



WHAT AUSTRALIA'S NFPs CAN LEARN FROM US HEALTH PHILANTHROPY

NORTH Foundation CEO [Gilbert Lorquet](#) visited 30 organisations in the US and discovered a model for transformational philanthropy



In 2018, I was asked to build something bold – a philanthropic foundation capable of transforming fundraising and philanthropy across five hospitals and a medical research institute within the Northern Sydney Local Health District (NSLHD). The result was the NORTH Foundation. From a team of only three, raising a few million dollars each year, we've grown to twenty staff now raising over \$20 million annually.

But we're just getting started. Inspired by Jim Collins' book *Good to Great* and my time at Harvard Business School's Strategic Perspectives in Nonprofit Management course a few years ago, I've come to believe that greatness in philanthropy isn't about grand gestures – it's about disciplined people making disciplined decisions over time. Collins' concept of 'Level 5 Leadership' – humility paired with fierce resolve – resonates deeply with me and my journey.

I recently toured 10 cities across the US, visiting more than 30 leading institutions to learn from their best practices in health philanthropy. The goal was to accelerate the NORTH Foundation's 2025–2029 strategic plan and develop a blueprint for transformational change. On my trip, I met with the Dana-Farber Cancer Institute, Mount Sinai, Texas Children's Hospital, Memorial Sloan Kettering, NYU Langhorne, Cleveland Clinic, Broad Institute, Children's National Hospital Foundation, St. Jude Children's Research Hospital, Johns Hopkins and many more. Each one generously welcomed me, shared their insights and offered valuable lessons in innovation, strategy and impact that are now helping to shape our future.

PHILANTHROPY EMBEDDED IN CLINICAL CULTURE

At leading US institutions, philanthropy is not a separate function – it's a strategic pillar embedded directly into the clinical environment. These organisations have cultivated a culture where giving is part of the patients' healing journey,

and clinicians feel empowered as philanthropic partners.

Doctors, nurses and care teams are trained to recognise moments of gratitude and identify patients who may be open to giving back. This isn't left to chance – it's supported by structured programs, collaborative rounds with development officers, and monthly screenings of patient lists to surface potential donors. Warm introductions from trusted clinicians create a natural bridge between care and contribution, nurturing relationships built on trust.

Crucially, these efforts are supported by ethical opt-out data access models, allowing development teams to view limited patient information, such as name, visit date and attending clinician, while maintaining strict privacy safeguards. This real-time access enables timely donor engagement and ensures that philanthropy is responsive, respectful and deeply personal.

The result is a seamless integration of care and giving. Philanthropy becomes part of the patient experience, not an afterthought. Clinicians feel valued as co-creators of impact, and donors feel connected to the mission in a meaningful way. For us at the NORTH Foundation, adopting this model will be the key to unlocking major gift potential, enhancing stewardship and positioning clinicians as catalysts for transformational change.

GRATEFUL PATIENT FUNDRAISING: THE GROWTH ENGINE

Grateful patient fundraising is the cornerstone of the foundations I visited and the single most powerful driver of major gift growth. These organisations have elevated this strategy into a disciplined, data-informed and ethically grounded practice that transforms bedside gratitude into lasting philanthropic impact.

Such programs begin with structured access to limited patient data, enabled through opt-out consent models that comply with privacy regulations while

preserving donor trust. Development teams use this data to conduct daily or weekly wealth screenings, identifying high-potential prospects in real time. But the magic happens at the intersection of care and connection. Clinicians are trained to make warm referrals, often initiating contact through personalised letters, collaborative rounds, or direct introductions to development officers.

This approach creates a seamless continuum between healing and giving. Patients who feel deeply cared for are offered a meaningful way to give back, and clinicians become trusted bridges to philanthropy. The result is a major gift pipeline built on authenticity, gratitude and shared purpose.

For the NORTH Foundation, scaling our grateful patient strategy is not a nice-to-have, it's critical. It offers a pathway to sustainable revenue, stronger donor relationships, and a culture where philanthropy is embedded. By investing in clinician engagement, ethical data access and stewardship infrastructure we will unlock transformational giving and deliver on our vision to elevate healthcare.

CAMPAIGNS THAT RESHAPE INSTITUTIONS

Fundraising campaigns do more than raise money – they drive strategy, shaping an institution's identity, culture and direction. These billion-dollar, multi-year campaigns are meticulously designed to align with the organisation's highest priorities, such as advancing research and clinical excellence, and expanding infrastructure.

These campaigns are more than fundraising – they are movements. They galvanise internal stakeholders, unify external supporters, and create a sense of urgency and possibility. They articulate bold goals – curing a disease, building a new hospital wing, or transforming patient care. The campaign becomes a strategic lever, not just to raise money but to drive institutional change, attract top talent and elevate brand visibility.

For the NORTH Foundation in Sydney, embracing this model means thinking bigger. It means designing campaigns that do more than meet financial targets — they must inspire and align with the health district's strategic priorities. By adopting the disciplined, phased approach of leading US institutions, we can reshape how philanthropy is perceived and practiced in Australian healthcare.

DATA-DRIVEN DONOR ENGAGEMENT

In the US, data isn't just a tool — it's a strategic growth engine. Health foundations have built sophisticated ecosystems that harness data to drive donor engagement, optimise fundraising outcomes and personalise stewardship at scale. These institutions integrate platforms such as Epic and Salesforce to access limited patient data — such as visit frequency, attending clinician and service line — while maintaining strict privacy. This data is then enriched with predictive analytics tools such as WealthEngine, DonorSearch and AI-powered models that assess philanthropic potential in real-time. The result is a dynamic, responsive fundraising strategy where high-value prospects are identified, qualified and engaged with precision.

But it doesn't stop at identification. These systems enable tailored stewardship journeys — customised outreach, impact reporting and recognition strategies that reflect each donor's motivations and capacity. Development officers receive alerts when a prospect reaches a key milestone, allowing for timely and meaningful engagement. Campaigns are segmented and optimised based on donor behaviour, giving history and predictive scoring.

FINANCIAL MODELS THAT SUSTAIN GROWTH

Financial sustainability is a defining characteristic of the most successful US health foundations. They have adopted robust financial models that not only

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support day-to-day operations but also enable long-term strategic growth. These models treat philanthropy not as a cost centre, but as a strategic asset — integral to the institution's mission and future.

One common approach is the application of administrative fees on philanthropic gifts — typically ranging from 10% to 30% — which help cover core costs such as staffing, technology, stewardship and compliance. This ensures that fundraising infrastructure is adequately resourced without compromising the impact of donor dollars. In other cases, foundations share in endowment growth, creating recurring revenue streams that provide financial stability and allow for multi-year planning.

Some institutions go even further, with hospitals or affiliated universities directly funding operating expenses. This model allows every dollar raised to flow entirely to mission-critical programs, reinforcing donor trust and positioning philanthropy as a high-return investment. These financial structures are not just about sustainability; they're about scalability. They enable foundations to grow their teams, invest in innovation, and pursue ambitious campaigns without being constrained by overhead limitations.

For the NORTH Foundation, we believe that adopting similar models will be essential to sustaining our momentum. This includes advocating for cost recovery mechanisms, exploring endowment-based revenue, and securing operational support from the NSLHD. By embedding financial sustainability into our strategic planning, we can ensure that our fundraising efforts are not only impactful

but enduring.

A common theme from the conversations I had in the US is that philanthropy must be resourced to thrive, and that begins with a financial model designed for growth.

TALENT STRATEGY AND ORGANISATIONAL STRUCTURE

Many of the highest-performing US health foundations have built their success on more than just strategy — they've invested deeply in the people and structures that bring philanthropy to life. Their development teams are multidisciplinary, specialised and mission-aligned, designed to deliver high return on investment and build long-term donor relationships.

These organisations don't just hire for experience — they hire for culture fit, strategic alignment and personality traits that reflect the institution's values. Roles are clearly defined across major gifts, stewardship, analytics, donor relations and campaign strategy, allowing staff to focus on their strengths and deliver tailored engagement. In this approach, there is no prospect ownership and collaboration is the norm, with the team working toward shared outcomes rather than individual targets. This creates a culture of trust, innovation and collective impact.

Onboarding is intentional and immersive, with development officers completing a structured six-month orientation to ensure they understand the organisation's mission, culture and philanthropic philosophy. Staff are supported with ongoing professional development, clear performance metrics



From top: Gilbert Lorquet with the Northwell Foundation team; Gilbert with Anna Silverberg, Director of Development – Individual Giving and Strategic Initiatives at Broad Institute of MIT and Harvard.

and pathways for growth. The result is high retention, high performance and a team that consistently delivers millions in philanthropic revenue per staff member.

For the NORTH Foundation, this model will offer a clear roadmap. We've already begun to mirror this approach by growing our team, investing in onboarding and training, and aligning every hire with our mission to transform healthcare. But to truly scale, we must continue to build a specialised, high-performing team that sees philanthropy not as a job, but as a calling. Organisational structure must enable agility, collaboration and excellence. Talent strategy must be intentional, values-driven and future-focused.

STRATEGIC BOARD ENGAGEMENT

Board engagement at these foundations is more than ceremonial – it drives real impact. These institutions have redefined the role of their boards, transforming them from passive overseers into active drivers of philanthropic success. Board members are not just expected to give; they are empowered to lead.

Formal giving expectations are standard, with annual contributions often ranging from \$10,000 to more than \$100,000. Participation is tracked, celebrated and tied to stewardship opportunities such as naming rights, donor walls and impact briefings. But the real value of these boards lies in their strategic involvement. Members serve as ambassadors, connectors and cultivators – hosting salons, making donor introductions and shaping campaign priorities.

Board-hosted gatherings have proven highly effective in engaging high-net-worth individuals. These events are intimate, mission-driven and designed to nurture meaningful connections between donors and institutional leaders. In some cases, advisory boards go even further, actively guiding campaign strategy and aligning philanthropic efforts with clinical and research priorities.

For the NORTH Foundation, activating our board as strategic partners is essential to unlocking leadership-level philanthropy. This means setting clear expectations, providing meaningful engagement opportunities, and recognising board members not just for their financial contributions but for their influence, networks and strategic insight. Inspired by these models, we're also exploring how board members can support venture philanthropy, blending traditional giving with investment-style partnerships that drive innovation.

Ultimately, strategic board engagement is a force multiplier. It boosts campaign ambition, builds donor trust and positions philanthropy as a central pillar of institutional growth. At the NORTH Foundation, we're moving from symbolic governance to transformative leadership — because great boards don't just support the mission, they shape it.

INNOVATION AND VENTURE PHILANTHROPY

Innovation is no longer a luxury in philanthropy — it's a necessity. Philanthropy is increasingly being reimagined through venture models that blend traditional giving with strategic investment. This approach not only raises funds but also catalyses breakthroughs by aligning donor capital with high-risk, high-reward innovation.

Venture philanthropy can be framed as seed funding for transformative ideas. Donors contribute to milestone-based projects with clear deliverables and, in some cases, agreements include equity stakes or royalty-sharing — a model that attracts entrepreneurial donors who want measurable impact and long-term sustainability. These partnerships may also involve major corporations, positioning philanthropy as a driver of both discovery and economic return.

One bold approach relies on a lean team and a laser focus on transformational science, raising over \$200 million annually without annual



Cleveland Clinic Main Campus, Cleveland Ohio; St. Jude Children's Research Hospital Main Campus, Memphis Tennessee.

appeals, events or even a grateful patient program. Instead, it cultivates powerful relationships with a small group of visionary donors, introduced primarily through its board. There are no individual fundraising targets; the entire team works toward a shared goal. This model reflects a next-generation philosophy of philanthropy that is collaborative, non-competitive and entirely mission-driven.

For our team at the NORTH Foundation, embracing innovation and exploring venture philanthropy models presents an exciting opportunity. By framing philanthropy as investment in impact, we can attract a new class of donors — those who want to fund bold ideas, accelerate research and co-create solutions to healthcare's biggest challenges. This means moving beyond traditional fundraising tactics and building the legal, financial and cultural infrastructure to support entrepreneurial giving.

Whether through innovation funds,

donor-advised investments, or milestone-based partnerships, venture philanthropy can unlock new revenue streams and strengthen donor engagement. The future of fundraising isn't just about asking for support — it's about inviting donors to invest in a shared vision for change.

IS PHILANTHROPY IN AUSTRALIA FAR BEHIND?

Australia has made meaningful progress in healthcare philanthropy, and in many ways shares foundational similarities with the US. Both countries are driven by a commitment to improving patient outcomes, engaging communities and leveraging philanthropy to advance medical research and infrastructure. Like their US counterparts, Australian foundations are increasingly recognising the importance of grateful patient fundraising, clinician engagement and data-informed donor strategies. However, the benchmarking tour revealed

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that the US operates at a fundamentally different scale in both ambition and infrastructure. American institutions raise hundreds of millions – sometimes billions – each year, supported by large, specialised teams, integrated data systems and deeply embedded philanthropic cultures. In contrast, many Australian foundations still face structural limitations, including restricted access to patient data, underinvestment in fundraising infrastructure, and cultural hesitancy around clinician-led philanthropy and major gift solicitation.

Yet the gap is not insurmountable. The similarities in mission values and emerging practices provide a strong foundation for us to grow. With bold leadership, ethical innovation and strategic investment, Australia can accelerate its philanthropic maturity.

The NORTH Foundation is already proving what's possible by demonstrating that with the right mindset and model, we can shift from incremental growth to transformational impact. The opportunity is not just to catch up, but to lead, by adapting proven models to the Australian context and building a culture where philanthropy is seen as a strategic lever for healthcare transformation.

COLLABORATION AND KNOWLEDGE SHARING: A NATIONAL IMPERATIVE

In Australia, the challenges we face in healthcare, research and community wellbeing are too complex – and too interconnected – for any single foundation or institution to tackle alone. Collaboration and knowledge sharing across the sector are not just beneficial

– they are essential. Whether we're addressing cancer care, mental health or age-care services, we must move beyond siloed efforts and begin working together with intention.

My benchmarking tour showed that in the US, cross-institutional partnerships, shared data platforms and joint campaigns are accelerating impact at scale. Australia has the talent, the passion and the purpose. We now need the infrastructure and mindset to match. Building a culture of openness, co-investment and strategic alignment allows us to amplify efforts, cut duplication and open new pathways for transformational change. We share the causes we care about, and our solutions must be shared as well.

FROM BENCHMARKING TO BOLD ACTION

My insights from a benchmarking tour across the US confirmed a powerful truth: transformational philanthropy is possible and can be replicated. The institutions I visited weren't just raising more money. They were reshaping cultures, redefining strategies and embedding philanthropy into healthcare delivery. And they were doing it with discipline, vision and a relentless focus on impact – hallmarks of Jim Collins' Level 5 Leadership.

For a charity like ours, the path forward is now unmistakably clear. We must embed philanthropy into clinical culture – not as an afterthought, but as a core component of the care experience. We must scale our campaign ambitions beyond \$100 million – not for the sake of size, but to match the scale of

the challenges we aim to solve. We must invest in specialised talent, build multidisciplinary teams and structure our organisation for growth. And we must secure ethical access to patient data, enabling real-time donor identification and personalised engagement, while safeguarding trust.

Australia is making progress, but the US operates at a different altitude. The gap is measured not just in dollars raised, but in infrastructure, ambition and integration. Yet, as Collins reminds us, confronting the brutal facts is the first step toward greatness. With bold leadership, strategic investment and a willingness to challenge the status quo, we can close that gap – and lead.

As one US leader told me, “We stopped asking what we could raise. We started asking what the institution needs to transform.” That mindset shift from transactional fundraising to strategic transformation is the most important lesson of all. It's not about chasing numbers. It's about aligning philanthropy with purpose, empowering clinicians, engaging donors as partners and building systems that endure.

The NORTH Foundation is ready to lead this shift for ourselves and for the future of Australian healthcare philanthropy. The time for benchmarking is over. The time for bold, disciplined and enduring action is now. **F&P**

Gilbert Lorquet is a visionary philanthropy leader, strategist and social entrepreneur with over 28 years of experience spanning marketing, law, fundraising and nonprofit leadership.