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Major Gift Officers:

A valuable commodity – are we using and evaluating them well?

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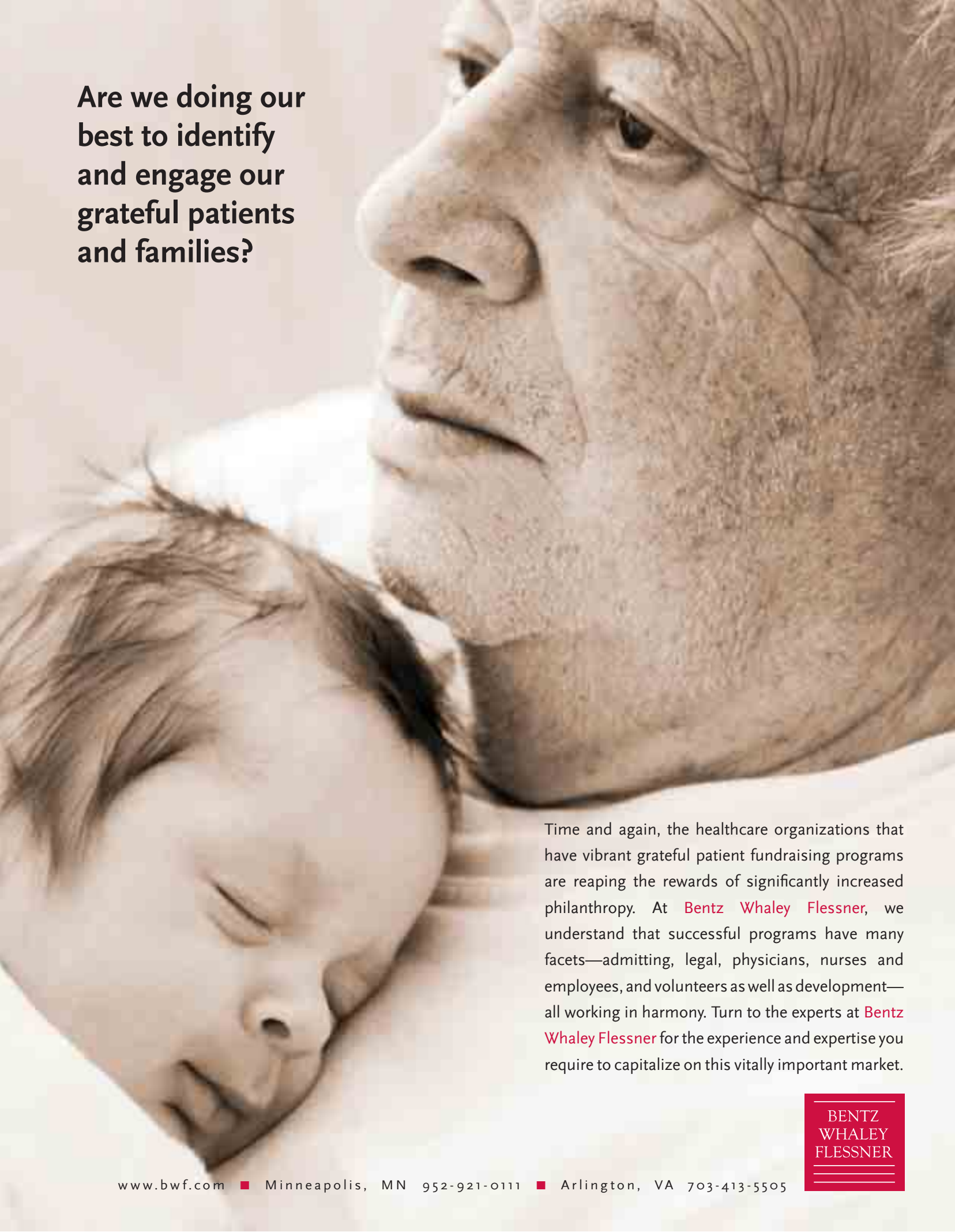
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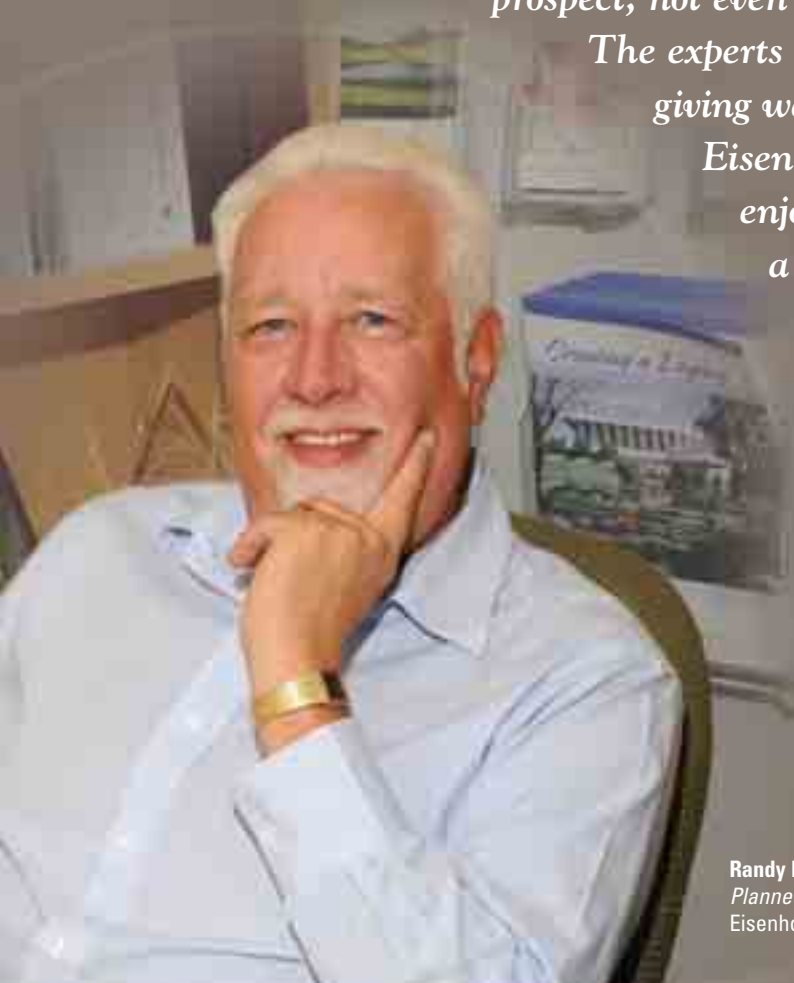

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Major gift officers: A valuable commodity – are we using and evaluating them well?

By Jeanne Jachim

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The rains came down... and the flood came up

*J. Gregory Pope, FAHP, CFRE
Chair, AHP Board of Directors*

7 In May 2010, heavy rains rapidly turned into a 1,000-year flood in Nashville, Tenn. AHP Chair Greg Pope and his Nashville-based foundation were able to quickly pull together a disaster plan and begin helping their hospital associates, volunteers and the community, in part through the help of AHP colleagues who reached out to offer advice and support.

AS I SEE IT

Equal economic rights for nonprofits: The fight begins at home

*William C. McGinly, Ph.D., CAE
AHP President, Chief Executive Officer*

10 Development programs widely and prominently highlight cost to raise a dollar in organizational reports and marketing materials. Is it any wonder then that our donors and the media focus so much of their attention—often negative attention—on this one metric? To be evaluated more fairly, we must begin the change, by focusing on and communicating our return on investment and results achieved.

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AHP Journal mission:

The **AHP Journal** will be the authoritative and scholarly resource for health care development and philanthropy. This will be accomplished by the **AHP Journal** being 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, the **AHP Journal** will educate, empower, and inspire development professionals and, thereby, help strengthen the case for philanthropic support and the mission of AHP.

The rains came down... and the flood came up



By J. Gregory Pope, FAHP, CFRE
Chair, AHP Board of Directors

My schedule was overloaded the first weekend of May. I was set to oversee a large scouting campout before departing early Sunday morning for my health system's annual philanthropy conference in Baltimore. I was looking forward to both trips—especially the conference where I would spend time with colleagues, many of whom I only see once a year.

On Monday I was slated to introduce AHP's President and CEO Bill McGinley before he addressed attendees, after which I would drive to Annapolis, Md. to meet AHP's Past Chair Lisa Hillman, FAHP, and collaborate on revisions to the AHP Primer course. I also looked forward to attending our Health Ministry's annual benefactors' mass, an event where we give thanks for those who support our mission. A special remembrance was planned for my longtime associate, Mary Brown Rigby, CFRE. Mary died unexpectedly in October 2010, just as I began my term as Chair of AHP. And if this weren't enough, I would also have the honor to help present my longtime friends Bob Hutson, CFRE; Gene Smith and former AHP Chair Gene Attal, FAHP; with lifetime achievement awards for their work in our health system.

To say it was a rainy weekend in Nashville would be the understatement of the century. Soaked to the bone, I pulled into my garage at 10 p.m. Saturday night. The camping trip ended a day early as Nashville had received more than 10 inches of rain; and it was still coming down in buckets. My wife, Rebekah, greeted me with a sense of urgency: "We've got some major leaks." We certainly did! The rest of that night was spent bailing dozens of pails, buckets and anything else that would hold water. Exhausted, I finally sank into bed

for a few hours sleep, thankful to not be lying on the ground in a flooded tent.

The alarm sounded at 5 a.m. signaling the start of my dash to the airport. The rain continued to pound our roof. I bailed buckets for a while, then in the darkness pulled out of the driveway and cautiously headed out—windshield wipers at top speed. I traveled less than 50 yards before finding the street covered with water. Dozens of homes ahead of me were beginning to flood. Instead of traveling or normal activities, Sunday would be spent alerting and rescuing neighbors while standing in awe of nature's brute force.

The floods left massive devastation. More than 1,000 families lost their homes in the flood. Thousands more experienced major flood damage. Three of our city's hospitals flooded. More than 20 people drowned. Hundreds more were saved by valiant volunteers, many while clinging to trees, roofs or the tops of cars. Opryland Hotel would experience more than \$300 million dollars in damage. The Country Music Hall of Fame, Schermerhorn Symphony Center and countless other institutions also suffered extensive damage.

After 22 inches of rain in less than two days, we experienced what meteorologists referred to as a "1,000-year flood." I had already guessed this after witnessing a large wooden ship pass through my backyard loaded

with pairs of exotic and domestic animals and piloted by a guy who vaguely resembled Steve Carell in the movie “Evan Almighty.”


Cell towers and cable service being out, I didn’t know almost 50 of our hospital’s associates and volunteers had lost their homes only miles from where I stood, watching a once small stream—now a mile wide—flow past. During a major disaster it’s easy to first think, “It’s not really that bad.” It would be Tuesday before waters receded enough to leave our home, and Wednesday before I could drive the 10 miles to my office.

Very early in the crisis I received a call and e-mail from Carol Rowland in Cedar Rapids, Iowa. She wanted to let me know that St. Luke’s had experienced a community-wide flood like Nashville and that they had a “flood relief plan” developed by their foundation. She wanted to share their plan, expertise and materials with us so we wouldn’t have to reinvent the wheel.

We would eventually call our strategy “The Cedar Rapids Plan.” As of this writing, we’ve assisted almost 200 associates, volunteers and others who support our work. We raised more than \$600,000 in three weeks and helped provide much more than this amount in cash grants, services and time off from work for those affected. It would not have been possible to move as swiftly as we did without

the amazing generosity of Carol and the staff at St. Luke’s Health Care Foundation, along with the many other AHP members who instinctively and figuratively grabbed the rope and started pulling. Dozens of calls from concerned colleagues poured in. Many individuals and hospitals gave to our special fund for flood relief, helping us care for the most vulnerable.

Through the trials and triumphs of this year I’ve come to view the value of friendship and *association* in a new light. It has been my great honor to serve as board chair for AHP. We are blessed with a great staff and dedicated members. The value of membership is developing relationships that carry you through thick and thin. It’s a good reason to belong.

At the height of the crisis, when our city’s drinking water supply was dwindling and we feared a major levee system would give way, the unspoken question that hung in the air was, “How will we survive this?” Whether it’s the global economic crisis, tragedy in the Gulf, state budget meltdowns or other localized challenges, we’ve all faced obstacles. The good news is Nashville did survive, as shall we all. 

Editor’s note: To view the St. Luke’s flood relief plan, visit the AHP website at www.ahp.org, Publications and Tools>AHP Journal>AHP Journal Archives>Fall 2010 AHP Journal.



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Equal economic rights for nonprofits: The fight begins at home



By William C. McGinly, Ph.D., CAE
AHP President, Chief Executive Officer

One of the top questions AHP members ask of the AHP Resource Center is for information on cost to raise a dollar benchmarks—by fundraising activity, program size, type of hospital, region and so on. Development programs widely and prominently highlight their cost to raise a dollar on their organizational websites, in transparency reports, in community benefit statements and even in donor marketing materials. Is it any wonder that our donors and the media focus so much of their attention on this one metric? We have taught them well.

Cost to raise a dollar is a valuable metric to evaluate efficiency, but it has no role in measuring *effectiveness*, which is much better appraised using return on investment and actual achieved results. By focusing on cost to raise a dollar, what message are we sending our donors and prospects? That cheaper is always better? It is a dangerous path to take, because while it is possible to succeed with this mindset, it is unlikely that the success can be sustained. Because it takes money to build quality, invest in our programs and people, and try new ideas—ideas that might be successful or that might fail.

I was speaking with an AHP member recently whose organization had just begun using a new term with their donors, “Return on Philanthropic Investment.” The change was as much a symbolic transition as a term grounded in accounting standards. But it was their attempt to help their donors to better understand the whole picture: the financial return on investment of donors’ contributions and the associated impact in the community.


This organization’s efforts reminded me of Dan Pallotta’s 2008 book, “Uncharitable: How Restraints on Nonprofits Undermine Their Potential,” which is dedicated to the argument that we do not afford nonprofits equal economic rights as for-profit organization, and as a result, they are less successful. If you haven’t read it, I recommend that you do so.

Pallotta challenges us—the nonprofit community, the media and the public—to stop judging nonprofit effectiveness on one simple measure of efficiency, the cost to raise a dollar. He instead proposes a list of 16 much more complex and thought provoking questions to consider:

1. How effective are the charity’s programs and how is efficacy being measured?
2. What is the quality of the organization’s program staff?
3. How do the organization’s clients rate its efforts?
4. What is the scale of the achievement, and are comparisons being made with achievements of equal scale?

5. What is the incremental effect of a donation in the present moment?
6. How new is the charity?
7. How well known is the cause to the public, and does the charity face greater difficulty than its peers in raising funds?
8. How have economic conditions affected the charity?
9. Are comparisons being made between charities that account for program expenses in an identical manner?
10. Are intangible benefits being accounted for?
11. Is the future value being accounted for?
12. Is the value of the outcome being accounted for?
13. Is the organization attempting any bold initiatives that might affect the dollars going to programs?

14. What is the organization's long-term vision and what is it doing to achieve it?
15. How is long-term investment affecting the short-term financial picture?
16. Does the organization have adequate infrastructure?

The fight for your nonprofit's economic rights begins at home. Break the cycle. Focus on your organization's return on investment and results achieved. And consider Pallota's 16 questions as you begin to write your next annual report, donor update or transparency statement on your website. Hopefully, someday soon, cost to raise a dollar will just be a metric that helps organizations evaluate their program efficiency in relation to other, much more important measures. 

The fight for your nonprofit's economic rights begins at home.
Break the cycle. Focus on your organization's return on
investment and results achieved.



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Major gift off



By Jeanne Jachim



■ **Jeanne Jachim** is senior director of development for the Virginia Mason Foundation where she has responsibility for major gift, annual fund and special events programs. Jachim has more than 25 years of fundraising experience in health care, social services and higher education. She is currently completing her fellowship training in the Virginia Mason Production System, the most advanced application of the Toyota Production System in the health care industry.

Officers: A valuable commodity



Are we using and evaluating them well?

Standards and metrics help us measure major gift officer work, but alone they are not enough. Although in fundraising the bottom line is results, it is essential to examine and understand what drives these results in order to make the changes necessary to improve outcomes.

A good major gift officer (MGO) is a valuable commodity for any development program. Not only do major gift officers raise significant dollars on behalf of the organization, but they also hold and nurture many key relationships between donors and the organization they represent. Yet, for all of the expectations on major gift officers, the development industry has not been successful at really understanding or defining the scope of a major gift officer's work. Expectations, standards and measurements vary from organization to organization; most often they are set by the chief development officer based on his/her management style and past experience.

Major gift work is something that is inherently difficult to measure and evaluate. Other than the simple and easily measured dollars asked, dollars raised and numbers of prospects in a major gift officer's portfolio, there are very few standard metrics across the industry. How then can you accurately determine whether you have placed realistic expectations on your major gift officer? Or, how can you determine if

a major gift officer has a full pipeline, enough donor prospects in process, or is successfully completing the needed cultivation to bring a prospect to the point of solicitation?

In a 2006 Philanthropy Leadership Council survey of major gift officers produced by The Advisory Board Company, it was identified that the MGOs surveyed were spending 31 percent of their time doing low return tasks.¹ This speaks directly to the need within development offices to understand what major gift officers are doing and also how they are doing it. It is enormously dissatisfying to spend a third of your work time on non-value added activities. Likewise, it is very hard to justify under utilizing a third of a development office's very valuable asset.

As a mixture of art and science, major gift work will never be entirely quantifiable. Yet, interestingly, if you focus on the "science" aspect of major gift work, it becomes clear that a significant portion of an MGO's work is not only measurable, but routine and predictable. Understanding this particular portion of a major gift

continued on page 15

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Many parts of major gift officers' jobs are very routine in nature. To help maximize the time and energy of the MGO, it is helpful to fully understand as much about the actual tasks in their work as possible.

officer's work may be the key to better utilization of this precious commodity for development shops across the country.

In 2006, the Virginia Mason Foundation began to implement the Toyota Production System management methodology in all areas of its work, with particular focus on the major gift process, and has used it to create better understanding of MGO work, as well as better utilization of the major gift team.

The Toyota Production System

The Toyota Production System (TPS) is a management methodology that focuses on eliminating waste, removing the burden of work and concentrating on what is of value to the customer.² Research shows that TPS has been used in a variety of industries including car manufacturing, airplane production and electronic management systems.³ Eight years ago its application to health care started at Virginia Mason Medical Center (VM). A common response at the time was "People are not cars, how can you apply a manufacturing model to health care?" In fact, "Patients aren't the products—they're the customers."⁴ Implementation of the Toyota Production System has helped Virginia Mason deliver the highest quality and safest patient care, while eliminating waste and inefficiency within the health care delivery process. Today, continuous improvement is a way of life at VM that touches every corner of the medical center, including the Virginia Mason Foundation.

One area of particular focus for the Virginia Mason Foundation's

implementation of the Toyota Production System has been the major gift process. TPS utilizes a variety of tools and it is the usefulness of these tools and TPS principles as applied to major gift work that is being examined and evaluated.

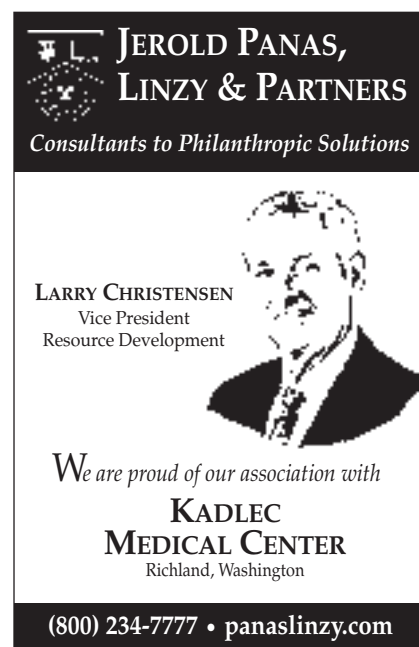
Major gift cultivation from a new perspective

In 2006, the average length of time for cultivating a major donor at the Virginia Mason Foundation was approximately 18 months. This correlated with the finding of a 2009 major gifts performance benchmarking survey by Bentz, Whaley, Flessner, in which 86 percent of those surveyed felt it took 12 months or longer to move someone from discovery to a major gift.⁵ Using the Toyota Production System methodology to examine this 18 month cycle, it became clear that much of the time within that 18 month period was "wait time," that is, time spent waiting for the next activity or process step with a prospect to happen. It was not time that enhanced the process or the relationship with the prospect.

Understanding this inspired the team to try to shorten the cultivation process. Using the TPS concept of "one-piece flow" and the implementation of a "pull system," the team proceeded. One-piece flow essentially means that you move something through a process as it completes each step, rather than creating a batch and hold system.⁶ A pull system says that the next step in the process is based entirely on customer desire for the product and their willingness to proceed.⁷ In this way, each cultivation step happens

contiguously and becomes the set-up for the next step and the prospects are consistently moved through strategies. This perhaps sounds more complicated than it is.

Here's how it works in real time. On a first visit the gift officers identify a prospect's interest in the organization, and also in specific activities such as events, research, tours or a particular medical specialty. The meeting serves as a simple "go/no go" switch. If interest is identified the officer will move forward with the prospect. A written strategy is created that includes all items of interest, as well as other things that will compliment and enrich the prospect's cultivation process. In this way, going from step to step without long wait periods in between (one-piece flow), the prospect "pulls" each cultivation activity based on their interest and engagement. This eliminates the gift officer guessing



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about their interest or pushing them to cultivation activities that don't interest them.

Using this model of one-piece flow in major gift work challenges the traditional mode of major gift cultivation. The 2009 benchmarking survey previously referenced indicated that 48 percent of participants felt that the optimal frequency interval for major gift "moves" should be "at least four times a year," and another 39 percent felt that three times or less was the correct amount. Only 13 percent of those surveyed felt that every other month was appropriate. This data suggests that most major gift cultivation processes have periods of time between every cultivation move; some as long as four or more months. In essence, the prospect is routinely put into a holding pattern following a cultivation step and waits for the next step to occur.

One-piece flow is designed to eliminate wasted time and delays

between steps in a process.⁸ The VM Foundation has discovered that it is highly possible to eliminate the waiting between cultivation steps with a major gift prospect by creating strategies that include monthly "moves." By working with someone in a consistent month-to-month fashion, MGOs stay closely connected to prospects, and build strong relationships with them. The prospect is comfortable with this frequent contact and actually "pulls" each cultivation activity, signaling their ongoing interest and engagement. This process provides a focus and pace that is much harder to achieve when a prospect is only connected with every three or four months.

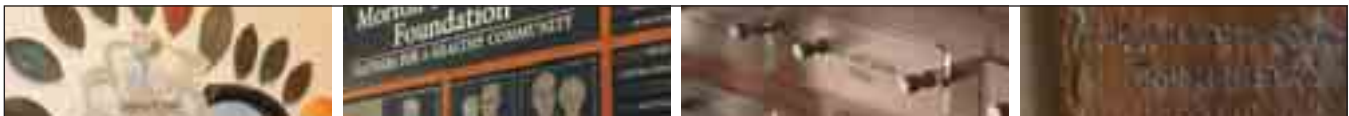
Measuring the length of completed strategies at the VM Foundation for the past three years following the conversion to one-piece flow/pull system has shown the average time of strategies are 5.7 months in length. The significance, of course, is that this allows major gift officers the

opportunity to begin new strategies three times faster than the 18-month cycle prior to improvement efforts being implemented.

Filling the pipeline of major gift prospects

Understanding and managing the source of prospects for the major gift pipeline is an essential element of every development office. Prior to utilizing the Toyota Production System, the VM Foundation assumed that all prospects were equal. After several months of observation and measurement, it became clear that the Virginia Mason Foundation's major gift team had three distinct sources for prospects: patient prospects identified via prospect research; board-relationship based prospects; and prospects referred by physicians. The next step was to understand each source and its implications for major gift work.

Using a measurement called "lead time" allowed the team to begin to do



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Prospect Type	Lead Time	Average # of Steps (Including Ask)	Average Amount
Foundation Identified	5.7 months	3 steps	\$49,000
Board Connected	6.9 months	2 steps	\$242,000
Physician Identified	2.9 months	2 steps	\$455,000

Visual: 1

so. Lead time is the measurement of time from when a customer requests a service until the service is delivered.⁹ For major gift purposes, the lead time begins at the point of prospect referral and ends with the solicitation of the prospect. After retrospectively measuring the lead time needed for each prospect type, as well as the number of cultivation steps each type required (see Visual: 1) some interesting results became apparent. The prospects that took the longest amount of time, the most work and were the least productive, were the patient prospects identified by research. The board-based prospects also took a long time, but in fact only needed a few steps and were fairly productive prospects. Finally, the physician-referred prospects needed the least amount of time and energy, and were the most productive referrals received.

This was very enlightening and caused the major gift team to re-evaluate its focus. If the number of physician referrals could grow, that would be the most productive source for the team. Likewise, if the board referrals could require less time, this too would be a highly productive source of major gift prospects. The team undertook this challenge.

An individualized training program was created for physicians, which included the sharing of these measured results. Physicians are by all accounts scientists. The data caught their attention and engaged them. A customized training and partnership plan for each physician was established and a major gift officer was partnered with them. Over an eight-month period of time this approach generated

61 referrals from 13 physicians—three times more than that of any previous year (it should be noted that physician referrals are carried out in a HIPAA compliant way, which allows the patient the opportunity to opt out if they do not wish to be contacted by the major gift officer).

Likewise, the data helped the board to actually see the measurable value of their participation and partnership in the work. This led to their engagement in 26 major gift prospect strategies—again, three times the number of any previous year. Our next area of focus will be to eliminate the three to four months of wait time in the board-relationship strategies.

Essentially, the tools of the Toyota Production System have provided the opportunity for the Virginia Mason Foundation to understand that all prospects are not equal, and therefore should not all be allotted the same amount of time and energy. In fact, this methodology has helped to identify the most productive source of prospects, as well as the most effective use of the major gift team’s time. This understanding is now driving the work, with significant focus on developing physician and board referrals.

Seeing inside a major gift officer’s work: Visual control

The dance between the art and science of a major gift officer’s work is a delicate one. It is important for MGOs to have latitude, creativity and investment of self in their work. This is how strong relationships are developed. Yet, many parts of major gift officers’ jobs are very routine in nature. To help maximize the time and

energy of the MGO, it is helpful to fully understand as much about the actual tasks in their work as possible.

To achieve this, the Toyota Production System uses a methodology called “visual control,” which focuses on making work visible, allowing the workers to always know where they stand. In their book, “Lean Thinking,” authors Womack and Jones state, “Everyone involved must be able to see and must understand every aspect of the operation and its status at all times.”¹⁰ The reason for this is that every worker can impact the outcome and progress. If there is a problem or issue, often the workers know about it first, and they are integral in its resolution.

The major gifts team at VM has implemented two key visual control tools. The first is a shared tool which is a board containing a grid that shows all planned major gift strategies

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Visual: 2

on a six-month cycle—in a single glance you can see how much is in the pipeline, at what dollar amount, what gifts are pending and what the outcome of the solicitations to date have been, as well as the major gift officer responsible for each strategy (see Visual: 2). This is used routinely by the team to discuss flow and progress. It is updated on a weekly basis and it is an instant visualization of progress and plans, allowing anyone to see what is in the pipeline for a six-month cycle. The visual nature of this tool keeps the team's progress in front of them, as well as gaps in the pipeline and opportunities for growth and improvement.

The second visual control tool utilized by the major gifts officers is based on the strategies for every major gift prospect under management, with identified activity steps, planned out month by month. This tool, a simple grid done in a Microsoft Excel file, shows all the planned activities in each major gift officer's pipeline by both prospect and month. A simple red/yellow coloring shows if the planned activity is completed; yellow square if it is, red square if it is not completed. Not only does this give a quick overview for the officer of what

they need to do and what they've already accomplished, it provides a visual cue for potential issues within the major gifts officer's work (see Visual: 3).


One of the issues these grids helped to identify was the percentage of missed strategy steps in a given month. Visually, this appears as the number of red squares (not completed actions) versus the number of yellow squares (completed actions) in a month of planned activity—the tool allows for a simple and easy measurement. For nine months the major gift team tracked this percentage. At the beginning of the measurement cycle, 40 percent of planned steps each month were not occurring. This measurement was startling in that no one realized that such a significant percentage of planned work was not occurring. This triggered the major gift team to identify five key reasons for missed steps. Three of the five reasons generated were items for which the major gift officer has a degree of control. As a result, the major gift team implemented “standard work” to address the defect/problem. Standard work is an agreed upon method for how work is done, regardless of the

worker who is doing it—a prescribed repeatable sequence of steps.¹¹


For example, not being able to connect with someone by phone on the surface appears straightforward, but when discussed as a group, it became clear that the number of attempts to connect with an individual was inconsistent. The team agreed that their standard work should be seven phone attempts for each planned contact each month. The impact of focusing on this defect—identifying potential causes as well as the method to improve the work—has been significant, with the last quarterly measurement of missed steps having decreased from 40 to 23 percent. This means the contact and success rate has increased from 60 to 77 percent, which is not only a statistically significant gain, but a significant increase in the number of prospects that successfully move forward.

Removing the burden of work

The Toyota Production System teaches us that “the worker is the most valuable resource.”¹² Therefore, it is essential to use this resource in the best way possible, eliminating



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	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Baker		1	2	3	4				ASK			
Burton		1		2	3	4			ASK			
Carlson								1	2	3		4
Deaver			1	2			2				3	
Franco									1	2		3
Hines	1	2	ASK									
Jackson					1	2	3	ASK				
Johnson		1			2	2						
Mullen	1	2		3	4	ASK						
O'Malley		3	3	4		5			ASK			
Palmer		ASK										
Ramsey		1	2	3	4	4	ASK					
Rice								1		2	3	
Rittner			ASK	ASK								
Roosevelt	2	2		3	4	5	6		ASK	ASK		
Schmidt		1	2	3	4	5	ASK					
Smith		1	2		3	4	ASK					
Tillman		2			2	2	3	4				
Walton					1		2	3	4		5	
Watts								1		2	3	4
Woodward		1	2	3	4		6	7	ASK			
Yesler									1	2	ASK	

A simple colored grid not only provides a quick overview of what MGOs need to do and what they've accomplished –it also provides a visual clue for potential issues.

Visual: 3

waste and non-value added activities from the work. Within TPS, set-up practices are considered wasteful, because they add no value and they tie up workers and equipment. Set up reduction is the work that is done to minimize your set-up time, focusing on the most effective way to prepare for a process.¹³

In the case of the VM Foundation's major gift officers, it became clear that a significant amount of energy and time was going into setting up initial appointments with prospects. In fact, the contact rate for major gift officers reaching prospects to get the first appointment was only 38 percent. This led the foundation to test having an outside resource set up the initial appointments for the MGO. After a year of testing, the contact rate for reaching prospects soared to 75 percent.

This variance is directly attributable to skill-task alignment

and the utilization of the right type of worker for a task. Part of the testing sought to determine whether or not there was a quality impact on the appointment if someone other than an MGO set it up. In fact, there was no difference, and with the increased contact rate, the number of appointments more than doubled. It is now clear that the skill set of a major gift officer is not essential to the setting of this first appointment. Rather, the MGO is free to focus on what is important—the meeting itself.

Another opportunity for eliminating non-value added activity for the major gifts officer was made visible through the use of the individual visual control tool referenced earlier (the color-coded grid). A difficulty faced by every MGO is determining when to stop work with a prospect because the odds of success are very small. The foundation team used the visual control grids as a means to address

this. Lining up all the visual control tools across officers and over time, a clear visual pattern became evident. Two consecutive missed steps (or red squares) in a strategy indicated a shift in the momentum of the strategy and a low likelihood of future success. The measurement of this defect confirmed our hypothesis.

Over a two-year period, 50 strategies implemented by the major gifts team had two consecutively missed steps. Of these only five went on to actually re-engage in the planned strategy, and only one ultimately made a gift. The visual nature of the tool made it easy to understand and identify a pattern that otherwise would have been difficult to identify. As a result, the team has implemented standard work to stop a prospect strategy after two consecutive missed steps, allowing the major gift officers the freedom and confidence to focus their efforts on work that has a good chance of being productive,

rather than struggling with what most likely will be a failure.

A recent study published in the Harvard Business Review underscores the value of removing the burden of work. The study focused on the motivational level of knowledge workers, and the top motivator identified from this multi-year study involving hundreds of workers was progress. The researchers went on to conclude “When (workers) are spinning their wheels or encountering roadblocks to meaningful accomplishment, their moods and motivation are lowest.”¹⁴ The two examples cited above are classic cases of “roadblocks to meaningful accomplishment.” If these roadblocks can be removed and replaced with value-added activity, then major gift officers will be that much closer to progress in their work, and ultimately will be more motivated to succeed.

Impact


Integrating the Toyota Production System into the Virginia Mason

Foundation’s major gift work has improved outcomes. As a result of implementation, during the three years of study, the number of completed major gift solicitations increased by 47 percent. In addition, the overall income of the foundation tripled during the same period of time with a strong correlation between higher major gift productivity and overall increase in the dollars raised.

As the foundation applied the TPS methodology, it was important to ensure that donors continued to feel good about their relationship with the foundation. Donor satisfaction surveys were implemented as a means to routinely measure this. Since the surveys began, 91 percent or more of major donors surveyed state they are completely satisfied with their relationship with the foundation, indicating that the change in methodology has been positive for donors as well.


The gains referenced have been made without an increase in full-time equivalent positions, and are

directly attributable to the increased knowledge, understanding and improved work made possible through the TPS principles and methodology. It is this deeper knowledge and understanding that will in the long run prove invaluable to the ongoing work. This management methodology has allowed the Virginia Mason Foundation to look at major gift work from a very different perspective, going beyond outcomes to developing an understanding of what it is inside major gift work that causes these outcomes.


Although in fundraising the bottom line is results, it is essential to understand what drives these results in order to improve outcomes. The Toyota Production System has provided the framework to do this, creating the opportunity within VM Foundation’s major gift program to focus on how work loads are formed, the most productive source for prospects and the most effective use of major gift officer time. It is these issues that directly affect the progress and success of the major gift officer, maximizing the time and energy of the development office’s richest commodities. 

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Corporate ~~giving~~ PARTNERSHIPS:

The new paradigm

By Maureen Simmons, MA, CFRE



■ **Maureen Simmons, MA, CFRE**, is principal consultant for Corporate Giving Works, Inc., a firm that not only believes in philanthropy's power to transform and improve lives through corporate giving but, more importantly, changes the world in which we live. Simmons has more than ten years of nonprofit experience, a Master of Arts in philanthropy and development from Saint Mary's University of Minnesota, and earned her Certificate of Fundraising Professional credential in 2009.

The bar is being raised on corporate philanthropy, and businesses are making a shift from supporting social issues that seem a good fit, to selecting issues that help the community while also driving business growth or reducing costs.

In 1998, the late actor Paul Newman helped found the Committee Encouraging Corporate Philanthropy (CECP). As the only international forum of businesses, CEOs and chairpersons focused exclusively on corporate philanthropy, CECP's mission is to lead the business community in raising the level and quality of all areas of corporate philanthropy including corporate fundraising and development.

At the 2010 CECP Corporate Philanthropy Summit business leaders examined what the world of philanthropy could look like in 2020 and discussed taking a solutions-oriented approach to solving social problems. Results were presented from CECP's



2010 report, “Shaping the Future: Solving Social Problems through Business Strategy,” which was based on interviews with CEOs, giving officers, economists and other leaders. The study was used to help “outline a clear vision of what corporate leaders can do now to stay ahead of increasingly complex social issues and rising expectations among stakeholders.” Among the report’s conclusions was the assertion that the bar must be raised on corporate community involvement, “from choosing social issues that ‘resonate’ or ‘make sense’ to instead selecting issues that drive growth or reduce costs, all the while demonstrably helping local communities and broader societies.”

This concept is supported in many recent reports and articles. In the June 3, 2010 Chronicle of Philanthropy’s article, “Rethinking Corporate Giving: Western Union’s CEO Offers Her Philosophy,” Christina Gold, Western Union’s chief executive, shared that Western Union is taking a more targeted approach to philanthropy that aligns with their core business expertise and is also making a difference in the lives of people around the world. At Western Union and other corporations, “There is a growing emphasis on multilayered partnerships across sectors,” Gold said. “Nonprofits would do well to consider the full range of benefits they can offer their corporate

sponsors and present innovative ways to deliver value to the stakeholders companies most want to reach.”

And it is not a new concept. In a July 6, 2006 Forbes.com article, “The End of Philanthropy as We Know It,” Marc Benioff, chief executive of Salesforce.com said, “Companies that just write checks are missing the big picture. The value for philanthropy here is not the money; it’s in these other assets. Contributions come through technology, the people, the expertise, the volunteerism.”

Hospital-corporate partnerships: Thinking outside the box

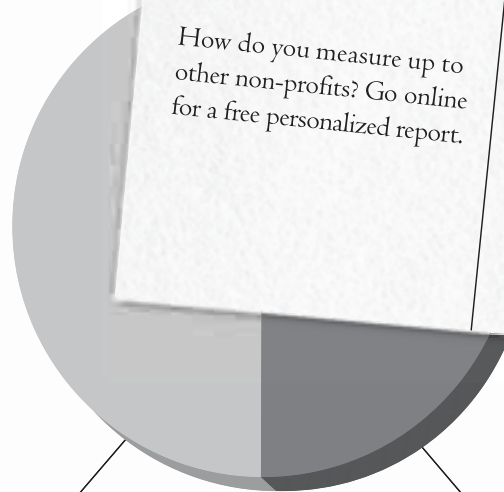
The message is clear. Corporate fundraising is changing. This isn’t bad for hospital fundraising, it just means thinking smarter, not harder. The days of doing things the way we’ve always done them are over. Companies seek a meaningful but strategic role when it comes to addressing social issues. They want recognition for being a corporate citizen, but they also want to know that they are making an impact when they form partnerships with hospitals. The shift away from traditional corporate philanthropy to a new paradigm that is innovative and fresh is a win-win for both the corporation and the hospital.

Phoenix Children’s Hospital

William Mandeville, director of corporate and business development for Phoenix Children’s Hospital agrees that corporate philanthropy is changing. “Trends have changed and as a result we’re becoming more sophisticated in our relationship-building approach,” he said. Phoenix Children’s Hospital combines best practices from the for-profit and non-profit sector, focusing on Return on Philanthropic Investment (ROPI) and learning as much as they can about their partners on the front end, to better understand their giving patterns and how they give. For example, does the

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Companies still think philanthropically in terms of giving, but they're much more focused on building win-win relationships with us.

William Mandeville, director of corporate and business development, Phoenix Children's Hospital

corporation give small gifts to a large number of donors, large gifts to a small number of donors? Does the corporation want to partner philanthropically or have employees involved through volunteerism or other programs?

"Companies still think philanthropically in terms of giving, but they're much more focused on building win-win relationships with us," Mandeville said. "Kohl's department store is an example of a great corporate partnership. They support children's health and education initiatives nationwide and they're a good match for Phoenix Children's Hospital. They do this currently through their Kohl's Cares for Kids program where they sell licensed merchandise in their stores and donate 100 percent of the proceeds to the hospital to support specific programs that match with their philanthropic goals. Since Kohl's moved into the Arizona market, they have donated over \$1 million to Phoenix Children's Hospital."

Kohl's also promotes employee volunteerism. They encourage their associates to make a difference in the lives of children by volunteering for youth-serving nonprofit organizations.

This means additional income for the hospital as well because when five or more associates volunteer at least three consecutive hours to a qualifying organization, that nonprofit receives a grant. Last year, Kohl's employees raised more than \$40,000 for Phoenix Children's Hospital through their volunteer activities on behalf of the hospital.

"Cause-related marketing is also a valuable way for us to partner with corporations," Mandeville said. "Ted Baker London, a high-end retail store, opened a new store in Scottsdale in July and approached us with a potential partnership to donate 5 percent of its first week's profits to Phoenix Children's Hospital. The visibility of the hospital made us an attractive partner."

Boston Medical Center

In the CECP report, "Shaping the Future: Solving Social Problems through Business Strategy," Charles H. Moore, CECP executive director, said that more and more companies are looking to integrate their social strategies with their business strategies in order to reinforce their competitive

advantage, bringing the best of their business practices to their philanthropy. According to Edelman's 2009 *GoodPurpose* study, "Mutually Beneficial Marketing Takes Flight," companies, brands and consumers are elevating the status of social purpose to build trust, good business and shared interests.

Joe Waters, director of Cause & Event Marketing for Boston Medical Center and a leading expert on cause marketing and social media for nonprofits, is constantly thinking of new ways to develop partnerships in the Boston area that will capitalize on these new trends. "Seeking relationships with local companies creates a win-win situation for both the hospital and local businesses," Waters said. "But corporations are waking up to the fact they have a lot of leverage

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when it comes to which causes they will support. The more benefits you offer, the more attractive you will be to a potential partner.”

Boston Medical Center is successfully teaming up with Massachusetts businesses in local cause-related campaigns that closely support the companies’ missions. For example, retailer Ocean State Job Lot is on track to hit \$1 million in to-date contributions to BMC this year through their annual pre-holiday pin-up sales to raise funds for the hospital. Ocean State Job Lot first began their support of Boston Medical Center with food and clothing donations from their overstocks. BMC’s Halloween Town, a two-day community event developed by BMC and presented by retailer iParty, had 38 corporate sponsors and 15,000 attendees in 2009, with proceeds supporting the hospital’s pediatric department. Water’s latest cause-marketing effort teamed up the Phantom Gourmet, a popular radio/TV show, with existing partners Ocean State Job Lot and iParty. For a \$1 donation, customers could purchase a Phantom Gourmet Meal Deals coupon book in the retail stores, which included coupons for area restaurants and businesses. The Phantom Gourmet promoted the program on their shows. Proceeds from the program, which took place in July, supported Boston Medical Center’s Preventative Food Pantry, which fed 75,000 people in 2009.

St. Jude Children’s Research Hospital

Another example of a successful campaign is the partnership between St. Jude Children’s Research Hospital and Chili’s Grill & Bar. In the fall of 2010 they will announce the kick-off of their fifth annual Create-A-Pepper to Fight Childhood Cancer campaign. Chili’s restaurants have marked National Childhood Cancer Awareness Month by inviting people to get creative and raise funds to help St. Jude find cures and save children with cancer and other catastrophic childhood

diseases. Customers are invited to make a donation to St. Jude and receive a Create-A-Pepper chili pepper coloring sheet designed for display at restaurants during the month. They also can purchase Create-A-Pepper T-shirts that can be customized with permanent marker or buy a customized Create-A-Pepper key that can be cut for use at home or the office.

On Monday, Sept. 29, 2010 Chili’s will donate 100 percent of their profits from participating restaurant sales to St. Jude. To date, Chili’s has raised \$18.7 million as part of a \$50 million commitment to St. Jude over a 10-year period. Once completed, the donation will be the largest donation from a single partner campaign in St. Jude’s history. Proceeds from the campaign helped to create the Chili’s Care Center, St. Jude’s first medical building on their campus to bear the name of a corporate partner.

Washington Hospital Center

Christopher J. King, MHS, FACHE, senior director of Grants and Communications for Washington Hospital Center, tries to appeal to the different goals and objectives of their corporate partners.

“Our strategy is to provide corporate supporters with a menu of ways they can enter into a partnership with the hospital” King said. “Direct grants that support programmatic or operational expenses, community program sponsorships, employee giving programs, event support and cause-related marketing campaigns and product donations, all provide options for a partnership while keeping both the hospital and corporation’s mission in mind.”

Although corporate philanthropy is changing, King doesn’t see its importance waning. “Corporate sponsorship supports a heightened image, brand awareness and the potential for increased business, while demonstrating social responsibility and community involvement,” King said.

Butler Hospital

Butler Hospital, a psychiatric hospital in Rhode Island that conducts research to improve brain health, is adjusting to the shift in corporate philanthropy by focusing on ways to keep creative and innovative when entering into partnerships with the corporations that support the hospital.

“There has been a dramatic shift in corporate partnerships over the last few years,” Michele Berard, MBA, CFRE and director of funds development for the hospital, said. “We focus on ‘intangible perceived benefits,’ benefits that don’t cost a lot but are attractive to corporate donors.”

Butler Hospital also participates in Deutsche Bank’s Birdies-for-Charities, a fundraising program designed to give participating organizations the opportunity to generate individual and corporate contributions through the Deutche Bank Championship, a PGA Tour event, based on the number of birdies made by the professional golfers during the tournament. The pledges received through the program have been used as a successful donor acquisition vehicle for Butler Hospital.

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Seek innovative partnerships.

Companies are under pressure to give evidence of their impact and gauge the social and business benefit. Many companies view corporate philanthropy as a core business activity and manage their giving both proactively and strategically. Seek out these companies.

Activate your benefits. As the Edelman *GoodPurpose* study shows, consumers have a better opinion of corporations that integrate good causes into their business, regardless of the reasons why. Nearly two thirds of people (65 percent) have more trust in a brand that is ethically and socially responsible and 57 percent of consumers believe a company or brand has earned their business because they have been doing their part to support good causes. Your hospital is in a position to help your corporate partners. Leverage your assets to build new relationship and retain the partnerships you have.

Steward your corporate donors and deepen your relationships with them through consistent


communication. Keep in touch with your donors. "Regularly communicate with those who have made gifts to your organization" Melanie Hitchcock, director of corporate giving at Presbyterian Healthcare Foundation in Albuquerque, N.M., said. "This is not the time to let your corporate donors fall off the radar. Our traditional strategy included soliciting corporate donors who had made gifts within the last three years. We now solicit corporate donors who have made gifts within the last five years. Some of these corporate donors have come back!"

Thank them. Washington Hospital Center reminds corporate donors about the difference their gift makes to the community. When speaking to corporate donors, Senior Director of Grants and Communications Christopher King emphasizes that "Your generosity helps secure our 'patient first' philosophy of providing the highest quality and most advanced and compassionate care to all, from the world's most powerful leaders to the District's most needy residents."

Stay donor-focused and mission driven. According to Director of Corporate and Business Development William Mandeville,

Phoenix Children's Hospital partners are invited to invest in the health and well being of the children in their community as one of the most worthwhile and fulfilling ways to become a corporate citizen. "We focus on making deeper connections with our corporate partners based on their philanthropic interests; we listen to our donors to make sure there is mission-match," Mandeville said. King agreed: "The mission, location and size of Washington Hospital Center present a great opportunity for corporations to convey their commitment to the community. Countless numbers of individuals benefit from the hospital's various community services programs. These statistics present significant naming opportunities and increased visibility that will strengthen a corporate brand."

Take a non-traditional approach to corporate giving. Implementing a special promotion or cause-related marketing program is a way to visibly demonstrate a corporation's commitment to a hospital's mission while promoting business at the same time.

Corporate giving is here to stay but securing it takes skill and an investment of time. Do your research, find the match and reap the benefits! 



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Social media 101

for health care development organiz

Your relationship with your supporters, donors and advocates has a tremendous impact on their desire to support you financially. And social media gives you an opportunity to build two-way connected relationships online.

By Frank Barry



■ **Frank Barry** manages professional services for Blackbaud and is responsible for driving performance in the consulting, technical services and project management practices. His team is focused on delivering quality work and repeatable solutions to ensure nonprofits are successful using Blackbaud's Internet solutions.

You have a great framework: You can acquire donors, cultivate them and fundraise.

Moreover, you are using both online and offline channels to do it. But, you have a nagging interest in social media.

Newspapers and television shows are constantly referring to Twitter and Facebook, and the number of people participating in those channels is staggering. The first thing that strikes you is the potential for reaching large numbers of people. As you think about it more, the type of personalized, engaged, high-value relationships you could cultivate with people through social media becomes perhaps even more intriguing.

Once an organization has gotten to this point in its thinking, the most common next questions are:

1. There are so many options, where do you start?
2. How can my organization use social media to pursue specific objectives—for example, fundraising vs. engagement?
3. What are the risks and how should those risks be managed?
4. How do I track what people are saying about us?
5. What are some examples of social media techniques that have provided real results?



zations

When did the Web get social?

Given all the current talk about social media, you might assume that the Web's core technology recently changed. But really, the Internet was conceived as a social medium. E-mail, the origination point for social computing, got started 39 years ago.¹ The now venerable World Wide Web made its debut a full two decades in the past. With these beginnings, why was the first Wikipedia entry for "social media" not created until 2005? Consider two recent developments:

1. The Internet's ability to move and store large volumes of data has quintupled in the last decade.²
2. A majority of people in the U.S. now have a high-speed connection to the Internet in their homes.³

These two trends have created the technical and social environment needed for the original vision of the Internet as social medium to go mainstream. There currently are worldwide:

- More than 2.9 billion e-mail accounts.⁴
- More than 400 million Facebook users.⁵
- 13 billion photos on Facebook & Flickr alone.⁶
- More than 161 million visits per month on Twitter.⁷
- 133 million blogs.⁸

Your supporters and future supporters are now actively out there, sharing photos, making connections, telling stories, giving advice and watching videos. Go ahead, join them—they'll be glad to see you!

How hospitals are using social networking

Hospitals are already reaching out to their communities using social media. As of June 2010, blogger Ed Bennet, who maintains a Hospital Social Network List on his website, <http://ebennett.org>, had tracked 744 hospitals in the U.S. that were using some form of social media. That's 344 YouTube channels, 530 Facebook pages, 557 Twitter accounts, and 96 blogs.⁹

How are hospitals using social networking to connect with their communities? In just about any way imaginable. Here are just a few examples:

Sutter Eden Medical Center Castro Valley, <http://suttermedicalcentercastrovalley.org>: Engages the local community about their progress in building the new medical center through a blog and a Twitter account.

Henry Ford Health System, www.henryfordhealth.org: Uses Twitter for real-time education. Through Twitter, Henry Ford has

done live surgical Twitter-casts, Q & A with surgeons, updates and breaking news in real time.

Scripps Health, www.scripps.org: Monitors social networks for mentions of the Scripps name and provides suggestions, resources and customer service support in response to customer postings.

Innovis Health, www.innovishealth.com: Leveraged a blog and Twitter during a time of natural disaster during the spring of 2009 to provide real-time updates, freeing up phone lines and providing valuable information to the community. The blog received more than 1,100 media hits and their followers on Twitter included CBS News and FEMA.

Mayo Clinic, <http://sharing.mayoclinic.org>: Uses a collaborative community blog to give employees, patients, families and friends a place to share stories, creating brand ambassadors. The blog serves as a hub for Facebook, YouTube and Twitter.

What about hospital development offices and foundations?

Social Media isn't for hospitals alone. Development offices and supporting foundations can benefit from the relational, or "social," aspect of social media as well. Think for a second about what really makes fundraising work in the first place. Isn't it all about relationships and connections—the kind that move people to take action and help others?

As you think about how to utilize social media make sure to remember that your relationships with your supporters, donors and advocates have a tremendous impact on their desire to support you financially. And social media gives you an opportunity to build two-way connected relationships online—something the Web has lacked until recent years.

Let's take a look at a few examples of where social media is being used for fundraising.

BC Children's Hospital

Foundation, <http://www.bcchf.ca>: Has a broad and integrated approach to their social media strategy. They blog (<http://bcchf.wordpress.com>), tweet (<http://twitter.com/bcchf>) and participate on Facebook (<http://www.facebook.com/BCChildrens>) with a focus on building community and driving online giving. Two key aspects of their Facebook strategy are a simple link to their online donation form in the left column of their Facebook page and a custom Facebook application that allows their Facebook fans to show their support by placing a "badge" on their personal Facebook page (<http://apps.facebook.com/bcch-superhero/>). The badge has already raised more than \$8,000 dollars.

Mount Sinai Hospital

Foundation, <http://www.mshfoundation.ca>: Uses Twitter (<http://twitter.com/mountSinai>) and

Facebook (<http://www.facebook.com/MountSinaiHospital>), but they've gotten creative and added custom tabs for "How to Help" and "Gifts" to their Facebook page. These tabs provide both information and an opportunity for their Facebook fans to support the hospital.

University of California San Francisco Foundation, <http://www.ucsf.edu/support/>: Has raised more than \$56,000 dollars through the Causes application (<http://apps.facebook.com/causes/beneficiaries/19347/causes>) on Facebook for several causes supporting UCSF's children's hospital and cancer center. What's unique about UCSF is that they don't have a Facebook page. They only use Causes through Facebook, but that seems to be working for them so far.

Overcoming obstacles

Even though the evidence is there for moving forward, there are unique

challenges that hospitals and their supporting foundations face in getting started.

It's hard to get approval or buy-in from executive staff

Leadership may think that social media/networking sites are useless, that they provide their hospital or foundation with no real value and that people will spend all their time "playing around." Are these real concerns? Sure. What does it take to overcome these? Show them the value, impact and potential through what others are doing. Look at hospitals, foundations, nonprofits, for-profits, small organizations and large organizations. Show the success of others and come to them with ideas and plans on how you can be successful as well.

We can't get access to social networking sites due to IT restrictions

A common issue with hospitals is that IT departments often limit access



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As of June, 2010, 744 hospitals in the U.S. were using some form of social media. That's 344 YouTube channels, 530 Facebook pages, 557 Twitter accounts and 96 Blogs.

because they want to keep a tight rein on things to make sure the hospital's network is safe. One suggestion for overcoming this challenge is, if people abuse their access, fire them. That may sound extreme, but when you think about it for a while it makes perfect sense. Isn't it similar to people not doing their job or performing at a less than satisfactory level? Put a policy in place that makes this clear so everyone understands and move on. If accessing these sites is not part of a person's job responsibilities, then limit their access.

There's a disconnect between the hospital and the supporting foundation

This one is tough. Hospitals and their supporting foundations often have conflicting priorities and may not be united around a joint online strategy. If you're a foundation that has worked through your goals and is ready to get started, and your hospital counterpart is not, my suggestion is to lead the way. Start deploying your social networking strategy. If you do it right, you will demonstrate success and educate your counterpart along the way. My guess is they will soon follow. If your hospital already has a social media presence, then you will want to develop a close working relationship with your counterpart and coordinate your efforts.

Does it make sense to piggy-back on the hospitals' social networking sites so your development goals are integrated and executed by the hospital communications or marketing group? Or should your foundation launch its own Facebook page and/or Twitter account and maintain a unique identity? There's no one right answer—hospital foundations are out

there successfully engaged in social media on their own and through their hospitals.

A few questions to consider: Can your goals be achieved through the hospital's social networking vehicles? What audience is the hospital reaching through their social media efforts and is that your target audience? For example, some hospitals' social networking sites are largely used by employees, while others primarily engage grateful patients. Do you have the resources to support your efforts in-house? Does the hospital have the resources to support your additional efforts? The best way to proceed will depend on your unique situation.

We don't have staff knowledgeable about social media or how to use it to support our mission

A new skill set is emerging with the rise of social media/networking. Look to hire someone with these skills or develop someone on staff. There are a lot of resources out there to help you get started, from how-to books to webinars. It's a minimal investment in your program's future.

Five steps to start leveraging social media

1. Pick a goal to pursue

Having a social media strategy is not its own objective. Rather, social media strategies can support your existing objectives. Reflect on your organization's current objectives and identify something your organization wants to accomplish through social media. Many organizations find that social networking provides good support for:


- Building awareness.

- Connecting with new supporters.
- Soliciting online gifts.
- Cultivating supporter relationships.

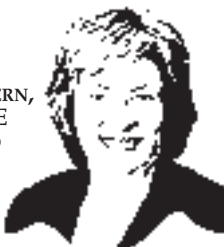
If you are just starting, pick one of these to focus on and let that objective guide you every step of the way.

2. Make success someone's job

Or at least make it an explicit part of someone's job. Treat social media like you would your other communication channels: Figure out where responsibility for your social media programs should reside in your organization and assign responsibility. Making an overt assignment (like you probably do with direct mail, e-mail, telemarketing, public relations and advertising) will let a person or group of people on your staff develop the focus, comprehensive view and skills needed to leverage these new techniques effectively.



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3. Listen

With your team identified and your initial goal in mind, you might be tempted to start doing something. Resist, at least until you have two more pieces in place. The first is your ability to listen in the social media channels. There are at least three reasons for this:

1. Social media is a two-way channel; as politeness prescribes, you need to be ready to listen before you add to the conversation.
2. Organizations like yours already are participating. Seeing what they've done will give you inspiration, cautionary information and a sense of what you need to do to differentiate your organization.
3. Once you do start to contribute content, the disciplined framework for listening you've put in place will be used to measure the reach and impact of your initiatives.

Some starting points for regular monitoring include:

- Use the flexible automated alerts feature through Google to receive periodic e-mails or an RSS feed (which you can set-up through Outlook or Google Reader) to get alerts any time your organization is mentioned across a variety of different types of Web content: www.google.com/alerts.
- Search for your organization's name (or topic words) being used in the micro-blogging world with Twitter's search portal, www.search.twitter.com, and create an RSS feed of the results.
- Track the number of times a blog mentions your organization or related topics at www.technorati.com.
- Set up a listening dashboard where you can monitor all of your searches with free tools like iGoogle or TweetDeck.

Track the number of mentions for your organization name, your staff and events you are currently running in each

of these mechanisms. This will help measure your organization's current social media footprint and prepare you to measure the reach of your future initiatives.

4. Establish a baseline social media presence

After establishing your organization's ability to listen in the social media channel, the second step is to establish a baseline presence that you can use as a foundation for your subsequent social media campaigns. Remember the places you choose to engage should be places that make sense based on your objective.

Create a Facebook page

This will provide a simple outlet for any of the more than 400 million Facebook users who would already like to connect with your organization. The first version of your page can be very simple, and you can launch it in minutes. To get started, you don't need to do much more than greet your supporters and provide a link back to your website. Advanced features include importing blog feeds and customizing your page with unique tabs.


Create a Twitter account

This will give your organization a voice to speak with in the micro-blogging world. To get started, send out regular updates about newly available web resources, events or programs your supporters will be interested in. Include links to the root content on your website. Every Twitter strategy should include being responsive, engaging in conversations and providing social capital or value to your supporters.

5. Evolve

Now you have an objective, dedicated staff, a way to listen and to measure results, as well as a baseline presence in the social media landscape. What's next? Reflect on what you've learned in your first few

weeks of watchful monitoring, review the program examples above, and formulate the plan for your first social media campaign. Once you determine your team, objective and strategy, evolve your social media toolkit. Explore other platforms to employ, including location-based applications like Foursquare, video sites like YouTube, networking sites like LinkedIn, social bookmarking sites like Delicious and photo sites like Flickr. Your supporters are out there waiting to engage.

Ready? Go! 

Editor's note: You can find additional resources, including Frank Barry's interview with Deborah Braidic, who manages social media at Childrens Hospital Los Angeles, on the AHP website at www.ahp.org, Publications and Tools>AHP Journal>AHP Journal Archives>Fall 2010 AHP Journal.

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The check is in the mail. Or is it?



Twelve tips for a more productive fundraising letter

By Robert A. Mullen



■ **Robert A. Mullen** is a freelance writer and the founder of one of Arizona's oldest ad agencies. He has written for newspaper, magazine, radio, television, cinema, direct mail and the Web. Published internationally and retired from advertising, today he writes for a broad range of clients including a number in health care. He can be reached at rambob2@cox.net.

The one-on-one letter you send to your community can be a personal message of purpose and can produce the financial rewards you seek. It deserves all the professional love and care you can give it.

Consider for a moment the great hopes and expectations you will have for your next fundraising letter. Through words—and rarely, pictures—it will go forth, alone in the mail, to a faceless audience as your silent messenger, requesting money from prospective donors. This is no time for insipid text, uninspired graphics, misdirection or a story with neither plot nor character.

Computers, the Web and a new wide world of technocracy have

showered us with a deluge of data, forever changing the ways we live, work, travel, play and communicate. Direct mail has been streamlined with digital printing, laser addressing, computerized mail identification and a host of computer coded magic. Yet, technology is not a replacement for the human touch—the personal letter that, when well written, can reach out far beyond the mechanics of a cyber world and bond sender to receiver. Simply, the case for your fundraising letter has never

been stronger than it is today. And there are ways to make your message engaging, credible and sufficiently emotional to provoke a positive response. These 12 tips produce proven results and come after years of experience.

1

Focus your appeal.

Donors would rather buy a single scalpel that could save a single life than give to something as vague as a general fund. Sound theme selection is basic to the process.

2

Wherever possible, tell the story of a grateful patient.

And do so with a sense of human drama. School kids complain that their textbooks are boring, yet they are willing to line up for hours to buy the next Harry Potter book. That's because J. K. Rowling, author and creator of Master Potter, knows how to dramatize a character who has been swept up in a battle between good and evil. Stories are about people. And always remember that you cannot bore them into giving you money. If it is well told, most people will empathize with your story. As they read the letter, many, if not most, will think, "This could be me or a member of my family."

In one of our recent letters, we headlined this direct quote from a grateful patient: "I just wanted to walk again. Yesterday, I played two sets of tennis." And we started the letter out with this: "John came to us with a broken body caused by a terrible auto accident. Three things contributed to his remarkable recovery: Our dedicated and highly skilled medical team. The very best in medical technology. And financial support from individuals such as you who continue to make such miracle work possible. It's why I am writing you today."

3

Your letter should read as if it were from one person to another person, friendly and conversational.

Let's face it, you're asking a stranger to give you money. When your audience numbers into the thousands, a personal letter written in the first person is by far the most productive way to go. Ideally, the letter should be signed by one person, not several.

4

Get to the point! Most letters win or lose their audience in their first line or two.

Try to avoid platitudes and "features." Early on, your writer should frame things in terms of benefits—to the recipient, to the community.

5

Your letter should not look like a sea of gray type.

Be sure to emphasize a point or major issue by indenting, boldfacing, underscoring and/or italicizing. But be careful! This is an art for someone who understands typography and composition and has plenty of experience in the techniques of such graphics. Most paragraphs should not exceed seven lines. And nothing kills readership faster than a long string of capital letters.

6

Use color very sparingly, if at all, and avoid making your letter look

like a flier from a discount store. In our high-tech age of instant color, there's always a temptation to out-perform the rainbow. Yet, in your personal, one-on-one letter, the most readable and credible combination is black-and-white. It's the way books are printed and the manner in which newspapers convey most of their news. On the subject of graphics, a well conceived headline on the face of the envelope works. And

an appropriate photograph in the body of the letter frequently gains attention.

Avoid long lines of text. Margins should be at least one inch, but 1.5 inches is better—the longer the line (measure), the lower the readership. Today armies of young wizards who are genius in computer crafting have fallen prey to a common evil by using sans-serif typefaces such as **this**. Serif faces such as **this** enjoy a 30 percent greater readership than the madly popular, but highly ineffective, sans-serif.

7

Your letter is an extension of your institution. As such, it should be **correct in its**

grammar, punctuation, capitalization, usage and style.

When in doubt, have your writer refer to the Associated Press Stylebook, which remains a bible for serious writers.

8

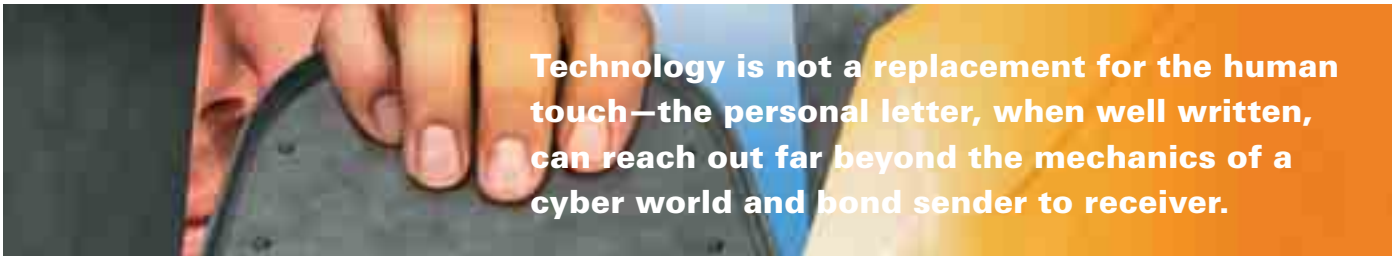
When you have a letter you feel is right for you, your institution and its cause,

avoid the temptation to seek committee approval. Don't allow your letter to be homogenized and processed by people who were not around when the paper was blank. Old time radio comedian Fred Allen said it best: "Committee—a group of men and women who individually can do nothing but as a group decide nothing can be done."

9

People take long trips, consume long novels, watch long movies **and read long**

letters, providing they are well-written, personal and beneficial. And don't forget to end your letter with postscript. Research by the ton guarantees high readership for the P.S. Often, it is the first thing read and your last chance to make an important point. Here's one that worked well: "P.S. More than 15 thousand



Technology is not a replacement for the human touch—the personal letter, when well written, can reach out far beyond the mechanics of a cyber world and bond sender to receiver.

received emergency medical attention at (hospital) this past year. Some might have been your friends, neighbors or family members. Your gift will allow us to continue this critical service and to expand our emergency facilities so we can meet the growing demand. Please send us your check today.”

a grateful patient for your story, someone who has survived an accident or been healed from serious illness. As an example, you do not want to feature someone who has beat cancer only to find that as you are dropping thousands of letters with the patient’s story of victory, the cancer returns and the patient dies.

might be “handy with words.” With the economy suffering and the public confused about health care, time spent with a pro will give you a much stronger letter with a much better response.

The late Peter Drucker, famous author and management consultant, said nonprofit hospitals are as critical to a society’s success as good government, entrepreneurs and thriving corporations. He said one word sets enduring nonprofits apart: Purpose! The one-on-one letter you send to your community can be a personal message of purpose and can produce the financial rewards you seek. It deserves all the professional love and care you can give it.

10 **Don’t forget to ask for the order. A call to action is essential.** Be sure there’s a sense of urgency which can be as simple as “send us your check today.”

12 Finally, I’d be remiss if I did not recommend that **your letter should be written by an experienced and professional writer**, preferably one who is conversant with the health care profession. Too much is at stake in development work to give the assignment to someone on staff who

11 This is a delicate issue, but it bears mentioning: Wherever possible, **be sure you are on safe ground when selecting**



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Weill Cornell Medical College



DISCOVERIES 
THAT MAKE A DIFFERENCE
THE CAMPAIGN FOR WEILL CORNELL MEDICAL COLLEGE

Founded in 1898, Weill Cornell Medical College is among the top-ranked clinical and medical research centers in the country. Currently, Weill Cornell seeks to raise \$1.3 billion in private philanthropy to fund a variety of initiatives that will further enhance the school's research enterprise. The cornerstone of the *Discoveries that Make a Difference* campaign will be a new medical research building—in the heart of Manhattan—that will serve as Weill Cornell's new home for translational research programs. The campaign will also fund research and clinical programs, faculty recruitment and scholarships for tomorrow's doctors and medical researchers.

As of May 2010, a total of \$1 billion has been raised in a record time of less than four years. CCS is proud to partner with Weill Cornell on this historical achievement. Previously, CCS partnered with Weill on the successful *Advancing the Clinical Mission* campaign, which, in 2005, achieved its \$750 million goal one year ahead of schedule.



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