COMMUNICATION STRATEGIES

Videotapes Promote Long-Term Giving

BY RHODA WEISS

As the Balanced Budget Act, managed care, and competition continue to cut away at their bottom line, not-for-profit healthcare organizations are looking beyond the typical round of capital campaigns, annual giving, and special events to planned-giving strategies that ensure funds for the future. Public education plays a vital role in popularizing these new options, and organizations are constantly seeking new ways to inform individuals, corporations, and foundations about the available giving options.

One method that has worked for St. Francis Healthcare Foundation of Hawaii, part of St. Francis Healthcare System of Hawaii, based in Honolulu, has been a series of programs on public-access cable television. Videotaped at the station's facilities, these three 18-minute segments on planned giving have attracted viewer attention and spurred gifts while providing valuable information to the community on estate planning, asset management, and the role of philanthropic giving.

The segments each cost $1,000 to produce and are airing repeatedly for a year. The format consists of discussions between moderator Eugene Tiwanak, president of the St. Francis Healthcare Foundation, and three panelists: a local CPA, a trust officer from a large local trust company, and a professional fund-raising associate of Tiwanak’s.

The first tape, “Simple Ways to Give and Get,” introduces viewers to giving ideas and helps them evaluate their current donations so they can better plan for future giving. The segment encourages viewers to plan, quantify, and value gifts of cash, personal or appreciated property, vehicles, stocks, pensions, IRAs, and insurance policies. Tax implications and the benefits of charitable giving to the donor, charity, and community are also explored.

The second program, “What Is Your Will?”, focuses on writing a will. It covers what information to gather before seeing an attorney, setting goals, selecting beneficiaries, living trusts, and the consequences of not having a will.

The third segment, “What’s All This Talk about Trusts and Estate Planning?”, describes ways to ensure lifetime income while helping charities. It emphasizes the need for an asset management plan to plan asset growth; provide for additional income; benefit beneficiaries and charities; and reduce or avoid inheritance, probate, and estate taxes. It also describes various types of trusts—revocable, irrevocable, and charitable remainder—and why they are important.

TIPS FOR SUCCESS
The planned giving video programs have received positive feedback from viewers. After the first one aired, an individual who had caught the word “endowment” on the program contacted Tiwanak and asked for more information. The query led to a large gift, and more are in the works.

What makes this type of video successful? Here are some tips from Tiwanak:

• Avoid “talking heads.” To encourage people to watch the entire segment, he selected unintimidating panelists. “I didn’t want bank presidents or top financial professionals, but professionals people would normally work with. It wasn’t necessary they be great public speakers. I wanted the panelists to be people the viewers could see themselves associating with.”

• Know your panelists. Tiwanak chose friends because “it is easier to talk to friends. If you get people you are not familiar with, you don’t know how to really treat them. I told the panelists that we wanted to get into engaging conversations and convey our enthusiasm for the donor and the organization.”

• Be real. As the moderator, Tiwanak took on the persona of a donor advocate and pushed panelists to give “nonstock” answers. “I wanted real answers to real questions—not textbook solutions, but streetwise options.” The method

Continued on page 73
A chapter titled “Guidance Glitches: Measurements, Money, and Malpractice” is the most readable and will probably appear, to the average doctor, the most germane to everyday practice. This chapter uses specific case examples to show how general guidelines cannot always be applied to individual patients. Extraneous factors such as the patient’s social support, the pressures of capitated insurance plans, and the specter of malpractice suits can influence the implementation of any guideline. The chapter’s final sentence—“Be modest; guidelines are just guidelines”—may be the most enlightened exhortation a clinician could receive.

The book’s third section explores the ethical considerations of practice guidelines. For the practicing physician it will serve as a good review of the underlying assumptions and premises involved in making guidelines. According to bioethicists, some of these premises may present intractable problems in the application of guidelines—for example, physicians’ tendency to rely on their own judgment rather than on rules, even when those rules are the result of outcomes research. The authors conclude by arguing that practicing physicians must be involved in formulating these guidelines if they are to feel some “ownership” of the process.

This book has instructive advice for the average practicing physician, but it may prove difficult for less motivated readers. On the other hand, some essays appear to be aimed at ethicists, using a vocabulary that will be foreign to the clinician. However, enough chapters are geared to specific clinical trials to hold the reader’s interest. This book would be a good addition to the library of a physician manager, a health insurance physician reviewer, or any physician involved in trying to get other physicians to “listen” to clinical guidelines.

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Strategies also include financial seminars and niche mailings.

allowed panelists to be more fluid and responsive, resulting in an engaging exchange.

• Don’t practice. While each panelist was given a broad outline of each segment with talking points, there were no dress rehearsals. Tiwanak believes that this technique helps ensure a more engaging, conversational videocast.

• Keep length in mind. Since the videos are only 18 minutes long, to fit into the broadcast timetable, Tiwanak is able to show them at community presentations, before planned-giving seminars, and to individual potential donors.

• Include a call for action. At the end of each segment, viewers are offered brochures with tips on planning, identifying, measuring, tracking, and quantifying cash and non-cash contributions.

Videos are just one element of the St. Francis Healthcare Foundation’s fund-raising. Strategies also include financial seminars; partnerships with attorneys, insurance brokers, and realtors; niche mailings; and promotions to physicians, employees, nursing school alumnac, retirees, and prospective donors. But Tiwanak believes that the videocasts are an important and cost-effective option available to any philanthropic organization.


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