

# Foundation Board Member HANDBOOK

2025 EDITION

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by BETSY CHAPIN TAYLOR, FAHP

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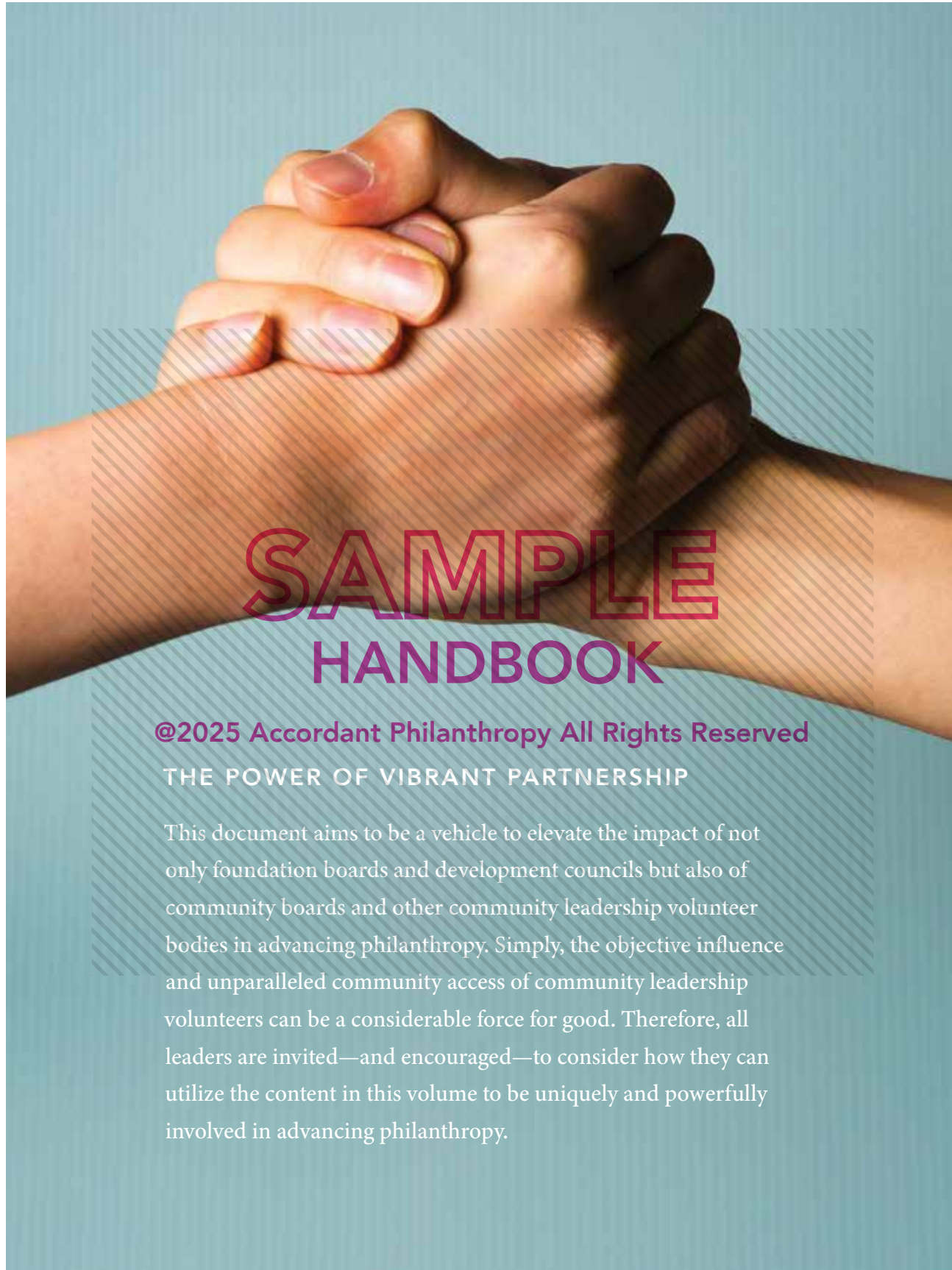






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## THE POWER OF VIBRANT PARTNERSHIP

This document aims to be a vehicle to elevate the impact of not only foundation boards and development councils but also of community boards and other community leadership volunteer bodies in advancing philanthropy. Simply, the objective influence and unparalleled community access of community leadership volunteers can be a considerable force for good. Therefore, all leaders are invited—and encouraged—to consider how they can utilize the content in this volume to be uniquely and powerfully involved in advancing philanthropy.

## Introduction

Hospitals and health systems create foundations and development departments to cultivate charitable gifts to advance their mission. Charitable gifts have traditionally been deployed to strengthen the health organization by enhancing patient care services, building facilities, acquiring new technology and driving clinical innovation. Now, opportunities for philanthropy to add value are expanding by engaging donors in initiatives to elevate community well-being, to address health equity, to enhance consumer experience and more. Further, charitable gifts from individuals, corporations and foundations—as well as grants from governmental and private sources—are now viewed as a vital revenue stream to achieve mission fulfillment.

The rising importance—and even urgency—for health organizations to heighten the performance and solidify the reliability of external investment prompts progressive health organizations to reconsider how philanthropy is prioritized, aligned and supported. Further, a new awareness of the critical importance of leveraging the involvement, insights and influence of each community leadership volunteer in this work has pushed organizations to reexamine the role of the foundation board of directors, development council, community board and similar. Simply, while it was once sufficient for a foundation board to champion friend-raising, to organize events and to raise money for value-added efforts, this new era calls for board service that is directed, deliberate and focused on peer-to-peer engagement in order to harness the power of philanthropy as a vital revenue source to support the health organization's most important work.





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ASSETS



TIME



KNOWLEDGE



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SKILLS



INFLUENCE



RELATIONSHIPS



PURCHASING  
DECISIONS





# philanthropy

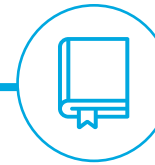
Simply, philanthropy is often expressed through money, but it is not really about money: philanthropy is a vibrant expression of passion for mission that is personal in nature and honors the uniqueness of each donor's motivation. It is a purpose-filled, values-driven and noble endeavor.



Philanthropy also is not about gift size but is about asking donors to act on their core values by becoming part of something bigger than themselves. Simply, philanthropy is often expressed through money, but it is not really about money: philanthropy is a vibrant expression of passion for mission that is personal in nature and honors the uniqueness of each donor's motivation. It is a purpose-filled, values-driven and noble endeavor.

As we embark on this journey to embrace and elevate philanthropy, this board handbook aims to explore key issues and opportunities, to provide context, to support leader success and to articulate a consistent approach to partnership toward advancing philanthropy across the health organization. Ultimately, our shared efforts here are like the ripples in a pond where we can create an expanding circle of impact to elevate the health and well-being of all those the health organization is called to serve.

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## GLOSSARY OF KEY TERMS

**Development Department:** An internal department of the supported health organization chartered to raise money using the hospital's own designation as a 501(c)(3) charitable entity. This organization is typically supported through community leadership from a Development Council or Advisory Board.

**Foundation:** A separate, 501(c)(3) nonprofit corporation designed to raise charitable funds for the affiliated health organization. Corporations are structured as a 501(c)(3) public charity or as a 501(c)(3) supporting organization. This organization has a legally-required board of directors with fiduciary governance responsibilities.

**Fund Development:** The processes, programs and activities used to raise money for the health organization. This includes a variety of strategies including sustained giving (i.e. direct mail, online giving, events), major gifts (i.e. investment-level giving often garnered through direct solicitation) and planned giving (i.e. gifts made using assets like stock or through vehicles such as wills, trusts, life insurance, etc.). Strategies also include attention to cultivating the interest and participation of key constituencies, such as grateful patients. "Fund development" is commonly shortened to "development."

**Philanthropy:** Voluntary, charitable giving by individuals, corporations, foundations and others to achieve a public benefit. "Philanthropy" comes from the Greek "philanthropia" and speaks to an expression of "love of humankind." Most philanthropic gifts are made to express personal values and purpose. However, it should be noted donors have a wide variety of motivations for giving.

**Philanthropy Executive:** The senior-most staff executive leading development in an individual community. Because of various structures for advancing philanthropy as well as various program sizes within the individual communities, this person could be titled as Chief Philanthropy Officer, Foundation President, VP of Philanthropy or similar.

**\$557.16 billion**

Charitable giving in the United States measured \$557.16 billion in 2023.<sup>2</sup>



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## The Financial Rationale for Health Philanthropy

Not-for-profit health care organizations across the United States continue to navigate an extended and historic period of financial fragility. One barometer of financial health has been Kaufman Hall's National Hospital Flash Report, which shows median hospital operating margins hovering around 1% across 2023.<sup>1</sup> While 1% feels razor thin, this was a positive uptick from 2022 when financial deterioration due to rising labor and supply costs, general inflation and anemic patient volumes and reimbursements left about half of U.S. hospitals ending the year with a negative annual, operating margin. Credit rating agencies also forecast hospital margins will remain tight for the foreseeable future. All this throttles the ability of hospitals to pursue strategic and sustainable reinvestment in traditional priorities such as capital and clinical services as well as growing priorities such as addressing social drivers of health—such as housing, food access and more—as well as health equity and access. Therefore, progressive organizations continue to seek access to alternative revenue sources, and many identify philanthropy—voluntary, charitable giving from individuals, corporations and foundations—as a key opportunity.

Charitable giving in the United States measured \$557.16 billion in 2023.<sup>2</sup> Total giving grew 1.9% in current dollars, but giving declined 2.1% in inflation-adjusted dollars considering the higher-than-average inflation rate of 4.1%.<sup>3</sup> Total giving also has not yet surpassed the all-time inflation-adjusted high set in 2021. However, dollars given to health causes—including not only hospitals and health systems but also health research





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## A RETURN TO

# our roots

Seeking charitable giving to support mission fulfillment returns health care to its roots.

The American inclination toward charitable giving is seen as early as 1630 when Puritan John Winthrop challenged those coming to America to create a model for caring for the less fortunate. By 1710, pastor Cotton Mather feared zeal for social obligation was waning, so he published a directive reminding the young nation of the “duty” to improve the social fabric of the nation through goals such as founding hospitals to advance public good.

In 1752, statesman Benjamin Franklin, who was influenced by both Winthrop and Mather, first positioned health philanthropy as a civic responsibility to be championed by community leadership volunteers. Franklin’s friend, physician Dr. Thomas Bond, identified the need for a hospital to serve the physically and mentally ill of Philadelphia. When Bond’s initial fundraising efforts floundered, Franklin helped establish a hospital board to share the vision and to seek charitable investment to create the first general hospital in the United

States. Trustees were chosen based on civic connections as well as willingness and ability to foster charitable support. Franklin promoted many ideas about giving still embraced today—he “believed in direct solicitation, asking for a specified amount, asking for gifts based on the giver’s means, asking for the largest gifts first and inviting all potential donors to be part of the project.”<sup>8</sup>

While many early seeds planted in this nation were nurtured by philanthropy, the concept of health philanthropy has also been a robust part of the modern era.

- **In 1946**, the United States Congress passed the **Hill-Burton Act** to provide matching grants to remedy a critical shortage of hospital beds in our nation. However, federal dollars had to be matched by dollars raised in each community, which spurred funding drives across the country.
- **In 1956**, the Internal Revenue Service (IRS) determined **not-for-profit health organizations qualified for tax-exempt status as charitable organizations** based upon their obligation to provide community benefit. This enabled hospitals to raise charitable support deductible to the full extent allowed by law.

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## VARIOUS STRUCTURES WITH

*one intention*

Organizational structures to support health philanthropy generally fall into one of three models. The models are:

### 501(c)(3) PUBLIC CHARITY

- Separate corporation from hospital
- Led by a foundation board of directors
- Board has fiduciary responsibility under law and statute
- Most Articles of Incorporation say the purpose is to support the hospital, however, some organizations support a broader purpose

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### 501(c)(3) SUPPORTING ORGANIZATION (Subtype 509(a)(3) / Type I, II or III)

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- Related corporation to hospital
- Led by a foundation board of directors
- Board fiduciary responsibility based upon control and relationship tests
- Cannot exist without the supported, parent entity

### PHILANTHROPY DEPARTMENT

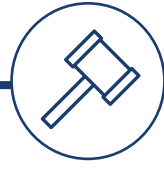
- Hospital department working under 501(c)(3) status of the supported health organization
- Supported by a development council or advisory committee
- A development council generally has allocated responsibilities and decision rights and often legally functions as a committee of the hospital board



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# unpacking the governance role

OF THE 501(c)(3) FOUNDATION

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### DUTY OF CARE

Board members are informed, engaged and independent in their thinking. Board members actively participate and conduct work in a manner consistent with how any responsible person would demonstrate reasonable care in fulfilling their board duties. Direction and decisions seek to enable the best interest of the organization.

### DUTY OF LOYALTY

Board members demonstrate faithfulness to the organization and put the interest of the organization ahead of their personal interests. Board members protect the assets and opportunities of the organization and avoid using their position or knowledge—such as donor lists or knowledge of the hospital's future plans—to benefit themselves or others. This standard includes a commitment to confidentiality and a responsibility to declare any conflict of interest.

### DUTY OF OBEDIENCE

Board members are true to the organization's mission and responsibly use its resources to achieve public benefit. Boards serve as stewards of charitable funds contributed to advance the mission. Boards act in a manner consistent with the foundation's articles of incorporation, by-laws and other organizational documents as well as applicable laws and regulations.

The 501(c)(3) foundation board acts as a responsible body to safeguard and advance the nonprofit mission and to fulfill its basic legal responsibilities. In addition to governance, both foundations and development councils have other individual and collective roles and responsibilities.

# Health Foundations are Unicorns

The health foundation differs from most other nonprofits; it is a nonprofit designed to serve another nonprofit with its own legal, governing board.

Most board members have experience leading community nonprofits that are legal entities that stand wholly alone. In these organizations, the board addresses a broad range of legal, accounting, budgeting, investment management, human resources and risk management issues. However, the health foundation is not a typical nonprofit; it is a nonprofit that exists to support the mission of a larger nonprofit that not only has its own board of directors but also has a wide range of internal resources, infrastructure and expertise.

The health foundation having access to resources within the supported health organization impacts the governance requirements, span of control and focus of the health foundation board. First, the health foundation can access infrastructure and expertise for accounting, investment management, legal, human resources, risk management and other functions that make it unnecessary for the board to spend significant time addressing those domains. Second, the local philanthropy executive is generally a “loaned” employee from the health organization to the foundation; so, decisions to hire, compensate, evaluate and retain rest with the health organization rather than the foundation board. Issues such as these shape the complexity, breadth and depth of the foundation board’s governance role.

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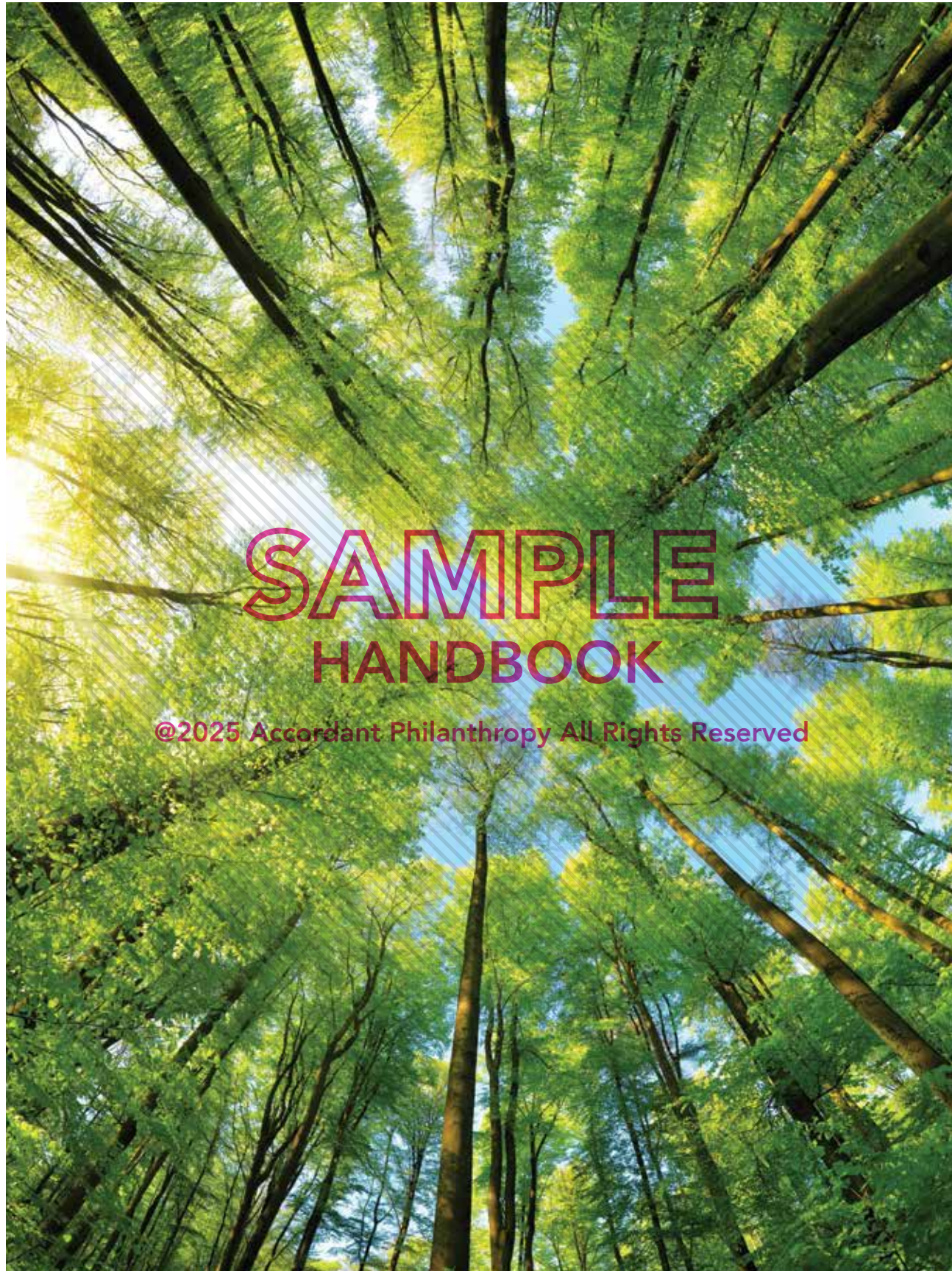
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# Roles and Responsibilities of the Foundation Board

It's essential to move toward a clear and consistent articulation of the roles and responsibilities of foundation boards and development councils and their members that is aligned with prevailing and emerging best practice. The intent is to leverage the considerable influence of community-based leaders to maximize the impact of each board's collective and individual action. Additionally, moving toward a single and shared understanding of the role of community volunteer leaders will enable the organization to create resources, tools, training and forums to support success. To that end, the following roles and responsibilities reflect recommended collective and individual priorities for those charged with advancing philanthropy to support mission fulfillment.



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...the most successful health foundation boards practice a streamlined form of governance in order to spend more time, focus and attention on their most leveraged core role: advancing philanthropy through peer-to-peer engagement.

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A sound, deliberate and proactive approach to the roles and responsibilities of board leaders provides a platform upon which responsible and successful nonprofit organizations are built. However, as noted before, the most successful health foundation boards practice a streamlined form of governance to spend more time, focus and attention on their most leveraged core role: advancing philanthropy through peer-to-peer engagement.





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## BOARD GOVERNANCE:

*one collective voice*

The board only speaks with one collective voice. Decisions of a nonprofit board are achieved through consensus on an issue by a quorum of members during a duly constituted meeting or through unanimous written consent. Board expert John Carver succinctly shares, “The board speaks authoritatively only when it passes a formal motion at a properly constituted

meeting. Any other statements by individual board members have no authority. The board speaks exclusively with one voice. Board decisions can be changed only by the board and never by individual board members.” This means individual board members can’t make unilateral decisions and binding decisions can’t be made outside an official board meeting.



*walking the line*

BETWEEN GOVERNANCE AND MANAGEMENT

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Board members are uniquely positioned to initiate or cement relationships to create an organic and expanding circle of donors and partners for the health foundation. Leadership volunteers bring unmatched credibility as trusted, objective agents who gain no direct personal benefit by advocating for the cause. Board leaders also tend to be true peers of donors with commensurate social, business and financial status—which provides the ability to inspire and challenge peers through their own personal, financial, charitable gifts.

## The Unique Influence of Board Members in Advancing Philanthropy

Some of the most impactful board roles are about individual engagement rather than collective action. Leadership volunteers are uniquely positioned to nurture values-based partnerships with community donors who wish to support health and well-being. Given health foundations are specifically created to cultivate, secure, steward and deploy charitable dollars to benefit the health organization's mission, the foundation board's development role is also its highest calling. Board involvement also expands the number of allies engaged in cultivating and sustaining relationships, an organization is greatly hampered when it must solely rely on paid staff to connect the organization and its constituencies.

Foundation board members bring considerable performance advantages in advancing philanthropy. Board engagement is highly correlated with success in raising charitable dollars and is essential to raising outside gifts. Board members carry unmatched credibility as unconflicted, objective advocates in sharing the value of the health organization, since it is clear their only vested interest in the organization is the community benefit it provides. Board members serve as a signal to others of the validity and credibility of the health care cause through their very association. Board members also tend to be true peers of potential donors and can connect others in their networks and inspire and challenge peers through their own personal, financial, charitable gifts to the organization. These unique elements of access, influence and gravitas are not replicated elsewhere in the organization. Therefore, boards willing to ensure their influence is wisely and effectively





Board members carry unmatched credibility as unconflicted, objective advocates in sharing the value of the health organization, since it is clear their only vested interest in the organization is the community benefit it provides.

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# authenticity



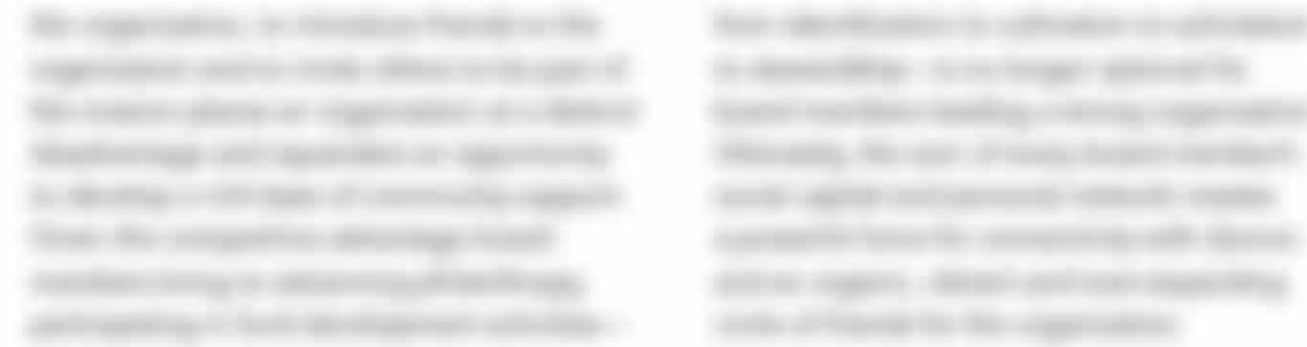
Relationship-building work does not need to be done with expertise as much as with authenticity: A board member's peers do not value having someone who is an "expert in asking" as much as they seek a genuine conversation with a person they trust.

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Relationship-building work does not need to be done with expertise as much as with authenticity: A board member's peers do not value having someone who is an "expert in asking" as much as they seek a genuine conversation with a person they trust. In advocating for the organization, there is a very simple formula from the sales world that is relatable to a board member's philanthropy role. The gist is that a board member's role is never to *convince* anyone to give but is to *present an opportunity and listen to understand* the donor's intentions and needs. Forbes magazine expresses the idea simply as "SEA":

- **Sincerity:** Listen without an agenda
- **Ethics:** Don't aim to talk someone into anything but to uncover intent
- **Asking:** Serve others by asking questions to aid their decisions.<sup>17</sup>

There was a time when organizations delegated the work of advancing philanthropy to the willing few. However, having board members who are not willing to advocate for



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## BEING HONEST ABOUT THE ROLE FROM THE OUTSET

Too often, a board member's role in advancing philanthropy is downplayed during recruitment to secure participation. As a consequence, many board members confide they thought they had signed up for a role solely to provide input and oversight to the foundation. While providing guidance is important, it is not a substitute for a keen focus on engaging others as donors. Therefore, it's essential to share clear and honest information on the board's leadership role to build capacity and to ensure financial stability of the mission through philanthropy from the outset.

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# Acknowledging Potential Discomfort in the Role

Despite board members achieving outside success in roles to advance philanthropy, many board members express discomfort or anxiety about asking others to give. However, these concerns must be reconciled for the board to fulfill its purpose.

Board members often express concern that asking for money will involve coercion, quid pro quo, begging, arm-twisting or applying pressure to secure money from an unwilling partner who feels imposed upon.

Understandably, with this worldview in place, leaders fear alienating friends and associates by asking them for money, so they avoid participating in activities they feel could damage their relationships. However, through "philanthropy," donors give to be part of something value-aligned and meaningful to them in partnership with an organization they care about and trust. So, this is not about begging or gimmicks but about understanding a donor's motivations and intentions and fostering a genuine and mutually-fulfilling partnership.

Many board leaders express they don't "know how" to ask for money, and they don't want to fail or to appear foolish by participating in an activity where they don't feel they have the right words, process or experience to be successful. Many also say tools, training and resources to bridge this gap are lacking. As a consequence, experiencing performance anxiety is natural and understandable, since board members tend to be high-performing people who want to ensure they are well prepared for any task they undertake and don't want to be "set up for failure."





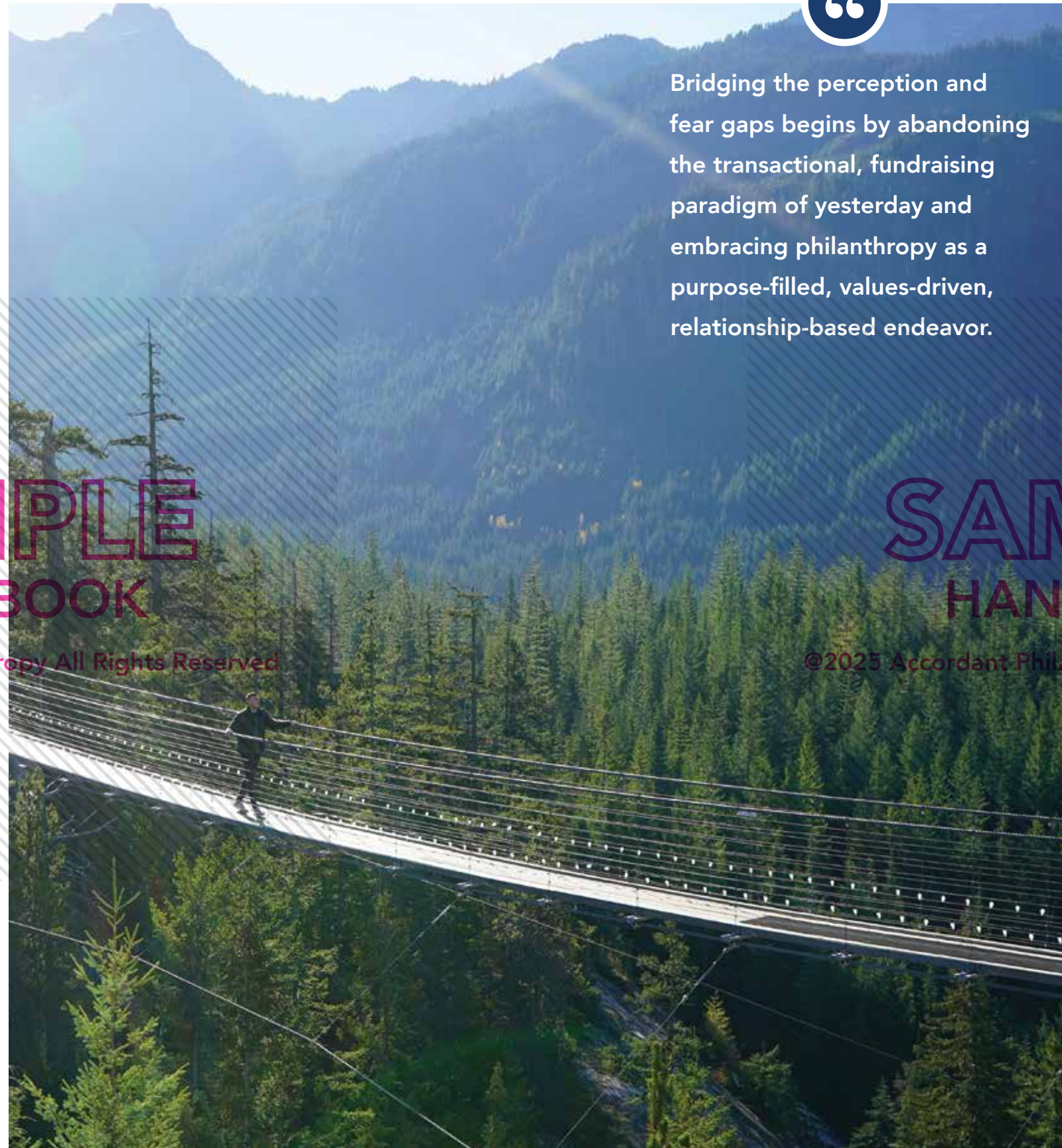
Bridging the perception and fear gaps begins by abandoning the transactional, fundraising paradigm of yesterday and embracing philanthropy as a purpose-filled, values-driven, relationship-based endeavor.

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Fund development is not just about “asking.” In fact, many board members won’t be inclined toward that singular task. However, fund development includes a spectrum of activities to deepen a donor’s understanding of or involvement in the organization. So, it behooves board members to uncover their own “right fit” roles to successfully and confidently deepen relationships.

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## Aligning with Your Superpowers and Preferences

While the highest value task of the foundation board is to take an active role in fostering charitable giving, this doesn’t mean the role of the foundation board is simply to solicit. Instead, the board creates value by participating in a range of activities to deepen relationships between the health organization and those who might support it. For example, some common, high value, board roles in advancing fund development can include:

- Shaping the case for support to explain the rationale for giving
- Identifying those with likely interest and financial ability to participate
- Qualifying interest to ensure someone is genuinely a good prospect
- Initiating relationships with social/business/civic peers
- Sharing stories of individuals whose lives were touched or changed
- Making introductions or opening doors
- Educating donors about the organization’s vision and initiatives
- Engaging current and prospective donors in the life of the organization
- Inviting donors to make a financial commitment to support the mission
- Stewarding donors to demonstrate thanks and fulfillment of their intent





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*Personal*



...board members deserve to tailor their involvement by choosing to participate in specific, high-value activities consistent with their personal passion, preferences, natural abilities, comfort zone and constraints.





MEMBER OF THE CORE  
CENTRIC GROUP

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## 25 ways

### TO ADVANCE PHILANTHROPY BESIDES "ASKING"

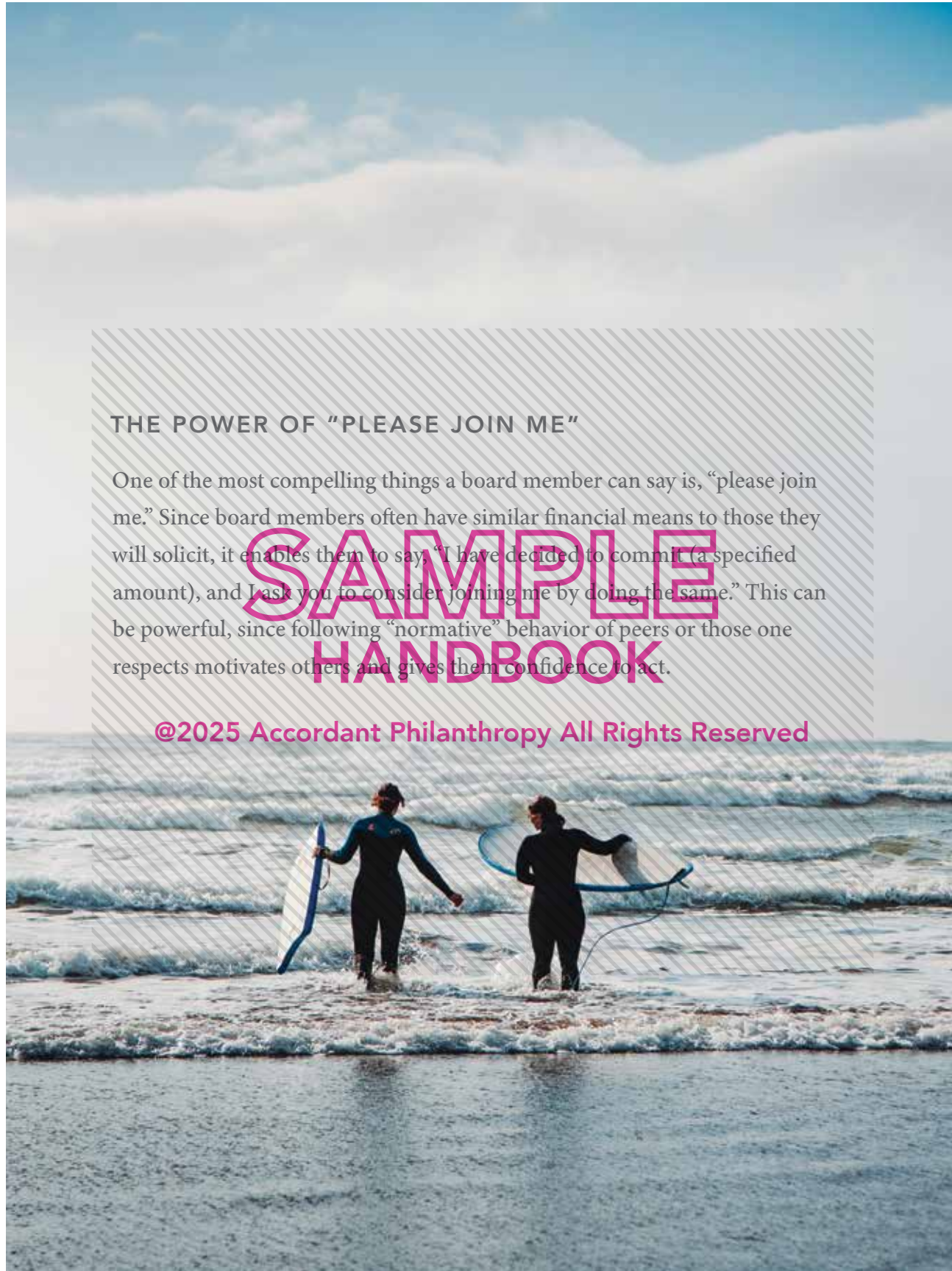
1. Identify prospects with affinity and ability
2. Make introductions
3. Share information with your network
4. Set appointments with prospective donors
5. Engage professional financial advisors
6. Provide expert gift planning advice
7. Put notes on invitations
8. Sign appeal or stewardship letters
9. Tell patient stories
10. Push information on social media
11. Forward foundation emails to contacts
12. Invite others as guests to an event
13. Help engage key physicians and clinicians
14. Review donor lists to share intelligence
15. Identify, recruit or orient board members
16. Lead facility tours
17. Answer donor questions
18. Refine the case for support
19. Negotiate gift details
20. Make community presentations
21. Thank donors for gifts
22. Handwrite notes
23. Seek donor feedback/input
24. Assist with special events
25. Set an example with personal giving

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### THE POWER OF “PLEASE JOIN ME”

One of the most compelling things a board member can say is, “please join me.” Since board members often have similar financial means to those they will solicit, it enables them to say, “I have decided to commit (a specified amount), and I ask you to consider joining me by doing the same.” This can be powerful, since following “normative” behavior of peers or those one respects motivates others and gives them confidence to act.

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## Making a Personal Financial Commitment

The most sensitive aspect of the board’s advocacy role is often around personal, financial giving. However, each leader must embrace making an annual, personal, financial commitment at a level commensurate with her individual ability to create credibility as a leader, advocate and asker.

As stewards entrusted with advancing the organization, others look to the example of board members to see if those closest to the work make a charitable investment in its mission. For example, many individual donors pressure test their own intent to give by explicitly asking about board giving prior to making a commitment; many government, foundation and corporate funders also require 100% board giving as a prerequisite to investment.

Most foundation board members likely participate in charitable giving already—whether it is to their religious organization, school or other charities of choice. In fact, 48% of U.S. households overall make charitable gifts each year—a percentage that has dropped significantly since 2000.<sup>18</sup> However, the percentage of households giving rises to 85% in affluent households—those with an annual household income of \$200,000 or more or net assets of \$1 million or more excluding the value of their primary home.<sup>19</sup> The average percentage of annual income given to charity was 1.7 percent.<sup>20</sup> Therefore, with those who already embrace a charitable lifestyle, it may simply be a matter of understanding where your personal charitable investment could provide benefit to the health organization.



*"Whether we agree with the premise or not, the manner in which we use money expresses something about who we are and what we value, about how our own personal philanthropy—the dollar amount we contribute to the institution whose care has been entrusted to us—reflects our valuation of the institution." —KIM KLEIN<sup>20</sup>*

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## It All Comes Back to Purpose

Advancing philanthropy can be a deeply meaningful and joyful activity when it is connected to each board member's personal purpose. So, there is merit to each member assessing his own rationale for serving on the board to go forward more intentionally. Simply, intellectually knowing board influence and social capital are powerful is not enough if you are not sure why you would want to use your own reputation as collateral to vouch for the organization: this is a commitment few would undertake simply because it is in a board job description. Rather, using one's reputation and earned goodwill must be consistent with expressing each board member's own values and purpose. Therefore, it is worth each leader asking herself:

- What personal experiences have you had with the health organization?
- What first kindled your interest in the mission?
- What do you care about that connects you to the mission?
- What impact do you want to have on this work and on this world?
- How does advancing health align with your values and beliefs?
- What motivates and inspires you about the mission?
- What legacy do you want to leave to your community?





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Many leaders...find out their motivation is encapsulated in a personal story.

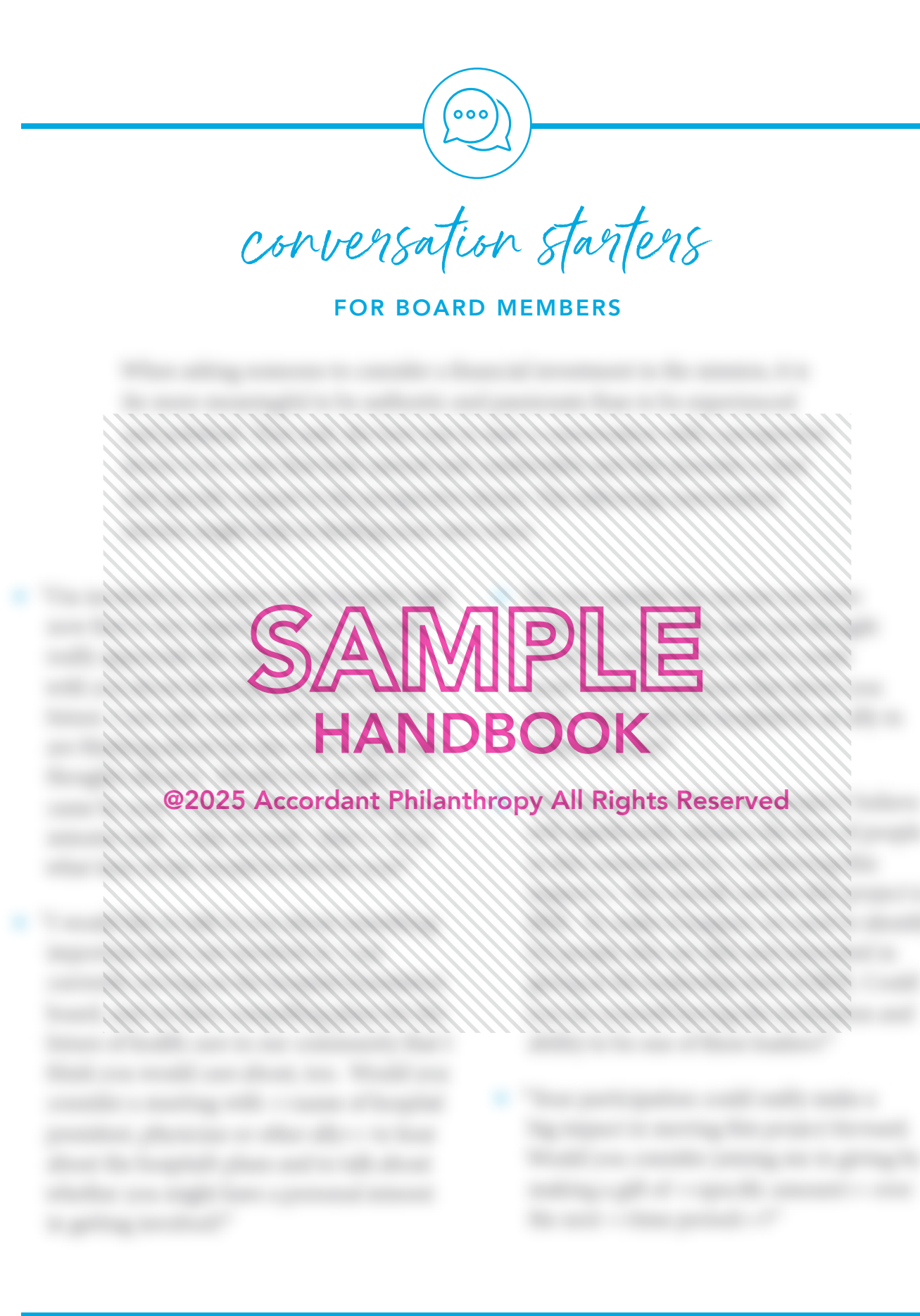
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*what is your story?*



## conversation starters

FOR BOARD MEMBERS



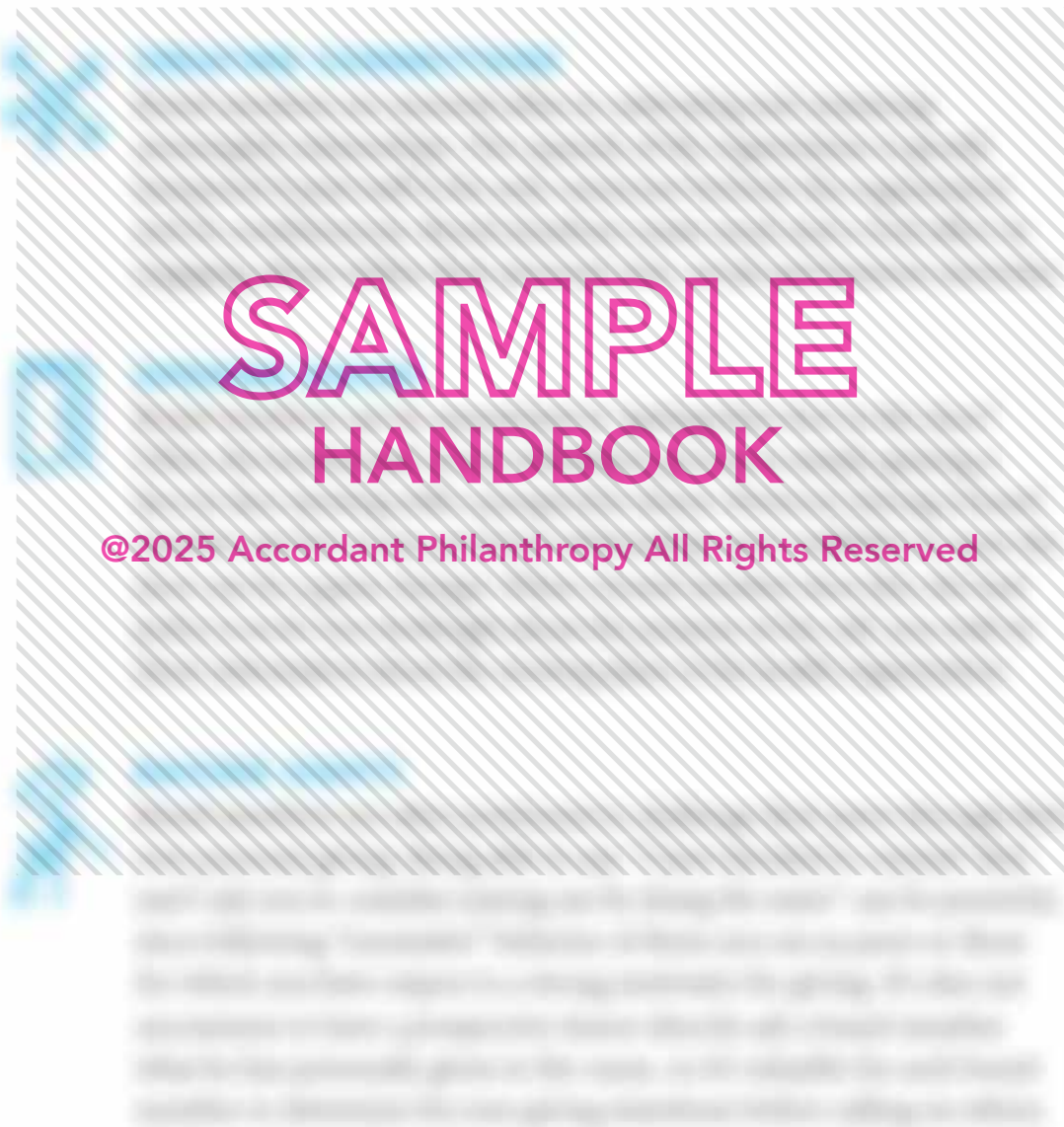
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KEY BOARD ROLES IN  
*leveraging impact*



# Optimize the Impact of the Health Foundation

Let's now shift our focus from individual board roles and responsibilities to opportunities for the board to collectively create a greater impact.

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Foundation boards play a critical role in harnessing greater donor interest and investment to advance the health care mission. Multiple studies explore specific variables that correlate strongly with successful fund development. Many of these factors are both controllable and within the influence of the foundation board, so it behooves the board to understand and to integrate these levers to boost performance. Next, we'll unpack a few of these opportunities to elevate both financial performance and mission impact.





# Advance Strategically Aligned Funding Priorities

The role of the health foundation has fundamentally changed in the last decade. For a significant period of time, health foundations funded “value added” extras to advance the health care mission. In that pursuit, foundations often raised money all year and then allocated funds on a varying frequency to a variety of efforts presented by a range of stakeholders. However, this approach created mission drift. Too often, projects were presented to the foundation that had been cut during the hospital budgeting process or that were pet projects of individuals or departments. The unintended consequence of working this way was that important, strategic projects often remained unfunded while less valuable efforts that were able to garner foundation funding moved forward. Thus, the potential impact of charitable investment was often squandered.

Today, foundations take a much more strategic approach to the use of philanthropic dollars for two, primary reasons:

- Significant donors see themselves as “impact investors” and want their gifts directed to high-impact, strategic projects with a demonstrated social impact. Further, 80% of larger gifts to health organizations are typically restricted to benefit a specific cause. This means donors are much more likely to restrict the use of funds to a well-defined initiative that is central to the health organization’s strategic plan and core mission than to give an “unrestricted” gift to be allocated at the foundation’s discretion. Thus, foundations now proactively identify



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*quick tips*

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Here are a few quick tips to move toward more effective philanthropy:





## Craft a Compelling Case for Support

Identifying a strong project enables the organization to craft a resonant “case for support” that shares the health care organization’s rationale for seeking charitable giving. The case must provide an urgent, compelling and emotional appeal that resonates with donors both intellectually and emotionally. The case illuminates the organization’s vision of its potential and shows how proposed solutions will address real problems or transform the landscape of local health care. It opens donor’s hearts through emotional stories of those who were saved...or who could have been. It lets donors see how they can step up and be part of something bigger than themselves. Set against the backdrop of credible information on why the health organization is best positioned to advance the proposed solution, the well-crafted case for support moves donors to give.

However, many case statements fall flat because:

- The entire case is “we are a hospital...”
- They are confused with hospital marketing pieces.
- They are crammed with mind-numbing statistics.





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## ADVANCING HEALTH PHILANTHROPY: DISCUSSION GUIDE

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# Embrace Our Core Constituency

Optimizing efforts to advance health philanthropy relies on understanding who is most inclined to give to a health organization. Those who give to hospitals tend to have had a personal or family care experience. In fact, according to The Advisory Board's Philanthropy Leadership Council, 88% of the largest gifts to health care come from patients or their family members.

A survey of more than 18,000 patients conducted by NRC Health and Accordant found the most prevalent reason for patient and family giving was *gratitude*. Patients and family members said the health organization and its physicians, nurses and other caregivers had done something for them that they could not have done for themselves. They expressed their experience was generally marked by a level of compassion, empathy and kindness that exceeded their expectations. As a result, they had an intrinsic desire to express gratitude through words, actions, volunteerism or charitable giving.

So, given investment-level or "major" gifts from individuals represent the largest share of total dollars given to most health organizations AND former patients are most likely to make a major gift THEN fostering relationships with patients to harness the power of grateful giving is a strategic imperative.

Embracing grateful giving has become the single most important strategy in most health foundations, and it's a team sport. Patients and family members consistently share that physicians, nurses and other caregivers have the most influence over their decision to give or not. Therefore, progressive health foundations proactively engage clinicians as partners in referring grateful patients and in articulating the clinical case for support.





## In Closing

Optimally fulfilling the health care mission has likely never been more difficult. It is an incredibly challenging time in health care with many hospitals reporting unsustainable operating margins. Yet, we cannot afford to be dissuaded or thwarted by financial challenges when there is still a driving obligation to address illness and injury and to elevate health equity and well-being in our communities. All this means your role as a board member in fostering philanthropy has never been more critical.

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Committed board members can change the trajectory of the health organization's future. Philanthropy not only can enable critical investments in capital and programmatic initiatives but also can be a source to drive innovation and competitive advantage. Your partnership as an engaged board leader is essential to optimize the opportunity philanthropy presents. Your ability to leverage your valuable social capital and networks helps open doors, create understanding, build trust and inspire charitable investment. Ultimately, the impact is expressed in human terms as each service touches the lives of people from all walks of life in each community served.

Thank you for your passion, commitment, steadfast courage and service to advance this deeply human work. Thank you for stepping forward as a partner to enable the good you have in mind for your community.

**The mission is more vibrant, more impactful and more meaningful because of you.**

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*Thank you*





## About the Author

Betsy Chapin Taylor, FAHP, is CEO of the health care management consulting firm Accordant, which specializes in advancing health philanthropy, board governance and community health. She is author or editor of the books *Healthcare Philanthropy: Advance Charitable Giving to Your Organization's Mission*, *Redefining Healthcare Philanthropy*, *Transforming Health Care Philanthropy* and *Systemization and Regionalization of Health Care Philanthropy*. She has created more than 40 resources on health foundation governance for the American Hospital Association including the monograph *Boards and Philanthropy: Developing the Next-Curve Revenue Source for Health Care*. Her work has also been featured in national trade publications

for health care management including *Healthcare Executive*, *Trustee*, *BoardRoom Press*, *Modern Healthcare*, *The Chronicle of Philanthropy*, *FierceHealthFinance*, *Healthcare Philanthropy Journal*, *Chief Executive Officer*, *Becker's Hospital Review*, *Pediatric Focus*, *Health Facilities Management* and more. Betsy has been a member of the Association for Healthcare Philanthropy since 1995, earned certification as a Fellow of the Association for Healthcare Philanthropy (FAHP) and was honored with the industry's highest award for distinguished leadership, the Harold J. (Si) Seymour Award. Betsy is a faculty member for the American College of Healthcare Executives (ACHE), a faculty member for The Governance Institute and a frequent speaker at conferences for health care, philanthropy and governance in the U.S., Canada, Europe and Australia. Betsy received a Master's degree in Journalism from Columbia University in New York and an MBA from the University of Georgia.

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