occasion of staffing changes, practice your disaster plan. Cross-train staff to cover various roles so that you are not caught short if one or more of them are directly affected by the disaster and unavailable to work.

9. Communicate with administration and the governing board.

Share your disaster preparedness plan with your senior team and governing board as a reminder of the important role foundation staff will play in a disaster situation. An efficient and effective fundraising program may well be a bright spot in an otherwise chaotic and traumatic community event.

10. Create a disaster emergency supply box.

Just like a first aid kit, a supply of disaster materials for your foundation staff should be kept on hand. Consider including particulate masks, infection masks, emergency water and a supply of snacks with a long shelf life.

Hospital-wide, aiding the patients in our care—many of them evacuees from the fire—was our primary concern. We also knew that without adequate skilled staff to meet the increased patient census we were dealing with, patient care might suffer. More than 350 Enloe caregivers were affected by the fire. Nearly 300 of them lost their homes, and all of them would struggle through long-term evacuation. Stabilizing their lives became a critical need so they could focus on their work.

We opened a Camp Fire Relief Fund that very day, seeded with a large contribution from the medical center. Calling to action board members and highly engaged supporters, we began sharing the need and gathering donations.

Our focus was very specific: assisting affected patients and our own caregivers with essential needs such as shelter, food, clothing and transportation. With national media focused on the unfolding crisis, our readiness to accept gifts immediately was key and provided media with the opportunity to encourage giving as a viable way to help.

Day 2—Friday, November 9: “We need a process.”

With fundraising underway, we needed a process for distributing those funds effectively. We quickly assembled a small committee of diverse volunteers to manage the process. A grant application was created to help identify the needs of our caregivers, along with qualitative and quantitative criteria to assist in ranking. Our highly skilled case management department evaluated needs and distributed assistance directly to fire-affected



Mike Wiltermood, Enloe's chief executive officer, viewed the growing plume of smoke from the hospital's rooftop helipad.

patients and their families.

We also worked with other departments of the organization to match caregivers needing housing with those who had space to share. Nurses pooled their available supply of scrubs so their colleagues displaced by the fire had fresh clothing for work. Our supplies management department purchased N95 particulate masks for distribution to caregivers and the public, as air quality was so poor it couldn't be measured by the standard rating scale. The needs grew so quickly, we struggled to keep up.

Days 3 & 4—Saturday & Sunday, November 10-11: “Be ready to talk.”

As media coverage grew, so did

the inflow of small donations from across the country, along with inquiries from individuals, businesses and foundations considering larger gifts. These very sophisticated donors had questions that we needed to answer, including exactly how and when we would distribute funds.

We were fielding dozens of calls daily from representatives of donor organizations charged with evaluating our worthiness, and transparency was critical in our communications. Because many of the callers represented family foundations and donor-advised funds wishing to remain anonymous, detailed records of these conversations were needed to ensure we had enough information to properly follow up

and thank these donors through their representatives.

Day 5—Monday, November 12: “Time to pivot our campaign.”

Enloe Foundation’s annual Giving Tuesday program was queued up to launch in support of our current capital campaign, providing a ready-made opportunity to revise messaging to reflect the growing needs

desktop exercises and live drills proved incredibly valuable but brought into clear view the need for disaster planning in our fundraising program.

While our efforts during the disaster were very successful, raising nearly \$1 million in a few short weeks during and following the fire, we must attribute a bit of that success to luck. Certainly, staff worked incredibly hard

the country, presents hurdles that may not be easily overcome. Considering the scale and scope of this disaster, standard metrics feel somewhat unimportant.

What *is* critically important as we continue to walk alongside friends, family, neighbors and colleagues suffering such enormous loss and trauma is the ability to offer meaningful and tangible support at the immediate moment of need. Being available to meet people exactly where they are and helping to pull them from the depths of their despair leaves a mark on your soul that standard metrics simply cannot measure. Additionally, an outpouring of support from individuals across the country leaves you with an enormous sense of gratitude.

With all these lessons learned, a fundraising disaster plan has now become part of Enloe’s ongoing strategy (see the sidebar, “Components of a fundraising disaster toolkit”). Other health care entities should consider creating or revising their own disaster plans and toolkits. Hospitals, fire departments, police departments and federal and state agencies have disaster preparedness plans—and so should we as fundraisers. Build it, test it and practice it because when disaster strikes, your organization and your community will be counting on you to be ready. Use our disaster experience to help create a plan that will work for you. We hope you will never need to use it. 

Being available to meet people exactly where they are and helping to pull them from the depths of their despair leaves a mark on your soul that standard metrics simply cannot measure.

resulting from the Camp Fire. Social media provided a solid platform to share information, which was in turn picked up by news media. The text-to-give component baked into the Giving Tuesday program provided donors an opportunity to react in the moment. In the days and weeks that followed, we gratefully acknowledged gifts from 48 states.

Lessons learned

Months later, our region continues to reel from the overwhelming trauma suffered during the Camp Fire. First responders and hospital caregivers performed in an exemplary fashion, the result of well-thought-out, regularly practiced disaster planning. Years of

to quickly prepare materials, messaging and processes; however, the fact that we had a scalable social media and text-to-give program ready to go made the difference for us. Had we not been able to react as quickly as we did, much of the generous financial support that showered this region would have landed elsewhere.

Standard fundraising reporting metrics indicated a strong return on investment from our efforts during this period of time; however, it is clear these measurements are skewed. Many of the gifts received likely will not be repeated. Additionally, building an ongoing relationship with a donor who has no direct connection to your organization, living on the opposite side of



Jolene Francis, CFRE, is director of advancement and communications at Enloe Medical Center in Chico, California.

Can you grow your own gift officers?

Coaching and mentoring strategies for
developing your in-house talent

The young gift officer nervously placed the proposal packet in front of the prospect as they sat down for coffee. The prospect quickly thumbed through the stack of paper before placing her cup on top of it and commenting on the weather. The gift officer's face was unmistakably confused. Her coffee mate quickly switched into coaching mode. "I would wait a few more minutes before presenting this—you want to settle into the conversation and wait for the right moment before inviting the gift. Now let's try that ask again." The officer noted this advice before restarting the six-figure ask scenario, a part of her deep-strategy coaching session.

Note: This article has been adapted from the 2018 AHP Annual International Conference session, "Can You Grow Your Own Gift Officers?"



marchmeena29/Getty Images

As an executive vice president overseeing a new team of major gift officers, I, Jenine Rabin, would like nothing more than the opportunity to sit down on a regular basis with each gift officer to develop his or her skills and prepare each one for the varied scenarios that may play out when meeting with donors. However, the demands of a campaign, strategy, staff and board management and personal portfolio work make individual mentoring an impossibly big challenge.

Recognizing the talent among my team and my desire to see traditionally non-frontline staff (events specialists, annual giving and donor relations) one day transition into gift officer roles, I sought a solution to grow my own professional staff and invest in their careers—an investment that has paid dividends in longer tenures and better performance.

Investing in career development

Data and experience suggest investment in

talent is a good idea. According to a 2012 study by Penelope Burk of Cygnus Applied Research, “...the direct/indirect costs of finding replacement major gift officers averages \$127,650. Compared to the cost of replacing staff members, investing in coaching and mentoring programs can be a cost-effective strategy to keep talent at your organization.”

Despite the evidence, only some of the largest hospital foundations have recently added a “talent development director” or similar in-house trainer and architect of staff development programs. Most shops will never have the budget for this position, no matter how fierce the employment marketplace becomes for development talent. But investing as much as possible in talent development makes imminent sense and can be done creatively to make a difference in staff training and retention.

Developing a fellowship program

Johns Hopkins All Children’s Foundation (JHACF) chose an innovative fellowship



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approach to growing its own major gift officers. This led to an investment in retaining a fundraising consultant firm with a fellowship track specifically designed for the JHACF team. While this option worked best for this foundation, it was one of several the foundation evaluated when building the coaching and

and donor societies. During the group meetings, fellows took part in deep strategy sessions focused on specific prospects, with guided collective participation in prospect mapping, timelines and specific tips related to the entire giving cycle. Each fellow also participated in biweekly to monthly individual meetings or conference calls with

your team's coaching program. Starting with the fundamentals, topics should range from discovery to stewardship and how to work with your in-house support team, board members, caregivers and others to close a gift. The following model outlines content for an ideal fellowship track, which can be sequenced in various ways depending on the fellows' experience and existing skill sets:

- Major gifts cycle review.
- Portfolio organization, management, tracking.
- How to map, analyze and approach prospects.
- Prospect timelines.
- Best strategies to secure a visit.
- Cold calling proficiency.
- Discovery visits.
- Effective cultivation moves.
- In-depth major gift strategies and techniques.
- Appointment recaps and follow-up steps.
- Stewardship techniques.
- Asking strategic questions.
- Handling prospect/donor objections.
- Techniques and scenarios—complex/complicated gifts.

Proof positive: After completing the first six months of fellowship, JHACF gift officers and their respective supervisors were asked to complete evaluations and

Whatever you decide, making a conscious investment in talent development can bring significant return on investment.

mentorship program. The right tailor-made program will offer your staff dedicated, one-on-one mentoring and customized education at a level far beyond most supervisors' bandwidth.

The launch: Three promising staff members with one to five years of frontline experience were selected by senior leaders and presented to the executive vice president for consideration as fellowship candidates. Rather than mandate participation in the fellowship program, candidates were given a choice to opt in—noting the expected time commitment above and beyond their day-to-day responsibilities. After accepting a trial fellowship period of six months, the inaugural fellows began to meet individually with a coach from Bentz Whaley Flessner. Monthly group workshops covered content from major gifts, to networking skills, to various strategies such as challenge gifts

the coach. These sessions enabled deep dives into personal skill building (cold calls, discovery visits, how to make the ask, etc.) and outlined customized prospect strategies.

The program: A formalized fellowship program—as opposed to infrequent and informal chats with supervisors or colleagues about gift officers' portfolios—creates intention and formality for

Table 1. Johns Hopkins All Children's Hospital Campaign Contributions increased once the gift officer fellowship program was launched

	FY 2016	FY 2017	FY 2018
Total prospects	414	461	873
Proposals	189	290	167
Actions	2,174	2,453	3,569
Visits	475	591	1,149
Proposals funded	64	110	76
Amount funded	\$4,706,482	\$7,480,213	\$11,557,243

offer feedback on the program. Participants reported a marked increase in their confidence and major gifts proficiency. Supervisors reported visible improvement in fellows' professionalism and poise. Taylor Traviesa, an inaugural fellow and an events manager who transitioned into a gift officer role for Johns Hopkins All Children's Maternal, Fetal and Neonatal Institute, was enthusiastic about the track and the ability to learn on the job. "I'm so grateful for my fellowship experience—it pushed me to realize my potential. Three years later, I still can't believe I get to work with donors on achieving their philanthropic goals and dreams." Another fellow, Ashley Nall, CFRE, described the fellowship as one of the highlights of her professional career, "a real launching pad for success."

Gift levels secured by fellows have continued to increase following their fellowship training, and the experience has undoubtedly influenced their continuity as highly valued members of the foundation team. (See Table 1.) They know JHACF has invested in their growth and recognizes their achievements. While it's essential to consistently offer a variety of professional development opportunities to development teams, the fellowship is a unique way to truly spotlight, reward and recognize those teammates with the most potential for promotions and increased responsibilities over time.

Choosing the most appropriate approach

Hiring a firm versus appointing a senior staff member as a mentor is a choice that should be weighed thoughtfully by your foundation leadership. Base the decision on whether you have a senior staff member with the time and

Tips for gift officer development

Fundraising consulting firm Bentz Whaley Flessner recognizes seven key steps in attracting and retaining high-performing gift officers:

1. Integrate mission alignment in your criteria for hiring.
2. Provide orientation and ongoing training around mission.
3. Invest in training and development for senior leaders and managers.
4. Consider a purposeful promotional track connected to performance.
5. Work with top performers to have stronger, measurable goal planning in performance reviews.
6. Review key performance indicators in light of differentiation between high and low performance.
7. Provide opportunities for public recognition of top performers.

expertise to take on a coaching role while balancing a full portfolio. Are you willing to shift responsibilities to give such an individual the bandwidth to become a mentor? Do you also need to offer the mentor related training to ensure effectiveness in this new role? If you're a small shop, can you arrange for monthly conference calls with an outside mentor or coach?

Whatever you decide, making a conscious investment in talent development can bring significant return on investment (ROI). Just one or two substantial gifts secured by deeply trained fellows or mentees can pay dividends. For example, when a corporate giving officer called her coach at 9:00 one night, the coach was struck with fear—she wondered why the officer was calling so late. But the officer was just calling to relay the exciting news of a \$200,000 gift closed that afternoon. Her enthusiasm for this first-time six-figure accomplishment could not wait until the next day.

Imagine the rewards for JHACF when these types of achievements happen at least partly because of the fellowship program. The ROI can be easily measured in staff

satisfaction, talent retention and real dollars raised for mission—proof positive that you can indeed grow your own talent. 



Jenine S. Rabin, MBA, is executive vice president, Johns Hopkins All Children's Foundation (JHACF), where she plays a key role in defining

organizational funding needs and shaping philanthropic opportunities. Before joining JHACF in October 2012, Rabin was campaign director for the Smithsonian Institution. She is a member of the Council for the Advancement and Support of Education, the Association for Fundraising Professionals and the Association for Healthcare Philanthropy. Rabin also serves on Children's Miracle Network CDO Advisory Board and actively speaks on fundraising topics at conferences.



Janet B. Cady is an executive associate with Bentz Whaley Flessner, a consulting firm that provides strategic fundraising counsel and helps

build strong advancement programs. A leader in health care philanthropy for more than 25 years, Cady's expertise encompasses strategic hospital philanthropy, comprehensive campaigns, board development, major gifts advancement and coaching/mentoring for chief development officers and their staff working in complex medical systems.



Lessons learned from a centralization process

Ten takeaways from establishing the
Indiana University Health Foundation

There is something reassuring about a flock of migrating birds, their dark V-shape spread out against a wintry sky as they glide toward a common goal. *E pluribus Unum*. Out of many, one. But we all know that, whether in nature or in the workplace, uniting the many into a single entity can be both majestic and messy.

Centralization in health care philanthropy is no exception. A continuing trend in our industry, the merging of multiple fundraising units within a large health care system into a centralized model—whether parent, matrix, hybrid, etc.—is not for the faint of heart.

The Indiana University (IU) Health Foundation was formed in late 2017 following three-and-a-half years of consolidation planning. The process involved centralization of 15 hospital foundations and giving programs representing IU Health throughout Indiana into one parent foundation in Indianapolis. Prior to the consolidation, each hospital fundraised separately and, as a result, raised roughly \$5 million in 2017 as independent entities.

Like many others in health care philanthropy, IU Health's rationale for restructuring was predicated upon a desire to increase the efficiency and effectiveness of our fundraising across all system locations. The result has been an enhancement of our capacity to build upon community relationships by ensuring that local giving stays local. But we also are now at the helm of a much broader systemwide vision of sweeping priorities, which provides donors transformative opportunities to move the needle on Indiana's greatest health challenges.

Perhaps the most comprehensive guide to the subject of hospital consolidation is the recently published book by Betsy Chapin Taylor, FAHP, and Fred Najjar titled *Systematization and Regionalization*

of Health Care Philanthropy. This book will likely become a go-to resource for consolidators.

Recognizing this and the many other industry publications that provide excellent recommendations on what to do in a health care philanthropy centralization process, the IU Health Foundation would like to offer some boots-on-the-ground ideas about how we navigated the process. The following are 10 takeaways and lessons learned from the centralization process at the IU Health Foundation:

1. Don't even think about centralizing unless you have leadership's full support. The IU Health System was extremely fortunate that our leadership, anchored by President and Chief Executive Officer of IU Health Dennis Murphy (chief operating officer when the migration was in early planning stages), was in total agreement that a more systematized philanthropic operation was the future of IU Health. With this solid underpinning, the IU Health consolidation planning process began.

2. Don't skimp on the planning period. From the outset, IU Health leadership acknowledged that the planning period would require at least three years' time before implementation





Heart of IU Health – Representation of Team Value – Bloomington team members show support of the team member giving campaign by posing for a picture.

could proceed. Under Murphy’s leadership, IU Health made a strategic investment in the process, recognizing that today’s commitment of resources would yield tomorrow’s new dollars.

Our strongest recommendation to colleagues is to insist on enough time to do the job right and to obtain adequate funding for the process. There is no way to do this without investing resources—but you can make a better case for support if you stress that the dollars are an up-front investment that will help ensure significantly more philanthropic support for years to come.

3. Start acting like a unified system from the very beginning. One of our most beneficial strategies as leaders of the process

was to continuously keep in our minds a picture of how a state-of-the-art consolidated health care philanthropy model operates. Then, we began incorporating many of those concepts, structures and practices into our as yet-unconsolidated system.

For example, to immediately instill a sense of shared identity and unification of purpose, we drew upon the Statewide Philanthropy Council, formed in 2012 and consisting of representative IU Health philanthropic leaders from all of the system’s foundations and development offices. Council members were given a clear charge from the outset of the planning period: to determine how everyone in the group—and IU Health philanthropy as

a whole—could become more successful in fundraising. Even though the foundations were still separate, this strategy encouraged them to think like a consolidated philanthropic group, with an everybody-wins mindset. The council has evolved today as an ongoing, productive group in the parent foundation setting, comprised of regional and system foundation leaders.

We also began working on a unified brand and case for support in the first year of implementation, yet before all the foundation mergers took place. The branding statement ended up looking like this:

“Foundations of IU Health’ is a term used to show the family of foundations representing Indiana University Health and includes local hospital-based foundations, our integrated partnership with the Rehabilitation Hospital of Indiana Foundation and the flagship IU Health Foundation.”

We also drafted a case for support in advance of integrating so that all hospitals could define their needs and begin to see how they fit under a bigger umbrella.

Another aspect of this strategy is a bit like living in two time zones at once: While you’re working on a timeline of actions and deliverables for one year, think ahead about what the timeline for the following year needs to be. Then, slowly approach those future changes in the current year. This step is particularly effective during actual implementation, when significant shifts in long-held fundraising practices can be challenging for philanthropy team members.

Some of the areas where we incrementally introduced changes included: shifting prospect management to focus on strategic major gifts; reviewing everyone's top five prospects collectively, discussing intents to solicit and co-developing proposals; offering training for all development officers around major gifts and grateful patients fundraising; and implementing shared metrics for gift officers.

4. Keep the planning period about actions, not debate.

In major organizational restructurings, a planning period can often end up being a series of exhausting meetings in which even the possibility of change is endlessly debated. Certainly, we knew that navigating conflicting views would be an essential part of the process, but we sought to take action as well, encouraging council members to gather best practices information, benchmark with similar but more philanthropically successful systems and make recommendations that kept the philanthropic success of all IU Health fundraising locations front and center.

At the same time, departments within the then-Methodist Health Foundation (which ultimately provided the tax ID number and a significant portion of the assets for what is now recognized as the IU Health Foundation) made real progress on gathering information about centralization and best practices. They then took preliminary steps that would help smooth the way during implementation. For example, Kate Kiser, director of development operations in the IU Health Foundation, attributes the one-year merger of the data/business systems of



The Fishers Fire Department was one of six recipients of an IU Health Foundation grant and recently received \$43,680 to fund a paramedicine behavioral response program.

the various foundations during implementation (rather than the two years typical of other organizations) to actions taken during the planning period:

“Prior to joining under one philanthropic enterprise, we invested time and resources (internal and external) to conduct a comprehensive assessment of the current state of the local philanthropy/ foundation teams’ business operations and data system(s), identify efficiency or growth opportunities, identify local nuances and challenges and analyze the results in comparison with industry standards. . . .”

5. Develop a participatory and inclusive process.

Instrumental in creating a culture of trust and collaboration among the foundations was empowering all stakeholders to participate in the

process, learning together and drawing conclusions together. To this day, we strive to ensure that integrated members are not passively listening to top-down information in which they have no investment and over which they have no control. For example, regional representatives are often themselves discoverers and communicators of insights and ideas, drawing conclusions and recommending them to leadership. Utilizing workgroups and committees within the council, and asking them to undertake assignments, helps philanthropic leaders of the affiliate foundations to feel true ownership of the ultimate decision to consolidate and to continue as active participants during implementation and beyond.

6. Enlist affiliate foundation philanthropic leaders as communications ambassadors.

To build a strong communications

network from the central hub to every foundation across the state, we asked council members to be ambassadors for the process to their home foundations and hospital leadership. Once again, this reinforced the notion of unity among all entities, minimized a top-down environment and respected the importance of foundation leaders in their home territories. Affiliated foundation leaders were in the perfect position to spread and socialize information about the process, particularly as the value of consolidation became apparent.

7. Encourage consolidation leadership to communicate with all affiliate foundations and hospitals, especially face to face. Despite our best efforts at clear, thorough and widespread communication, not all affiliate stakeholders were able or willing to gain the ear of hospital or

foundation board leadership. We discovered, later than we would have wished, that some stakeholders were unaware of the activities of the planning period and were surprised when merger talks began in earnest during implementation. One foundation ultimately decided not to participate and ceased raising money for the hospital it had previously supported. IU Health Foundation then hired and embedded staff in this region, where we are currently conducting a campaign to support a new hospital campus and its programs.

Consequently, we redoubled our in-person communications efforts during the remainder of implementation, a particularly important show of leadership support when multiple moving parts such as new policies and procedures, data integration, altered board responsibilities and shifting performance expectations can trouble the waters in some affiliates. In the first year of implementation, for example, the president of the new parent IU Health Foundation visited each foundation and hospital more than once, and attended almost all foundation board meetings, to ensure the specifics of the implementation were well-understood and everyone was on board for merger voting at the end of implementation year one.

8. Embrace affiliated foundations' local identities and relationships. Even though we may refer to IU Health Foundation as a “parent” foundation, our model is a hybrid or matrix consisting of one overall central foundation complemented by regional clusters of local fundraising operations. Our affiliate foundation leaders maintained, and we concurred,

that retaining fundraisers in local communities and/or regions was critical for success, as was continuing to utilize local and regional volunteers who work with local fundraisers and local hospital leaders. This structure ensures that local giving stays in the community and remains focused on local needs. A great win-win in a hybrid parent foundation structure—when locally embedded gift teams are balanced appropriately with centralized resources—is that fundraisers in all regions can access systemwide resources.

9. Develop an aggressive implementation schedule and stick with it. This may be one of the toughest pieces of advice to follow. Not only is organizational fatigue beginning to set in after a few long years of planning, but the complexities of implementation can be intimidating and overwhelming. You must be organized and fearless and have a relentless stamina for undertaking multiple parallel journeys at once.

Working with Murphy, an aggressive 12-month schedule was developed to address four areas within the first year of implementation: a capacity study, a case for support, a prospect engagement plan for leadership and an aligned organizational strategy. The timeline was developed based on an end-of-year board vote for approval, so all aspects of the schedule had to be completed in time for that vote. Because the legal structure of every foundation in the IU Health system was different, legal counsel had to review every article of incorporation from every foundation to ensure flawless mergers. Foundation fiscal years, the alignment of

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accounting and reporting and tax filings were all taken into consideration and arranged for approval at individual foundation board meetings. In addition, pieces were put into place to align all philanthropy team members within the foundation's business unit at the end of implementation year one, which involved both financial and human resources restructuring.

10. Create opportunities for early wins. The rationale for almost every health care philanthropic system consolidation has to do with at least two core goals: 1) raising more money and 2) achieving efficiencies through the economies of scale made possible by shared services. We strove to deliver as quickly as possible on the promises made about the benefits of consolidation, sometimes even before the foundation mergers had occurred.

First, the IU Health Foundation created a Matching Gift Program for all IU Health regional fundraisers by redirecting some unrestricted investment income to this systemwide initiative in December 2018. The foundation began matching, on a 1:1 basis, all gifts of \$100,000 and up, capped at \$500,000. This spurred gift officers to initiate new discussions with selected major gift donors, gave donors across the state an incentive to increase their giving in order to qualify for the match and deepened the pipeline of major donors for everyone.

In a similar effort to support IU Health fundraising operations in every region, the foundation also utilized unrestricted assets in the parent foundation to launch regional grant programs in 2019. Through the allocation of more

than \$200,000 across the regions, team members were encouraged to present ideas for innovative and patient-facing projects and programs. The ideas were presented to regional hospital presidents and local volunteer philanthropy councils for review and approval locally. This effort spurred creative thinking between philanthropy and hospital leadership and demonstrated one of the win-wins of being part of a consolidated system.

In addition, to help demonstrate the caliber of support that the IU Health Foundation could offer its members, we designed and hosted the first IU Health Philanthropy Leaders' Summit near the end of the first year of implementation. More than 40 attendees—representing hospital leaders, development officers and foundation board and council members—participated in this training and educational opportunity. The focus was on the role of foundation volunteers as community philanthropy partners and the need for major gift efforts to support IU Health hospitals. To follow up, in year two of implementation, a second summit was held, focused on alignment and message training between the IU Health brand and the IU Health Foundation brand.

IU Health's first systemwide employee giving campaign, the Heart of IU Health Campaign, marked another important win. This campaign, which launched during the first year of implementation, yielded increases in dollars (34 percent) and donors (89 percent) across foundations. With more than 30 events held across the system and more than 70 employee volunteers, the campaign was an opportunity for team members to come together

to celebrate giving.

Perhaps our most important early win was fundraising. In 2018—the first full year of centralization—the IU Health Foundation raised \$19,070,185, which exceeded the philanthropic goal set by system and foundation leadership by more than 300 percent.

Overcoming challenges to reap rewards

Consolidating multiple foundations and other fundraising operations within a health care system into a single foundation—even including all the flexibilities afforded by a hybrid/matrix model—is an endeavor as challenging and rewarding as any merger that might be undertaken in the private sector.

But those of us in health care philanthropy have an edge over any corporate giant: We are fiercely dedicated to our mission of improving health, saving lives and making health care accessible to all. 



Crystal Hinson Miller, MA, CFRE, is Indiana University (IU) Health chief philanthropy officer and IU Health Foundation president. Before joining IU Health, Miller held foundation leadership roles in medicine and public health at the University of North Carolina (UNC) at Chapel Hill. She holds a bachelor's degree from UNC and a master's degree from Appalachian State University.



Kevin R. Armstrong is chief mission and values officer for IU Health, focused on integrating mission and values into all aspects of the organization. Previously, he served as president of Methodist Health Foundation. Armstrong holds a bachelor's degree from DePauw University and a master of divinity degree from Duke University.

Missed opportunity knocks

A renewed look at sponsorships in your development plan

Woven into the fabric of philanthropic organizations' annual fundraising plans and purposefully built into the budgets of multitudes of smart businesses, strategic corporate sponsorships are everywhere. You can't turn around without seeing at least one sponsor highlighted at the local event you attended, the webinar you viewed or, for many of us, the soiree we hosted for which they were recruited. We are all familiar with them on some level, whether we are a fan of the process and time spent on them, or not.



AzmanL/Getty Images

So, why the second look? To answer this question, we need to look at recent tax legislation changes. As part of the Tax Cuts and Jobs Act, businesses have seen a reduction in the top corporate tax rate from 35 percent to 21 percent. This lower rate lessens the tax burden, which could affect interest and capacity for charitable giving. While some suggest this may reduce the incentive for giving, others recognize it as a possible opportunity.¹ As explained by Josh Johnson, a managing partner at CPA firm Johnson & Associates, “The lower tax liabilities mean stronger balance sheets and more available cash for companies to distribute as profits. This can lead to an increase in cash flow

for business owners, which could result in a more charitable environment for the owners of these companies.”

Without knowing which way the pendulum may swing and with more nonprofits than ever vying for the same dollars, a proactive revamp of our fundraising practices is warranted. Given that most nonprofits cannot afford to wait for possible fallout or missed opportunities, now is the time to refocus our fundraising efforts so we may reach the maximum benefit from our investment of staff, time or capital resources. It is vital to revisit the way we are raising money for our organizations in order to yield the highest return on investment (ROI) from our fundraising

measures. This is nowhere more evident than in the unrealized revenue potential of sponsorships.

A fresh, renewed approach to event sponsorships could lead to timely advantages for your organization. Sponsorships provide a unique doorway for a collaborative and mutually beneficial relationship that strengthens both the philanthropic organization and the business. While they are attractive to businesses as a way to get their brand in front of a strategic audience and demonstrate corporate social responsibility, they also help

can create a steady community investment in your organization. And, contrary to popular opinion, they don't have to occupy an exorbitant amount of your time.

Multi-event sponsorships

We all know the abundance of time that can be spent on procuring sponsorships. What you may not have considered is an alternative method to obtaining the event funding you need without spinning your wheels for each and every event. Crafting your sponsorship packages to span *multiple* events throughout the year reaps

commitments for the year—so you have the advantage of securing those dollars early on.

2. Save time spent on procurement efforts. This technique allows you to reach your sponsorship goals for the full year in a more efficient and less time-consuming manner, enabling you to shift gears toward other fundraising priorities.

3. Boost your sponsorship appeal. Most businesses will recognize the value of getting in front of multiple audiences throughout the year. Make sure you convey the target audiences for each event you are hosting so businesses realize the opportunity for this extended reach.

4. Build stronger relationships with sponsors. With ongoing touch points over the course of several events, you have a chance to develop a more meaningful partnership with your sponsors. They are exposed to your mission more frequently, which can spark a deeper interest in additional ways to collaborate with your organization, such as fundraising efforts organized through their business activities.

Not only can sponsorships offset event costs and boost fundraising results, with the right strategy they can create a steady community investment in your organization.

enable nonprofits to create key cultivation and stewardship opportunities with their constituencies.

With a revived sponsorship plan, we can more fully recognize the potential to transform our fundraising programs into stronger foundations for relationship building and even a solid contribution to our revenue stream. Not only can sponsorships offset event costs and boost fundraising results, with the right strategy they

numerous benefits for both you and prospective sponsors.

Integrating multi-event sponsorships into your plan may accomplish the following goals:

1. Prevent donor fatigue. Some corporate prospects may prefer to be solicited once annually for their full-year commitment to the organization. As the majority of corporate sponsorships are directed from marketing budgets, corporate partners have typically identified their financial

Value assessment—the common missing link

One of the most important elements of a successful sponsorship program is intricately intertwined with how accurately you value your offerings. The set values will impact your package levels, the response to your sponsorship requests and ultimately, the overall revenue you will recognize from an event. Value them too low or too high, and

the likelihood increases of a disappointing ROI. Additionally, you run the risk of reaching fundraising burnout as a result of having to widen your prospect outreach efforts and later scramble for more dollars in your annual program in order to close the revenue gap.

If you're wondering if this effort is truly necessary, *it is*. You are not the only one evaluating your sponsorship offerings to determine if they are priced fairly and providing the expected benefit. With an increasingly saturated market for sponsorship opportunities, businesses are getting savvier in their approach to considering where to put their dollars. This includes looking at marketing analytics following their participation, which helps them to determine interest in future engagements. More and more measurement tools are readily available, employing key performance indicators to evaluate the merit of a sponsorship feature. These might include surveying customers exposed to their brand from an event, collecting social media insights, assessing the power and reach of your brand and calculating the length of exposure.²

Nobody likes to spin their wheels, so when you get that key foot-in-the-door opportunity with a prospect to discuss involvement in your events, be prepared to back up the sponsorship level with an explanation of what you are providing. An added benefit? You will build trust between you and your prospect when he or she is comfortable with the basis behind the cost, and the prospect will feel more inclined to become or remain involved.

With an increasingly saturated market for sponsorship opportunities, businesses are getting savvier in their approach to considering where to put their dollars.

So, how do you find the “sweet spot”—where businesses see the opportunity in your offerings, and you benefit from impactful dollars to further your organization’s mission? Here are a few approaches to consider as you work to determine valuations for each element of your sponsorship program:

- **Tap your network—engage the experts.** Talk with your organization’s marketing team, reach out to a colleague at a public relations or marketing firm and connect with local development professional groups. Find out what it costs for businesses to get in front of audiences through varied print and digital marketing. This investment of time is well spent and will get you the raw data you need to produce educated estimates. Bring specific value questions to the table so it is easier to get specific responses—you don’t want to be comparing apples to oranges.
- **Do your research—use the tools at your fingertips.** How much did you spend on that logo-adorned mug you gave donors last year? How many followers are watching your social media pages? What is the demographic of your organization’s reach through

mailings, typical event guests and population served, and how well is your brand known in the community? These are all examples of factors you may want to consider as you determine the benefit of a business linking to your organization. Connecting to a local philanthropic mission is highly advantageous to the image of a business, and it’s your job to make it easy for them to want to participate.

- **Think outside the box—dig a little deeper with your target market.** Reach out to business owners or key contacts already in your network. Start a focus group or schedule one-on-ones and get their input. They will appreciate your eagerness to provide the benefits they want and need for their business development. Find out what they consider to be a successful return on their investment in your event. As much as *your* heart is ingrained in the mission of your organization, remember that your sponsors are looking at it primarily as a business opportunity. “Sponsorship seekers often forget that, first and foremost, sponsorship is a marketing discipline—and sponsors need to provide direct ROI,”

says Chris Baylis, president and chief executive officer of The Sponsorship Collective in Ottawa, Canada. “While sponsorship may be linked to a company’s philanthropic goals, it isn’t always, or even often, the case. The best approach is to talk with prospects without any goals in mind. Let your prospect tell *you* what they are trying to accomplish, and then offer a solution based on what you have to offer. Rather than assuming what a business deems important, the best approach is to have a discovery meeting to help you shape an opportunity just for your prospect.” This will inevitably reinforce your offerings and make your sponsorships marketable and appealing. Building a strong foundation of support for the stated values of your sponsorship benefits will promote a symbiotic relationship with your sponsors, leading to a boost in revenue, more successful results from prospect outreach and longer-term relationships with local businesses.

Uncovering the prospects in your own backyard

Health care nonprofits are uniquely positioned in the philanthropic sector; *everyone* needs and experiences health care. This presents an often underutilized network of potential prospects for event sponsorships.

Hospice & Community Care, one of only a few nonprofit hospice programs in Lancaster, Pennsylvania, and one of the largest nonprofit hospice providers in the state, exemplifies how sponsorship dollars can escalate a health care



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Factoring in your brand value

Wondering how to calculate your organization's brand value to attach to each of your sponsorship offerings? Chris Baylis, with The Sponsorship Collective, suggests the following straightforward approach:

1. Make a list of the elements your sponsors value in a partner.

You will need to gather input from sponsorship prospects in a discovery meeting to generate this list. A few examples might include: 1) exclusivity, 2) your organization's reputation in the community, 3) direct sales opportunities and 4) how loyal your audience is to your brand.

2. Assign a percentage-based value to each of the elements, typically between 10 and 30 percent. Remember that these will constitute *added* values to each offering, so you need to be able to comfortably justify the increase. If an element on the list does not resonate strongly with your organization's current positioning, leave it off the list.

3. Add the percentages together to determine your Total Brand Value. Using the example above, let's say you've assigned the following to your value elements: exclusivity—15 percent, reputation—25 percent, direct sales—10 percent and brand loyalty—15 percent. Your Total Brand Value comes to 65 percent.

4. Add the Total Brand Value to the base value of each asset in your sponsorship offerings. Perhaps you have determined through your research that a logo placement is worth \$1 per view. After adding your brand value, it is now worth \$1.65 per view. If your event will bring the logo in front of 300 people, this offering would then be valued at \$495.

organization to higher revenue through smart prospecting within its direct network of care.

Hospice & Community Care provided hospice, palliative and supportive care services and

bereavement support for more than 15,000 unique adults, teens and children in 2018. With an average daily census of more than 500 patients and families, in addition to patients cared for by

Palliative Medicine Consultants' physicians at local hospitals, at home and at its outpatient clinic, Hospice & Community Care's philanthropic support generated nearly \$4 million in 2018 of a \$37 million budget. Funds raised cover the cost of providing end-of-life care and bereavement support that is not reimbursed by Medicare or insurance. Care and support are available to anyone regardless of insurance or financial resources.

One of Hospice & Community Care's most impactful events is its annual Labor Day Auction, featuring two days of live auctions held at the local fairgrounds in southern Lancaster County. Marking its 35th anniversary this year, from its tiny beginnings in 1984 of raising \$1,200, this event now generates approximately \$750,000, making it one of the most successful live fundraising auctions conducted by a hospice program.

With sponsorship packages ranging from \$1,000 to \$25,000, Labor Day Auction corporate sponsorships in 2018 contributed nearly 30 percent of the gross revenue from the event through 77 local businesses, representing a sizeable foundation for the event's success. When combined with sponsorship revenue from several smaller events held each year, Hospice & Community Care is raising nearly \$350,000 through its sponsorship program alone.

With a significant hospice market share and reach in its community, many of Hospice & Community Care's corporate sponsors of the Labor Day Auction, through their employees and customers, have personally experienced the comfort

and support provided by the organization during its 40-year history. This is a great example of an avenue of opportunity for sponsorship prospects that all nonprofit health care organizations share—a network of individuals who have directly or indirectly benefited from the care that the organization provides.

This makes it all the more important to stay connected through your grateful patient or grateful family program. Community members who are intimately familiar with your health care services will have the strongest desire to align with your positive reputation and the benevolent impact of your organization.

The effect of the Tax Cuts and Jobs Act on philanthropy remains unclear, elevating the need for your organization to be well positioned to seize opportunity. Be ready to partner with those in your network who are moved by your mission and motivated to see it continue,

and who recognize it as a wise investment for their business. 

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Predicting the **future** of health care philanthropy

Why accountability, leadership, technology and a commitment to donors' needs will be required for successful philanthropy initiatives

The health care industry faces a rapidly evolving landscape, requiring us to harness emerging technologies, implement the latest safety protocols, improve outcomes, ensure patient satisfaction, realize financial efficiencies and experiment with artificial intelligence. Nothing is above scrutiny, and the only constant is change.



As health care philanthropy specialists, we too must subscribe to a forward-thinking mindset. Reprising topics explored during the “Philanthropy 2028” panel discussion at the recent AHP International Conference, this article offers perspectives from recognized industry leaders who envision what is coming down the pipeline and suggest how fundraising professionals can best prepare for the inevitable challenges that lie ahead.

Demonstrating impact

Accountability is more than a buzzword these days. It’s an operating principle. Increasingly, donors demand to know how their giving impacts the organizations they support. Likewise, fundraising leaders are accountable to the hospitals for which they raise funds and the executives to whom they report. Development shops of all sizes continue to struggle with how to demonstrate the powerful impact of philanthropy.

According to Bill Littlejohn,¹ senior



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vice president and chief executive officer of Sharp HealthCare Foundation, which has been recognized by AHP as a high-performing organization, the best way to demonstrate impact is to strategically align organizational and philanthropic goals. Foundations and fund development programs, he suggests, must conduct strategic planning processes in collaboration with institutional leadership, foundation board members and senior staff to develop detailed short- and long-term plans, goals and objectives. These

should include multiyear revenue, expense and funding projections, along with comprehensive cases for support. This approach represents a dramatic departure from the annual or single-focused campaign planning that has dominated health care philanthropy for decades.

The philanthropic component of Sharp HealthCare's Five-Year Operating, Cash and Capital Plan is a nationally recognized best practice. Over the last decade, the Sharp Foundations have provided nearly

\$200 million in cash toward the plan, leveraging more than \$1 billion in investment. Combined, the Foundations fund 10 to 20 percent of Sharp's annual expenditures on capital improvements, patient care programs and ongoing operations. That, said Littlejohn, is the true demonstration of philanthropy's impact. Ultimately, he said, an aligned strategic plan provides the road map for what we do best: tell stories about the transformation of health care through philanthropy.

"We need to be at the forefront of writing our own story," Littlejohn said. "Stories of hospitals adapting to change and empowering their workforce. Stories that demonstrate the

It is imperative that fundraising leaders be viewed as experts—prepared to discuss the programs they represent knowledgeably and confidently within a global context.

miracles of modern medical technology. Stories that share how we help families navigate an unfamiliar world. And, above all, stories of inspired giving—giving that transforms lives, institutions and communities."

Defining philanthropy's future leaders

Today's leaders are called on to do more than ever—raise funds, manage staff and budgets, motivate volunteers, collaborate with C-suite colleagues and stay ahead of the technology curve,

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to name a few concerns. But how can foundations effectively groom the leaders of tomorrow? What knowledge, skills and talents will such individuals need to possess?

David Flood,¹ senior vice president/chief development officer at Intermountain Healthcare and president of the Intermountain Foundation in Utah, has gained valuable insights about leadership through his own brand of success. He's taken a fully decentralized group of foundations and created a highly productive centralized team that has produced truly transformational results.

Developing leadership within the rapidly evolving philanthropy space will continue to be a challenge, he said. Leaders will be asked more and more to “pave

the road we are walking on” in the quest for support. He cited a few examples of skills and aptitudes that will be required of future fundraising leaders.

The first involves technology and artificial intelligence. It won't be enough to simply learn how to use the latest and greatest vehicles for engagement and outreach, Flood noted. While today's consumers will tell you they are rightfully concerned about the world knowing their habits and patterns, every day we gravitate to search engines that are much more intuitive and that “seem to know us.” Understanding and embracing technology and its reach responsibly—balancing privacy with aggressive outreach—will continue to be a challenge.

Second, leaders will need to move beyond the “expressive world” we have crafted to a more “analytical presence,” especially with respect to finances. Our financial lexicon has expanded exponentially, thanks to the many experts who have entered our world through a proliferation of strategic third-party funds. At the same time, we must strive to maintain clarity and transparency in our conversations with the external world, especially our donors.

Similarly, we will be increasingly viewed through the lens of issue advocacy, as opposed to simply bridging a need with critical funding. It is imperative that fundraising leaders be viewed as experts—prepared to discuss the programs



they represent knowledgeably and confidently within a global context. Flood emphasized that in order to maximize impact, effective fundraisers must be able to “more independently express and evangelize needs, nuances and opportunities within the mission, while relating their organization’s impact to larger societal priorities.”

Finally, leaders must be part of an expanding conversation and manage it carefully. Philanthropy, Flood noted, is now a 24/7 business. “Through social media, our friends, neighbors, schools and local politicians, everyone is in the fundraising business,” he said. “Leaders will be required to condition teams to work through

and above the endless chatter that challenges effectiveness to distinguish their mission.”

Keeping pace with technology

Outstanding leaders carefully hone their communications skills, and over the past couple of decades they have learned to embrace technology as a powerful

SPONSOR SHOWCASE

Graham-Pelton's top five takeaways from the Giving USA report

Generous citizens contributed \$427.71 billion in 2018, according to the *Giving USA 2019* report. If every dollar given charitably in the United States last year was laid end-to-end, it would encircle Earth more than 1,500 times.

Though cause for celebration, a deeper look might give nonprofit leaders pause. Considering the figure in inflation-adjusted dollars, total giving decreased \$7.4 billion from an all-time high of \$435.11 billion (again, adjusted for inflation.)

“After four years of solid growth, including a record-breaking 2017, these lackluster results may be what economists consider a ‘reversion to mean’ or course

correction,” said Graham-Pelton President and CEO Elizabeth Zeigler. “But there are straggling trends that warrant both focused attention and decisive action. And there are areas of optimistic growth that we can absorb and internalize to influence efforts, no matter the sector or donor we serve.”

Takeaway 1: Economy and policy influenced giving, but not how we expected. Both economic conditions and the policy environment influenced giving, but the Tax Cuts and Jobs Act had less impact than predicted.

Action: Talk to your supporters about how the economic climate affects them, but don’t use policy as an excuse to slow down your asking. Your goal will always remain to give generous people a reason to give.

Takeaway 2: Enterprising nonprofit sectors are witnessing increased attention and enthusiasm. The causes that donors support and the way they consider and transmit their gifts are shifting to reflect social norms and emerging interests.

Action: Ask yourself, “In what ways can we bring global issues closer to our donor’s front door?” Build a strong case that connects your donors to the bigger picture.

Takeaway 3: Donor loyalty should not be taken for granted. Although both the education and religion subsectors have built-in donor pools, that no longer guarantees a culture of philanthropic loyalty among their constituents.

Action: “Religion has long held the top proportion of total giving, with education a distant second, since Giving USA began measuring this data. But the latest report reveals that giving to religion has dipped below 30 percent for the first time ever, and education has witnessed anemic growth,” said Zeigler. “These stalwarts of the community must work harder than ever to connect with their own, reinforcing their relevance and wide reach while engaging in an increasingly sophisticated level of donor development.”

Takeaway 4: The American middle class may be disappearing, but don’t disregard them. This is the first year that giving by individuals has fallen below 70 percent since at least 1954, but this is not a sudden trend, having crept downward since the late 1970s. Itemized giving has

decreased across the board, but the rise in upper-income earners appears to have made up the difference.

Action: Institutions must also invest in sustaining and growing lower- and mid-level giving in order to build a culture of philanthropy and a pipeline of future major donors.

Takeaway 5: Both giving by and to foundations have seen collective gains. Giving by foundations has grown substantially over the last 40 years, at 291 percent. The last 10 years has seen a steady growth in foundation assets. And the best news? Reports show commensurate growth in those foundations’ grantmaking.

Action: At Graham-Pelton, we know that all sources of giving are, at their core, powered by the individual. Even small nonprofits should put in place a foundation fundraising plan, including an exploration of the ways your mission matches funding priorities, assigning a corporate and foundation relationship manager and allocating the appropriate resources to do so.

For Graham-Pelton’s full analysis, visit grahampelton.com/giving-usa-2019.



tool. How we do business today differs greatly from what we did a generation ago. The rapid pace of change promises to only increase, requiring philanthropy leaders to evolve along with it.

Alison Sadler,¹ vice president of philanthropy operations at Sutter Health, has pioneered highly effective technological innovations and kept her organization on the cutting edge. Technology, she noted, has changed how we shop, search for information, connect with friends and consume entertainment. And the technology supporting health care philanthropy is no different. It will continue to transform how we unearth information about our prospects, reach our donors, support our frontline fundraisers and share the impact of our work with the world.

Predicting what lies on the technology horizon over the next 10 years is nearly impossible, but Sadler believes there are five important considerations to bear in mind when thinking about the coming decade.

- **Connect with people.** It's not really about the tools, Sadler said. It's about the people, especially donors and frontline fundraisers. Donors and their needs should be at the center of every conversation, and our decisions about technology should be predicated on our ability to better serve them. At the same time, understanding what our fundraisers need and how technology can help them connect with prospects and donors in new ways will enable us to make informed decisions about adopting new tools. What's more, Sadler said, deciding to innovate means taking risks and confronting the discomfort of challenging work.

"It's easy to groan about the technology and changes to the way we do business," she said, "but it's important that leaders and their teams don't stay in the groan zone too long."

- **Establish a sound infrastructure.** "Invest in the infrastructure of your program now by building tools and staffing that can grow and evolve," Sadler advised. By doing so, you can better manage the cost and impact of new tools and potential staffing integrations and allow ample opportunity for piloting and testing. Plan now for change; don't wait for it and scramble to adjust.
- **Personalize your services.** As part of your strategic planning, consider how your organization intends to interact with patients and donors so your technology platform can be fully leveraged. Sadler cited the examples of providing more virtual care options for patients or patient portals allowing access to physician data and related information. Investing in such technology will enable you to enhance the donor experience on patient-focused platforms.
- **Collaborate with colleagues.** Fundraisers must cultivate relationships with tech professionals, so everyone is on the same page. "A mutual understanding of the current landscape and potential road map will enable more strategic conversations and a better leveraging of resources," Sadler said.
- **Analyze and adjust accordingly.** Using data to predict needs and improve operations enables us to respond more effectively and demonstrate impact more convincingly, Sadler noted.

"Our teams often focus only on what is being measured," she said, "so building metrics for the short-, mid- and long-term horizons will help you keep a watchful eye on the overall health of your program so you can course-correct much more quickly and strategically."

Ensuring donor-centric, relationship-driven philanthropy

Amid all this change and speculation, one aspect of health care philanthropy remains constant: the mandate to keep donors' needs at the center of our work. Susan Dolbert, Ph.D., understands this as well as anyone.¹ As president and chief development officer for the Los Angeles region of Providence Health & Services, the third largest health care system in the nation, she's always striving to better serve her donors' interests in an age of ambiguity.

"When I ask my colleagues, 'What keeps you up at night as you think about our work over the next decade?' the most common response is concern about our ability to continue to build benefactor relationships in the gray world of health care, and health care philanthropy in particular," Dolbert said. "While living within this health care tornado, we still must look ahead and continue to create, sustain and grow trusted, donor-centric philanthropy in this complex and ever-changing environment."

Dolbert enumerated a few critical factors that contribute to a donor-centered approach.

One is identity. As health care changes through acquisitions, consolidations, mergers and systemization, she said, philanthropy, in large part,

remains local. “Our job is to demonstrate the advantages of being part of a larger system or hospital group while retaining and reinforcing the special qualities of the local hospital,” she said. In this respect, transparency is essential. “Our benefactors must have confidence that their gifts are used as intended, and where intended,” Dolbert added.

A second critical factor is the ability to listen. When meeting with supporters, fundraisers need to be mindful of a simple question, according to Dolbert: “Why am I talking?” It’s far more important to listen carefully for what motivates our donors. “Almost always,” Dolbert said, “we can find ways to match the passion of the contributor with the priorities of our hospitals.”

Third, we must personalize

the donor experience. No longer are we always seen as “trusted institutions.” We need to provide ample opportunity for donors to feel good about their giving and to demonstrate the impact of their generosity. That personal stewardship includes connecting benefactors to our caregivers and the work they do. “It is exciting to look ahead to where stewardship can go in the next decade,” Dolbert said. “Technology is allowing us to communicate much more personally, and we can provide benefactors with better information about their gifts and offer them the recognition they want and deserve.”

These invaluable insights into the future of health care enable us to remain proactive and anticipate with some assurance what will inevitably become our industry

best practices. As health care philanthropy professionals, we are on the precipice of opportunity and must step up to meet the approaching challenges long before they arrive. Another sage observer, Abraham Lincoln, captured it best: “The best way to predict your future,” he said, “is to create it.” 

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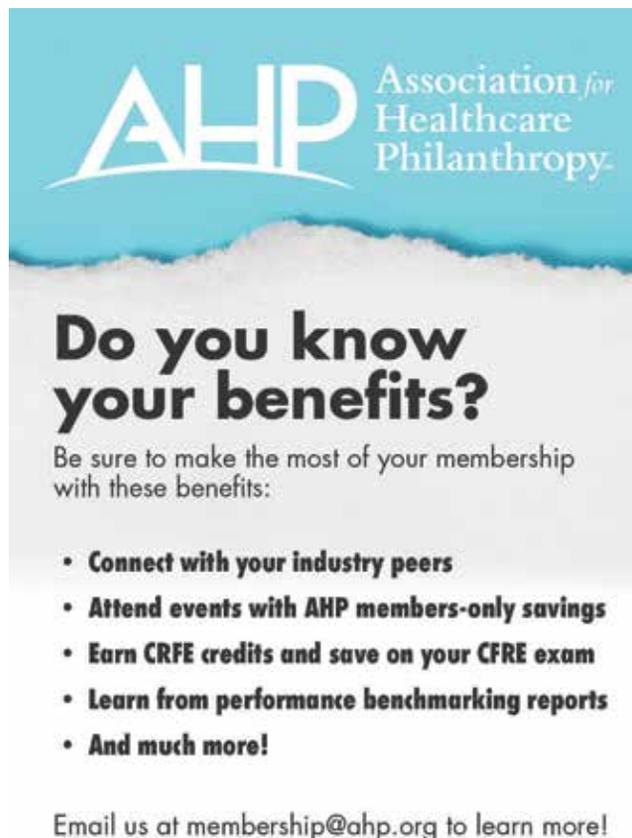
Debra A. Gill, CFRE, FAHP, MPA, is senior vice president/director, Western Division, for Ghiorso & Sorrenti Inc. and has more than 33 years of experience in the field of philanthropy, the majority of which has been in the health care setting.



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