

2011-2013 Strategic Plan



2011 Strategic Plan

Since 1967, the Crohn's & Colitis Foundation of America has led the way in research, advocacy, and patient support for those suffering from Crohn's disease and ulcerative colitis. Through the vision of our founders, Irwin and Suzanne Rosenthal, William and Shelby Modell, and Dr. Henry Janowitz, the Foundation has become the national beacon of hope for those suffering with inflammatory bowel diseases.

The 2011 strategic planning effort builds on the organizational strengths that have developed over the last 40 years. Our course is direct, our vision sure, and our mission unwavering. With input from well over 300 volunteers and staff, the 2011 Strategic Plan charts a course for the future.

Many thanks to our National Board of Trustees, Chapter Board Members, donors, National and Chapter staff, and the patients and medical volunteers that contributed to this document. This plan is meant to come alive through the annual activities of our National and Chapter offices. It represents a blueprint, and will serve as a roadmap for how we will proceed as one organization to accomplish our mission and goals.

Thank you to everyone who participated in making this a living document.

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Strategic Plan Overview

Throughout the past year, the Crohn's & Colitis Foundation has undergone a strategic planning process. There were hundreds of volunteers and staff that provided input into the development of our Strategic Plan.

Having and following a strategic plan sets successful organizations apart from those that merely muddle along. The Strategic Plan will be relevant to all components of the organization as annual operating plans are developed. It will be a living document, not meant to reside on a bookshelf.

Vision Statement

Our vision statement provides a picture in words of what the world will look like when we achieve our mission. Our vision statement is a highly optimistic but credible shared dream of what is possible. It inspires, motivates, and challenges the Foundation to exceed its grasp:

A future free from Crohn's and colitis.

Mission Statement

Our mission statement clearly and briefly conveys our reason for being, our primary purpose, and our ultimate aim that we seek to achieve. It is timeless, compelling, and concise:

To cure Crohn's disease and ulcerative colitis, and to improve the quality of life of children and adults affected by these diseases.

Core Values

Core values—defined as principles, standards, or qualities considered inherently worthwhile or desirable—are the bedrock of the Foundation’s organizational culture. They are a pervasive set of understandings about how we work together and treat each other. Clearly articulated values usually answer the question “What is most important to us?” and provide guidance for day-to-day decisions and behavior. Values describe how we go about the business of achieving our mission and vision.

- **Accountability**
We hold ourselves responsible for setting aggressive goals, achieving measurable results, and accurately reporting our progress. We are prudent stewards of donors’ funds who conduct our business openly, operate efficiently, communicate frequently, and welcome public scrutiny.
- **Commitment**
We are unwavering in our mission focus and work tirelessly on behalf of our constituents. We are committed to our children and adults affected by these diseases.
- **Compassion**
We establish and nurture caring, empathetic, respectful personal relationships with our constituents. We are deeply loyal to, closely aligned with, and ever hopeful for all people affected by Crohn’s disease and ulcerative colitis.
- **Integrity**
We are scrupulously truthful, ethical, and fair. We can be trusted to follow through on our commitments, demonstrate the highest standards of personal and organizational behavior, and consistently do the right thing in service to our mission.
- **Leadership**
We are proactive change agents dedicated to providing courageous leadership, the most credible information, excellent service, and bold, innovative initiatives that motivate and inspire others to join our cause.
- **Partnership**
We believe that our mission is best served by actively engaging and involving diverse individuals and groups in the Foundation’s cause. We work together in close, collaborative, cooperative, mutually beneficial, and valued relationships to achieve common aims.

Advocacy

Advocacy Goal:

To raise awareness, expand education, and increase support for research of inflammatory bowel diseases (IBD) through expanded local and national advocacy efforts.

Strategy I:

Sustain Federal funding for IBD research.

Metrics:

- A. Establish an IBD-related Caucus in Congress (with at least 20 members) to support (via letters or co-sponsorship) all of CCFA priority pieces of legislation.
- B. In 2011, send 10,000 emails from constituents to Congress related to Federal funding and increase by 15% year-over-year.
- C. Introduce and promote in Congress a resolution related to increasing support and awareness of IBD.

Strategy II:

Identify and partner with other societies and organizations to advance CCFA's advocacy goals and to achieve a strong voice with key constituents.

Metrics:

- A. Establish an "autoimmune disease coalition" with an agreed upon agenda with at least two other organizations and carry out this agenda during 2012 and 2013.
- B. Establish partnerships with the American Gastroenterological Association, the American College of Gastroenterology, and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition to review common advocacy priorities and to identify at least three strategies to reach the IBD community of patients and professionals.

Strategy III:

Develop a comprehensive branded advocacy program to reach new constituencies.

Metrics:

- A. Create a comprehensive branded advocacy section on CCFA's web site, and increase page views by 15% year-over-year.
- B. Develop branded advocacy toolkits for training purposes in 2011.
- C. Reach at least 2,000 constituents by 2012 and increase by 10% year-over-year, through regional staff and advocate training.
- D. Complete at least 200 legislative visits by 2012, and increase by 20% by 2013.
- E. Utilize various CCFA databases to increase CCFA's Advocacy Network by 10% annually.
- F. Incorporate an advocacy component into 100% of Take Steps Walks and Team Challenge events.

Strategy IV:

Provide resources and information on access to care issues to all CCFA constituents.

Metrics:

- A. In 2011, conduct a survey of CCFA constituents to quantify and assess the magnitude and barriers of access to care issues (i.e. insurance).
- B. Based on the outcomes of the survey, define a plan of action and create a CCFA position statement in 2012.
- C. In 2012, provide resources and create template materials for patient use in advocating for access to care and therapies.

Education & Support

Patient Education and Services Goal:

Proactively reach and empower patients and their family members through new and expanded education and support programs.

Strategy I:

Optimize existing and new methods of resources to increase patient awareness of CCFA from diagnosis onward.

Metrics:

- A. By 2013, increase newly diagnosed patient participation in education programs by 30%.
- B. Increase outreach to health care providers by 25% in 2011 and 10% in 2012 and 2013.

Strategy II:

Provide comprehensive education and support resources to serve the diverse inflammatory bowel diseases (IBD) patient population by utilizing both traditional and novel programs.

Metrics:

- A. Increase web based educational programming, adding two programs per year with annual growth in attendance by 25% in 2011, 15% in 2012 and 10% in 2013.
- B. In 2011, establish first-time participant involvement in educational programs and increase participation within this group by 15% in 2012 and 10% in 2013.
- C. Increase chapter patient education program participation by 10% annually between 2011-2013.
- D. Expand the use of “Program in a Box” patient education programs by implementing in underserved regions to increase overall participation by 10% per year from 2011-2013.
- E. Develop and implement three new national pediatric education programs by 2013.
- F. Analyze gaps in services for special populations and identify needs by 2012. Implement one strategy to reach an underserved population by 2013.

Professional Education and Services Goal:

Increase engagement within the healthcare professional community by establishing CCFA as the leading resource in clinical practice, professional education, and training in IBD.

Strategy I:

Grow and diversify professional membership actively engaged with CCFA.

Metrics:

- A. Research, develop, and implement a well-defined professional membership program in 2011 with growth of 20% by 2013.
- B. Implement diverse and operational Chapter Medical Advisory and Mission Committees in 100% of regions by December 31, 2011.

Strategy II:

Provide targeted educational programming and resources to address the needs of healthcare providers who care for IBD patients.

Metrics:

- A. Utilize the National Scientific Advisory Committee (NSAC) to identify three to five “IBD priority topics” annually which impact patient care for consistent incorporation in local and national CCFA professional education initiatives.
- B. Establish the Foundation’s annual professional education conference, “Advances in IBD,” as the premier IBD clinical and research conference, demonstrated by a 10% increase in meeting attendance and abstract submissions annually.
- C. Implement two professional education programs per region in 2012, with an increase to three programs per region in 2013.
- D. Develop two new national education programs by 2013 targeting physicians, nurses, and other healthcare professionals.
- E. Develop and distribute pediatric educational programming and resources to areas not served by pediatric gastroenterologists.

Strategy III:

Implement a Quality Improvement (QI) initiative designed to improve care for IBD patients across the country.

Metrics:

- A. Define the Foundation’s role in Quality Improvement (QI) that will best impact consistent care and quality of life for patients.
- B. Create a QI strategic plan by first quarter 2011 and fully implement this plan by 2012.

Support Goal:

Expand and diversify the availability, awareness, and consistency of quality support programs for all IBD patients and caregivers.

Strategy I:

Develop new and expand existing quality support programs to address the needs of the diverse patient population.

Metrics:

- A. Create a National “Power of Two” peer connection program, participated in by all regions by 2012, to provide support for patients and caregivers.
- B. Expand reach through the CCFA web based programs to engage 10% of new patients and caregivers annually.
- C. Enhance CCFA support group programming and consistency through standardized training and support materials implemented in all regions by 2012.

Strategy II:

Increase Camp Oasis program awareness to serve a larger and more diverse group of children with IBD while decreasing CCFA’s operational expenses.

Metrics:

- A. Increase enrollment of first-time participants in the Camp Oasis program by 8% in 2012 and 10% in 2013.
- B. Implement a grassroots marketing campaign in 2012 to increase both the quantity and diversity of applicants.
- C. Revise the Camp Oasis application process and fee structure to offset operational costs by 2013.

Strategy III:

Increase awareness and utilization of CCFA’s Information Resource Center (IRC) by patients, families and healthcare professionals.

Metrics:

- A. Develop and implement a comprehensive, multi-year marketing plan to increase utilization of the IRC by 10% annually, with implementation targeted for 2011.
- B. Research and define the future direction of the IRC in order to best support the needs of those who utilize this resource nationwide through surveys annually.

Marketing & Communications

Marketing & Communications Goal:

Significantly increase awareness of Crohn's disease and ulcerative colitis amongst the general population and position CCFA as "the" leading organization in providing support and driving research toward finding a cure.

Strategy I:

Launch a multi-pronged national awareness campaign to educate and inform the public about IBD and its impact as well as heighten the visibility of CCFA's mission and build brand recognition among the general public.

Metrics:

- A. Establish baseline awareness metrics for IBD and CCFA in 2011 through a population research study.
- B. Establish a benchmark for IBD and CCFA awareness and increase it in select markets by 10% by December 31st, 2013.
- C. By 2013, increase media coverage of national events by 20%. 2010 baseline coverage metric/results will be used for year one; 2011 baseline coverage results to be used for 2012 and 2013.
- D. Identify and successfully engage two widely-recognized national spokespersons to champion the CCFA mission for awareness by December 31, 2013.
- E. Achieve 20% increase in the number of monthly visitors and donation conversions by 15% across CCFA websites.
- F. Achieve top ranking on two major search engines for CCFA and IBD related words as measured by standard web analytic programs.

Strategy II:

Increase patient and GI community engagement in CCFA programs and events by 10%.

Metrics:

- A. By 2013, increase CCFA "event" prospect database by 10%.
- B. Increase Professional Membership participation by 20%.
- C. Successfully implement a membership development plan in 2011 (based on 2010 research findings and target audience recommendations) and by 2013, increase professional membership participation by 20%.
- D. By December 31, 2013, reach the 80,000 level of engaged individuals or "fans" on CCFA social media sites.

Operations & Information Technology

Operations & Information Technology Goal:

Improve effectiveness and timeliness of technical and financial systems and complete streamlining of organization design to enable CCFA to accelerate revenue growth and promote mission delivery.

Strategy I:

Deliver timely and accurate financial and donor development information to the National office and field staff.

Metrics:

- A. Reduce duplicate, inaccurate and obsolete records for mailings and e-blasts by 65% in 2011, 80% in 2012, and 95% in 2013.
- B. Migrate 90% of report generation from the Information Technology department to field staff.
- C. Automate 75% of data input.
- D. Distribute monthly Chapter and Department financial reports by the seventh business day following the end of the month.
- E. Distribute consolidated financial results to the Board of Trustees by the third week after the end of the month.

Strategy II:

Enhance the national and regional organizational structure to improve fundraising and awareness.

Metrics:

- A. Add 40 new CCFA local Leadership Boards to the organization.
- B. Increase the number of Take Steps walk sites by 50%.
- C. Implement 60 new community education programs.
- D. Finalize implementation of Regional staff structure.
- E. Implement pay for performance metrics, which align with our strategic plan and revenue growth targets.

Strategy III:

Optimize and integrate existing systems and create a roadmap for future enhancements and new technologies that coincide with the growth of the organization.

Metrics:

- A. Establish a technology task force by June 30, 2011.
- B. Regularly analyze the effectiveness of current systems and proactively plan for future upgrades and new platforms on a bi-annual basis.
- C. Enhance training for end users on all of CCFA's systems.

Strategy IV:

Enhance stewardship over assets of the Foundation.

Metrics:

- A. Strive to maintain 80/20 cost ratio of research and program expenses versus administrative and fundraising costs with a goal not to go below 75%/25%.
- B. Conduct four visits and internal audits annually to chapters to review internal controls and mitigate risk.

Research

Research Goal:

Develop a comprehensive research and training portfolio that will define variable genetic, microbial, immunologic, and environmental interactions in subsets of Crohn's disease and ulcerative colitis that can be used to predict disease courses and guide individualized treatments that will ultimately lead to sustained remission, cure, and prevention of disease.

Strategy I:

Expand, integrate, and balance the research portfolio and training grants driven by updated research priorities.

Metrics:

- A. Update, integrate, and publish general and pediatric priorities (i.e.; Challenges in IBD Research) by December 2011.
- B. Develop an annual allocation plan based on the updated Challenges priorities and unmet needs that will insure optimal distribution of available funds across all designated research priorities;
 - a. Achieve targeted balance between basic, clinical, pediatric, and translational science.
 - b. Achieve targeted balance between investigator-driven and targeted initiatives.
- C. Launch two projects through Patients as Partners program by December 2012.
- D. Launch one new major multidisciplinary translational initiative by June 2012.
- E. Launch one multi-institutional project through the Clinical Research Alliance by December 2012.

Strategy II:

Create and expand internal and external partnerships to develop new research opportunities.

Metrics:

- A. Collaborate with the Development Department to identify two new research funding opportunities by December 2012.
- B. By December 31, 2011, develop a partnership between CCFA's Microbiome Initiative and the Crohn's and Colitis Foundation of Canada's (CCFC) Gene, Environment and Genetics (GEM) project to combine and maximize resources to create cost efficiencies and minimize redundancy of efforts.

- C. Develop working partnerships between the National Institutes for Diabetes, Digestive and Kidney Diseases (NIDDK), the National Institute for Allergy and Infectious Diseases (NIAID), and CCFA's PRO-KIIDS Pediatric Research Network. Explore other joint opportunities with the NIDDK-funded IBD Genetics Consortium and the NIH-supported Human Microbiome Project and the CCFA Microbiome Initiative, and Clinical Research Alliance to leverage CCFA start-up funds into long-term support for these initiatives.
- D. Develop a formal partnership between the Pediatric Network and Canada's CHILD Foundation to combine and maximize resources and reduce redundancy of efforts.
- E. Identify one potential partnership opportunity with a biotech or pharmaceutical company and launch if appropriate.

Strategy III:

Promote CCFA's position as an international leader in IBD research and communicate results of CCFA-funded research through conferences, workshops, and communications to medical, scientific, and patient communities.

Metrics:

- A. Provide quarterly updates of research advances through CCFA publications (*Take Charge*, *Under the Microscope*, e-blasts, webcasts, etc).
- B. Require newly funded Career Development Awardees to submit abstracts and attend the "Advances in IBD" Clinical & Research conference beginning December 2011 to present data through oral or poster presentations in order to foster new collaborations and research capabilities and provide greater visibility of our trainees' research accomplishments.
- C. Require funded awardees to present their results at CCFA workshops; publish proceedings of these workshops.
- D. Work with the Communications Department on an ongoing basis to publicize CCFA's research accomplishments in the lay press.

Revenue

Revenue Goal:

Achieve \$70 million in revenue by December 31, 2013 with a goal of raising \$100 million by December 31, 2015 by increasing overall annual revenue by 20% each year.

Strategy I:

Expand the major donor giving program and accelerate growth in revenue from individuals and foundations.

Metrics:

- A. Increase the amount of revenue from donors and gifts in the \$10,000 to \$50,000 range annually by 25%.
- B. Increase the number of major donors in the \$10,000 to \$50,000 range annually by 15%.
- C. Increase the number of donors, in the \$50,000 and above range, and revenue by 20% annually.
- D. Create and implement a nationalized stewardship program called the “Forward Momentum Society” to expand the number of individual gifts.

Strategy II:

Continue to grow Take Steps as a CCFA signature event.

Metrics:

- A. Achieve annual gross revenue of \$16 million by December 31, 2013.
- B. Implement a Take Steps fall season to include all regions by December 31, 2013.
- C. Grow corporate revenue by \$3.2 million (20% of total gross revenue of \$16 million) by December 31, 2013.

Strategy III:

Continue to grow Team Challenge as a CCFA signature event.

Metrics:

- A. Achieve annual gross revenue of \$16 million by December 31, 2013.
- B. Involve 100% of Chapters in Team Challenge by December 31, 2013.
- C. Implement and execute annual Cycle program to generate \$250,000 in revenue by December 31, 2013.
- D. Implement and execute a Triathlon program in select regions and generate annual revenue of \$1 million by December 31, 2013.

Strategy IV:

Develop and implement a menu of new and existing National Special Events to enhance and expand revenue across the organization.

Metrics:

- A. By December 31, 2013, increase annual revenue from existing special events by 20%.
- B. Introduce and establish a new event as a model for duplication for all regions to participate in by December 31, 2013.

Strategy V:

Increase revenue by using state of the art, cutting edge e-giving, technology, and direct marketing strategies.

Metrics:

- A. By December 31, 2013, develop and implement a comprehensive e-giving strategy to result in a 20% growth of online revenue through social media and text messaging campaigns.
- B. Grow Direct Response program 20% by December 31, 2013.

Strategy VI:

Create and develop new revenue opportunities.

Metrics:

- A. Create a “Think Tank” Task Force to establish new revenue sources from places such as the Disease Management entity with the target of \$5 million generated by December 31, 2013.