

Cathy: Welcome to, It Doesn't Hurt to Ask. A podcast where we talk about fundraising this season. We'll be talking to shift disturbers in philanthropy, people who are shaking up traditional philanthropy practices. Today I'm talking with Jennifer Bernard, President and CEO Women's College Hospital Foundation in Toronto.

Cathy: Jennifer, thank you so much for joining us today on It Doesn't Hurt to Ask.

Jennifer: Well, I'm delighted to be here and I'm delighted to be asked.

Cathy: Right on. Well, we are thrilled to be talking to shift disturbers and philanthropy this season and I think you definitely fit the bill.

Jennifer: Well, I'm, I'm actually flattered by that title. I think that one of the reasons I was attracted to women's College Hospital Foundation was because they are disturbing and disrupting health care and taking it in a new direction. And I want the foundation to not just follow but lead in that area as well. So I want us to be a disturbers and disruptors, so it's a perfect

Cathy: Awesome, well, why don't we talk about that a little bit.

Jennifer: Okay. Well, you know, most people are familiar with the history of the hospital itself. It's quite old. It's 135 years old. And uh, one of the reasons I was even attracted to the role and the hospital, because there are so many wonderful institutions, is that it was founded by a woman that was a shift disturber. She was told Emily Stone that she couldn't go to medical school because she was a woman and she had the University of Toronto said, you can't come here, nor do I think women will ever be able to doctors. And you know, in reading her story and preparing to come here, it spoke to me, you know, my parents are immigrants. We came here when I was just one. And the journey of being locked out or not being allowed is something well known to immigrants. And Emily Stone not only became a doctor, she left Canada and went to the US, became a doctor, came back here, founded the hospital, and then open the doors to women's health care in Canada. And pretty much every woman that is a doctor in Canada can really trace their roots back to her.

Cathy: Wow.

Jennifer: So what a disturber of everything. I'm not taking no for an answer and not letting her a gender get in the way and just saying I'm going to do it anyway. So I was so attracted to her story and wanting to keep that alive. And then the fact that our mission statement is healthcare, revolutionize the idea that we are having a revolution I thought was so important in terms of um, the work that I want to do. So I was attracted to the mission of the organization, the history and the path forward, which is all about disturbing the hospital is completely ambulatory, which most people don't even know. I even, I didn't know that.

Cathy: So tell me what that means.

Jennifer: That means no one stays over nights. We are the hospital without inpatient beds. No one sleeps here overnight and most people don't even realize that that's possible. Everybody gets discharged within 18 hours of being admitted. And because people don't realize that they, we do like, we don't do real hospital things, but we do do surgery, we do mastectomies and we do reconstruction for women who have cancer. We do total knee and hip replacements in one day. In a few hours, people leave between four and six hours. They walk out of here under their own power for a total hip and knee replacement. Now we do the full spectrum of diagnostics and surgeries that many hospitals do like hysterectomy. So we do pretty much everything what we do it on an outpatient basis.

Cathy: So how do you do some of those things? Like what happens if there's complications and you need to, somebody needs to be observed?

Jennifer: Well you can stay up to 18 hours. So it's not like, you know, as soon as the surgery is done and you have to, you have to ship out. So as always, you know, our surgeries are conducted throughout the day. We have all our physicians are cross appointed to the hospitals in the area. So if somebody did need a bed and I asked about that, cause I was really curious because I'd always worked in inpatient hospitals where you have the safety net of a bed and the, the one of the physicians said, you know, without the safety net of a bed, do you do that? You try to do the perfect surgery every time. Not that they don't elsewhere. And I wouldn't say, you know, I don't want doctors to start saying that, but it does change your mindset when you're ambulatory that you know, you dot every I cross every t because you know, that person has to walk out of here under their own power or was support from their families. So I think it's just a wonderful way of making sure you do the best job always. So it's a, yeah. So everybody leaves with an 18 hours. We do have some services where on an emergency basis people can come in. Our sexual assault and domestic violence clinic is open 24 hours a day and that's necessary for that type of patient population. And we also have, um, some other services like our addiction, a service and whatnot that people can get through to all night and day. So the hospital doesn't close, but we have no beds.

Cathy: Gotcha. I'm actually interested in the last couple of services that you talked about because when we had chatted before this interview, uh, I was really interested to hear about the social justice lens that you bring to health healthcare.

Jennifer: Yeah. So I mean, all hospitals have a help, underserved population and disenfranchised populations, but it is actually part of our mission. So our social justice platform, which is sort of what the hospital was founded out because you have to remember it was for women who have been left out of the healthcare equation up till then, and in many ways still now. Uh, so women are an underserved population generally as a gender. And then we have other populations which, whether it's because of economics or it could be cultural, we have the indigenous population, which has an enormously complex history with healthcare. We have the LGBTQ+ community who, again, an incredibly complex history with health care. We have people with addictions, people who are sexually assaulted and violated. All of these people tend to be marginalized in the healthcare system. And when you add gender, sex culture to that equation, it changes and changes

and changes the experience. So privilege I, you know, has a really, high level of influence on healthcare.

Cathy: Yeah.

Jennifer: Just like everywhere else. And we really addressed that here and have built our programs because we're built on equity. I'm founded on equity around serving those populations that are left out.

Cathy: So I'm interested. Do you find that raising money for the social justice work that you do, is that different than your experience of raising money for more traditional hospital-ily kinds of things?

Jennifer: That's a great question. I don't think anybody's ever asked me. No, I don't think it's different. I think that it's not what people emphasize. So I think sometimes it disrupts in surprises. People traditionally hospitals ask for money and most institutions to to create infrastructure, to just find some, to research and to support people to buy equipment. It's not that they haven't done programs, but they haven't really targeted them to vulnerable populations or identified people in that way. So I think it opens up a whole new area of people to talk to about what we do because it's not just people that want to buy you an MRI. It's people that want to change what the safety net of our society looks like and have make sure that health care is included in that safety net. I mean you can feed people and give people a place to live, but if they're unhealthy or they don't have access to mental health services or they have addiction issues, how have you really helped them? So it opens up an opportunity for us to have different kinds of conversations, include different kinds of partners and include people who are often thought to not be interested in healthcare because they don't have the kind of resources to buy an MRI.

Cathy: Right.

Jennifer: Cause you can make a huge difference making a smaller donation sometimes to an area of social justice then you can to building a hospital.

Cathy: Right. You know, the reason I asked that question is because I have spent most of my career working in social change philanthropy and the realm of social justice and social services. And I'm, I have, I would say found it challenging to identify donors who are interested making significant donations to some of those causes. So I was just wondering if, because you are, you know, situated in a hospital environment, if you already have, if you have access to different donors because of, that,

Jennifer: I think so. And I think you have a very mature donor base as well in a very sophisticated donor base. And they can see the benefit of supporting surgery and building a surgical unit, but a surgical unit that also has the empathy to build in a compassionate, fund for people who are having transgender surgery, which we have and understanding the need for transgender surgery and bring in people that are major donors who may support community organizations that are very close to social issues. And then they want to help

with the health issues. They want to bridge that. So you have a young person who is displaced because of their transgender issues, who wants healthcare donors understand that we can provide that bridge. So we get, we have access to quite a sophisticated donor base. And also in terms of disruption, even donors are looking for something that's a little bit different and disruptive. A lot of the big corporates are telling me now they don't want to do so much bricks and mortar. They want instruments of change. And that's probably been the biggest change in I think the philanthropic landscape is that, not that people don't want to build a great hospital or or support your infrastructure, but they want to be instruments of change and see the impact on a sociological level now that they didn't before and they want measurement that's different than they do for.

Cathy: That's very, I mean it's cool and it's really interesting that as a hospital you have relationships with some of those donors that are, that we might consider usual suspects. Are they usual, the usual.

Jennifer: Yeah.

Cathy: And so it does afford you an opportunity to have those different kinds of conversations with folks who might be more accustomed to giving to traditional philanthropy

Jennifer: Or they've built a wing and now they want something.

Cathy: Right.

Jennifer: Different donors have really matured, especially major gift donors and they understand that just building the building isn't enough. And we have a big stake in virtual health care where we're going, you know, because we are physically quite a small hospital and we have no beds. Most of what we do is not for our hospital. It's to help support innovation in other parts of health care and in other hospitals so everyone can benefit. So that's a way we're very different as well. Most hospitals innovate to innovate for themselves. And if somebody else benefits, that's great. We sort of reversed that. We innovate for ourselves with the expectation that we will scale what we've done to other healthcare facilities and teach them. So something like our same day, knee and hip, we hope to teach our methodology to every hospital so that every hospital can now provide that service and we can relieve the healthcare system of that burden for the people that qualify for that kind of service right across Canada. So it's a very population health kind of view as opposed that's the disruption. Um, most hospitals are disrupting for themselves. We want to disrupt for all of healthcare.

Cathy: Right. Cool.

Jennifer: I think so. I think it's awesome.

Cathy: So one of the other disruptive things about you in this new job at the time of this interview? I've been here not quite six months. That's right. So one of the other things

that is disruptive is that you are, I'm told the first person of color to lead a major hospital foundation, especially within the downtown core of Toronto.

Jennifer: Yeah. I don't know who first told me that, but when I was appointed and I started getting all kinds of wonderful messages, that was a theme that I kept hearing both from people of color and people outside of the, um, the racialized communities that I was the first. And I, you know, I worked with Hamilton Health Sciences for eight and a half years, and she's obviously a woman of color and also comes from Trinidad and Roger Allie, who's now in Niagara, both people of color. But I think it's because there was such a dominance of healthcare downtown Toronto and there had not been anybody ever that people really took notice of it. So, you know, it wasn't something that I think anybody thought about until it happened. But yes, and I just got a call today from a person in Montreal who said that they just read that and that resonated with them. So I've gotten calls from all over the country in the United States as well. So it's really been a thing. Yeah.

Cathy: Wow. Been anything surprising as a result of that?

Jennifer: I mean, on a personal level, I'm surprised. Well, I wasn't, it wasn't something that I even thought about. I was surprised how many, how many people it mattered to from a visible minority communities, both men and women, particularly young people, they really talk about never having any role models, never having seen anybody in the CEO seat at any kind of very dominant healthcare institution. Because women's college hospital is so iconic and so old and has such a pedigree, you know, they consider it quite prestigious. It's not a small new organization that has a long history. So it was how many people it mattered to you and how many people I automatically became a mentor to whether or not I had expected to do that. So I have like my, my linkedin is full of young people asking me to mentor them. That's very cute. And I actually have to figure out what to do cause I loath to say no because I feel terrible, but it's like impossible to do my job that I do do a few calls. I went to see somebody this morning and then I just had a call with somebody in Montreal. But that's been the biggest surprise, the mentorship and them all saying I had never seen anyone like me. I'd never seen anyone that came from the same place as me. It gives me so much hope. It's inspired me. So I can't tell you that that's been the best one of the best parts.

Cathy: That's amazing.

Jennifer: Yeah. And it's a in its own right, disruptive that people dare to dream now. So it's been great.

Cathy: Yeah. I mean representation really does matter right.

Jennifer: It does. Um, and we see that at the hospital, you know, people for example from the indigenous community are afraid to come into hospitals because there's no one ever from the indigenous communities in these hospitals. And, you know, that's a real issue. And I had a wonderful a meeting with some folks from the transgender community and the woman said to me, it's such a beautiful building. I didn't think they would even allow

me to come in and welcome me, you know? I totally understand that. So yeah. Yeah. Representation is very important and, respect and, and feeling safe. Yeah.

Cathy: Any additional sense of pressure when you realize that you were in this sort of groundbreaking role?

Jennifer: No, and not at all just because I've almost always been the only one everywhere I've went outside of Hamilton Health Sciences. Um, my career, I have been often the only person of color. And even when I was at event or representing my organizations, I was just telling the young woman this morning I've been at golf tournaments where I've been, you know, one of three women and the only person of color. I've been at galas with a thousand people and been the only person of color, the only woman of color. I have spent my career in the presence of board meetings with as the only woman. So I said, I'm often the only, only, or just the only. Um, so I feel no additional pressure just because I've been a climatized to it.

Cathy: Right. Well, during this conversation you have an opportunity to be delivering a message to a whole bunch of people.

Jennifer: Oh wow, now I feel pressure

Cathy: Any advice that you want to,

Jennifer: I would say, you know, I do think now there are more people of different backgrounds and you should seek those mentors. I didn't have that opportunity. So I do encourage young people to reach out to those people that they see. I do encourage them to come together and speak to people who they feel represent them. But I, as I said to the young woman this morning, don't be afraid of being the only mm. Because somebody has to be the first. Somebody has to be willing to, you know, sit on the bus or not get off the bus or do whatever they need to do to be the first. And you couldn't be the only woman of color that goes to a golf tournament. And that inspires somebody to say, you know, there was somebody else there and I'm going to go next time. So don't limit yourself by thinking you can't. And um, you know, I think that that feeling that there's additional pressure that a lot of the folks that I talked to will say, I feel like I have to be better than everyone else. And I would say yes, and you should, I think that has to be your standard regardless of where they are the only, the majority, you're the privileged. I think if you use that as a standard, I, it'll never guide you in the wrong direction and don't be afraid of failure because it sometimes things more when you're the only person and you feel like a greater burden that you have to succeed for everyone. And you have to realize that regardless, this is your journey and failure is actually a part of success. And failure is only failure if you haven't learned something. But, um, don't judge yourself too harshly by it.

Cathy: You're incredibly wise, Jennifer.

Jennifer: I'm not sure what to say. That is very kind of you. Um, you know, I'm just muddling through like everyone else. You know, but I've had to, I think about it because so many

people have asked me. The first question is how did you do it? Like, and I said, if I had a formula, I would write a book and then I would, and the Risley isn't a formula. I did what I knew I was true to my, my values myself. I represented myself the best I could and I tried to enjoy myself and not get caught up in what other people saw. And also I always used my being the only as an opportunity to educate people that we are actually more the same than different. And uh, they were very, very few things to separate us. Culture separates us much more than race. I am, you know, been here since I was one of them as Canadian, as anyone. And I think that culturally I can be very different from someone else who looks just like me. But there is something about having representation that allows people to feel at ease. And that's an important part too.

Cathy: I know you said that you were usually the only, or the only, only did you have any mentors who helped guide you through anything?

Jennifer: Yeah, I mean I've had different mentors at different stage and I never formally thought of them as mentors or until I got much deeper into my career. So I was always attracted to people that were smart and a little bit edgier and risk takers. So I think I always glommed on to whether it was a board member. I started in philanthropy at the science center and I was just saying to someone, I started sort of in the middle. I started by running quite a big campaign as my first job. And so I was seated at the table with a whole bunch of very, very senior men, all men, all white, uh, you know, the CEO of IBM, Shopper's drug mart, Unilever Carlton cards. It was just incredible. And I just made them all my mentors. Like I was like a sponge and that's what I probably, one of the things I was never afraid to ask questions, never pretended I knew everything, never pretended I didn't need to learn. I always looked for the people that I wanted to emulate and would sort of ask them things and try to learn from them. And David Blum was the CEO of shoppers drug mart and was the chair of my campaign and a very big personality. And I absorbed not just how he ran the campaign, but how he ran the company, you know, so it was really being that sponge. And so I did that throughout my career. I availed myself of the incredible people that were around me and asked her permission to use them as instruments of learning. And so they became my mentors. And then as I sort of chose philanthropy, because philanthropy started chose me and then I definitely chose it because I had different ways I could go at different points in my life. Then I started to seek out some folks that I thought were doing a great job and started to sort of chat with them on a more regular basis. But I also always had somebody outside of philanthropy. So I wouldn't be just, you know, sort of inward looking.

Cathy: I mean, I think that's actually really valuable having mentors outside of our sector because we tend to be a bit of an insular.

Jennifer: Yeah. Yeah. And you know, you search to know almost everyone or have, you know, know everyone by everyone. It's like we're all Kevin Bacon and I'm so one of my mentors is an entrepreneur who started with nothing and built his company into a multimillion dollar corporation. And I had a crossroads in my career where I was like, you know, do I stay here or do I go? And he really helps me through that process. Yeah. I find this speaks to my values in a way that very few other things, I've never woken up a day regardless of where I've worked, where I haven't loved the purpose for which I was

waking up in the place. Maybe not the people, but the purpose that has sustained me through so many different, uh, parts of my career.

Cathy: Oh, I love that statement. Like, you know, being committed and passionate about the purpose.

Jennifer: Yeah. I really have been, and I've chosen each of my institutions quite intentionally based on that. Like I said before I came here, I came in toward and I made a donation and I talked to people, not them, not knowing that I would, you know, be throwing my hat in the ring. And it's because the culture of a place, the feel, the values of both the place really sustain you during those ups and downs. Right. And lift you when you're doing well and when you're not doing so well, keep you, you know, keep the air in your wings.

Cathy: You mentioned that philanthropy chose you and you got thrown into a big campaign as your first responsibility. How, how did that all come about? What it was that

Jennifer: Well, I was community fundraising. I was working with Caribana and being Trinny we

Cathy: So Caribana is the

Jennifer: Is the Caribbean of cultural festival that goes along the waterfront now. It used to go down university when I was a little little kid. My Dad used to carry me on his shoulders. It was like the highlight of my year. And a friend of mine volunteered. Um, I was always a strong writer, so I started writing grants for them to get gifts in kind. So a coca cola

Cathy: As a volunteer?

Jennifer: a volunteer, Coca Cola. I remember Pepsi, we asked him for pop and then we bought water. And that morphed into asking for money. And then that morphed into asking for sponsorship. And that morphed into sponsorship and doing events for them. And the last event I did a huge event where people, you know, acts came from Trinidad to the harbor, Castle Weston. It was a huge success. And I was bitten by this bug that you could help an organization you loved by writing grants and then I could get to talk to corporations. It was awesome. It was a seductive, everything I loved. And one of the board members at Caribana was also a board member at the science center. And he said, you know, we're doing our first capital campaign, you should throw your hat in the ring. And I said, what's a capital campaign?

Cathy: Sure, I'll do that.

Jennifer: Yeah. And he said, he said, I read the brief, he's like, I have nothing to do with the hiring process, but you should throw your hat in the ring. And I was just finished university. I was working at the board of trade and loving the advocacy piece of the board of trade really seeing what a voice could do and if you had a loud voice, how you could move the dial and seeing what money could do. And I thought, I like this. And I had spent so much time at the science center as a kid because we live close by. I got lost there every



weekend. It was like going home. And so I put my head in, the ring. Long Story Short, I get the job and I don't know what a capital campaign, um, cause I'm good on my feet as most fundraisers are. We can talk, we can, you know, make everybody feel good. I had gone through this enormously long interview process with like panels and panels and panels of people. The union, it was crazy and got this job and didn't know what I was doing. But you know, when you're young you don't know what you don't know, you're willing to learn. And, you know, I had all the time in the world and I love the place and I, you know, was determined not to fail. And they had counsel bridging while they were looking for the capital campaign manager. And so the council stayed with me for about three months to onboard me as my onboarding because they'd never had a capital campaign ever. This was their first ever. So we were first, first together. And uh, and then I had this incredible cabinet of very tenured CEOs who had all done capital campaigns. So there was a lot of structure there. And it was like, that was, that was my awakening and fundraising. And I have never looked back. Wow. So launching, yeah, like we had to raise \$15 million and, or we wouldn't get the \$15 million from the government. We needed 30 and they were like, we will not, you know, but we, we killed it. It was so fun to ask. And we couldn't, we couldn't ask people, individuals we could, but we knew the public wasn't going to give the science center money because they'd never been asked to give a government entity money. It seems like double dipping. So we knew it was going to be a corporate campaign. Wow. So it was going to primarily corporations. And so, um, I, you know, learned very quickly about, I did the first donor wall at the science center. They didn't have them. And my claim to fame, I have to say is that I got Julie Payette to be my keynote speaker for my recognition event, which I got 100% of the CEOs came out.

Cathy: Oh Wow.

Jennifer: That event because of Julie

Cathy: And so was she an astronaut at the time?

Jennifer: She had just comeback.

Cathy: Okay.

Jennifer: And we see, and I remember saying to them, I have to have Julie or they won't come because they were like these superstar Ceo's who never go to anything and send us, you know, a subordinate. And I was like, I have to get this as 100% of them. Okay, I don't think we missed. And I think it was like 30 so to get 30 CEOs come to an event and she was brilliant, like blew our minds. She gave them each little statue that I had made still out one of the highlights of my life and now she's GG so I can say I knew her when.

Cathy: That's an awesome story.

Jennifer: Yeah. Wow. Yeah. So that's where I cut my teeth. And from there I just kept following my loves. I studied the Conservatory for 12 years. I went to the conservatory and work there. My Home Hospital was Trillium and I was living in Mississauga. I went to work

there and then the only change was the children's hospital, which I had no real connection to, but my son had a heart condition and was being treated at a children's hospital. So suddenly that became a part of my world. And so I went to Mac and fell in love there and then I came here for equity, social justice and innovation. So it's been a wonderful, wonderful career.

Cathy: So what did you study at Royal Conservatory?

Jennifer: Piano yeah. Yeah. I sang more when I was at the younger child, but didn't pursue it. And thankfully, because the voice did not hold up. Um, and I was never a great piano player, but I loved it. I, I had a huge crush on my grade school piano teacher. And so that's why I wanted to play the piano. But then it continued well beyond grade school and uh, I played for years and you know, being able to be in a building where you know, Yo, yo Ma Diane or crawl or Oscar Peterson might show up. Not a bad gig. And Yeah. So I still miss the music and I used to go and sit in on the masterclasses in between of fundraising activities just to get inspired.

Cathy: Yeah. Oh, awesome. So are there any other disruptions do you want to talk about?

Jennifer: Well, I think one of the disruptions is a women in philanthropy, both as drivers of philanthropy and donors, but also the recipients, women's health, still just a small part of the health care landscape would still an area that's neglected until the nineties almost all health studies were only done on men. It's male only male mice were used, which I just, yeah, they wouldn't even let us be the mice. And I think that, you know, when I speak to women, I sometimes hear them say, well I wouldn't give to women's just because it's women's, which I'm always surprised. Um, but I think, you know, you know, sometimes you have to win people over and I'm okay with that. But women philanthropists have really come of age. I really feel like this is the next great area and when we talk about equity, it's really bringing equity to women's voices in philanthropy. And I think they're growing as our knowledge of the power of philanthropy and our economic power growth and a women give more pound for pound, dollar for dollar, than men women at all levels do. But women that are in the higher economic bracket, it's definitely give higher amounts. So that's really an area that we try to treat the women exactly like men because that's, that's been our prototype. The prototype donor is male over 50 white and professional and all, all, all of our philanthropy is based around that. And I'm really trying to change it here to talk about women, but also people of color and having cultural and gender sensitivity. So they, they want to be spoken to differently. They want different kinds of impact reports, different kind of impact statements. They want events at different times of day that makes sense for their lives that are often far more around the family still, regardless of what anybody says, that has not shifted. They have different levels of responsibility, whether they're children or parents, they're still the primary caregivers. And I really want to change how we treat women in philanthropy. And when we talk about visible minorities in philanthropy and cultural groups, I find that people want to take these shortcuts to these groups. They want them to give just because we've arrived or we might just meanwhile for other groups, we've taken decades to nurture them, let them come through our events, let them come in as annual donors. But we want you to go to cultural communities and women and say, just give us a big gap because we've arrived

and I really want to bring that respect back to those relationships. So in terms of being disruptive, I really want our foundation to set the bar on those type of, um, relationships and how, and be thought leaders in how we approach these groups both with respect and also, you know, everybody's looking for Gina Cody, right? \$15 million donor. But if you look at her arc, it's very healthy. It's, you know, it started with her as a student and all the ways that she was engaged and involved and then she made the major gift. Um, and I feel like every, you know, everybody's looking for a shortcut to that. I really want us to, as an industry, treat women and cultural groups with the respect they deserve and not expect them to just hand over their support because we've arrived.

Cathy: Right. Any early learnings or examples of things that you're doing differently that you'd like to show?

Jennifer: Well, I think it is just that, that we are taking our relationships in our partnerships revering them and going to the community. So right now we're doing a really deep dive. I'm making sure our Lgbtq plus community is embedded in our organization at all levels. You know, a lot of people ask for major gifts, but we're looking at events that we can do with them. We are inviting them in. We're having an event for the transgender community here in our building and asking them what they want, you know, not just telling them what we want. Um, so that's been wonderful. And then you just, then you have to test the veracity of your mission. Are you living your mission? So early learnings is, you can say you serve a community on paper, but do you actually serve that community? Are your bathrooms transgender friendly? It's your signage culturally sensitive? So it tests those things. So early learnings is we are extremely advanced in our mission and our vision. And I think we are doing the difficult work of living that. But early learning is, it's a lot of work and it has, it is across the organization and it transcends just talking about the donor. You have to be a partner with the hospital, really big way to, to, to live that. So that's a big one. And that women actually do want different things than men. Um, and they want to be spoken to differently and they respond to things differently. So that's been early learning because everybody does have women in their donor base. But we have a group that we called hundred women, which they give at a very high level. So they're major gift donors and their, their wants are very different than major gift male donors in terms of engagement and being involved and giving them something to do. They don't want to just give, they want something to do. So that's been fantastic.

Cathy: Yeah. And follow up question to that. You talked about how doing this isn't just a foundation initiative, that it's a real partnership with the hospital and how is that process of engaging across both organizations

Jennifer: you know, we have a couple of, um, groups that get together that we've created that help us communicate. Cause it really is about communication, them understanding our needs. So understanding their needs and not, and knowing our lane, but knowing when we can leverage each other's expertise. So we can bring in a donor from the, say the indigenous community and we can find something. But to make it really impactful, we have to have buy in from the hospital and you have to have them understanding what the donor needs to feel like this is making a difference and you have to and explained why all the time on both sides. Why does a donor need this and why does the hospital

need this? And having that open dialogue is so important. And, and thinking of that proactively, uh, not going after the donation before you really have the full buy in and understanding of the hospital and the hospital also not thinking that they can fundraise for something just because they think it's a great idea that the donor community may not understand or be on board with. Yeah. So it's really having that interconnection and then understanding very few things in a hospital are siloed. Even if you, if you support the addiction program, he also have to understand it impacts the mental health program and it impacts other programs. Um, so how does that all play together and not just think in silos?

Cathy: Right. So we're coming close to the end. I want to give you the opportunity to share any last pearls of wisdom that you might have?

Jennifer: Well, I, I think I'll talk a little bit about our work and philanthropy and why people are drawn to it. I really feel that philanthropy offers people an opportunity to be part of, whether it's social justice or the, the safety net of society or advancing society. And I think many people are looking for that opportunity. I think that there's a lot of chatter about philanthropy and the, you know, our charities doing a good job or aren't they and you know, an overhead and all those things, whether or not it makes a real difference. And I can say that all of the people that work in the field really do, I think advanced society by creating, um, opportunities and voice for people who do not have a voice and giving an opportunity to really advance issues that would be, be shuttered if these institutions and these jobs didn't exist. So I really feel like, uh, the place of philanthropy is, I'm right at the center of every great society. So that's the way I feel. And you know, people like Emily Stone approves that by creating a, a voice and a space for people, you can literally change the course of history. She said women deserve a hospital and it changed the landscape for all women for all time.

Cathy: Nice way to, yeah. Tie in a beginning story about Emily stow right at the end.

Jennifer: We are all storytellers in our world.

Cathy: We are. This has been a delight. Thank you so much for joining us and for agreeing to do the podcast.

Jennifer: Well, thank you for having me. I'm very honored to be part of your group, but it's been wonderful. You're amazing.

Cathy: Oh well it's been awesome talking shift with you.

Jennifer: I'm happy to shift with you, anytime.

Cathy: Thank you so much.

Jennifer: It's been a real delight.

Cathy:

It's been a slice. Thank you. After talking with Jennifer, I can understand why so many people have reached out to her ass for her mentorship. Hope you enjoy the listening. As much as I enjoyed talking with Jennifer. If you like this episode you can listen to more and it doesn't hurt to ask podcast dot com or on iTunes, Google play or stitcher. I've been thrilled with the positive feedback from listeners. If you like this episode, feel free to rate us on whatever platform you get your podcasts, any rating as welcome, as long as it's a five. It's a great music that you hear on. This podcast is dog days by Isaac Jole. This podcast is produced by Poodle party productions, Good girl Brandy and Cathy Mann and Associates. And remember, like my Mama said, it doesn't hurt to ask.