

A Systematic Approach to Engaging Local Philanthropy

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“Geriatricians create tremendous good will, yet are uneasy asking people for money, creating a group of donors from family members, or cultivating wealthy family members. My advice is, get over it! Wealthy people want to give, and they will give to someone!”

Christine Cassel, MD

The Question

You have been such a help to us, is there a way we can support your work?

Why can't more people benefit from the type of care you provide?

Jill/Jack, I'd really like to do something to show our gratitude for what you and your team have done for us.

Some basics about Wake Forest & Winston Salem

- Private small university (<5000 undergrads)
- Winston-Salem 250,000 residents with 750,000 in Triad
- Geriatrics in Dept of Medicine
- Sticht Aging Center a dean's appointed center
- 25 faculty, 12 Full time MD, 2 part-time MD, 11 PhD
- Pepper, Hartford, Reynolds, Kulynych Centers

The Strategy (Initiated 2002)

- Develop supportive relationships with our development officers
- Develop and update a portfolio of “shovel ready” ideas and projects
- Faculty learn to recognize and respond to philanthropic moments
- Outreach to local foundations

Some Example Results

1. Vitamin D: \$25,000 produces an R0-1
2. Permanent CRIT program funding
3. Oristano program for CVD therapy in Octagenarians
4. Robertson Program for Fellow Recruitment
5. Potter Prize for student and resident achievement in Geriatric Medicine

How We interact with Development

- Lunches with specific faculty
- Attend faculty meeting twice yearly
- Attend all our retreats
- Attend our preps for AGS/GSA
- Dean's forums
- We report their assistance
- We take patients they refer
- We send potential donors to them and expect feedback

What I do as Director

- Arrange the development interactions
- Work with faculty on putting together short proposals and progress reports
- Allow faculty to refer potential donors to me if not comfortable on own
- Promote trust and community among MD/PhD faculty and between development and faculty

Vitamin D R-01

- Lunch first with our development officer
- She in turn cultivates person who has previously donated
- We eventually prep 3 ideas of 10K , 20K, 25K
- Donor gives 25K asks us to choose
- Supports analysis of existing data, papers, NIH R01 (later a K Award)
- We report progress yearly and now a second 50K recently given for new project
- We write a note to VP for Development , Dean and CEO about how this officer produced this result

Sustaining CRIT

- One of our patients dies June 2011 and unknown to us leaves 750K for “education”
- Development calls us (!) and needs to respond to daughter in 72 hours
- I am on vacation (!)
- Home team (Hal Atkinson) pulls 2 page proposal for donor-based CRIT extension we wrote three months ago & sends
- Daughter loves it!

Oristano Program for CVD treatment in Octogenarians

- 88 y.o. heard about Wake Geriatrics from Florida neighbor
- Works out w/trainer 1 hr daily
- Progressive pre-syncope with exercise
- Severe AS---wanted treatment based on function not age
- Successful AVR
- Loves idea of Geriatrics-Cardiac surgery collaboration and wants to help promote
- We write for development a proposal for a program
- 250K seed gift

The Potter Family Fund

Promote Student and Resident Interest in Geriatrics

He can explain how this one developed!

What we have learned

- Make your success their (development, your chair) success
- Relationship starts it all but vision beyond yourself makes giving happen
- People fund hope big and desperation small
- Gerontology can adapt to anyone's healthcare/biomedical passion
- Most initial gifts are smaller and a test

What We have learned II

- A. Be hopeful & optimistic about your academic mission and opportunities**
 - i. Practice communicating this with faculty, friends, family
 - ii. Don't "badmouth" your institution or leaders
 - iii. Be yourself: a caring physician

- B. Create a Brochure outlining general categories and opportunities for philanthropy**

(ex. Birthday gifts)

- C. Respond to expressed interest!**
 - A. Gratitude;
 - B. Acknowledge importance of community support
 - C. Ask if ok to follow up later.....and do it

What we have learned III

- Thank you and reporting regularly are important
- Many similarities to writing grants
 - Careful planning
 - Regular reports
 - No strategy = no success
- This takes a lot of time outside of banker's hours

Follow-up

E. Maintain contact with donor

- i. EVERY gift gets a thank you
- ii. Some gifts get a BIG thank you 😊
- iii. Annual reports
 1. Emphasize specifics
 2. Can be tied to meeting some of those supported
 3. Include news and scientific presentations/pubs related and unrelated
 4. Highlight new opportunities generated

Pitfalls

- Do not let the “tail wag the dog”
- People using money for access and control
- Change in the physician-patient relationship
- Individual vs. group benefit

The Question

You have been such a help to us, is there a way we can support your work?

Why can't more people benefit from the type of care you provide?

Answer: You are so kind to ask this and to be honest, community support is critical to my work. If you would like:

- I can ask {name} to call you about ways you can help...
- I can give you my card and I would enjoy talking to you about my work, or I could have {name} call you

WHAT does this take?

A. TIME!

B. Patience!!

C. Optimism!!!!

D. Vision!!!!!!!!!!!!!!!!!!!!!!

E. Excellent Customer Service for all
patients!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

THANKS!

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