



SEPTEMBER 7, 2013 BOARD MEETING MINUTES

BOARD PRESENT:

Andrea Caracostis, MD MPH
Bruce E. Gould, MD, FACP
Emma Zavala-Suárez, JD
Joan Combellick, CNM, MS, MPH
Kris McVea, MD, MPH
Robert Moore, MD, MPH
Rosemary Sokas, MD, MOH

BOARD ABSENT:

Hugo López-Gatell Ramirez, MD, MS, PhD

STAFF PRESENT:

Charlotte McCann
Deliana Garcia
Elaine Penn
Karen Mountain, MBA, MSN, RN

ACTION SUMMARY

I. Introduction

II. Development plan template review

III. Funding and fundraising metrics

- Ms. McCann will send specifics on the CFC email signature / link to board members.

IV. Development plan discussion

V. Next steps and next meeting

- Dr. Moore will reach out to the three California endowment board members he knows.
- Ms. Combellick will come back with specifics on a potential cookbook collaboration.
- MCN staff will provide clinician targeting materials to all board members.
- All board members will consider other fundraising options and follow up by email or at the next board meeting.
- MCN staff will schedule a November meeting.
- Executive Committee will work on developing a November agenda.

I. Introduction

Dr. McVea opened the meeting at 10:08 AM CT.

Dr. McVea explained that at the last in-person meeting board members set two goals for this year. The first was to better define their roles as board members and board members spent the May Virtual doing that. This meeting focused on the second goal, which is creating a



development plan in coordination with the staff. There are two aspects of the development plan to consider: 1) Where should MCN grow? 2) How can you play a role?

II. Development plan template review

Dr. McVea introduced the five areas of funding possibilities at MCN: 1) Grants to run specific programs, 2) Charging for servings, 3) Donations from individuals or foundations, 4) Membership driven opportunities – annual conferences, dues, etc., and 5) Social enterprise.

Dr. McVea asked Ms. Mountain to speak to social enterprise.

Ms. Mountain explained that for several years we have been trying to focus on something that would provide financial stability to the organization over time. Some U.S. non-profits have created a secondary arm of their organization which encompasses some sort of social enterprise. The focus of social enterprise is a money making venture that is run independently of the organization and whose primary purpose is to generate profit that is put back into the organization.

III. Funding and fundraising metrics

Dr. McVea observed that, per the bar graph, MCN has been very successful at winning grants for programs, but less successful at earning unrestricted revenue. Ms. Mountain asked Ms. Garcia to describe the work she has been doing on the overall operations plan. Ms. Garcia utilized the the Smartsheet of the Operational Plan to overview progress to date..

Ms. Garcia noted that MCN has been undergoing a cultural shift in the way we explore foundations. Ms. McCann has helped us communicate with foundations who have rejected our applications and return with improved applications the following year. We are strengthening our relationships with foundations. This relates to the board because they can help us develop relationships within foundations.

Dr. McVea stated that in terms of specific fundraising efforts some of the things MCN has tried have been more successful than others. She asked Ms. Mountain to explain the history of fundraising campaigns at MCN.

Annual appeal: Ms. Mountain stated that the longest-running campaign is the annual appeal that has generally taken place from Thanksgiving through the end of the year. Ms. Penn stated that we average \$3,000 gross revenue per year from that campaign, with a low point in the \$1,500 range and a high point of \$6,000-7,000. Dr. Sokas asked what the expenses are and Ms. Penn replied that expenses are minimal. We contact donors by email or letter. Previous donors get a paper request and everyone that is in our database gets an email. We send about 250 letters by mail.

Mother's Day campaign: Ms. Mountain stated that we have tried a variety of themes and campaigns, including an unsuccessful Labor Day campaign in 2011. From 2006-2010 we conducted a Mother's Day campaign and sold personalized cards in exchange for a donation.



This was very labor intensive and little return on investment. Some staff are quite invested and keep lobbying for one more year on the basis of good visibility, but Ms. Mountain questions the value of that visibility.

Dr. Sokas asked how much money is generated from the Mother's Day campaign? Ms. Mountain referred to the slide and responded that we earn a couple thousand dollars a year, not taking into account our expenses. Most of the money is generated from staff and board members who purchase cards for others. Ms. Garcia added that we have been most successful when staff and board have sent out targeted requests to friends and family.

Targeted letters: Ms. Mountain stated that we also provide letters to board members and ask them to send letters to five friends to consider a year end donation to MCN. Dr. Sokas asked if this has happened each year, because she didn't remember doing it. Ms. Mountain replied that the year end appeal has happened each year, but requests but board members hasn't because of lack of enthusiasm on the board's part. We have also asked everyone on staff to reach out to a minimum of five people. We don't have the figures on that, but it did result in a bump in donations.

Federal and state campaigns: Ms. Penn stated that the state campaign has brought in a little over \$2,300 to date, and the combined federal campaign, which requires little to no effort, has brought in a little over \$3,000 over the past two years. Most of the money is not tied to a person so we have no way of knowing who gave us the money.

Dr. Sokas said that from her experience in federal government she thought that sending an email to federal employees to publicize the MCN giving opportunity would be allowable. Ms. Mountain noted that we've been told not to email anyone in government for our Mother's Day appeal. Ms. McCann said that she recently spoke with someone who told her that we as an organization can't send emails directly to federal employees, but it's okay if we know federal employees who would be willing to do this on our behalf.

Ms. Mountain said that we would send this information to board members so that they could reach out on our behalf. Dr. Sokas noted that it would be important to keep a list of who has been contacted so multiple people don't contact the same person. Ms. Mountain agreed. Ms. McCann will send specifics on the CFC email signature / link to board members.

Endowment: Ms. Mountain stated that we put together an endowment that is structured such that we can't touch the principle until we reach 100K. The focus for the first campaign was to reach out to all previous and present board members. The endowment is still there and we have had a few more donations since. Ms. Penn stated that we have around \$16,000 right now. Ms. Mountain stated that we are not emphasizing the endowment right now because the money is so restricted.

Dr. Sokas asked if an endowment could be successful, whether we would want it, or whether we need unrestricted funds more. Ms. Mountain replied that she would prefer an endowment, but it really wouldn't be valuable or significant over time until we had \$1-2 million.



Ms. Combellick asked a general question about how easy it was for people to donate to MCN. Ms. Mountain replied that it's fairly easy. Donors can go to the website and donate. We invested in a sophisticated component of our financial system to deal specifically with donations and launching campaigns through the website.

Dr. Sokas asked about another fundraising activity that involved tracking board member's individual contributions on a yearly basis. Ms. Mountain replied that every year for the last several years we have had very high percentages of both board and staff that have donated.

IV. Development plan discussion

Dr. McVea opened up discussion. Dr. Sokas commented on charging for services. Could we offer webinars for free, and then charge for the CME / CNE credits? Ms. Mountain replied that the issue is complex because we market to community health centers with HRSA dollars and so can't turn around and charge for our services. If we charged, we would have to sort out people who work for an FQHC. We can charge for higher level consulting services, and we have done so.

Ms. Combellick asked if there is any particular area of expertise that we could sell? Ms. Mountain replied that we have considered selling grant writing because it can be very lucrative, but it is competitive and labor-intensive.

Dr. McVea redirected the conversation to the appeal campaigns. Is there anything that could be done to bring in more revenue or streamline the process? Dr. Sokas asked if it would help if current board members reached out to former board members. Ms. Mountain replied that it would be helpful. We tried that in the past. We don't have metrics, but her sense is that it was moderately helpful.

Dr. Sokas stated that in her opinion any social enterprise should related to something the organization already does, such as marketing and selling CME. To start a new business like fair trade coffee would be a huge investment.

Dr. Moore stated that he has been brainstorming about the California Endowment. He could see about getting the right connections in California, and maybe each board member could brainstorm in their individual regions. Dr. McVea said that she liked the idea and wondered if a grocery store would be willing to donate a certain portion of the proceeds. There are stores that are set up for an effort like that and are just looking for specific charities. Ms. Mountain said that she liked that idea and that MCN has done similar things in the past with Randall's grocery stores and Whole Foods.

Ms. Combellick asked if a Kickstarter-type campaign would be appropriate, and explained the principle behind Kickstarter and other direct fundraising channels. Ms. Mountain said that sounds like something that might work for the book and Ms. McCann said that we are still trying to raise money for the photos, which would be a potential focus for a Kickstarter-type campaign.



Dr. McVea mentioned that she was also wondering if there is a service-group such as a fraternity or sorority that could raise money on behalf of MCN and Ms. Mountain mentioned that we were the recipients of a similar one-time effort in the form of a chili cookoff.

Dr. Gould suggested that MCN staff send him a targeted email now that explains the services we offer to clinicians and migrants. He has a list of 50+ physicians he could send that to. Then in November or early December we could send out another letter highlighting MCN as an opportunity for year-end giving. There are other folks that are associated with MCN that have access to other networks of doctors that could help to publicize MCN.

Dr. Gould thinks that charging for CME would be a challenge because clinicians that serve migrants aren't a highly lucrative population. Similarly, there is a lot of free CME out there, so it would be hard to compete if we charged for services.

Ms. Mountain noted that there might be the potential to charge for Health Network services, but thus far we haven't come up with a marketing strategy that has convinced organizations to enroll their patients in any large number—let alone enroll them and pay us.

Dr. McVea noted that time was running out and redirected the conversation to next steps.

V. Next steps and next meeting

Ms. Combellick added one more idea for consideration, which is the possibility of a profit-sharing collaboration with a San Francisco organization that works with Oaxacan migrants and has produced a beautiful recipe book. She has a contact there. Ms. Combellick will come back with specifics on a potential cookbook collaboration.

Ms. Mountain mentioned that we will also be doing a seminar with MAHC and splitting the profits. We are open to many of these ideas.

Dr. McVea asked if we can explore next steps for the Combined Federal Campaign and the California endowment. Dr. Moore will reach out to the three California endowment board members that he knows. He mentioned that they change their program focus every few years and are more focused on urban health at the moment, but still thinks it's worth exploring.

Dr. McVea listed the ideas that were previously floated: Kickstarter, targeted emails to clinicians, enhancing the Mother's Day campaign with a cookbook. She asked whether we want to do all three or gather a bit more information.

Dr. Gould mentioned that clinician targeting is something we should be doing anyway. Then, when we offer useful services we can follow up later in the year with a kind ask for help to continue these services. He stated that this would be more effective than asking for money up front because there are other places clinicians can go for free credits. Ms. Mountain said that MCN staff would provide clinician targeting materials to all board members.



Dr. McVea asked board members to consider other fundraising options and follow up by email or at the next board meeting. She noted that the next face to face board meeting will be the retreat in January. Ms. Mountain asked whether board members felt the need to have another virtual board meeting in November. Ms. Zavala-Suárez said she thought there was follow-up to warrant another meeting in November. Ms. Mountain said that MCN staff will schedule a November meeting and that in the meantime, the Executive Committee can work on developing an agenda. Ms. Zavala-Suárez said that at the next meeting we could get some action items going on the items that we want to move forward. Dr. McVea agreed.

Dr. McVea adjourned the meeting at 11:41 AM CT.