

Six Keys to Successful Fund-Raising

BY RHODA WEISS

What are the secrets behind one of the nation's most successful healthcare development programs? "Like marketing, fund-raising involves learning what people want and need, finding a way to fulfill that need, and then communicating it," says Eugene Tiwanak, who heads up St. Francis Healthcare Foundation of Hawaii, part of St. Francis Healthcare System. The extensive system operates two hospitals on Oahu, satellite facilities on every major Hawaiian island, and the world's largest hospital-based kidney dialysis program.

The foundation, staffed only by Tiwanak, one other professional and three support staff members, has celebrated the success of several multi-million dollar campaigns—a remarkable achievement anywhere, but particularly in economically depressed Hawaii.

BUILDING ON SUCCESS

St. Francis established a development office in 1973, when Tiwanak came to the system to help raise funds for a patient tower. After a three-year hiatus from 1984 to 1987, when he worked in politics, Tiwanak returned to St. Francis to start up the foundation and assist with the development of a second hospital, St. Francis Medical Center-West, which opened in 1990. The foundation's purpose is to raise funds, acquire assets, and provide community education that will enhance the activities of the healthcare system, its subsidiaries, and its affiliates.

In early 1989 the foundation kicked off a 10-to-15 year, \$20 million fund-raising campaign. St. Francis reached its \$20 million goal in only six years.

To take advantage of its momentum, the foundation revised its strategic plan and launched an even more ambitious follow-up campaign. "The Vision Continues: 2010," announced in 1995, has a campaign goal of \$30 million by the year 2010. The foundation has already raised \$10 million through its efforts.



Ms. Weiss is a Santa Monica, CA-based healthcare consultant.

SIX KEY AREAS

Tiwanak believes that success in securing donations is related to six key areas.

An Ambitious Strategic Plan "Plan for big numbers, because big goals generate big gifts but keep expenses down," advises Tiwanak. (St. Francis's total expenses as a ratio of funds raised is generally less than 10 percent, far below the national average of 19.3 percent among multihospital health systems, according to the 1996 report of the Association for Health Care Philanthropy.) The strategic plan must also include action strategies that set benchmarks and budget requirements.

A Strong, Supportive Management Team All the St. Francis sisters, administrators, physicians, and board members support the foundation's efforts and go along on visits to donors. The Sisters of St. Francis are known throughout Hawaii as risk takers. They have introduced home and hospice care, a women's alcohol and drug treatment program, a donor-organ transplant program (the only one in Hawaii), a bone marrow donor registry, and other programs that meet community needs. "Their commitment to the poor and underserved permeates the organization and prompts us to share this passion for mission with everyone we come into contact with," explains Tiwanak.

Expertise in a Few Targeted Gift Plans The foundation concentrates on cash and pledges; real estate; securities; life insurance; and wills and bequests. This enables it to meet its short-term cash requirements and also establishes income for both the intermediate and long-range futures. Focusing on a few plans helps keep expenses down and lets the foundation concentrate on those efforts it knows will fulfill its goals, while still offering choices to donors.

Involvement from the Beginning in All New Projects Tiwanak places great importance on knowing everything that is happening at St. Francis, including costs and timelines of projects, renova-

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untary consent" are being challenged by the commercial possibilities of biotechnological research. Lori B. Andrews proposes guidelines for transplantation designed to protect donors and recipients. Other essayists recommend changes in the current system of voluntary organ donation; clarify the complex legal and ethical issues of organ procurement; and sort out the contending interests and obligations in fetal tissue transplants.

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Because of the potential benefits and risks posed by the Human Genome Project, part VII focuses on the use of genetic information and the application of gene therapy, including problems that new diagnostic tests will bring to normal prenatal care and possible discrimination in the workplace. C. Keith Boone acknowledges the new moral challenges of genetic engineering but objects to reductionistic claims, termed "bad axioms" ("Playing God," "Interfering with Nature," etc.). W. French Anderson examines the potential for human genetic engineering and differentiates between somatic cell gene therapy for serious diseases and enhancement genetic engineering.

The merit of selecting articles from such a well-respected journal as the *Hastings Center Report* is the high quality of lively discussions about important topics. Indeed, some authors challenge the claims made by authors in other articles. Of course, republishing previously written essays involves liabilities: Subsequent events and some conversations have moved onward (e.g., more

recent judicial decisions about abortion, euthanasia, and assisted suicide). Lest anyone naively assume that inclusion in the anthology indicates unqualified endorsement of positions argued, the editors' penetrating questions that conclude each essay sometimes challenge the assertions of an author.

A recurring communitarian motif among many authors is to "deprivatize" bioethical decisions about a range of topics (from abortion to organ transplantation and assisted suicide) in a political culture that exalts individual rights. With few exceptions, most essays appeal to canons of key texts, laws, and medical and ethical journals in the Anglo-American world; this is hardly surprising given the pioneering role that organizations like the Hastings Center have had in shaping what has come to be known as "bioethics." With one exception (Lisa Sowle Cahill, p. 132), rare appeals to distinctively religious sources are simple citations. Surprisingly, neither authors nor editors are explicit about how some essays might have originated from or contributed to specific debates (e.g., Capron's 1987 piece and AMA reports and opinions about anencephalic infants as organ donors in December 1988, March 1992, and June 1994). Because the arrangement and sequence of articles seem to be topical rather than chronological, some essays that were published earlier appear later in this text.

Aside from these limitations, and numerous typographical errors, this text is substantively invaluable, with clearly written, carefully edited, and well-chosen essays that are interesting because they examine controversial topics in a reader-friendly way. This book is an excellent resource for personal reading, professional teaching, and adult education in healthcare and educational settings.

*William J. Buckley, PhD
Mount Saint Mary's College
Emmitsburg, MD*

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tions, and services. "Knowing the particulars helps me showcase St. Francis to donors, generate excitement for the future, and position us as the leader in healthcare, medicine, and technology," says Tiwanak.

Multiple Campaigns Conducted Simultaneously St. Francis's \$30 million campaign is actually several campaigns: a \$5 million special campaign for a second hospice, a \$10 million major gifts campaign, and a \$15 million planned giving campaign.

Four or Five Donors Capable of Giving \$1 Million or More Tiwanak feels that every community has several individuals and organizations that can donate such a large amount of money—not necessarily in cash, but through an insurance policy or charitable trust. Tiwanak calls them "hip-pocket prospects," because "you're researching them, working with them, running into them—they're always a part of you. You're continually thinking which program or gift opportunity would most interest them." He cites an example of a board member whose father, also a board member, died of heart disease. After examining a number of giving options, the son decided on a \$1.5 million donation, and a new cardiac patient floor was named after his father. This gift has piqued the interest of other potential donors.

"Everyone has a need to give," says Tiwanak. "It's up to you to find that need. And nothing can bring you more success than challenging the status quo and making things happen." □

 For more information, contact Eugene Tiwanak at 808-566-4873.