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HEALTHCARE philanthropy

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By Jory Pritchard-Kerr, FAHP

Chair, AHP Board of Directors



FROM THE CHAIR

Making us better: the Madison experience

When I think back on my decades in AHP, I think of the Madison Institute as the highlight.

I attended Madison twice as a student, participating in the Planned Giving Track and later in the Management Track. During those two weeks in July, I learned from the very best experts in our industry. I returned to my office each time with a binder packed with presentations, articles, bibliographies for future reference and the copious notes I took during the five days packed with learning. Those binders stayed in my office for years and were often referred to when I had questions about best practices. I often reached out to my instructors and classmates to ask for advice long after I'd left Madison.

Later, I was honored to return as a faculty member for six wonderful years. Even as a faculty member, my learning at Madison never ceased. I loved the classroom discussions, one-on-one meetings with students after class or over a meal, and the sheer camaraderie of dedicated philanthropy professionals joining together to teach and learn from one another.

There truly is something for everyone at Madison, with seven tracks to choose from. New to the industry? Enroll in Fundamentals of Resource Development. Recently been promoted? Focus on major gifts, capital campaigns or planned giving. Reaching for the pinnacle of your career? Register for the 18-month comprehensive Health System Philanthropy Residency Program.

No matter where you are in your career, Madison will make you better.

Every July, I think about Madison and wonder what new ideas are percolating, how many new friendships will form and how glad I was to have been able to participate in the unique experience that is the Madison Institute.

Don't miss your chance for the experience of a lifetime—visit ahp.org/MadisonInstitute to learn more. 

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A S I SEE IT

New faces and spaces


This is my chance to thank the members of AHP for the opportunity to serve you through these months of transition. It's been a privilege to serve as AHP's interim president and chief executive officer, and an enjoyable one. I'm confident that I'm signing off at a time when AHP is more focused than ever on meeting your needs.

The executive search committee has identified a new chief executive officer, and we are pleased to welcome Alice Ayres, M.B.A. Alice previously served as the chief revenue officer for Knowledge to Practice, Inc. and as executive director (vice president), marketing and business development, at The Advisory Board.

That should be enough change for any organization, but as AHP continues to evolve and grow, we're excited to have moved to a new facility, better suited to our needs, in Arlington, Va. We have settled in, we're closer to our peer organizations and we're enjoying connecting with you from our new space.

Throughout this time, we've experienced an enthusiastic response to AHP's conferences and other educational programming. Your participation, more than anything else, tells us that we are on the right track to reaching our vision of being the thought leaders in our field.

We know that the world does not stand still, though, so we're exploring ways to make our programs more accessible to you online and in person, regionally as well as nationally. As always, we welcome your input on these new developments. You are our greatest resource when it comes to getting things right. You know what you need—and we need to hear it!

Above all else, thank you for your support and participation with AHP. You make us what we are, and for that we are most grateful. 

We know that
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accessible
to you online
and in person,
regionally as well
as nationally.

Managing human resources during **systemization**

This article is excerpted from an upcoming AHP white paper by Betsy Chapin Taylor, FAHP, and Fred Najjar, which will explore a variety of key issues and decision points around the “whys” and “hows” of the integration journey.

The philanthropy organization’s moment to take an expanded view of value creation has come. As mergers and acquisitions of health care organizations intensify, many health care development organizations now seek to leverage the scope and strength of a larger regional or system organization to enhance the efficiency and effectiveness of fund development efforts and to strengthen the role of philanthropy as a strategic revenue source.

While clear benefits exist to *pursuing* integration, *achieving* integration isn’t easy. Building an expansive platform ushers in organizational design, change management, culture and control issues. The human factor should not be overlooked.

The prospect of integration can spark fear among detractors, create active resisters and alienate others who are not willing to change. Thus, integration must

be advanced with clear and consistent communication, transparency of purpose and sensitivity to those who will grieve or dig their heels in when facing change. There also needs to be assurance that integration efforts are not intended to “take away” but to add support.

There are prerequisite commitments and qualities that can smooth the path, such as:

- A baseline of trust between all involved parties.
- An impetus for and shared vision for change.
- A collective approach to implementation.
- Clearly articulated steps along the change/integration journey.
- Transparent information on positive/negative implications of change.
- An understanding of each organization’s commitment to achieve the vision.
- An executive champion to keep all partners focused on a shared agenda.
- Public commitments from an organizational and/or regional chief executive officer objective navigator to guide the process—outside politics and impact.

Fundraising for population health

This article was excerpted from “Advancing Population Health” by Amy Dorrell, FAHP, CFRE, in Transforming Health Care Philanthropy, 2017. Available now at ahp.org/bookstore.

While more than 90 percent of hospitals agree or strongly agree population health is aligned with their mission, only 19 percent of health care leaders strongly agree they possess the financial resources needed to support population health. Most health care systems and hospitals will look at the philanthropy organization to provide financial and other resources to initiate and sustain these initiatives. The philanthropy organization has a multitude of opportunities to support population health, including funding the start-up of new models of care and supporting the structure until the population is large enough or efficient enough to make efforts cost neutral or profitable.

To be most successful, philanthropy professionals must be present for leadership discussions during the initiation and planning of population health strategies. Similar to the current capital needs approach where capital

projects best suited for philanthropic support are identified, the philanthropy office needs to help identify which initiatives and projects within the scope of population health align with private support. This not only involves identifying what is fundable from each selected project but also designing how to communicate to the public and to individual donors and prospects.

As always, development must ensure philanthropic funding priorities align with donor interest instead of filling a financial gap of line items not reimbursed by insurers. For example, while it might be difficult to seek funding for the difference in the cost versus reimbursement for a patient visit within a medical home, it is reasonable to assume private funding can be secured to convene a support group, to add home visits or telehealth or even to add a handyman service to ensure the home is able to support the patient’s needs within a medical home model. These programs could be enticing either to a donor who has benefited from a similar program and has experienced the impact or to a donor who experienced a lack of access to such a program.





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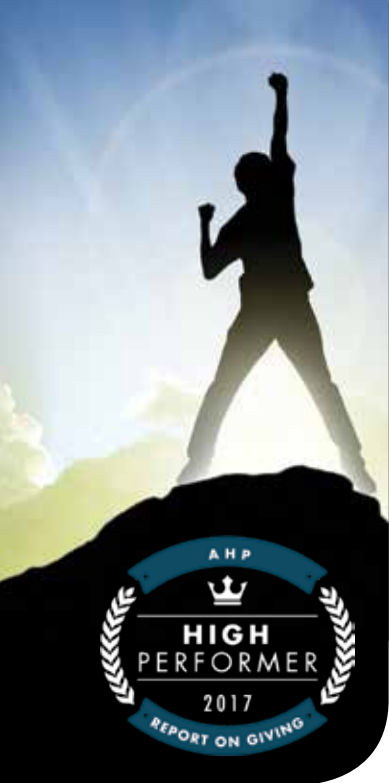
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- Mission Selling
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AHP High Performers

The *2017 AHP Report on Giving* identified AHP High Performers as the fundraising institutions with the highest levels of net production returns. This group represented the top 25 percent of all reporting organizations, and all of those had net production returns of more than \$13.0 million.

Four lessons from the 2017 High Performers

This article is adapted from the 2017 AHP Annual International Conference session, "How High Performers Allocate Resources for Peak Production," by Arthur J. Ochoa, Esq., senior vice president and chief development officer, Cedars-Sinai Medical Center; Jena Pado, CFRE, chief development officer, Dayton Children's Hospital; Joseph E. Stampe, president and chief development officer, Meridian Health Foundation; and Flynn A. Andrizzi, Ph.D., president, Hoag Hospital Foundation.

1. When you plan your events, have a plan.

High Performers don't necessarily advocate having fewer events, but they advise fewer fundraising events. Instead of messaging your event as, "Buy this," change your communications to, "Come and learn about what we're doing and how you can make a difference."

Think about, and use, your events more strategically. For example, if you are holding a large, expensive event, only invite solid prospects. Brief your staff or chief executive officer on not only who is talking to whom—meaning every invitee but also who is greeting the prospect and who is following up. (Headsets come in handy.)

2. Don't just engage the C-suite—prove yourself.

What can high-performing foundations use to convince their chief executive officer or chief financial officer to invest in their operation? "A substantial track record" answers Arthur J. Ochoa, Esq.

Jena Pado, CFRE, agrees, saying, "Because I was able to produce and meet my goals, I earned trust and proved that I knew what the [team's] needs were."

Joseph E. Stampe adds, "In your first conversation with your chief financial officer, understand what numbers they are working with. If they say 90 cents to raise a dollar, I say with the dollar, I could raise three!"

3. Customize your recruiting and retention efforts.

Focus your recruiting on your mission. Cedars-Sinai's front-facing team was originally hired for their knowledge of the community and the city in which they worked, but it was eventually realized that since Cedars-Sinai is an academic hospital, it's more important that its front lines understand academic medicine and the sciences. One of its current team members is a former neuroscientist.

Once you've recruited, focus on customized training. Hoag Hospital Foundation, after doubling the size of its staff, realized its younger staff members needed training in what it meant to be directors. They started a "Lead Smart" program, in which staff members, including newly promoted directors, brainstormed topics they would like to learn about, and then the foundation brought in instructors for learning lunches. It both showed their employees that they were paying attention to them and allowed employees to determine their own professional development.

4. Fit your plan to your organization.

There's no one-size-fits-all solution for your strategy, even among the High Performers. Take wealth screening and rounding, for instance. Dayton Children's Hospital Foundation performs stewardship rounding, not cultivation rounding, since their patients are children. The development officers at Meridian Health Foundation, as part of a system of hospitals, work with the physicians, who make recommendations for their rounding. Meanwhile, Cedars-Sinai, an academic hospital, has stopped daily wealth screenings of in-house patients because "we just decided that we're relatively conservative in this sense." It's up to your foundation to analyze which fundraising tactics align with your mission.



The 2017 High Performer List

HOSPITAL/INSTITUTION	FOUNDATION	LOCATION
Advocate Health Care	Advocate Charitable Foundation	Downers Grove, IL
American University of Beirut Medical Center	American University of Beirut	Beirut, Lebanon
Baptist Memorial Health Care Corporation	Baptist Memorial Health Care Foundation	Memphis, TN
Beaumont Health	Beaumont Health System	Royal Oak, MI
Boca Raton Regional Hospital	Boca Raton Regional Hospital Foundation	Boca Raton, FL
Bon Secours Health System	Bon Secours Richmond Health Care Foundation	Richmond, VA
Boston Medical Center	Boston Medical Center	Boston, MA
Cedars-Sinai Medical Center	Cedars-Sinai Medical Center	Los Angeles, CA
Children's Hospital and Medical Center	Children's Hospital & Medical Center - Omaha	Omaha, NE
Children's Hospital Los Angeles	Children's Hospital Los Angeles Foundation	Los Angeles, CA
Cook Children's Health	Cook Children's Health Foundation	Fort Worth, TX
Craig Hospital	Craig Hospital Foundation	Englewood, CO
Center for Addiction and Mental Health	Center for Addiction and Mental Health Foundation	Toronto, ON
Dayton Children's Hospital	Dayton Children's Hospital	Dayton, OH
Dignity Health	Dignity Health Philanthropy	San Francisco, CA
Einstein Healthcare Network	Einstein Healthcare Network	Philadelphia, PA
Florida Hospital System	Florida Hospital Foundation	Orlando, FL
Hackensack Meridian	Hackensack Meridian Health Affiliated Foundations	Neptune, NJ
Hamilton Health Sciences	Hamilton Health Sciences Foundation	Hamilton, ON
Hoag Memorial Hospital Presbyterian	Hoag Hospital Foundation	Newport Beach, CA
Hospital for Special Surgery	Hospital for Special Surgery Fund Inc.	New York, NY
Hospital Sisters Health System	Hospital Sisters Health System	Springfield, IL
Houston Methodist	Houston Methodist Hospital Foundation	Houston, TX
Inova Health System	Inova Health Foundation	Falls Church, VA
Intermountain Healthcare	Intermountain Foundation System	Salt Lake City, UT
Johns Hopkins Hospital	Johns Hopkins Medicine	Baltimore, MD
Lee Memorial Health System	Lee Health Foundation	Fort Myers, FL
Lehigh Valley Health Network	Lehigh Valley Health Network Office of Philanthropy	Allentown, PA
LifeBridge Health	LifeBridge Health	Baltimore, MD
Mackenzie Health	Mackenzie Health Foundation	Richmond Hill, ON
MedStar Health	MedStar Health System	Columbia, MD
Mercy	Mercy Health Foundation	St. Louis, MO
Mercy Health	Mercy Health	Cincinnati, OH
Mercy Medical Center, a member of Trinity Health	Mercy Medical Center	Springfield, MA
Munson Healthcare	Munson Healthcare Foundations	Traverse City, MI
Partners HealthCare Systems Inc.	Partners HealthCare Systems Inc.	Somerville, MA
PeaceHealth System Services	PeaceHealth Foundations	Springfield, OR
Piedmont Healthcare	Piedmont Healthcare Foundation	Atlanta, GA
Providence Health and Services	Providence Health & Services Foundations	AK, CA, MT, OR & WA
Rutgers Biomedical and Health Sciences	Rutgers University Foundation	New Brunswick, NJ
Sanford Health	Sanford Health Foundation	Sioux Falls, SD
Sharp HealthCare	Sharp HealthCare Foundation	San Diego, CA
Spectrum Health	Spectrum Health Foundation	Grand Rapids, MI
St. Joseph's Health System, a member of Trinity Health	Mercy Care Foundation	Atlanta, GA
Sutter Health	Sutter Health	Sacramento, CA
The Ottawa Hospital	The Ottawa Hospital Foundation	Ottawa, ON
University of Alberta Hospital	University Hospital Foundation	Edmonton, AB
University of Arkansas for Medical Sciences	University of Arkansas for Medical Sciences	Little Rock, AR
University of Massachusetts Medical School/UMass Memorial Health Care Inc.	The UMass Memorial Foundation Inc.	Shrewsbury, MA
Visiting Nurse Association Health Group	Visiting Nurse Association Health Group	Holmdel, NJ
Wake Forest Baptist Medical Center	Wake Forest Baptist Medical Center	Winston-Salem, NC



Create a breakthrough case

Today's big donors want to fund a vision for helping the world—not your hospital's wish list

Like all dedicated fundraising professionals, you'd love to procure big money for your health care organization. But have you noticed that the largest contributors these days are people who want to achieve their own philanthropic objectives?

Today, to attract major donors, fundraising needs to change. The role of development professionals must evolve from dutifully seeking funds requested by management for specific projects to promoting bold visions. We need to lead, not follow. A "breakthrough case" is an innovative way to dramatically differentiate your organization and break through the cacophony of "noise" in today's marketplace.

What defines a breakthrough case?

"Breakthrough" does not simply mean huge. And it is not something that only the largest organizations can achieve. A breakthrough case is an audacious, socially significant project that aligns with major donors' interests as well as your organization's mission. An important aspect of a breakthrough case is that it brings in major gifts from first-time donors because it strikes a chord with new donors' concerns rather than relying on donor loyalty to the organization. Now that hospitals have become "big business," they are losing their position in the community as the charity of choice, but they can be powerful partners in projects that philanthropists find meaningful.

A breakthrough case for support serves as a platform for creating compelling, truly donor-centric major gift proposals, as long as:

- It is not oriented solely to the needs of your organization.
- It bypasses you to focus on the needs of the people you serve.

A breakthrough case is an audacious, socially significant project that aligns with major donors' interests as well as your organization's mission.

- It aligns with your mission but is conceived from the donor's point of view.

A Goliath health system's \$100 million capital campaign case for support is certainly big, but it may not have the vision to bring new major donors to the table. A tiny David of a hospital can create a breakthrough case.

Sometimes a hospital can have a

Features of Traditional and Breakthrough Cases for Support	
Traditional	Breakthrough
Usually associated with a capital project or a comprehensive campaign with a list of specific projects and how much is needed for each.	Usually associated with a comprehensive campaign; invites major donors to do something that aligns with their visions for making a difference in the world.
Focuses on the organization's needs as defined by its leadership.	Focuses on the needs of those served and is open to the priorities of donors in meeting those needs.
Fundraising follows a "sales" model, with the expectation that fundraisers will solicit funding for well-defined projects in the approved case.	Fundraising follows a "marketing" model, always seeking donor input with the expectation that fundraisers will work to "connect the dots" between donor goals and organization mission.
Attracts donors with a history of supporting your organization.	Attracts major gift support from philanthropists who have never before supported your organization and also results in significantly larger gifts from established donors.
Language in the case for support is along the lines of <i>"The success of this campaign will accelerate our work. ... We can't do this without you"</i> * and leads into information highlighting campaign projects and financial goals.	Language in the case for support is along the lines of <i>"Together, we ... will spur more insights and innovations, solutions and cures"</i> * and leads into areas where the mission and capabilities of the organization are opportunities for donors to achieve their philanthropic goals.

*Language from actual case statements

beautiful opportunity for a breakthrough case and not realize it. Here's a real-life example: A relatively small Canadian facility with an effective family-systems approach to alleviating a chronic condition has an evidence-based track record and is in a position to show the rest of the world how to address the condition. But instead, this organization is planning a modest capital campaign to add beds for the service line. However,

the inpatient component of the program isn't where the amazing outcomes are achieved.

Why this decision? Beds are considered a "safe" case for a capital campaign. This organization's fundraising history is one of similar small efforts—not all successful—and its leaders have little confidence in their ability to raise significant sums. But wouldn't it be great if, with a breakthrough case, this organization could expand its

research and treatment programs? It could provide a definitive model for the population it treats—a model that could spread across the country.

Contrast this with a large health care organization in a major U.S. city that learned a donor wanted to do something for the neighborhood in which he grew up, where the institution is located. The result: a comprehensive program to reduce homelessness based on health care expertise and community partnerships.

The breakthrough case is an emerging concept. Its roots are in instances where hospitals saw innovative opportunities to advance their mission when potential donors expressed interest in areas such as chronic conditions, poverty and preventive health care. The table comparing features of traditional and breakthrough cases helps paint a picture of the two different approaches.

Dream big

As a fundraising professional, you already network with the top philanthropists in your community. Explore what matters most to them. Dream big.

Once you have solid ideas, take your big-vision fundraising proposals to system leaders. This might seem like downright heresy to your hospital's leaders, who are used to thinking about fundraising a particular way. But a critical truth is that a breakthrough case is not based only on what the hospital or health system needs. Leaders must undergo a paradigm shift to adopt the concept that the organization's mission and capabilities must be seen as



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The major donor of today is more likely to be a philanthropist-investor than an institutional supporter.

opportunities for donors to achieve their philanthropic goals.

It's your job to find the potential alignment between the funding priorities of potentially big donors and your organization's mission. Make sure you are well versed in the strategic priorities of

your organization and are at the table with your system's leaders so you have the credibility for the conversations you need to have.

Laying the groundwork is key. Be familiar with the body of research on donor-centered fundraising (by Penelope Burk and others)

and show the potential for this approach. At every opportunity, educate your senior management on the changing nature of philanthropists and the changing role of fundraising.

Research on generational differences in philanthropy shows a marked change in attitudes among people born after 1945 compared with the "Greatest Generation" before them. Boomers have fundamentally less trust in institutions, a sentiment that increases with succeeding generations. The result is that the major donor of today is more likely to be a philanthropist-investor than an institutional supporter. A study by the Indiana University Lilly Family School of Philanthropy found a minority (23.2 percent) of high net worth households surveyed donate to either capital or endowment campaigns. In addition, only a very small minority (6.4 percent) reported basing any decision to give on a compelling fundraising pitch, either in-person or via collateral. A sizeable percentage (64.2 percent) reported basing giving decisions on being personally interested in the issue or area being addressed.¹

Four stages

The work to identify and develop your breakthrough case should occur in four overlapping stages.

1. Internal situation analysis.

Do your homework. Start by examining your organization's history, situation, vision, core values, sponsor expectations, strategic direction and initiatives. Assess your organization's mission and capabilities, and interview key executives and internal stakeholders to ensure you fully understand the strategies and

realities of your organization.

2. Market -based ideation.

Get intimate with your market. Interview external stakeholders—both people associated with your hospitals and people who are not. Gather ideas for your breakthrough case from the widest possible perspective and refine the elements in a creative, discovery-oriented process.

Learn what excites current and potential donors as well as foundation board members, system executives, doctors and others. Bring this information to focused brainstorming sessions to gather input from all key stakeholders. You want the best minds in the organization to help shape the case for giving.

Over time, fine-tune an overarching “strawman case” and continue your brainstorming and review sessions to narrow your list of potential areas of opportunity.

By inviting donors—but not just your organization’s own donors—into the conversation and keeping them involved throughout the case development process, you get a clear sense of what areas of opportunity are most likely to spark significant philanthropic attention.

3. Decision and documentation. Present the results and recommendations to your institution’s leaders. Talk with them in depth. Continue to test your expanding and evolving case document with both internal and external constituents.

Once the framework is solid, bring in a great writer to prepare the final case statement. It should strike a bold and broad vision within a framework that offers opportunities at all levels of giving but invites major donors to become involved, including

those with whom you haven’t yet established relationships.

Although you will be presenting a vision that you developed and nurtured, in the end, your goal is buy-in. Give away ownership of the ideas. As Harry S. Truman once said, “It’s amazing what you can accomplish when the other person gets the credit.”

4. Ongoing case development.


The process for creating and sustaining a breakthrough case should be embedded in the development cycle. The beauty of such an approach is that, for the same nickel, it provides support to the case development process while cultivating potential donors.

The breakthrough case is a concept in tune with the ways philanthropy is changing today, but it is firmly rooted in a long-taught fundamental: People don’t give money to needs.

- They give money to dreams and ideas.
- They give money to solve problems.
- They give money because an idea or vision captures their imagination and compels them to help make it a reality.

Breakthrough case development requires new thinking. The leadership burden must be carried by the chief development officer and highly professional major gift officers. This is not an exercise in better writing and graphic design or communication strategies with more impact. It is an ongoing substantive change in how major gift fundraising is approached.

Much of the time you invest will be in meaningful dialogues with current major donors and board members, as well as with philanthropists who are not yet

donors to your organization. What higher priority for deployment of fundraising resources could there be? 

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Steven A. Reed is president of Performance Advantage, a Marketing Partners Inc. company that specializes in

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Keep high performers longer

Our research suggests a simple approach: Ask your development officers what they want

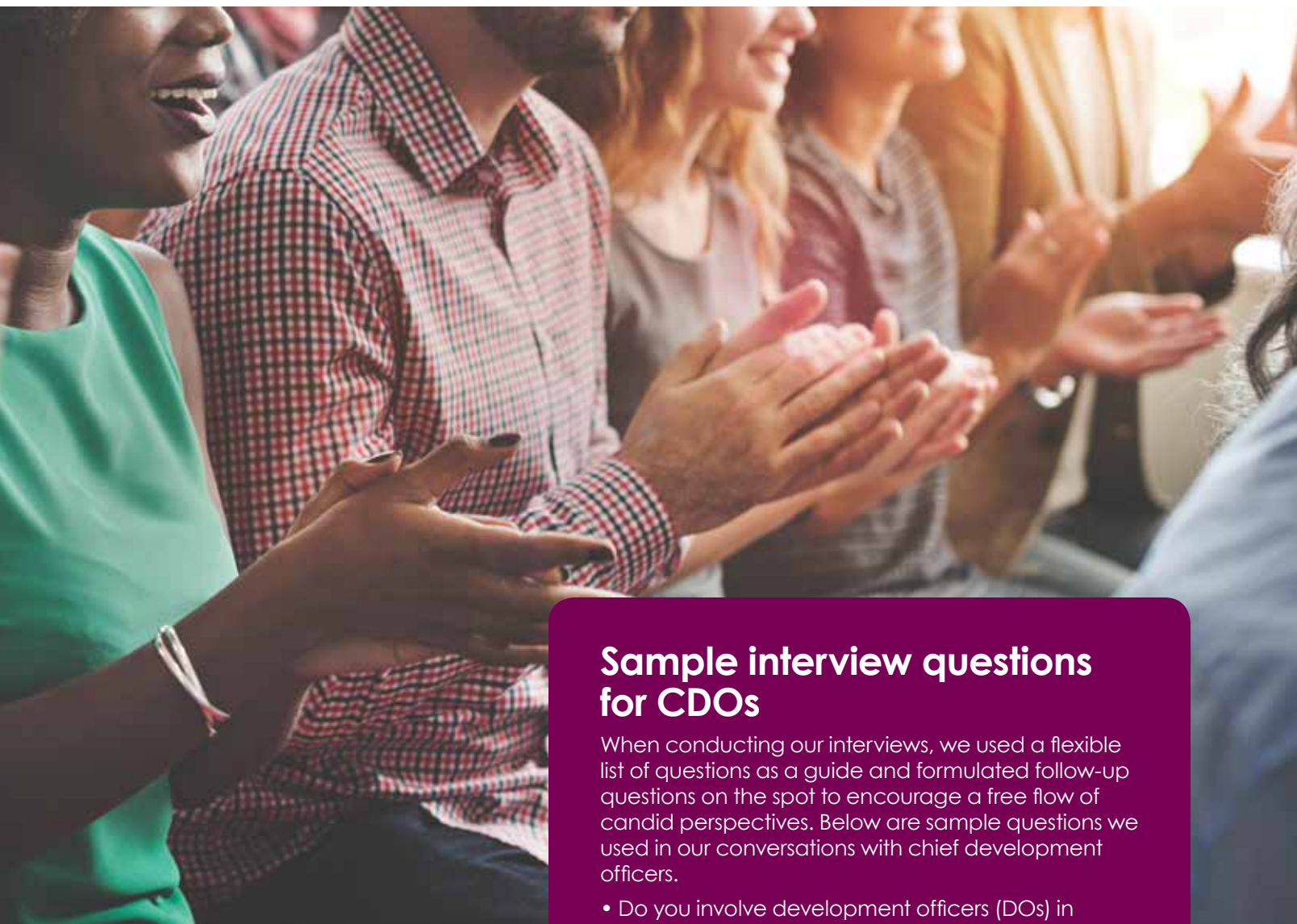
You've posted, you've searched, you've hired. Your development officer (DO) is producing. It's wonderful. You have a high performer! Then your anxiety creeps in. What if that individual leaves? The first 18 months are crucial in setting tone, building rapport and ensuring to the best of your ability—as a manager and leader—that your DO will continue to evolve and thrive at your shop.

Turnover is inevitable, of course. Our stars will leave at some point. But how can we keep them longer?

To find answers, we interviewed five chief development officers (CDOs) and five development officers by telephone and in person, spending an hour with each to probe their experiences. Guided by a series of open-ended questions (see sidebar for examples), we asked interviewees to reflect on reasons that top performers move on and what steps could be taken to retain them.

Project yields insights

Our survey, conducted in 2016, was part of the capstone research project we completed as participants in the inaugural Fellows Program of the Health System Philanthropy Leadership Group (now the AHP Health System Philanthropy Residency Program). From January to October 2016, we and six other philanthropy professionals participated in monthly roundtable sessions facilitated by industry leaders to gain a better understanding of what



it takes to run a successful development shop. Given that the average length of time a fundraiser stays at his or her job is only 16 months,¹ we chose to explore what it takes to extend tenure.

We decided to exclude compensation from our assessment and instead focus on intangibles, such as growth and satisfaction. Our decision was influenced by studies led by the late Kenneth Kovach, who, as a professor of management at George Mason University, examined what motivates employees. In his research, he found a vast difference in employees' wishes versus what managers *think* employees want.²

Sample interview questions for CDOs

When conducting our interviews, we used a flexible list of questions as a guide and formulated follow-up questions on the spot to encourage a free flow of candid perspectives. Below are sample questions we used in our conversations with chief development officers.

- Do you involve development officers (DOs) in fundraising execution as well as overall strategy?
- Have you taken part in mentoring and growing DOs?
- How do you recognize top performers for their efforts?
- What type of external organization involvement do you expect from your DOs?
- Do you assign DOs to special projects as an opportunity for growth?
- What are the steps for promotion for DOs at your organization?
- What is your vision for the next five to 10 years for your organization, and how do DOs fit into that vision?

A photograph of a person's arm and hand reaching over a red ribbon, set against a clear blue sky. The hand is positioned as if about to cut the ribbon, which stretches diagonally across the frame from the bottom left towards the middle right.

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- When industrial employees were asked what workers want, the top response was “full appreciation for work done.”
- When supervisors directly connected with those employees were asked what they think employees most want from their jobs, the most common response was “good wages.”

For our project, we not only conducted interviews but also identified and read background material on retention and motivation (see the “Key background resources” sidebar). We learned a great deal from our reading, but the firsthand perspectives we elicited from our conversations with foundation chiefs and development officers were particularly enlightening.

We found that the most effective leaders mentor, motivate and maximize performance—and they tap into the DO’s strengths and interests. And what’s the best way to learn what DOs want? The answer is simple but not easy: *Ask them.*

The costs of loss

It’s natural for CDOs to want to avoid turnover, which has a significant financial impact. According to The Advisory Board,³ the direct cost of replacing an employee is \$66,500, which includes advertising the position, onboarding and other human resources-related activities.

Dig deeper into the essence of our profession, however—donor relationships—and the financial impact is more like \$2.7 million.³ This figure represents the average philanthropic revenue put at risk with the exit of one demonstrably high-performing DO. Ours is

a relationship-based business, and when star employees leave, relationships can be damaged. The delicate bonds cultivated over 12 to 18 months with several make-or-break donors take time to recreate—or, in the most disastrous circumstances, relationships are lost entirely.

We found that asking what employees want has great potential for boosting retention, but it’s a profoundly overlooked approach. In our interviews, the “ask them” response was delivered with a sense of loss rather than foresight: “If I had only asked them.” One system CDO put it most succinctly: “I never do it because I don’t have time, and that’s too

bad.” She had just finished sharing a story about a star who suddenly left for another local nonprofit outside of health care.

Several DOs we interviewed mentioned that not having growth opportunities was a direct reason why they wanted to leave. Some common themes among these respondents:

- A feeling that no one in management was listening.
- The sense that although DOs fielded suggestions, desires and complaints, the communication was one-sided.

One DO in particular indicated that even if a growth opportunity was not possible, he would have been inclined to stay

Key background resources

In addition to the references at the end of this article, we found the following resources extremely helpful as we researched how to extend the tenure of high-performing development officers.

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had there been a conversation about it. Instead, he felt ignored. He departed after five years in the position.

For CDOs, lack of time is a key reason why these conversations do not happen. But think about it. With each new replacement cycle, you consume untold amounts of time you might have avoided if you'd focused more attention on your greatest assets—the people who drive success.

Offer growth opportunities

Sydney Finkelstein, Ph.D., the Steven Roth professor of management at Dartmouth's Tuck School of Business, who spent a decade studying the world's greatest bosses across 18 industries, suggests that the most successful leaders are not afraid to lose top

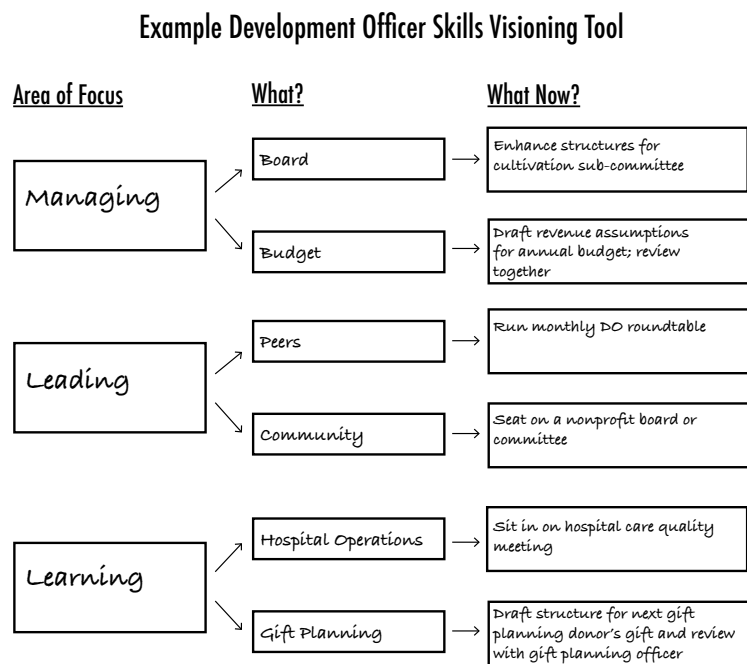
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With each new replacement cycle, you consume untold amounts of time you might have avoided if you'd focused more attention on your greatest assets—the people who drive success.

performers—and instead they encourage employees to pursue their own interests. In a *Wall Street Journal* article published in 2016, Finkelstein said, “When you stop hoarding your people and focus on

creating a talent flow, you find that more of your top people actually do wind up staying. Most people who worked for [the best bosses] didn't want to work for anybody else. Why would they? From

Figure 1



the employee's perspective, the environments these bosses created offered unique opportunities for excitement, innovation and advancement.⁷⁴ Finkelstein discovered that extraordinary leaders go out of their way to help top performers grow, and even to land outside opportunities. They recognize that it's normal for people to want to pursue their own interests.

Businessman Richard Branson, founder of the Virgin Group, put it this way in a quote that traveled across social media: "Train people well enough so they can leave. Treat them well enough so they don't want to."

After completing our interviews, we examined the subjects' comments to find the most interesting insights. Among the key takeaways:

- Help people maneuver politically. After strategy is devised, politics come into play with execution—so DOs need guidance.
- Give DOs the resources they need to get the job done. If

you provide staff and support, DOs can focus more time on external constituents—donors—rather than internal demands such as reports, email and administration. Said one CDO, "When internal and external demands compete, the internal ones win every time."

- Provide mentoring, education and opportunities for DOs to gain broader experience.
- Although vacations are never convenient, encourage staff to take them. Development professionals need time to relax and unwind, and often they come up with good ideas about donor strategies when they are out of the office.

Sketch out what they want

The top tip we gleaned, however, is the value of asking employees what they want. To make it easier to hold effective conversations with employees, we devised a simple "Visioning Tool" that allows managers to distill DOs' career interests, gain insight into their personal motivations and sketch out next steps. Figure

If you provide staff and support, DOs can focus more time on external constituents—donors—rather than internal demands such as reports, email and administration.


1 shows the tool filled in with interest areas and activities.

You must commit to holding quarterly one-on-one meetings with each DO to focus solely on the skills and experiences they'd like to build. It's not a performance evaluation; it's a confidential, judgment-free zone based on mutual trust, in which you serve as a mentor. After getting a sense of their interests, you give the DOs stretch assignments—with appropriate coaching—so they can discover new strengths. Examples of assignments that might emerge from these meetings include:

- Have the DO draft the revenue assumptions for next year's budget, then review together.
- Ask the DO to organize and run a monthly roundtable for colleagues.
- Encourage DOs to sit on a nonprofit or community board to enhance their experience and skills.

Including DOs in processes outside of their normal responsibilities can bring you fresh perspectives, while also allowing the DO to grow. You might even realize that the employee has a knack that can fill a hole in your team's skill set.

You don't need to focus only on assignments that will build the DO's future toward becoming a CDO. Pay attention to the DO's interests and aptitudes and think about the most likely path he or she is suited for within the profession. Perhaps you'll find a particular DO is a good fit for a leadership position in estate gift strategies, where he or she must deal with the complicated dynamics of donors, attorneys, financial planners and family interests.

In the words of one enlightened CDO we interviewed, "We don't talk to our people enough, and we need to do it, for the sake of our shop, and more broadly for the sake of our profession." Our interviewees see themselves as stewards of health care philanthropy and know they have a responsibility to grow the next generation of innovators. Our donor-centered ethos depends on it. 

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Helping chief
development officers
build strong working
relationships in the
C-suite

Unlocking executive suite engagement

A chief development officer shared this story: She had been leading the fundraising arm of a major hospital for a few months. Although she was highly motivated to be a partner in the organization's leadership, she didn't feel that her contribution was always welcome. She wasn't regularly included in key strategy meetings with other executives, and even when she was, it didn't seem that they saw philanthropy as having a key role in helping their institution reach its goals. "I was rarely asked for my perspective—leadership

didn't seem to think I understood how the organization worked, what its priorities were or the challenges we faced," she recalls.

But a turning point came after she invited the system's chief medical officer to join her when she met with donors to discuss a significant philanthropic opportunity. The two executives hadn't spent significant time together before this. "Later I discovered that our chief medical officer's previous experience with development had been limited to being asked for donations," the chief development officer says.



The chief development officer briefed the chief medical officer to let him know what a valuable contributor he could be in this donor meeting. They discussed who the donors were—a couple who had made contributions to specific programs in the past and now were considering a major gift in honor of a relative who had received cancer treatment at the hospital. The chief development officer shared the donors' financial capacity and where development was in the stewardship relationship. She noted how the couple's interests aligned with the goals of the hospital and how the chief medical officer, a surgical oncologist, could fill in more details about the hospital's oncology programs.

The meeting went well; the donors were very attracted to the idea of supporting an initiative that was close to their hearts and also benefited the hospital and the community. They agreed to move forward to a proposal that would close the gift. And the chief medical officer, who had been reluctant to attend, left the meeting believing the development team could play a strategic role in their organization moving forward. As the chief development officer shared, "He actually called our chief executive officer and told him, 'Hey, she really does know what she's doing!'"

Game-changing teamwork

This story illustrates the value of a leadership team that works together



Chief development officer/chief executive officer study and methodology

The AHP/Advancement Resources study addressed this central question: What are the essential qualities of strong working relationships in the C-suite in health care philanthropy? We collected data related to several topics:

- How satisfied are chief development officers with their C-suite relationships?
- In the most satisfactory relationships, what are common practices?
- In the least satisfactory relationships, what are common practices?
- What strategies are used by chief development officers to improve their relationships with chief executive officers?
- What behaviors signify successful working relationships in the C-suite?
- What are the most common problems inhibiting C-suite working relationships?

We utilized AHP's broad member base to recruit volunteers from a variety of institutions (community hospitals, academic medical centers, children's hospitals, etc.) to participate and also interviewed a sampling of 10 chief executive officers. Based on the information derived from this qualitative phase of research, we designed and administered an extensive online survey of 30 questions that AHP sent to its base of chief development officer members. We used the responses of more than 150 participants to identify statistical inferences and patterns, and further analyzed the data to identify ideas and strategies that foster strong working relationships.

seamlessly for the benefit of its health care organization. When all of the C-suite executives—the term typically refers to the chief executive officer, chief operating officer, chief financial officer, chief information officer, chief medical officer and chief development officer—communicate effectively, pool their various talents, partner to develop strategic goals and collaborate to execute them, their teamwork can be game-changing.

But from our research and work, we have seen many chief development officers struggle to become integral members of the leadership team. Other executives sometimes see philanthropy as “just asking for money” and don’t value its potential as a contributor to long-term vision and goals. What are some ways chief development officers can establish productive and satisfying relationships with their executive counterparts? And further, how can they encourage leadership to understand and embrace philanthropy’s role in the overall success of their organizations?

To answer these questions, our firm, Advancement Resources, partnered with AHP in 2017 to conduct a comprehensive survey with chief development officers and chief executive officers from more than 100 health care organizations in the United States and Canada. What they shared provides insights into common challenges and successful strategies for engaging the executive suite in philanthropy. For more details about our study and its methodology, see the sidebar.

We’ve distilled a portion of this information into five keys to building strong working relationships with others on the

leadership team. These ideas primarily focus on the relationship between the chief development officer and chief executive officer but feature strategies that can be applied in other professional settings as well. We hope they help you as chief development officers and development professionals to assess your own practices and effectively focus on ways to enhance the role of philanthropy in your organization.

Philanthropy as an integral partner

The chief executive officer leads the business of the hospital; the chief development officer leads its culture of philanthropy. Ideally their roles are mutually respectful, interdependent and complementary. The importance

of open and clear communication, ongoing interest in each other's roles and challenges, and respect for each area's significant contribution to your organization's success are overall themes you will notice as we discuss the keys to building strong working relationships.

The first key: shared vision and operational knowledge

When the chief executive officer and executive team are convinced of the importance of philanthropy to your organization's mission and long-term goals, they will naturally seek to collaborate with the development team. How can you help leadership better understand philanthropy's role and potential?

One idea is to discuss the impact

of giving. Those not familiar with development often see donors' gifts in a limited way—as a bunch of small contributions or a few large donations targeted to a capital project. As they understand that some donors may be willing to give in significant ways over many years, and how these donors' interests can impact operations and align with areas of growth, they may be more likely to include philanthropy in long-term planning.

Strategies:

- Discuss expectations, vision and philanthropic strategy with your chief executive officer and executive team. Ask how they view the current culture of philanthropy at your institution and how they might see its role expanding to contribute to long-term goals.
- Discuss how the development

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team might partner with other executives as experts in relationship building, community advocacy and outreach.

- Involve your chief executive officer and other executives in meetings and donor situations as appropriate.

As a chief development officer, you also need to cultivate a good general knowledge of your organization's operations, plans and challenges. Discussing the various areas of the hospital with leadership helps you learn about potential opportunities for philanthropy and builds rapport.

In our survey, many chief development officers rated themselves as not knowing as much about other areas of their institutions as they need to in order to be seen as leaders. One strategy to develop this knowledge is simple: Ask! Set up meetings with executives and others, and, to begin, ask them what they think are the most important things you need to know. Ask what they would like to learn from you. Arrange for conversations with those who developed your hospital's strategic plan. And take advantage of research materials such as your hospital's publications, websites and press releases for background.

Strategy:

- Learn about other areas of your institution, as well as its future plans and challenges, through strategic conversations and research.

The second key: disciplined attention to communication

Chief executive officers and other members of the leadership team are likely to be skilled in negotiating, problem solving and navigating difficult conversations and disagreements in a civil



manner. You too should cultivate the ability to listen, adapt and express your perspective clearly and thoughtfully. If you feel that your own communications skills could be improved, seek resources such as leadership seminars or other types of training or coaching.

In addition to in-person meetings and one-on-ones, you will also need to keep your chief executive officer and other team members updated about activities surrounding philanthropy. Remember to tailor communication vehicles for the people with whom you are interacting. You might ask your chief executive officer how frequently she would like an update and in what format she prefers it. And always confirm expectations for turnaround times and following up on requests.

Strategies:

- Report to leadership regularly and track your conversations and the need for follow-up. This establishes your credibility and demonstrates respect, and is a tool for educating others about philanthropy.
- Make an effort to communicate in the way the chief executive officer and others desire, both in terms of style and communication vehicles.

The third key: professional confidence paired with personal humility

In our interviews, chief executive officers rated humility and

professionalism as the characteristics they most valued in their team members. But they also wanted other executives to feel confident about stating their opinions and contributing when their perspectives would be useful. As one chief executive officer said, “[My] best relationship has been with the chief development officer who feels comfortable asserting himself and making the best use of my time on behalf of the organization and on behalf of the development function.”

It's also important for chief development officers to realize that theirs is just one relationship the chief executive officer is cultivating, and that they must judiciously step back when appropriate. Especially early in your tenure as an executive, you may need to consider if what you propose is feasible or a top priority.

A few good check-in questions when you're considering whether to offer feedback are: Is this important information for the team to consider in making this decision? Is it helpful in determining what will be good for the organization as a whole? Is this information that someone needs, even if he may not want to hear it?

Strategies:

- Assert yourself as a leader who is not afraid to share opinions and tackle challenges.
- Realize that disagreements in the executive suite are not personal. Welcome challenges as an

As a chief development officer, you also need to cultivate a good general knowledge of your organization's operations, plans and challenges.

Discussing the various areas of the hospital with leadership helps you learn about potential opportunities for philanthropy and builds rapport.

opportunity to put egos aside and problem solve together.

- Be open to learning from your fellow executives. Increasing your knowledge demonstrates humility and naturally increases confidence.

The fourth key: trust-based engagement

Honesty, trust and respect were named by both chief executive officers and chief development officers as the trademark triad of successful working relationships. Chief executive officers expressed that they value honesty the most highly—typical of the sentiments we heard was, “Even if you don’t particularly like me, I need you to be straight with me.”

As executives with many demands on their time and countless responsibilities to balance, chief executive officers have to make tough decisions and need the facts. Sometimes it can be tempting to omit details, especially those that might displease someone or reveal

information about an issue or subpar performance. But not sharing fully can damage relationships and cause unnecessary difficulty when problems come to light later on.

Keep in mind that chief executive officers may demonstrate trust and respect differently than development professionals typically do. For instance, our research indicated that chief executive officers are not likely to indicate that they lack knowledge about philanthropy or ask for help to learn more—perhaps because philanthropy is not always at the top of their list of priorities. Instead, chief executive officer behaviors that indicate trust and respect might include accepting feedback on fundraising topics, participating in donor meetings when asked and responding to informal phone calls.

Strategy:

- Be honest, even when it is uncomfortable. Establish your positions (with data to back them up, when appropriate) and then share them with confidence.

The fifth key: strategic relationship cultivation


According to chief development officers, it’s rare for chief executive officers to automatically recognize and value philanthropy. Many of them found it useful to think about building their C-suite relationships over time, just as they would when they engage donors. You wouldn’t expect a donor to feel comfortable enough to share intimate stories with you at a first meeting, so why would you think your executive relationships would thrive without some time and attention?

Fortunately, chief development officers tend to be interested in and skilled at cultivating relationships. As one participant said, “If you can get along with your donors, you can get along with your boss.”

Strategies:

- Engage with the chief executive officer’s vision, then share how you can harness the power of philanthropy to help achieve it.
- Recognize that it may take a long time to build a relationship with a chief executive officer and adjust your expectations as necessary.

Conclusion

Improving your relationships in the C-suite may involve time and effort. But having the engagement and support of your chief executive officer and colleagues is transformational as you build a culture of philanthropy and embrace your role as a valued member of the leadership team. 



Ben Golding is chief operating officer and co-owner of Advancement Resources, a leading nonprofit training firm for best practices in philanthropic engagement. He has trained professionals at over 100 national and international nonprofit institutions on donor-centric development practices.

On the road with your DONOR database

Driving new technology for your gift officers

In health care philanthropy, we often look for ways to use new technologies to enhance our donors' experiences. For example, we provide user-friendly mobile functionality on our websites so donors can more easily learn about our institutions and support our initiatives.

Recently our foundation at Children's Hospital of Philadelphia (CHOP) realized that we needed to devote similar time and thought to the technology tools and abilities that we were providing to our development team. Our gift officers were dealing with systems that were inconvenient and limiting, especially when they were on the road meeting with donors or community partners. For instance, they couldn't access donor records or enter contact reports when they were away from their desks. We wanted to give them new resources, so they could do their jobs more easily and efficiently.

It was time to take our donor database mobile. Making that happen involved much

research and the contributions of multiple stakeholders, including an independent contractor and our CHOP information technology (IT) team experts. Most important was the enthusiasm and support of internal champions from various areas of our institution. The process culminated in deploying new mobile device functionality over three months beginning in spring 2017. (This is the first phase of a larger upgrade to span the next few years.)

In this article, we'll discuss our new tools, the team we assembled, our development and implementation processes and what we've learned. By planning carefully, communicating frequently and





relying on the invaluable contributions of our team and stakeholders, we were able to meet the needs of our gift officers as well as plan for better processes moving forward.

Background for the project

We began investigating options for updates in 2015, with two objectives: to provide tools that met the needs of our gift officers in a modern, mobile workforce and also to learn what functionality would be important for growth. On the back end, our foundation was robust and well functioning. We have used Raiser's Edge (RE) as our constituent relationship management (CRM) tool since 2005. RE houses gift history going back to 1979,

with over 2.3 million gifts recorded, almost 800,000 constituent records and a quarter of a million documents about those gifts and donors attached through PaperSave. Over the years, we have built processes to record, import and integrate large amounts of data, much of it now housed in a data warehouse we built with internal resources. Our team has also created complex reports with SQL and QlikView, and nightly data flows to the warehouse and RE from 15 different external sources.

Our planning process

We initially took a three-pronged approach to explore possible options. First, we conducted interviews with the



Examples of user stories

I want to...	So that...	Category
Add new memberships and end others that are terming for giving societies. For these organizations, we track: <ul style="list-style-type: none"> • Their role, including if they are a chair or a member. • The start and end date of their membership. 	This information is accurate and available to other users to view. This membership is also critical for reporting on the donor's past and present involvement in the organization.	Giving Societies
Track when a CHOP employee's payroll deduction donation to the CHOP foundation is ending.	I can effectively track/remind CHOP employees to continue their support of the foundation via payroll deductions.	Gifts
Create a giving society event specifying: location, date, start/end time, who is eligible for event, RSVP list and foundation contact.	I can understand which donors are engaged in their giving societies.	Third-Party App/ Campaigns

entire foundation workforce. In general, our major gifts officers, as well as retail cause marketing, events, concierge services and campaign operations staff, all were hoping for a more mobile-focused, user-friendly front end. Our operations and services staff, including prospect development, gift administration, reporting and analytics, and donor relations appreciated the complex data entry capture that RE afforded.

In addition, we conducted benchmarking studies with peer children's hospitals in the Woodmark Group, the Association of Advancement Services Professionals and other organizations. And we also

researched creative solutions by attending conferences, viewing demos, etc.

We knew we didn't want to invest the budget and time to do a full CRM conversion—among other factors, we were in the midst of a 10-year, \$1 billion campaign—so we ultimately decided to put a mobile and user-friendly tool on top of RE. Some of our contacts had successfully deployed something similar: One used Tableau, a data visualization tool, as the front end on top of their old database, and another used a customized version of Salesforce on top of Banner.

Our chosen solution utilized Salesforce's Nonprofit Success Pack

along with RE, keeping the best of both worlds for our fundraising and operations staff. Salesforce provided a flexible solution with the new functionality we wanted, allowing our development team to roll out the new application in phases as we learned more about our needs over time.

User stories instrumental

Through a request for proposal process, we identified an implementation partner, Accenture, which conducted interviews with our staff to determine processes and needs. At the end of two weeks, we had 177 "user stories" in a detailed spreadsheet, broken out by teams

and functionality. For examples of user stories, see the table.

These stories served three purposes:

- Our stakeholders felt that their input was taken into account during the decision-making process.
- We got to know and feel comfortable with the Accenture team.
- The user stories document served as a checkpoint for implementation, as we could refer to the user stories to remind ourselves of the needs we were addressing.

“The user story process helped me gain clarity around how we would use the software,” said Julia Wicoff, director of retail cause marketing and children’s miracle network.

The Accenture team also provided information about Salesforce and its functions that helped us make important decisions. For instance, we realized we didn’t want to customize our product to the point that when Salesforce updates were issued, we’d have to do major reworking of our functionality. We made changes such as adding columns or fields, but nothing that altered major processes.

Select your champions; use their time wisely

No one knows the business of fundraising better than fundraisers. We recruited seven program directors from areas such as development services, major gifts, corporate foundation relations, donor relations, concierge services, children’s miracle network/cause marketing and campaign operations to be top-line champions for this project. “Involving the program champions from the beginning was

CHOP’s new mobile functionality, phase 1

Our new functionality includes:

Mobile capability that improves user experience

- Simplified page layouts.
- Mapping functionality.

Improved contact management

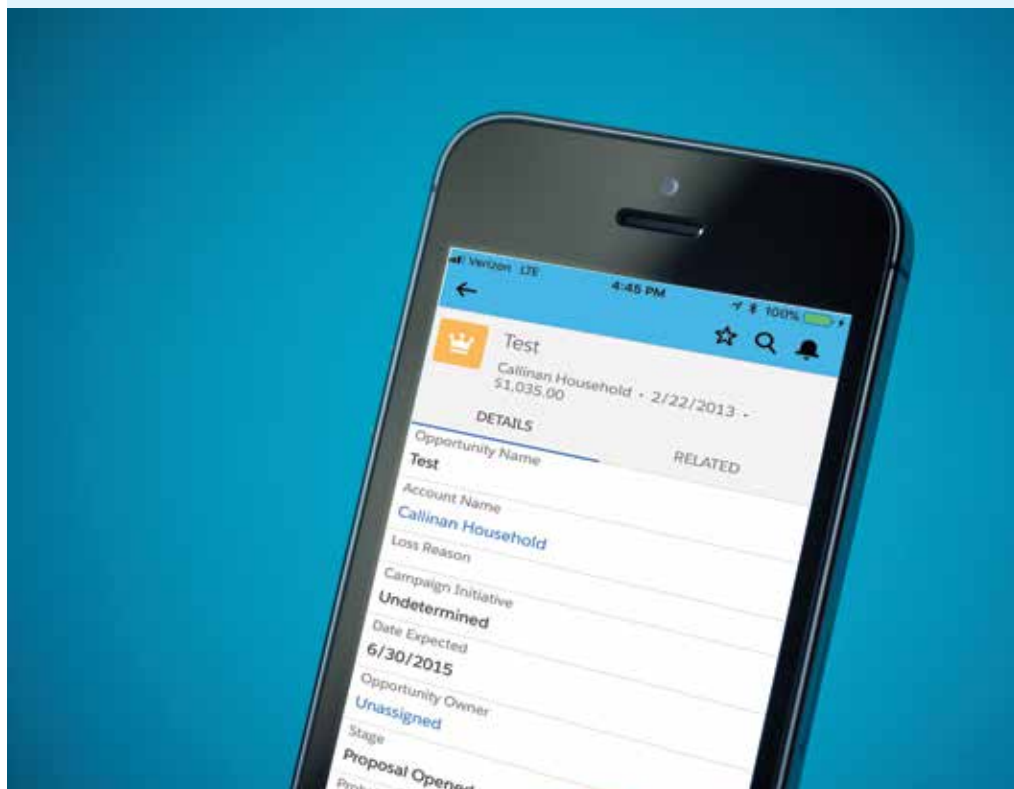
- Frontline staff can update donor information as they receive it.
- Configurable data fields allow users to capture cleaner data.

Activity management

- Actions can be entered easily on a user’s phone in real time.
- Users can easily view and update open activities and future events.

User and opportunity management

- Users can highlight opportunity stage progression.
- Managers can easily track their team’s performance with dashboards.



Phase 1 project timeline and major tasks

Our 12-week deployment consisted of three overlapping phases.



● Weeks 1–8

- Identified requirements and functionality.



● Weeks 2-10

- Designed, built and tested new functionality.



● Weeks 8-12

- Developed training materials.
- Communicated with users about implementation process.
- Users tested and learned new functionality.

key,” said Tara McCartney, project lead. “This forum sparked ideas and creative solutions for new and improved workflows.”

Also on our team were four dedicated developers and one trainer from our development technical services team, as well as a few resource people from CHOP’s IT department. And a number of staff volunteered to participate, testing functionality and providing feedback.

We were very conscious that we were asking busy people to devote time to this project. We made sure to keep everyone apprised of our schedule and progress, and targeted our requests for input on various functions to those most directly impacted. McCartney noted, “Our weekly technical and program champion meetings were targeted and focused on answering questions that could hinder accomplishing the specific project goals for that particular week.”

Once we made the decision to use Salesforce, we also embarked on a communications campaign about the project and the product targeted to our entire staff. We used email, all-staff meetings and our internal newsletter to share updates.

New functionality and deployment

From the user stories as well as input from our team and staff, we decided to initially focus our new functionality around several areas: our mobile capacity, contact management and activities functions, and user and opportunity management. See the sidebar on CHOP’s new mobile functionality, phase 1, for more details.

As part of our engagement with Accenture, we agreed to an aggressive but realistic 12-week

timeframe for phase 1 (see the sidebar on project timeline and major tasks). For this phase, we decided to focus on tools that would primarily be used by our major gifts, corporate and foundation relations, cause marketing and campaign operations staffs. Weeklong sprints condensed our timetable, and overnight coding by offshore programmers meant that a change suggested one day could be ready for testing the next. This kept our momentum going.

Said McCartney, “We were able to deliver phase 1 so quickly because we kept the scope contained. This ongoing project gives us the ability to roll out new phases when we are ready based on user feedback and program priorities.” Programs like gift planning, concierge services and donor relations can use the new phase 1 functionality, and, from their observations, staff can suggest enhancements they would like to see in the future. Tracking good new ideas for later implementation kept staff satisfaction high; they could tick off items in their user stories and, at the same time, see the growing lists for phases 2 and beyond. For more details about future plans, see the sidebar on “upcoming phases.”

Our new tool: Donorforce

Our phase 1 go-live was July 2017. Staff can now use our version of Salesforce, which we call Donorforce, when they are on the road. We are still building, testing and tweaking functionality as necessary; staff is currently testing mapping tools for a near-term implementation.

Robyn Lorfink, senior associate director of campaign operations, said, “Donorforce is easy to use and navigate. Wherever you’re doing

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Upcoming phases of CHOP's mobile technology project

Future phases of our project and the areas we will address include:

Winter/Summer 2018

Third-party applications

- Mapping.
- Outlook integration.
- Document management.
- RSVP software.
- Online donation forms.

FY19

Development enhancements


- Planned giving (based on user stories already collected).
- Donor relations (based on user stories already collected).
- Tribute enhancements.
- Giving societies enhancements.
- Naming recognitions enhancements.
- Expand Code of Federal Regulations enhancements (grants).

Future (date TBD)

Events

your job, it allows you to keep current without having data entry pile up for office days. I look forward to the future phases as well as the discussions this has opened up.”

Ultimately, we've been able to streamline our processes and think differently about how we operate without investing the years and dollars that would have been required for an entire CRM conversion. And we believe this project has strengthened the relationship between advancement services and frontline fundraisers at CHOP, which is a big bonus as we move forward together. As Wicoff said, “The process was a great

exercise in breaking out of the ‘this is how it's always been’ [mindset] to think about how it could be. It also gave me incredible insight into the day-to-day activities and needs of my colleagues.” 



Mary Ehart, M.A., is assistant vice president of development services at the Children's Hospital of Philadelphia foundation. She has worked in technology and philanthropy in many nonprofit settings, including social services, arts and culture, education and health care. In addition to overseeing a number of programs at CHOP, she focuses on best practices for reporting and data management.

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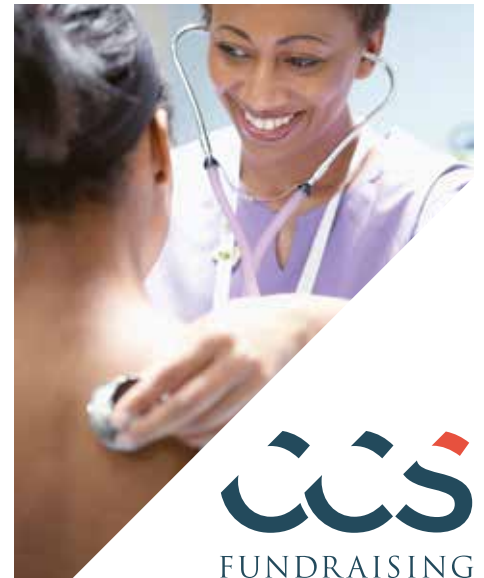


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