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Building and Growing Your Health System Philanthropy: An Annual Giving Comparison

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As health system acquisition and mergers continue to be an ever-growing reality, the need to develop integrated and system-wide philanthropy structures within our organizations becomes more and more of a necessity. Learn how Johns Hopkins Medicine and the Medical University of South Carolina (MUSC) have navigated annual giving program creation and implementation system-wide over the past several years as a means of philanthropy integration and pipeline development. Discuss building a holistic annual giving program that spans a healthcare system and the differences in navigating that process within different sized organizations with different cross-enterprise partnerships, leadership buy-in, funding sources and goals.

Agenda

1. Quick institution overviews
2. Key institutional comparisons
3. How did we do it?
 - What questions to ask and info to start digging up to get started building your own integrated program
 - Who are the key players in this process?
4. Learn our do's and don'ts
5. Q & A

Institutional Overviews



Johns Hopkins Medicine

Institution Overview

- Founded in 1889
- Main campus in Baltimore, MD
- 6 Hospitals, 6 surgical centers, 39 community physicians
 - 4 Partner Hospitals
 - Acquired between 1998 and 2011
 - Stand-alone nonprofit foundations also acquired

Johns Hopkins Medicine

Office of Medical Annual Giving

- Direct Mail
- Email
- Calling program
- Crowdfunding
- Dedicated Partner Hospital staff member

Medical University of South Carolina

Institutional Overview

- Founded in 1824
- Main campus in Charleston, SC
- 16 hospitals, 350 telehealth sites, 750 care locations
 - 15 hospitals within Regional Health Network
 - All acquired between 2019 and 2022
 - All previously for-profit entities

Medical University of South Carolina

Office of Annual Giving

- Direct Mail
- Email
- Crowdfunding
- Peer to peer
- Employee Giving
- MUSC Day
- Engagement Portfolios

Key Comparisons



Key Similarities

- Diversified custom messaging/brand awareness and identity
- Omnichannel structure and flow
- Fears of money staying local
- Association that primary hospital is the hub for education and research

Key Differences

- Public perception and name recognition
- Proximity of locations within enterprise
- Culture of philanthropy
- Private vs public (funding sources)

How did we do it?



Fact Finding

Is this a viable option for your institution?

- Start asking questions and identifying key points needed to building a holistic annual giving program
 - Does leadership want this?/Is there enough buy-in for support across enterprise?
 - Do we have the necessary data?
 - Do we have the staffing and know how?
 - Do we have the money?
 - Do we have “in’s” for content understanding across the enterprise?

Who you need on your team?

Do you have the support of key players to move forward?

- What does leadership support look like?
- What goals and expectations do they have for this? Are they aligned?
- CEOs and VPs
 - Potential for pilot projects
 - Budget alleviation
 - Philanthropy education and culture
 - Holding expectations of internal participation and engagement
- Gift Officers, Department Chairs and Deans
 - Content Development and expertise
 - Seek your allies first

Do's and Don'ts



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Take it from us

Do's and Don'ts from first-hand experience at wildly different institutions

- Jump the gun
- Make assumptions
- Bite off more than you can examine

- Assess, assess, assess and assess some more
- Determine REAL first steps
- Set reasonable goals and manage expectations
- Seek your allies
- Long term stability over short term quick wins
- Use pilot projects to navigate success and next steps

Questions?



Thank you!



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