



# h Brakeley Briscoe

## Considering Philanthropy

Fall 2011

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## *Campaign Readiness: The Culture of Philanthropy in Healthcare Organizations*

by Susan S. Holt

Seasoned healthcare development officers are keenly aware of the many inter-related elements that contribute to campaign readiness including:

- Vision and brand
- Leadership and giving commitment of the Trustees
- Consistent attention of and partnership with the CEO
- Resonance, urgency and passionate articulation of the case
- Well-honed strategic plan
- Clear philanthropic agenda
- Physician engagement
- Major donor pipeline, depth and readiness
- Development staff competencies and discipline in best practices
- Development program infrastructure
- External economic and healthcare environment

**culture:** *the set of shared attitudes, values, goals, and practices that characterizes an institution or organization.*

Healthcare institutions are by their very nature complex organizations with multiple priorities vying for attention and resources. Today's healthcare and fluctuating economic

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## *Sponsoring Other Healthcare Organizations' Fundraising*

by Stuart R. Smith

As fundraising consultants, we get questions from healthcare clients asking about similar nonprofits. Often, they ask:

“Do they sponsor other organizations' fundraisers in their community? If they do, how do their own donors respond? How do they make decisions as to whom to sponsor and whom not to sponsor?”

Sometimes the ones asking are nonprofits that have a long standing policy on not

sponsoring other organizations, citing sensitivities to their own donors' perceptions of asking for their support and then turning around and giving money to others.

They then go on to ask, “If these healthcare nonprofits do not sponsor other community organizations or fundraisers, what is their messaging to those organizations and the community as to why not?”

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## Sponsoring Other Healthcare Organizations' Fundraising

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### **There is no right answer. It's all local and perception.**

Hospitals and health systems are often viewed as large employers for their communities and as such are not seen as similar to local nonprofits. Perception is what drives the decision.

If a hospital or health system has a PR/marketing budget and plan, certain charities "fit" the marketing or "community relations" goals of the hospital and are worthy of support; this budget comes from the institution's revenue, not donations.

If "perks" are part of the support — a table at the dinner or a golf foursome, etc. — it's smart to put your staff in those spots to pursue your marketing goal, for example, cardiologists at the Heart Ball with the department head in the lead.

Sometimes, it's a major donor making the request; if so, this marketing objective screen often aids the decision-making process.

Rising to the primary sponsorship is still another decision. If you are the Breast

Center, and the Komen Foundation grants you funds, then the connection is clear.

In these cases I always look to the hospital (not the foundation or Development Council) to bring their resources to the sponsorship. This might mean some budget support, but should be overshadowed by hospital "in-kind" support, e.g. personnel, data management (registration, promotion), event logistics support (first aid stations, water station operations, etc.), advertising and committee meeting location, refreshments and so on. A great way to derive the value of your sponsorship is to look at the activity/event budget, and then have your donated resources/service, replace the hard expense. Net revenue comes from increased income and expense reduction; this approach is a win-win.

Since you are also one of the bigger employers in the area, your employee work force also represents a group of prospective participants, who with proper enlightenment (how much the event raises for the community,

for the hospital's cancer program, etc.), you can encourage their participation.

This works great when the charity seeks employers to build their team or teams to participate. Your institutional support challenges other institutions and companies to do the same.

The bottom line is: whatever you do, be sure your donors recognize you are engaging as a major community employer in a civic responsibility, encouraging others to support the cause. You are not spending valued contributions from your donors.

You should always keep these suggestions in mind:

- Create an evaluation screen: "How does this support our mission? Our year's objectives?" etc.
- Evaluate the "screen" annually.
- Don't make exceptions. If you must, "roll consideration to next year."
- Commit to the success of your sponsorship role.

## **Brakeley Briscoe Honors the Winners of the George A. Brakeley Jr. Awards**

Every year Brakeley Briscoe Inc. honors the winners of the George A. Brakeley, Jr. AHP Award for the best articles to have appeared in the Association of Healthcare Philanthropy's (AHP) *Healthcare Philanthropy* (formerly AHP Journal).

Established in 1981, this award honors individuals who donate

time and talent to enhance the fundraising profession by writing outstanding articles for *Healthcare Philanthropy*.

The winners are selected by the AHP Journal Advisory Council. Each eligible author receives a plaque and free registration to the AHP annual conference.

The 2011 first place winners are Betsy Chapin Taylor, MSJ, MBA, FAHP; Janna L. Binder, MBA; and Craig E. Deao, MHA for "The data is in: Service excellence cultivates giving" in Spring 2011.

The second place winner is Peter Fine, FACHE for "Leadership Matters" in Fall 2011.

## Campaign Readiness: The Culture of Philanthropy in Healthcare Organizations

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landscape further compound the expectations placed on development. Challenging times require laser focus when preparing for a campaign. As Brakeley Briscoe assesses campaign preparedness, the culture of philanthropy has readily risen as one of the single most important determinants of success.

**philanthropy:** *an act or gift done or made for humanitarian purposes.*

More elusive than the traditional gift pyramid, the Trustee, CEO and physicians' commitment to consistently articulating the

development function's value proposition as the good to great, or great to pre-imminent revenue stream makes a critical difference. Institutions that form a triumvirate of the Board Chair, the Chief Executive Officer and the Chief Development Officer who partner to infuse the value of philanthropic investments throughout all facets of the institution's volunteer board, physician-staff and donor constituencies are better positioned for success. The Board leadership that sets the pace of the institution's philanthropic culture, versus a staff-driven culture,

ultimately defines not only campaign success but also a sustained program.

**culture of philanthropy:** *the shared set of attitudes, values, and goals practiced by leaders, volunteers and staff that characterizes the institution's environment as one worthy to stimulate and receive gifts that advance humanity.*

To receive a copy of your "Healthcare Philanthropic Check up" to test your institution's culture of philanthropy, please write to [info@brakeleybriscoe.com](mailto:info@brakeleybriscoe.com).

## Making Wealth Screening Work for You

by Marianne G. Briscoe and Juliana Ver Steeg

Electronic wealth screening is an important tool for planning and managing your fundraising program, especially major gifts. You give the screening service donor/prospect records from your database. The records are put through a series of data screens that give you an estimate of the giving capacity and more of each of the matched names on your list. A match means information you provided on a donor/prospect found a "hit" in one or more of the screening sources.

Yet when the reports come back, they are not often put to good use. Sometimes people think their wealth screening report is a cause for celebration; it identifies millions in potential giving (hint: but make sure you evaluate the information carefully). Other times it seems like you took a sip from a fire hose and have so much data you can't do anything with it (hint:

don't waste the opportunity). Sometimes people think their report is a yawn; it doesn't tell anything they don't already know (hint: you aren't looking closely enough).

In all cases, partnering with a consultant analyst can help you get the most out of your data. When should you do a wealth screening? When you are planning a capital campaign or a major gifts effort, screening done during or just before the fundraising planning (feasibility) study will complement the giving evaluations from study interviews. In some constituencies there is a reluctance to discuss or a lack of knowledge about the giving capacity of peers so that interviews don't yield useful gift capacity information.

If you have plans to grow your major donor program – even if you don't plan a campaign – it is important to keep your wealth screening current. Data older than

two years, particularly in these uncertain times, will likely tell an inaccurate story about your donors' giving capacity today.

What do you get in your wealth screening report? Most importantly, an estimate of the total philanthropic capacity of the list you screened and a rating for each of the names you submitted. In addition, depending on the service you use, you will receive other detailed information as well as guidance on segmenting the donors/prospects into major gifts, annual fund, and planned giving. In most cases, the screening data can be downloaded into your database management system.

But then what do you do? Certainly if you find an unknown multimillionaire or ten, celebrate! Then segment out the major gifts, planned giving, and annual fund prospects. Working with the major gift prospects first validate the

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## *Making Wealth Screening Work for You*

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records. You certainly sent in a few John Smiths for rating and you need to assure that the rated John Smith is your John Smith. For the high giving capacity prospects, you need to look at the information in greater depth and determine whether the screener's evaluation is really on the mark. For example, you may have highly rated prospects whose major wealth is tied up in real estate; they may look like big donor prospects but don't have easily converted assets.

In evaluating the data, it is very important to understand that the philanthropic potential or capacity associated with each record is just that, "potential." It represents all giving a single donor is capable of over a five year period. Your share of that will be a small percentage. You also need to push your data analysis to the next level. Determine giving inclination, which is even more important than capacity. This is the prospects' interest in you and their linkage to you. Once you know who the high net worth prospects are, get to work mapping these inclination factors. Much of this data may be in your moves management donor files and other giving records that wealth screening doesn't analyze. This is a critical next step in getting the real value out of your screening.

When you have done this overlay, you will have information about their giving to your organization – how long, how much, why; you will have information about various segments of your organization's high capacity donors; and you will have information about the networks they share with your fundraising volunteer leaders. Because of the limitations of the wealth screening process, usually only some of the wealth is discovered; most screenings overlook some of your high value prospects; and for those it evaluates, giving estimates are often low. Similarly, wealth screening cannot take into account possible other major financial needs such as private school or college tuition for children or grandchildren, large medical expenses, etc. In these cases, wealth screening estimates of philanthropic capacity may

## **LET'S MEET: CONFERENCES AND SPEECHES**

### **November 1, 2011**

Educación de Valor Mundial Foro Mundial Fundraising 2011; Monterrey, Mexico. Marianne G. Briscoe presenting "Introduction to Capital Campaigns".

### **November 4, 2011**

AFP Golden Gate Chapter National Philanthropy Day; San Francisco, CA. Brakeley Briscoe sponsoring table. Alden Briscoe and Julie Ver Steeg attending.

### **November 7, 2011-November 12, 2011**

CRD 45th Annual Conference; Washington, D.C. Brakeley Briscoe exhibiting at booth 207. Timothy P. Snyder presenting "Re-energize; Re-focus; Raise More Money" on Thursday, November 10, from 10:45 a.m. to 12 p.m. and "Your First Comprehensive Capital Campaign Begins Today" on Friday, November 11, from 3:15 p.m. to 4:30 p.m. Alden F. Briscoe attending.

### **November 18, 2011**

AFP Silicon Valley Chapter National Philanthropy Day; Santa Clara, CA. Julie Ver Steeg attending.

### **December 12, 2011**

AFP Golden Gate Chapter; San Francisco, CA. Marianne Briscoe presenting, "Ethics and Fundraising – what's new?" at 8:30 a.m.

### **February 5, 2012-February 7, 2012**

42nd Annual CASE-NAIS Independent Schools Conference; San Francisco, CA. Marianne Briscoe, Alden Briscoe and Julie Ver Steeg attending.

### **March 21, 2012-March 24, 2012**

AAMC Group on Institutional Advancement (GIA) Annual Conference; Palm Springs, FL. Alden Briscoe and Susan Holt attending.

### **April 1, 2012-April 4, 2012**

AFP 48th Annual International Conference; Vancouver, Canada. Brakeley Briscoe exhibiting at booth 835. Marianne Briscoe and Alden Briscoe attending.

be high. Wealth screening is only one piece of the puzzle. The data must be paired with the qualitative information known about the donor/prospect that lives in the heads of volunteers and staff members, as well as in the "comments" or "notes" sections in your fundraising database.

Wealth screening is just the beginning of your advanced prospecting. The tremendous advantage it offers is that with careful review, it helps answer the question "can they make a gift of THAT size". You have your data; your prospect researchers, major gift officers and volunteer leaders can focus on what they do best: identifying and building prospect interest and capacity.