



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

**American Brain Foundation
Strategic Planning Committee Meeting
March 14, 2016
Held via Teleconference**

21 **Call to order:** March 14, 2016 at 8:45 a.m. (Central) by Dr. Shulman, Chair

22 **In attendance:** Jeffrey Rosenfeld, MD; Martin Shenkman; Lisa Shulman, MD,
23 Chair; Ben Utecht

24 **Excused:** Kevin P. Goodno; A. Gordon Smith, MD

25 **Staff:** Tim Engel, CPA; John Hutchins, JD; Jane Ransom; Lauren Ross; Suzi
26 Sherman; Marlys Weyandt

27 **Guests:** Lela Diaz, consultant at Carter Companies; Kathleen Henrichs and Gail
28 Thomason, consultants at Henrichs & Associates; Linda Hall, consultant at
29 Coachange

30 **1. Welcome and review of objectives for meeting**

31 **2. Strategic planning progress report:** Jane provided an overview of where we
32 are in the strategic planning process. The Research Advisory Committee
33 presented their program/funding recommendations in January. Consultants
34 from Henrichs & Associates will present their recommendations for the business
35 model today; and consultants from Carter Companies will present their
36 philanthropic recommendations to the committee on March 25.

37 **3. Business model conclusions and recommendations:** Kathy Henrichs and
38 Gail Thomason presented their findings from interviews with staff and other
39 medical associations and their foundations, as well as voluntary health
40 organizations. Their main conclusions and recommendations are as follows:

41 **In regards to fulfilling a unique niche:**

42 **Conclusion 1A:** The field is very crowded with organizations engaged in
43 research, especially cross-cutting research, there is some concern about
44 competition over donors. Some questions about why the ABF wants to move
45 from “consumer to consumer” to “consumer to business”.

46 **Conclusion 1B:** If the ABF offers an opportunity to ‘make something happen’
47 that solves problems, the VHOs would be interested in collaborating.

1 **Conclusion 1C:** Transformational programming drives fundraising, enthusiasm,
2 and collaboration.

3
4 **Recommendation 1:** Provide product(s) and/or services that are viewed as new
5 and/or invaluable by others (public, VHOs, corporations) and by AAN members.
6

7 **In regards to relationships with linked medical associations:**

8
9 **Conclusion 2A:** AAN has created, and is investing in, the ABF with the
10 expectation that it will succeed.

11
12 **Conclusion 2B:** Current AAN member confusion as to difference among the
13 ABF, AAN and AANI, and low external awareness of the ABF as an organization
14 apart from the AAN. It's imperative for the organizations to act in concert and
15 send consistent, unified messages about their sister organizations.
16

17 **Conclusion 2C:** In a transition from the current relationship (AAN as parent and
18 supporter of start-up ABF) to a new relationship (AAN and ABF as independent,
19 yet close collaborators). Trust and transparency between the parties is essential
20 for success.
21

22 **Conclusion 2D:** It is the ABF's responsibility to understand what is occurring at
23 the AAN and it is the AAN's responsibility to provide opportunities for the ABF to
24 do so.
25

26 **Conclusion 2E:** External relations with potential corporate donors can be sticky,
27 but must be addressed (head on). AAN and ABF should collaborate and make
28 one consolidated ask for support from corporations.
29

30 **Recommendation 2:** Create structural relationship with AAN/AANI to ensure
31 synergy, collaboration, trust, transparency, increasing growth, and success for
32 all three organizations. Organizational interrelationships must be designed to
33 provide incentives for working together. Formal structures are in place to bolster
34 development of trusting, transparent relationships.
35

36 **Recommendation 2A - Leadership cross-fertilization:** The AAN and ABF
37 boards include 3 members from the other organization, 2 voting and 1 non-
38 voting. Chair of the Research Advisory Committee should also be an AAN
39 member & leader, and an ex officio ABF Board member.
40

41 **Recommendation 2B - Staffing:** Executive Director (ED) of the ABF is a
42 member of the AAN's Executive Team and a Corporate Relations Team is
43 created and comprised of the ED's from both the AAN and ABF and
44 fundraising/corporate relations staff from both organizations.
45

46 Consensus that sharing staff is okay, but need to have separate marketing/

1 communications staff.

2

3 **Recommendation 2C - Fundraising:** A formal, contractual relationship
4 between the AAN and ABF to align fundraising interests. Goals of both
5 organizations should be mutually beneficial.

6

7 The organizations interviewed indicated that they are not truly independent
8 from their associations – they have service agreements – and are funded by
9 their association as well as industry professionals, not the public.

10

11 The foundations made the conscious decision to not pursue the public for
12 funding.

13

14 **In regards to deliberate transition:**

15

16 **Conclusion 3A:** Focus and discipline are necessary, including these
17 necessities:

18

- 19 • Have clarity of purpose
- 20 • Focus, focus, focus (Board and staff need to do this)
- 21 • Goals are outcome-oriented, not process-oriented
- 22 • Different Board expertise required of professional, vs. philanthropic,
23 organization

24

25 **Conclusion 3B:** Creating a successful foundation takes time.

26

27 **Recommendation 3:** Patience and perseverance are required. Provide
28 measures of impact that are not only process-oriented but are outcome-oriented
29 to achieve success.

30

31 **Keys to success:**

32

33 **1. Budget must look compelling:** 25% of budget towards admin/fundraising

34 and 75% towards program.

35

36 **2. Storytelling not “Communications”**

37

38 **3. Make things happen**

39

40 **4. Bigger is not necessarily better**

41

42 **5. Stick to core competency**

43

44 **6. Keep Board small, focused and providing desired skills & expertise:** 6-

45 12 board members. Ensure board development, recruit individuals for

46 specific expertise, and Board needs to focus on governance and not the

47 business.

Recommendation 4: Remember – and periodically revisit – the keys to
success.

For full report of Henrich’s & Associates findings, look at the 3/14/2016 meeting
materials on the committee site.

1 **4. Introduce idea for new ABF business platform:** Dr. Shulman presented the
2 idea of an ABF-operated virtual clearinghouse of promising, ready-to-go
3 fundable proposals, submitted by neuroscientists seeking to prevent, treat or
4 cure diseases of the brain and nervous system.

5
6 The clearinghouse would use a crowdsourcing model capitalizing on donations
7 of all sizes. It would also provide a unique opportunity to partner with patient
8 advocacy groups focused on brain disease. There could also be an option for
9 donors to give to a general fund and the ABF Research Advisory Committee
10 would make funding recommendations.

11
12 The KIVA website is a great example of what this would look like.

13
14 This idea was presented to the AAN board last week. Overall consensus from
15 AAN Board and Strategic Planning Committee is that this could be a great
16 option and that we should further pursue it in the strategic planning process.

17
18 **Adjourned at 9:56 a.m. CST.**

19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45