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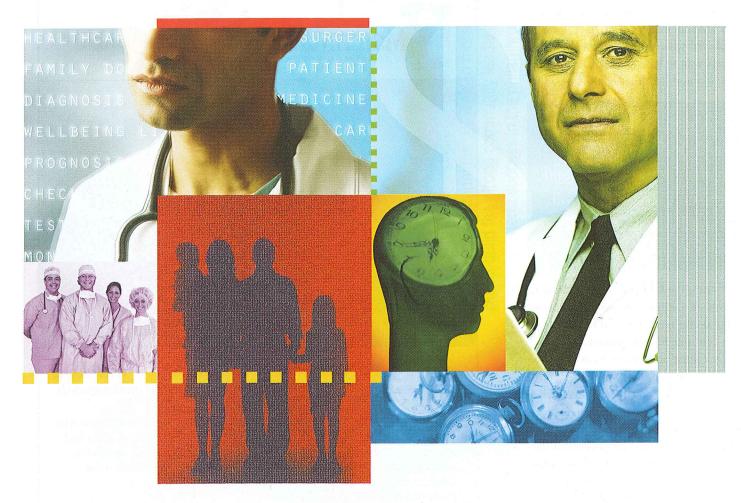
Involving physicians in philanthropy

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Why is it so hard to involve physicians in health care philanthropy?





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Both from the perspective of sheer number and gift potential, physicians comprise a significant internal audience for health care philanthropy. As front line caregivers, they have a profound impact upon the attitudes and thereby the behaviors of employees and patients and their families.

Whether personally, professionally, or socially, physicians—as prominent members of the community—can have an impact on any individual with whom they come in contact. In addition to providing gifts and volunteerism, their responses and attitudes toward philanthropy send a very strong "insider" message and are a leadership example to others.

Author's Note:

Given the difficulty of contacting physicians and their very compressed time schedules, it seemed that achieving a statistically significant number of responses was an unrealistic expectation. That proved to be true. The pre-survey goal was to obtain information that could be used to extract trends or significant issues that would serve as a beginning point and possibly point out the need for a larger survey. The survey had 55 respondents and they were a diverse group by many descriptors. Geographically, they were from nine states that ranged from California to Maine and from Minnesota to Texas.

he following is a summary of a recent survey conducted by Rick Bragga, JD, FAHP, senior director of development at Inova Health System Foundation, in an attempt to gain some understanding to this complex issue. The complete survey, more detailed analysis and various charts and graphs from its findings can be viewed at http://www.ahp.org/members-only/AHP-Journal/index.php.

Background to the survey

In my experience, there seemed to be many preconceived notions and anecdotal information of physicians being "less than generous" to "their" hospitals. However, the available professional literature provides little concrete information as to the ideas or thoughts of physicians about these issues.

This lack of firsthand information leads to speculation about how physicians feel and act toward philanthropy. Without specific and direct responses, communication between physicians and others is impaired, which may in turn enhance barriers to physician participation and support of philanthropic activities.

To create a starting place for this communication, physicians, development officers and consultants were surveyed. The objectives of the survey were to obtain the opinions, objections and thoughts of physicians regarding philanthropy.

Question #1 – How would you describe the philanthropic generosity of physicians as a group?

All participants chose either somewhat or not very generous as their number one or number two answers.

Question #2 — What dollar threshold on an annual basis would you categorize as generous for a physician?

The number one and number two answers of physicians were \$1,000-\$2,000 and \$2000-\$5,000.

Question #3 — Generally, what percentage of physicians do you believe make financial contributions to charitable organizations other than their primary hospital?

Physicians' and development officers' number one answer was 50 percent or more, while consultants chose 25-50 percent as their number one answer.

Question #4 — Do you make financial contributions to charitable organizations other than your primary hospital?

They indicated that 96 percent of them gave to charities other than their hospital and only four percent didn't contribute.

Question #5 — If you answered "yes" to Question 4: Which category best matches your annual philanthropic giving to charity other than your primary hospital?

Under \$3,000 was the choice of 48 percent of the physician participants.

Question #6 – If you answered "yes" to Question 4: Which of the following BEST describes why you give to charities other than your primary hospital?

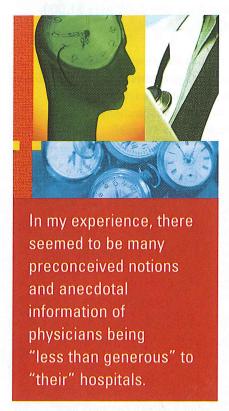
The first choice of physicians, at 79 percent, was belief in the cause, with personal involvement a close second at 71 percent.

Question #7 — Generally, what percentage of physicians do you believe make financial contributions to *their hospital*?

All respondents overwhelmingly chose 25 percent or less.

Question #8 – Do you make financial contributions to *your primary hospital*?

Physicians answered 82 percent yes and 18 percent no.



Question #9 – If you answered "yes" to Question 8: Which category best matches your annual philanthropic giving to *your primary hospital*?

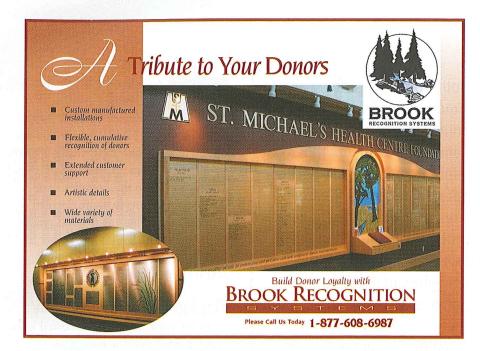
Of the physicians responding, 69 percent indicated annual giving of \$3,000 or under to their hospital.

Question #10 – If you answered "yes" to Question 8: Which of the following BEST describes why you give annually to your primary hospital?

Physicians' number one answer (71 percent) was belief in the cause.

Question #11 – If you answered "no" to Question 8, why not?

All groups listed their number one answer as "my work is my gift." Tied with "my work is my gift" for physician



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participants was "it is not a priority." This may reflect that the case has not been made strongly enough to convince them of the urgency, need or value of philanthropy. It could also be another indicator of the attitude underlying "my work is my gift."

Question #12 – What could be done to motivate you to give or increase your giving to *your primary hospital*?

All participants were in agreement and their number one answer was being asked for the right project. What is the right project? For non-physician donors and prospects, the right project is what

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they are or can become very interested or passionate about. This is most generally their choice, and does not always necessarily coincide with the institution's highest priority, most immediate priority, or a project that the hospital will eventually fund anyway. Why should it be any different for a physician prospect/donor?

The most troubling of the answers to this question came from physicians. Their number two answer, from 39 percent of the respondents, was that there was nothing that could be done to motivate them to give or increase their giving to their primary hospital.

Recommendations

The results of this survey have identified the belief that physicians are not very generous. This may come from increased or unrealistic expectations or perception of wealth. However, just because people listen to National Public Radio or pay for tickets to go to the symphony or receive health care or even work in health care doesn't mean they are obligated to give. As the responses cited here and in the details listed on the AHP Web site have shown, individual physicians and physician groups can be very generous.

Based on the answers and the conversations with physicians, there are eight recommendations for improving philanthropic success with physicians:

1. Improve communication – In many different ways, physicians have said they need to have more information.

2. Increase education -

Physicians are accustomed to being successful. Philanthropy is, for the most part, an unfamiliar area for them. Education will remove barriers, eliminate the unknown, reduce discomfort and the fear of failure, and address HIPAA compliance issues. All of this information will build confidence of success.

3. Focus on the opportunity -

Action follows passion. Find one and you will find the other. Physicians with approved or important projects they want to implement and can't get funded are a fertile area for interest. What do they want to accomplish and does it fall within the priorities and direction of the hospital? The number one "right" project for them may not always be the number one project for the institution. Find common ground or work simultaneously on parallel objectives.

4. Leadership – As in any successful endeavor leadership is the key. Especially in a specialty group like physicians, peer leadership is essential. There is an ancient saying that the journey of a thousand miles begins with just one step. That can also be said for creating a strong and vibrant physician leadership group. If necessary, begin with one. Start with current medical leadership, who command the most respect.

5. Role Modeling – Nothing speaks more loudly than walking the walk. Encourage, recognize and showcase the behaviors of physicians who make gifts and facilitate gifts from the community, especially from grateful patients. If you don't have any, create them. Find physicians who give to other charities, determine their project interest and give them the opportunity to shine.

6. Obtain more information -

There still is not enough information about physicians and their philanthropic beliefs and activities. Contacting physicians is challenging even when it isn't fundraising. However, more information leads to better communication, which builds understanding and ultimately cooperation. It can be done as witnessed by the physicians who participated in this survey and the 50 percent who provided their contact information and agreed to a follow up discussion regarding this survey. Most of them I've never met. How much more success can you have with your physicians who ultimately have the same patient care goals as you?

7. Treat physicians the same – Physicians are prospects and contributors just like any other member of the community. This survey indicated that they are giving more to others than to their own hospitals by at least 14 percent. Assess why they are or are not giving to your institution and treat them just like any other major gift prospect.

8. Build relationships - Don't short cut the process just because physicians are at your institution or because they are perceived as wealthy and "should be giving to us anyway." Everyone likes to valued and treated as someone special.



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