

WHAT THE FUTURE HOLDS FOR HEALTH CARE CAMPAIGNS

While we will continue to focus our full attention and energy on supporting the frontline caregivers and patients through this pandemic, we should also keep an eye toward the future of our health organizations. One thing is abundantly clear: our health care organizations will be different. We will not return to “business as usual” but to a “new normal” which will feel anything but normal for some time.

COVID-19 will impact health care organizational priorities, case communication and the way we engage our volunteers and prospects. How do we adjust?

Campaigns and major gift initiatives drive the majority of revenues. We must continue to advance philanthropy at this critical juncture and should undergo the following evaluation to be prepared to do so:

- 1 **Revalidate project priorities and financing**
- 2 **Adjust case communication**
- 3 **Prepare for volunteer, prospect and other engagement adjustments**

- 1 **Revalidate project priorities and financing.** Organizations must take a fresh look at current campaign priorities and the ability to secure financing to fund them. Has the health care organization’s financial position been negatively affected by the change in regular operations? Will this limit borrowing and impact reserves that are essential to funding? Are the previously identified campaign priorities still strategic priorities of the organization? Do campaign financial goals need to be reevaluated? These are questions the CPO and health care executive leadership should revisit to determine the potential vulnerability of current plans.

It is likely many health systems will need to adjust previous capital and programmatic priorities. Donor passions may lie in more recent or urgent priorities which could include:

- **Future preparedness:** Funding for future COVID-19 or other infectious disease pandemics will likely be a priority moving forward.

- **Telehealth:** Elevating telehealth service delivery may be a priority due to CMS temporary broadened access. Advancing this program can also meet organizational goals around population health, rural access to care and patient interests.
- **Community impact funds:** Supporting mental health, housing, food security, access to care or other needs within the community may move to the forefront.

This is a good time to introduce micro campaigns or Wave Campaigns™ that provide flexibility and agility to secure support for priorities that are clear in this moment. They also provide consistent engagement of prospects and donors while apprising them of additional system priorities.

Once reprioritized, campaigns should be pressure tested. Through individual conversations, validate the continued commitment of volunteers, and the CEO, to pursue philanthropy. It is possible volunteer enthusiasm has changed, and the CEO may have competing priorities for time. Look for new champions from the community or within the clinical ranks who have stepped up through this crisis and adjust as needed.

There is also merit to reaffirming commitments from existing donors and altering the pledge duration or amounts accordingly if needed. This sensitive task will create stewardship touchpoints that will be important to donors. Reevaluation of campaign constituencies and top 150 prospects will also need to be performed. Organizations have new donors that should be stewarded, researched and engaged.

2 Adjust case communication. Campaign priorities may not change significantly—after all, cancer, heart, diabetes and other diseases

will continue to afflict our nation—however, the messaging must now also relay our COVID-19 response. Provide inspirational stories of caregivers and donors, along with measures taken to better prepare for any future occurrence. Connecting relevance to current reality is important to align donor passion with need. For example, the necessity of private patient rooms, right-sized ERs with solid-walled rooms, elevated infection controls and more may now be better understood and, therefore, funded by donors. Relating these is key.

3 Prepare for volunteer, prospect and other engagement adjustments. Social distancing, group size limits, hospital visitation restrictions and other adjustments are likely to continue. We must rethink how we engage volunteers, committee members, donors and prospects. Video conferencing and other remote cultivation tools will become standard. Limited access to hospitals will restrict tours and possibly non-essential visitors. New techniques, such as gift officer and physician guided video tours, could be the new normal. Preparation and creativity are essential.

Moving Forward | Campaigns underway will continue; however, with reaffirmed strategy, direction and timing. Donors trust us to articulate the most urgent and strategic health care needs of our communities. We can become or remain their charity of choice if we communicate thoroughly while continuously aligning our organizational priorities with their philanthropy goals.

About the Authors: Heather Wiley Starankovic and John Donovan are Principal Consultants with Accordant. You can reach them at Heather@AccordantHealth.com and John@AccordantHealth.com.