



Communication and fundraising strategies for public hospitals based on the Institut Curie's experience

Hélène Bongrain

Founded in 1909, Institut Curie is a private, non-profit organization comprising a hospital and a research center dedicated to the fight cancer. Since the end of World War II and the establishment of the French welfare state, the Institut Curie, like other hospitals in France, has been funded by the French government through ordinary taxes, while its research center was partly relying on private donations. However, the cost of healthcare increased faster than the amount of funds available for hospitals. In the 1980s, public funding started to decrease drastically, leading to a series of reforms to contain costs, such as pay-for-performance plans for hospitals and decreasing reimbursements for drugs and medical treatments, culminating in the implementation of activity-based funding for hospitals beginning in 2004 and completely in force in 2010. This meant that less funds were allocated for non-activity-based services such as emergency departments, organ harvesting and transplantation, training and innovation, to name just a few. Within this period, the worldwide financial crisis brought about a public finance crisis that necessitated further cutbacks. Cutbacks in public funding precipitated a hospital financing crisis that resulted in a deteriorating environment and consequent decrease in the quality of service, despite the efforts of excellent physicians and nursing staff. In this context where hospitals were struggling to reduce costs while increasing their activity, competition for grants from associations and foundations, always fierce, also increased dramatically. Thus, hospitals started their own fundraising activities.

Until 1950, the Institut Curie received donations and bequests for both the hospital and the research institute. However, from this time until

2010, most fundraising was done for its research institute, with the exception of two dedicated projects: building a new hospital in 1990 and opening a new proton therapy center in 2010. The fundraising culture was alive and well at the research center, but had largely disappeared from the hospital. When state funding for research decreased by two-thirds at the start of the new millennium, the research center initiated a structured fundraising effort, compiling lists of donors, dedicating some human and financial resources to fundraising, and setting up a back-office with the necessary resources to raise money and keep track of fundraising efforts.

By contrast, most people were totally unaware that the hospital was suffering from insufficient funding. In 2010, the hospital was in a very difficult financial situation, so the following year a fundraising effort was started to remedy this situation. This effort led to an increase in donations from about €1 million a year in 2009 to €15.7 million five years later.

Our first task was to explain that the hospital needed money because state funding had lowered drastically and that we now had to ask people to contribute. We had many factors in our favor, but we also faced considerable resistance from some sectors. One enormous advantage that hospitals have over other organizations for raising donations is that there is a constant flow of people through the hospital, and these people actually benefit from what the hospital offers them. In addition to the 14,000 patients treated at the Institut Curie every year, many friends and relatives of these patients pass through the hospital, providing us with the opportunity to ask

them directly for a contribution. However, persuading staff members to cooperate in this effort and convincing the general public that giving was necessary required a cultural change.

Hospital employees and many French citizens still believed that the state should take responsibility for funding the hospital and that they were already doing their part by paying their taxes. The trade unions considered that it was humiliating to have to ask patients and their families to contribute to the maintenance of the hospital. There was substantial resistance to even simple measures such as including questions about patients' willingness to receive information about the hospital on surgery satisfaction surveys and hospital admission forms or leaving copies of the institutional magazine in waiting rooms. So our first task was to raise awareness of the hospital's need for funding.

To this end, we held a series of conferences to discuss the hospital's need for money. We started selling daffodil brooches —not to raise money, but to raise awareness of the need to raise money. We were able to gain considerable internal support from the top management of the hospital, but top-down support was not enough. We seized the opportunity to build fundraising for specific projects by taking advantage of a brilliant physician who was good at communicating her projects to ordinary people. In turn, she brought in likeminded colleagues and we started to make a dent in this idea that only the government is responsible for funding the hospital. This illustrates how important it is to use available networks.

As we work toward this cultural change, it is important to focus on innovation and excellence. People do not want to give money for routine operations —they want to see the impact of their donations in things like cutting-edge equipment, new treatments, promising clinical studies, or a better environment for patients. So it is helpful to identify projects that can convey this sense of real progress. On the other hand, although there is nothing wrong with raising money for specific projects, ideally we would like to see people contributing funds that the hospital can use without restrictions. With the aim of capturing unrestricted funds, we emphasize our hospital's highly innova-

tive research. It is crucial to find some good ways of talking about research, for example, stressing how doctors and researchers work hand-in-hand to fight cancer and how clinical research done at the hospital ties in with basic research done at the research institute. The public really does not really know the difference between basic and clinical research, and the difference really does not matter to them. The important thing is to talk about research in a subtle way that taps people's feelings of caring and hope.

An experienced fundraising team or agency can help get things started. It is essential to let people know that the hospital needs donations, but it is equally important to contact the right people (i.e., the people who care) and to go about asking them for help in the right way. Potential donors for hospitals include patients and their families and friends, staff and their families and friends, neighbors, and suppliers. A hospital that treats 14,000 patients per year has the opportunity to tap these patients' networks, bringing the cause to 50,000 people per year —this adds up to half a million potential donors in a ten-year period! Hospitals are major employers; they give work to physicians, nurses, technicians, administrative staff, housekeeping personnel, and groundskeepers, amongst others. One of every ten employees is a potential donor, and each employee has his or her network of friends and family that also might want to help. Some staff members, especially nurses, are also very good at asking for donations. Suppliers and contractors will often contribute within the framework of the law. Local shops and local companies are often eager to show that they are good neighbors, and local clubs and associations will often volunteer to do some of the fundraising work for you.

Efforts to target people who do not care are usually a waste of time. In France, 50% of the people never give anything to anybody. This has remained unchanged over the past 20 years. However, the good news is 50% do donate! And generous people who donate to other causes might very well be happy to donate to your cause too. Read the annual reports of other foundations to get an idea of who is giving what. Although tax deductions are never the most important reason



for giving, the idea of being able to deduct contributions is attractive to corporations and individuals alike. Throughout the world, people hate to pay taxes —given a choice, they would gladly give their money to charity rather than to the government. You need to be optimistic —keep asking, because persistence pays off. An 8% response rate is very good and can make a real difference.

Some health problems inherently inspire more sympathy than others. People are more willing to give more for some health problems than for others. We know that there are good and bad issues for appealing to people; and there are other issues that are untested —we do not know whether they will be good or bad for appealing to people. That is why it is so important to test ideas to see what works and what does not, and to keep track of your results. The best issues for us have been cancer, pediatrics, cardiology, and technological innovation. Talk about a young mother 32 years old who just had a child and is now diagnosed with cancer. Children and youth are appealing. Even though most donors are over 60 years old, they want to give to causes that help young people. Other issues are more difficult to explain or less attractive. Talking about death and palliative care is likely to turn people off. Surgery conjures up images of blood and gore.

Be careful to frame your message in the right way. Find a way to state your case that potential donors can relate to. You need to engage people. Focus on the benefits to donors rather than on your needs. Think of things from their perspective, not yours —count the number of times you say “you” and contrast it to the number of times you say “we”. You have to be inspirational. You are selling hope —at the same time you have to give examples that show progress. You need to convey a sense of urgency or emergency. If there is no emergency, create one. On the other hand, frightening people is not a good way to persuade them to contribute —images of scary technology like radiotherapy, nuclear power plants, women who have lost their hair, children missing limbs, and so on induce aversion.

Timing can also work in your favor when appealing to people for money. Christmas is a great time to ask for money because people are in a

giving spirit; this is especially true when the beneficiaries of the donations are children. Taking advantage of special events and anniversaries is another way to increase funding. Contacting people a year after discharge from the hospital, whether face-to-face or by telephone or direct mailing, can be amazingly successful. For cancer patients, the one-year anniversary can be very important. Perhaps they already donated while they were being treated or maybe they were too caught up in their own ordeal to donate at time, but in either case they will be extremely grateful to be alive after their treatment, and there is a good chance that they will want to express that gratitude with a gift. An appeal at this time might even tip the scales toward a generous legacy.

Appeals to the general public greatly benefit from media coverage. Press releases and press conferences can be useful for launching and promoting campaigns. If you can persuade the right people that your cause is justified, the media are often willing to donate advertising time and space. It really helps to have famous people supporting your cause; their presence can attract free coverage and they have a wonderful capacity to engage people. Media campaigns can also help you create your own stars —doctors and researchers who are good at communicating the importance of their work can have a tremendous impact on donations. Take full advantage of everything the media has to offer and you will be generously rewarded.

Fundraising is a formidable challenge, but one that is well worth the effort. Successful fundraising requires a team. Everybody needs to understand that it is essential to invest in fundraising —the old adage that you need to spend money to make money is true. It is not unusual for fundraising expenses to use up 20% to 30% of the funds that you raise, but you can expect to receive €3 to €10 in donations for every euro you spend. On the other hand, you should not expect to see a real return on your investment for at least two years. Sometimes you have to take risks, but doing so pays off in the long run. Fundraising efforts can help hospitals obtain 5% to 10% of their yearly budgets from philanthropy, and that goes a long way toward ensuring quality care.