TRUE NORTH

PHILANTHROPY ADVISORS

From “I Want to Help” to “Yes”

Navigating Hospital Partnerships

Stephen M. Jakab, CFRE | NICU Parent Network Leadership Summit | Austin · November 2026

THE QUESTION

“Why is it so hard?

I just want to help.”

A familiar question for people trying to bring something good into a hospital.

A FAMILIAR EXAMPLE

A former NICU parent wants to create a monthly support group for current NICU parents.

heartfelt | sensible | seemingly simple | valuable

So … why can't she just do it?

What would you do first?

Hold onto your answer. We'll come back to our NICU mom.

I’ve been on both sides of this door.

And…you deserve more than just my answer!



Eight voices. One question: *Why can’t she just do it?*

Bob H.
Physician leader (retired)

Grace L.
Philanthropy

Lyn S.
Strategy & systems

Fahad A.
Compliance

Elizabeth K.
Outside partner

Eliza M.
Physician leader (current)

Bill J.
Hospital CEO

Julie B.
Nursing

They didn’t give me a formula.

Sometimes they didn’t even agree.
But six practices kept emerging.



1

Hold your idea with an open hand.

Conviction + curiosity



TAKE THIS QUESTION WITH YOU...

What is essential about my idea...
and what could change?

Consider what is vital...and what can be adapted.

HOLD ONTO

- the need you experienced
- the purpose you care about
- the value you hope to create

LET IT "FLOW"

- your first solution
- your assumptions about what families need
- your preferred way of delivering it

2

Find the right first conversation.

Choose for insight, not convenience



LET THE FIRST CONVERSATION HELP YOU FIND THE SECOND

Who can help me understand this need…
and how *this* hospital approaches it?

A warm door is not always the right door.

FAMILIAR ? HELPFUL

Look for proximity • perspective • connectivity

3

Get curious about the hospital.

Curiosity before conclusions



Learn *this* hospital.

Needs • priorities • pressures • culture • decision process

What matters most here?

What are you trying to solve?

What would make this valuable to you?

What would make it difficult?

What should I understand about how you work?

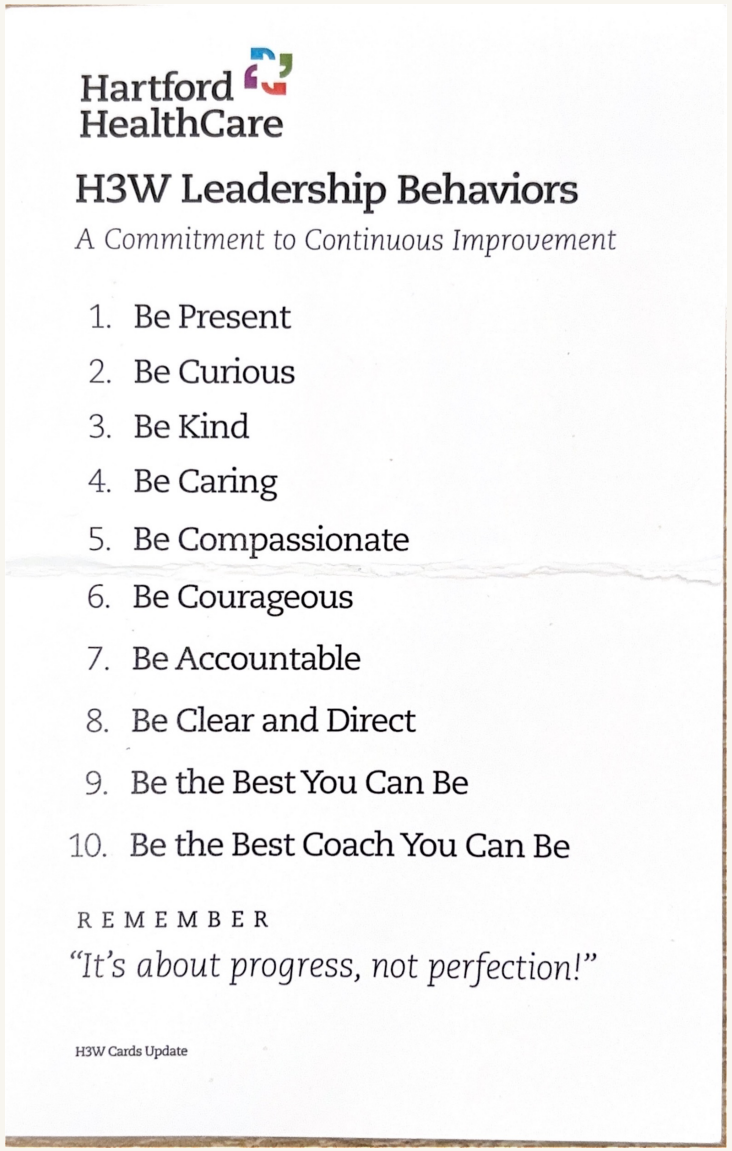
What am I not seeing yet?

A GIFT FROM BILL J.:

Every hospital has a culture.

Don't guess...ask about it.

"If you're going to work inside my organization, this is how we expect people to show up."


Hartford HealthCare

H3W Leadership Behaviors

A Commitment to Continuous Improvement

1. Be Present
2. Be Curious
3. Be Kind
4. Be Caring
5. Be Compassionate
6. Be Courageous
7. Be Accountable
8. Be Clear and Direct
9. Be the Best You Can Be
10. Be the Best Coach You Can Be

REMEMBER

"It's about progress, not perfection!"

H3W Cards Update

4

Find a translator.

Seek shared purpose



FIND THE TRANSLATOR

Who can help me understand why this would matter here…and help others see it too?

THE MOVEMENT

personal passion → **shared purpose** → **institutional value**







Your "why" is not automatically their "why."

Every partnership has an investment.

THE HOSPITAL INVESTS

- Time
- People
- Space
- Training
- Attention
- Reputation

WHAT IS THE RETURN?

- Family experience
- Access / outcomes
- Reduced burden
- Equity
- Community benefit
- Mission Advancement

5

Build the coalition.

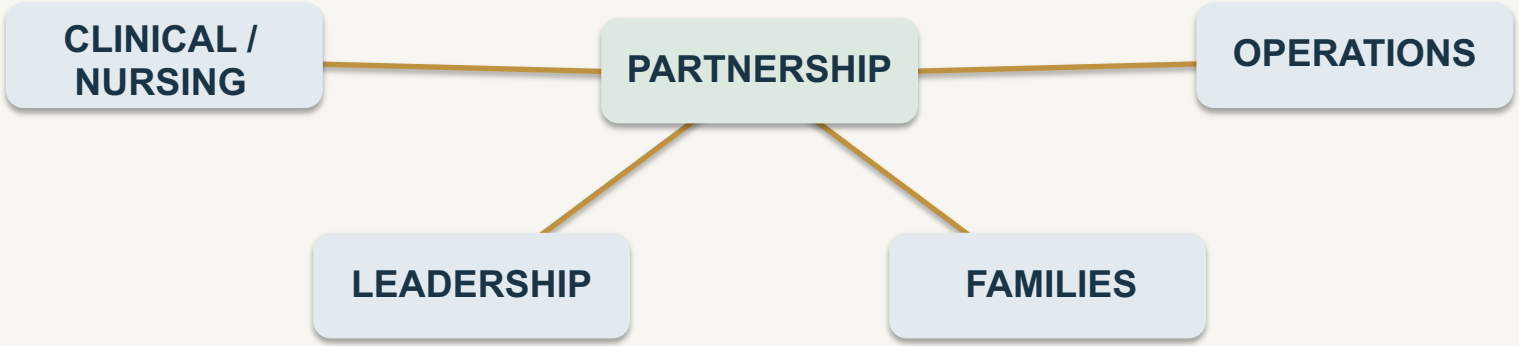
One relationship isn’t enough



A champion can open a door.
A coalition makes the partnership possible.

KEEP ASKING

Who else needs to believe in this?



Who has authority? • Who has proximity? • Who will make it work?

Different people answer different questions.

AUTHORITY ≠ PROXIMITY

Who can say yes?

Who can allocate resources?

Who owns the decision?

APPROVAL ≠ ADOPTION

Who will make this happen?

Who will work alongside it?

Who will live with it every day?

6

Design for staying power.

Getting in is an event.
Partnership is a practice.



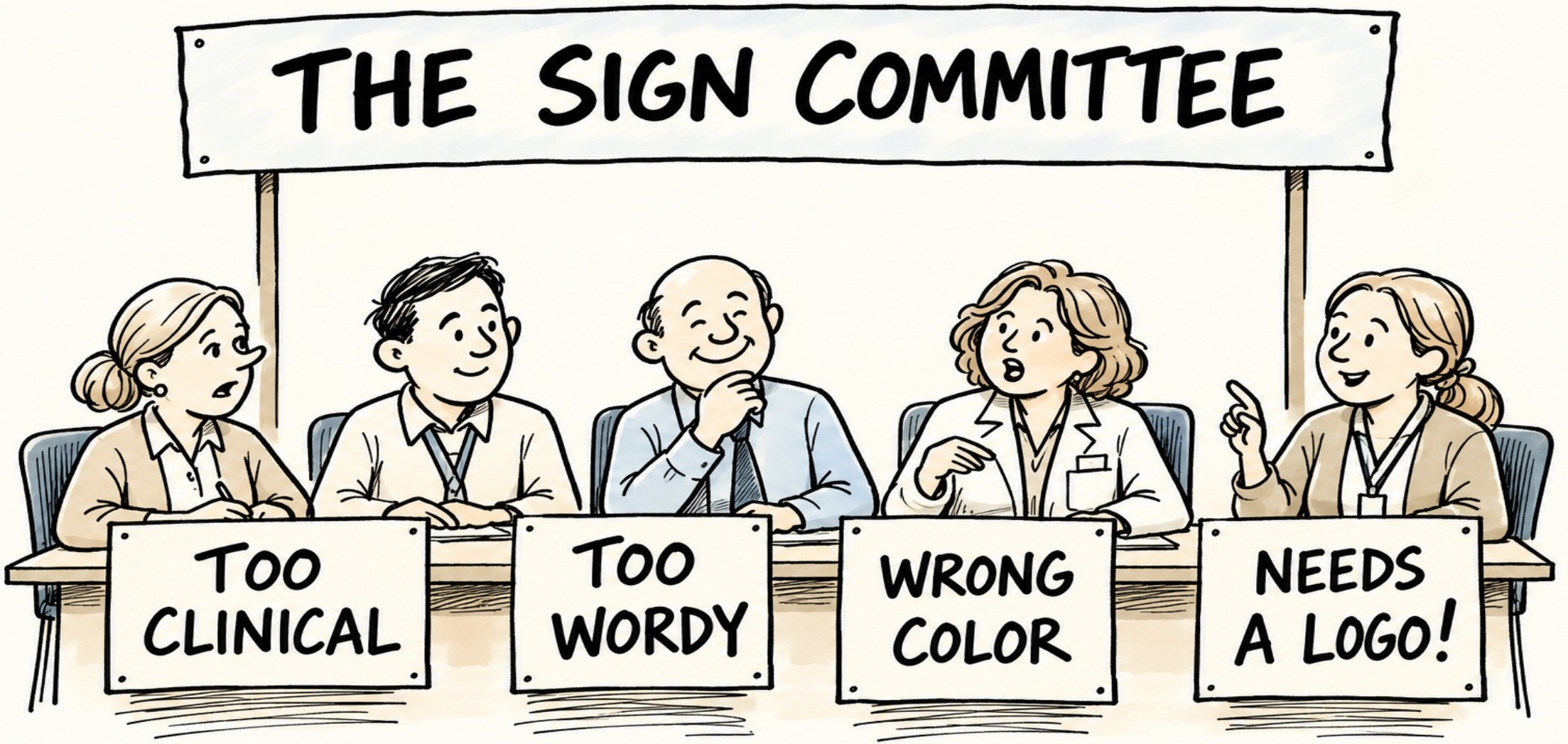
DESIGN FOR STAYING POWER

What would have to be true for this still to be working well a year from now?

Our support group is approved. Now what?

Every “simple” partnership creates work for somebody.

- Where will it meet – and who reserves the room?
- Who trains and supervises facilitators?
- Who translates? Who reminds families? Who sets up and cleans up?
- How will parents hear about it?
- What happens when someone asks a clinical question?
- **Can we put up a sign?**


THE SIGN COMMITTEE
TOO CLINICAL
TOO WORDY
WRONG COLOR
NEEDS A LOGO!

Sustainability has two dimensions:

CAN IT WORK?

- staff time
- workflow
- training
- space
- funding
- communication
- ownership

CAN IT BELONG?

- shared values
- expected behaviors
- trust
- cultural fit
- relationships that survive turnover

Getting to Yes is the Beginning

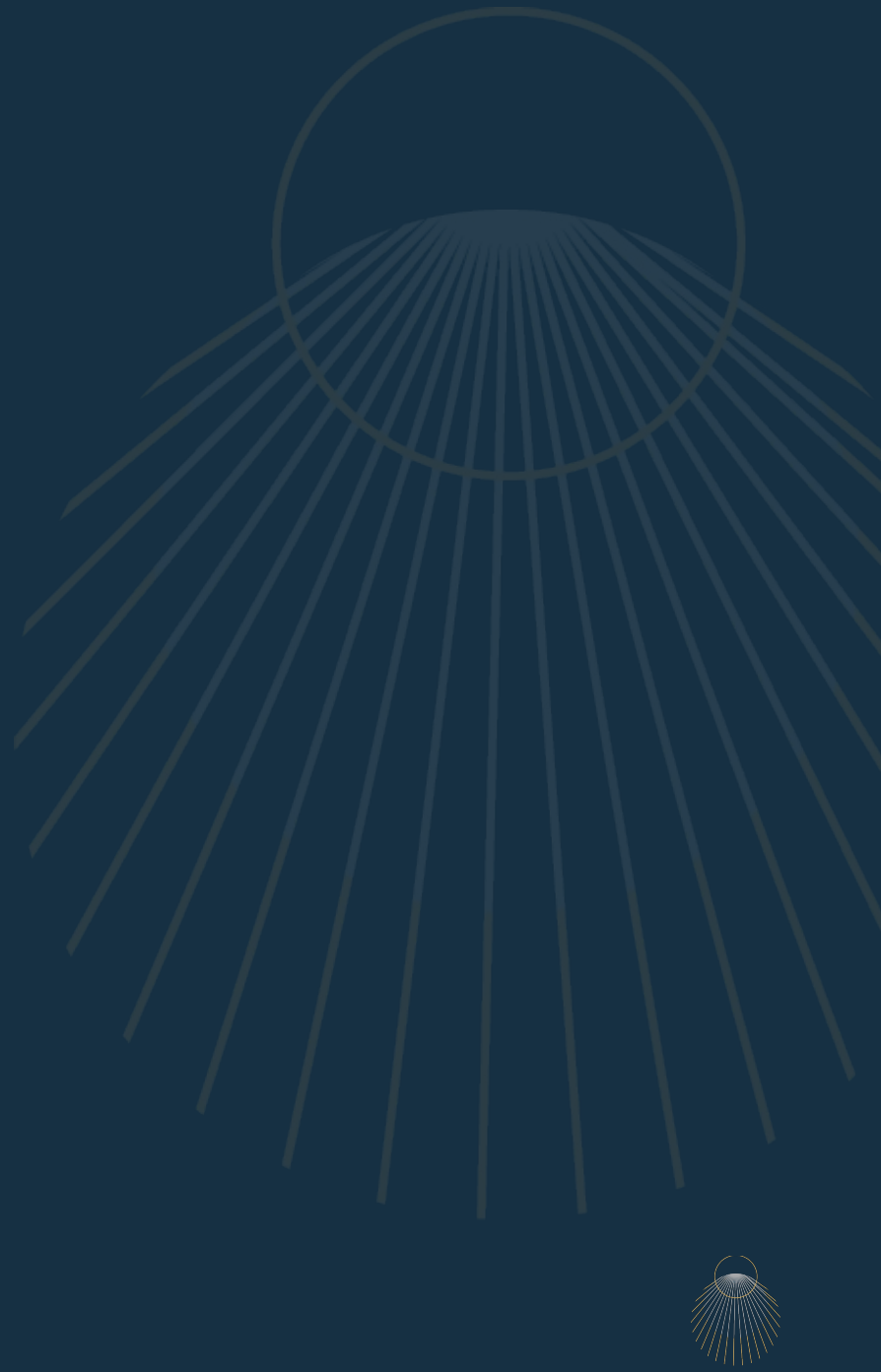


Approval opens the door. A partnership grows through practice.

THE NEXT VOICE

What are we not seeing yet?

Eight voices helped shape this framework.
There is a lot more experience in this room.



Let’s challenge the map!

What’s missing?

Where does your experience diverge from what you’ve heard?

What has worked differently?

What question are you still carrying?

What else should we be asking on behalf of our hypothetical parent support group?

Questions worth carrying with you

Not a checklist…a way to navigate.

- **What problem are we trying to solve?**
- Who can help us understand this hospital?
- Who else needs to believe in this – and why?
- Where could we learn the most?
- What is essential – and what can adapt?
- What matters here?
- What will this require from the hospital?
- **What would make this sustainable?**

What is the next right conversation?

Perhaps that's where we begin...
Thank you
for your commitment to NICU families!

Stephen M. Jakab, CFRE • True North Philanthropy Advisors