



Institute for
Healthcare
Improvement

The Conversation Project *National Healthcare Decisions Day*

February 19, 2020



Kate DeBartolo
Katie Nerney

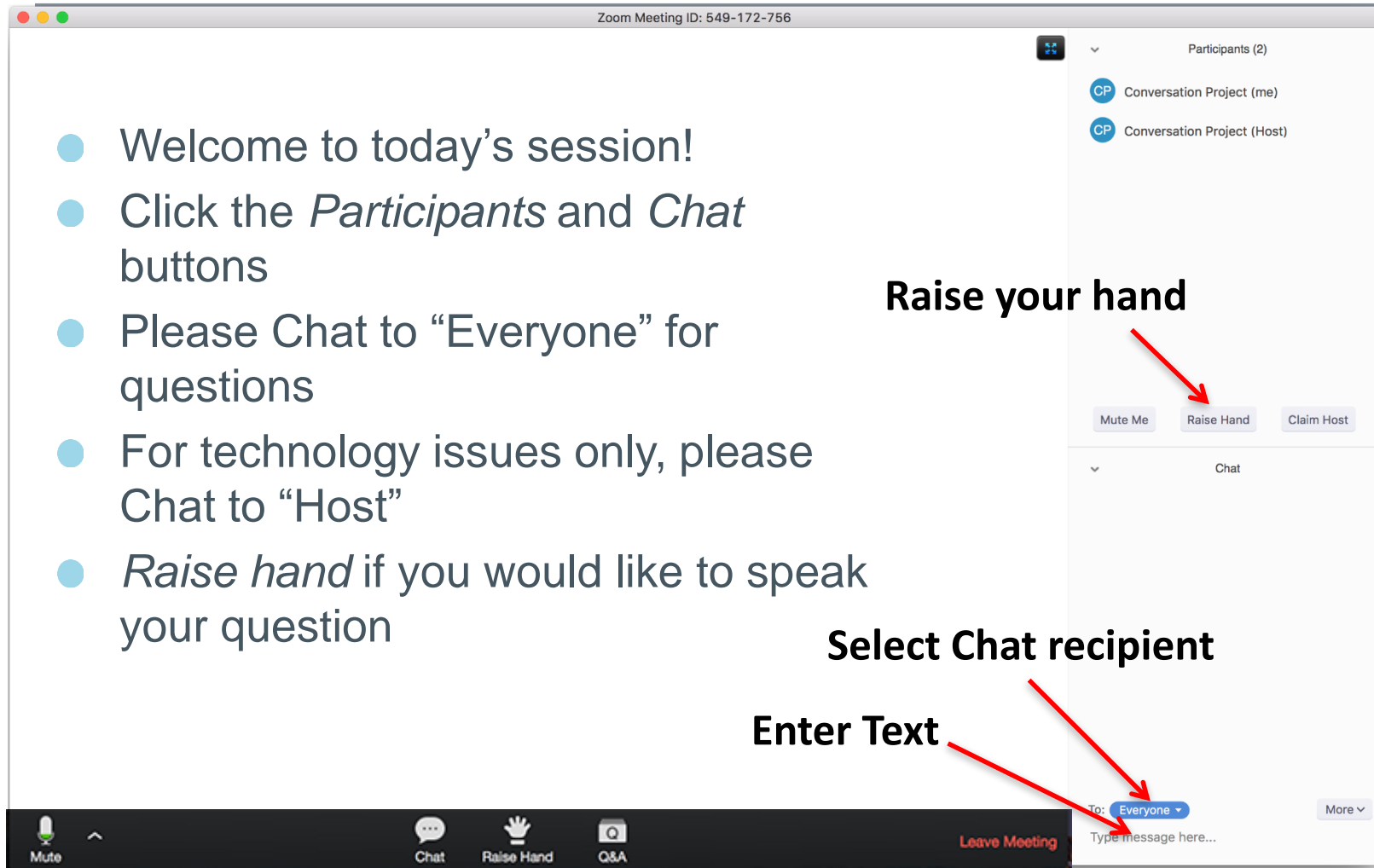
Zoom Quick Reference

- Welcome to today's session!
- Click the *Participants* and *Chat* buttons
- Please Chat to "Everyone" for questions
- For technology issues only, please Chat to "Host"
- *Raise hand* if you would like to speak your question

Raise your hand

Select Chat recipient

Enter Text



The Conversation Project Field Team



Kate DeBartolo
Director



Katie Nerney
Project Assistant

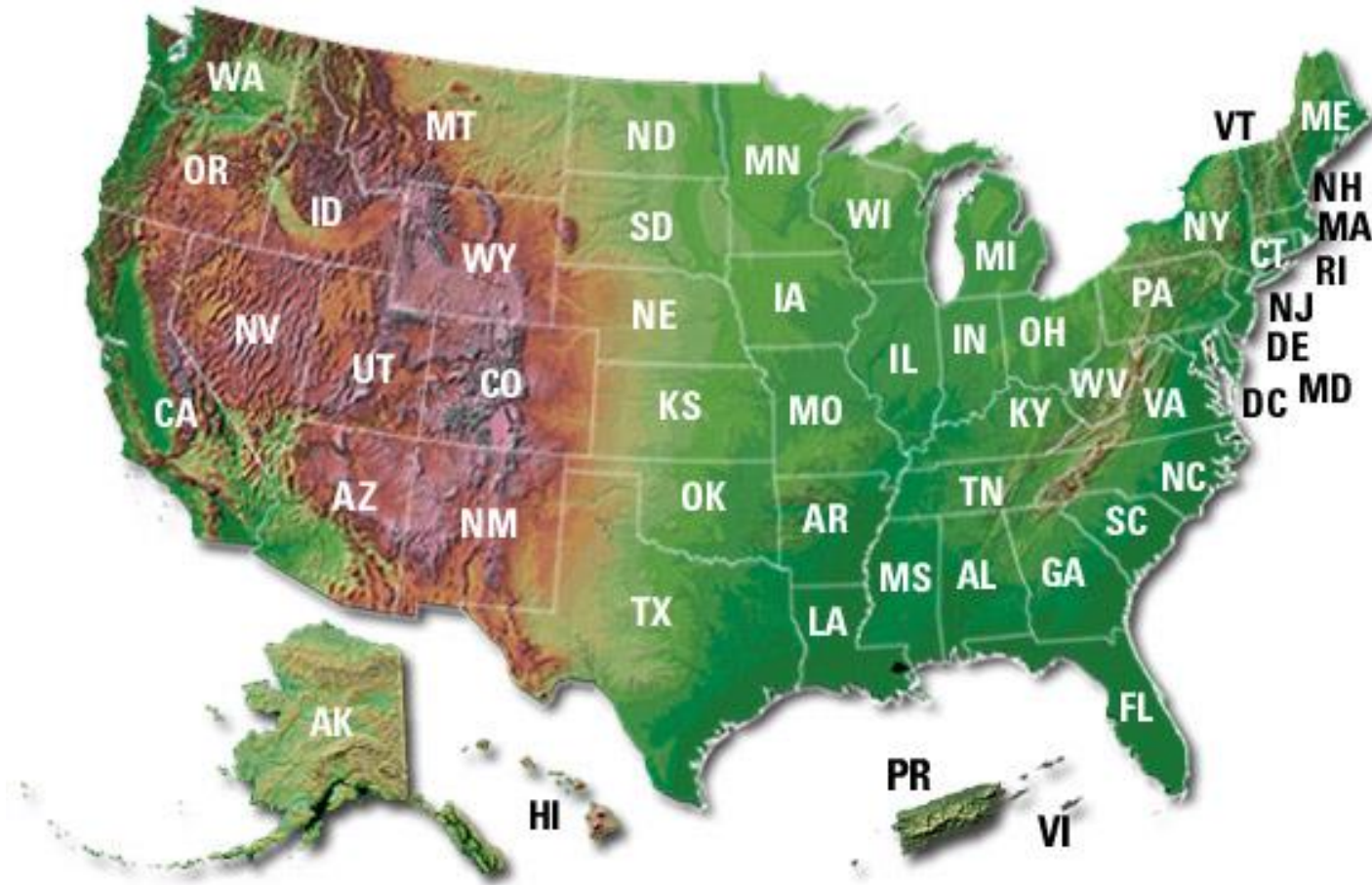
Ice Breaker Question

Type into the chat box your response to the following question:

How did you learn about this call?

Make sure you send your message to “All Participants.”

Where are you located on the map?



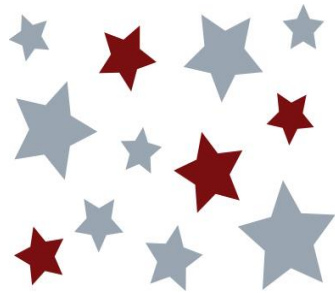
Agenda

- History of National Healthcare Decisions Day (NHDD)
- Massachusetts Coalition for Serious Illness Care
- Sharing your plans for NHDD, questions, feedback

A public engagement campaign dedicated to assure
that everyone's wishes for end-of-life care are
expressed and respected.

the conversation project

the conversation project



NATIONAL HEALTHCARE
DECISIONS DAY

★ *your decisions matter* ★



Nathan A. Kottkamp

Founder

National Healthcare Decision Day

<https://theconversationproject.org/nhdd/>

The Origins and Future of National Healthcare Decisions Day

Nathan A. Kottkamp, JD, MA (Bioethics)

National Healthcare Decisions Day, Founder & Chair
Waller, Partner



NATIONAL HEALTHCARE DECISIONS DAY

★ *your decisions matter* ★

- April 16
- Founded by Nathan Kottkamp out of years of experience on ethics committees dealing with situations when failed to make their healthcare wishes known.
- All across the country, health care facilities, health care professionals, chaplains, the legal community and others will be participating in a collective effort to highlight the importance of making advance health care decisions and to provide tools for making these decisions.
- www.nhdd.org

Reported Results from the First 10 Years

- Participation by at least 110 national organizations
- Participation by at least 1,600 state/local organizations
- Participation at US military at bases throughout the world
- Over 4.7 million facility/organization staff members received NHDD/advance directive information or training
- At least 3.9 million members of the general public participated in NHDD events and/or were known to have received advance directive information
- Over 15 million people were exposed to NHDD via various social media outlets: Facebook, Twitter, and LinkedIn, and #NHDD “trended” on Twitter (2015)
- Over 37,000 advance directives were completed on the ten NHDDs alone

Solutions



- Lead by example – Do your own
 - For the benefit of your loved ones
 - To understand what patients go through when completing their advance directives
- Talk with others
- Volunteer to speak
- Collaborate in the community
- Share the resources

The Future...

- Psychiatric advance directives
- Better integration with POLST initiatives
- Development of a national form

Spread the Word



- NHDD is about you professionally
- NHDD is about you personally
- April 16 or anytime
- Free resources year round at:
<https://theconversationproject.org/nhdd/>

Questions?

Nathan A. Kottkamp

Waller

804.301.8568

nathan.kottkamp@wallerlaw.com

<https://theconversationproject.org/nhdd>



Anna Gosline

Senior Director of Health Policy and
Strategic Initiatives

Blue Cross Blue Shield of Massachusetts



MASSACHUSETTS COALITION FOR
SERIOUS ILLNESS CARE

Advancing the language of advance care planning: a messaging research project

Anna Gosline, Massachusetts Coalition
for Serious Illness Care

The Massachusetts Coalition for Serious Illness Care



Launched in 2016

- Co-founded by Ariadne Labs, BCBSMA, The Conversation Project
- Atul Gawande and Maureen Bisognano, co-chairs
- BCBSMA is the primary funder and administrative home



The Massachusetts Coalition for Serious Illness Care: 110+ diverse members



- Medical care organizations
- Hospice, home health and extended care organizations
- Trade associations/professional societies
- Serious illness communications/advance care planning-focused organizations
- Consumer advocacy
- Government agencies
- Medical and nursing schools
- Faith-based and other community organizations

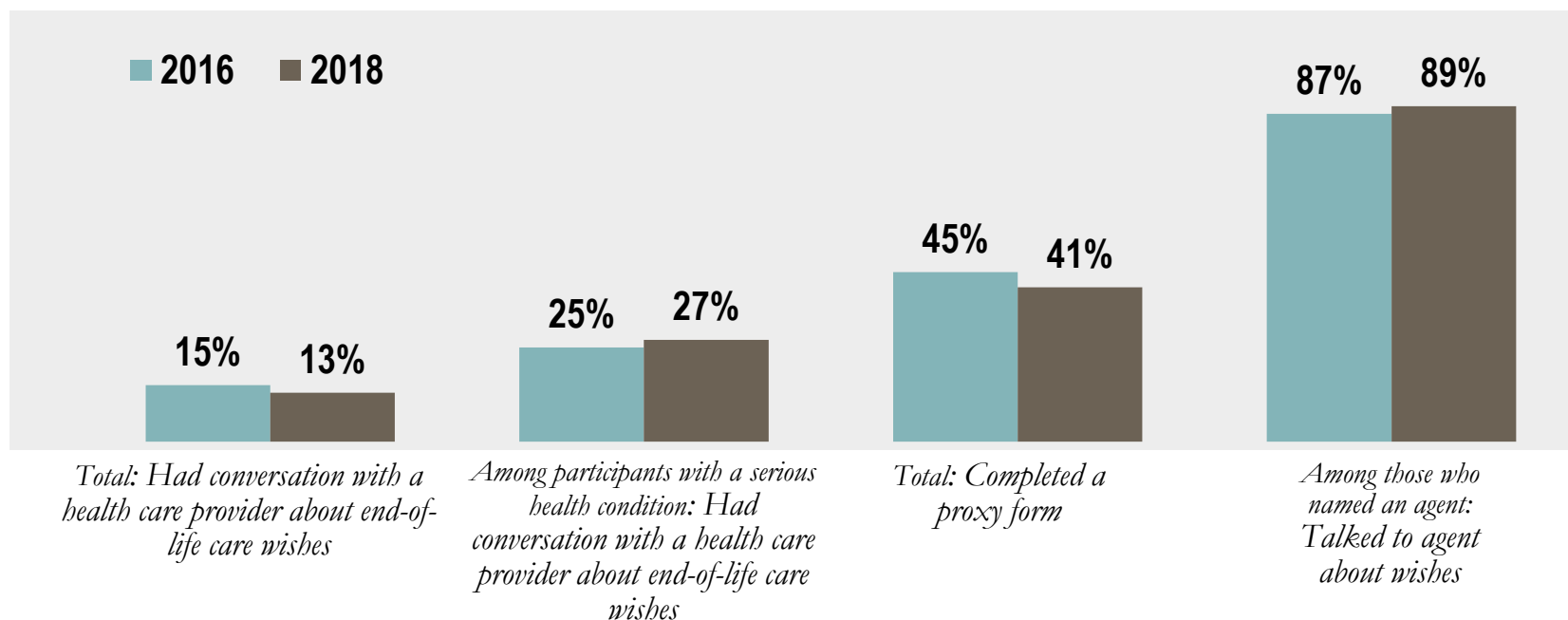


Previous Massachusetts Coalition Consumer Research

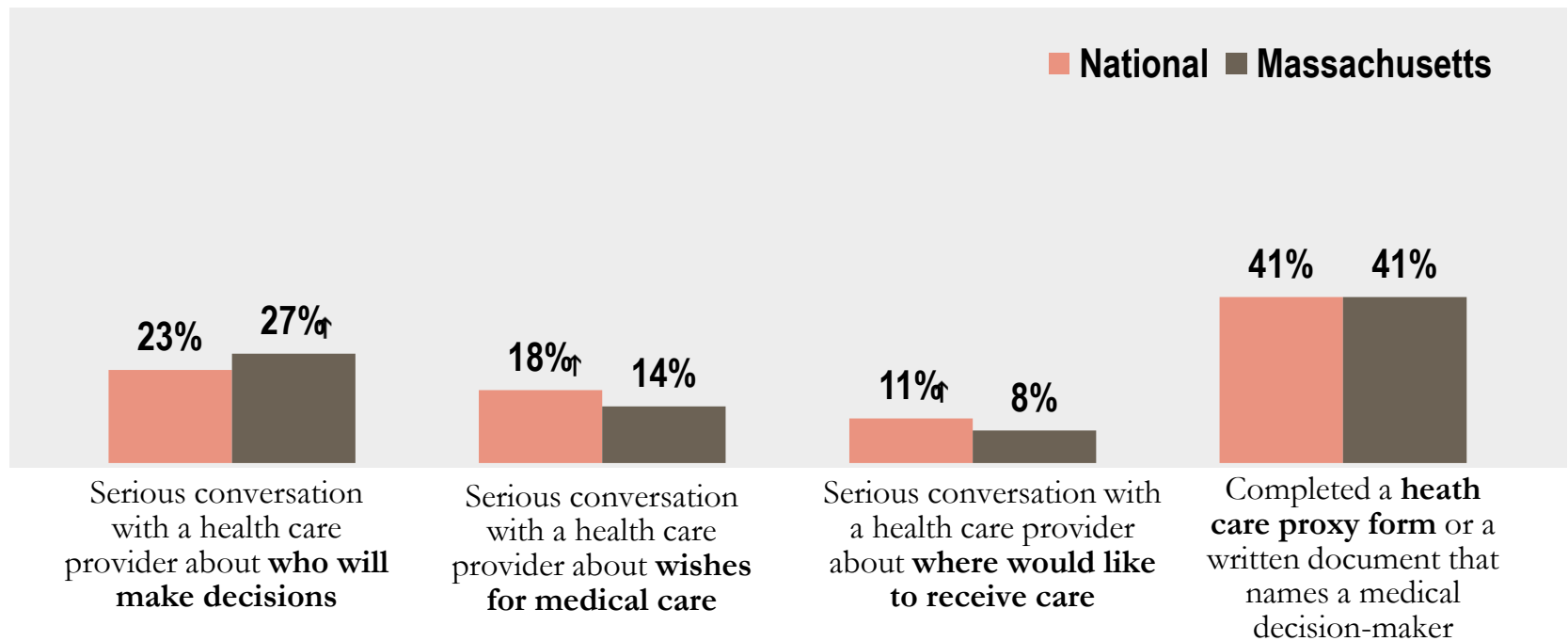
- 2016 baseline survey (representative statewide survey; n=1800): advance care planning related actions; experience of care for loved ones who recently died in Massachusetts
- 2017 ‘hybrid’ follow-up survey with many open-ended questions
- 2018 follow-up survey (representative statewide survey; n=1500), including additional questions comparing to national statistics (from Nov 2017 Kaiser Family Foundation survey)



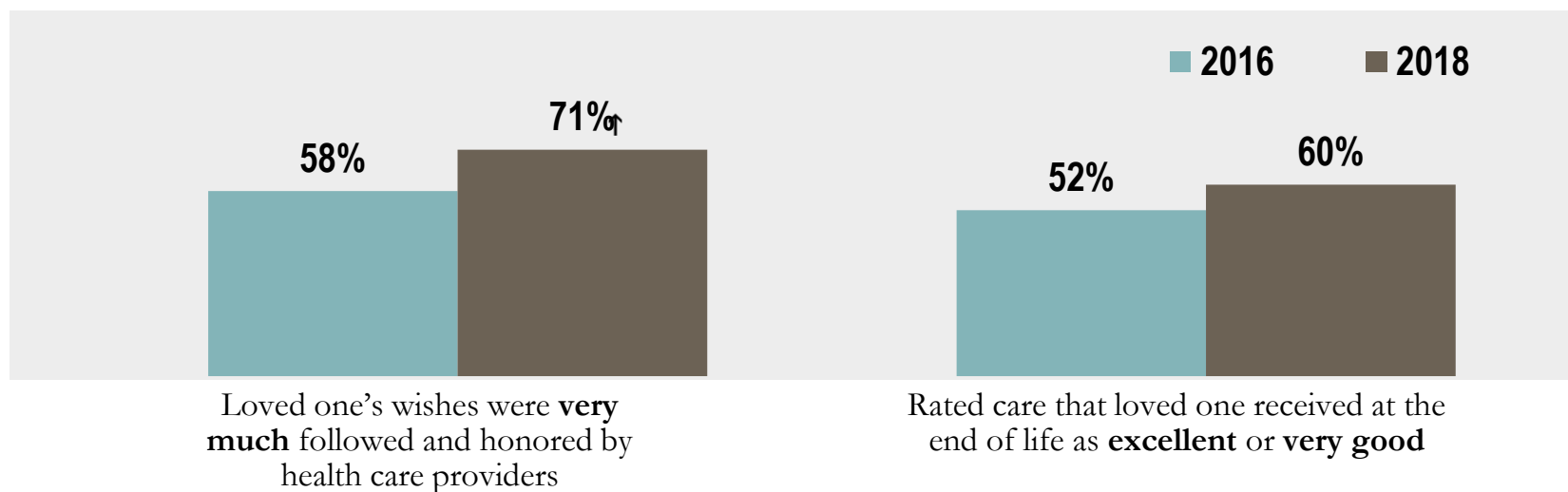
There was no change in the percentage of participants who talked to doctors, completed a proxy or talked to their agent about their wishes for care.



Compared to national rates, Massachusetts residents are largely comparable in their engagement in advance care planning activities.



But...there was a significant increase in the percentage of participants who said their loved one's wishes were honored at the end of life. Participants' assessment of care quality also improved, but not significantly.



[↑] Significantly higher than comparison group at 95% confidence level.

Q: To what extent would you say that your loved one's wishes were followed and honored by health care providers at the end of their life? Base: Death of a loved one

Q: Overall, how would you rate the care your loved one received at the end of their life? Base: Death of a loved one



What did we learn?

- The public strongly equates advance care planning with DNRs and life-sustaining treatment choices
- Despite significant attention, energy and activity, Massachusetts is similar to the rest of the nation with respect to advance care planning activities
- Changes in outcomes – experience of care near the end of life – can improve despite no population-level changes in traditional advance care planning activities



Messaging Research Project

Research Objectives and Overview

- Develop **unifying set of messages** that motivate consumers to have meaningful conversations about their preferences, values, and goals at all stages of life and health
- Shift conceptual focus away from life-sustaining treatments and care at the very end of life **to quality of life, serious illness care, and shared decision making.**
- Deploy **methodologically rigorous** quantitative and qualitative research designs to understand key ‘segments’ of the population to identify language and concepts that resonate universally, as well as a more detailed understanding of what works by segment



Quantitative Research

Nationally representative
survey (n=2500)

Cluster
analysis

Consumer
Segments

- **Demographics:** age, marital status, race, income, education
- Experiences with **advance care planning** (including reasons for not engaging)
- Experiences as a **caregiver** or with the **death** of a loved one
- **Worries** about a future serious illness
- **Trust and regard** for health system/doctors
- **Confidence**/ability to manage their health or navigate the health system
- **Personality** traits
- Importance of **religion**
- **Health** status/diagnoses/disability

Non-
demographic
variables**

Population segments that are most alike in terms of how they view ACP, their experiences with health care, caregiving, other relevant beliefs, attitudes, experiences and worries

**though we know many these have strong correlations to race, age, and income etc.



Five Consumer Segments



Worried Action Takers
10%



Self-Assured Action Takers
24%



Disengaged Worriers
34%



Confident Independents
18%



Self-Reliant Skeptics
14%

Action Takers

100% have both a written document naming their health care decision maker and a document that describes their wishes for care; about 90% have also spoken to loved ones about their wishes and many (50-85%) have talked to their doctors, too.

Non Action Takers

Very few have completed written documents (4 – 16%); about half have had conversations with loved ones about their wishes; few (~20%) have talked to their doctors.



Five Consumer Segments



Worried Action Takers
10%

Younger, diverse, most educated. Nearly half identified as having a disability.

Highest trust and regard for the health care system. ~80% have been a caregiver for an incapacitated loved one.



Self-Assured Action Takers
24%

Oldest by far; most likely to be white and least likely to be low-income.

Confident about managing their health and navigating the health care system with fewer worries about a future serious illness.



Disengaged Worriers
34%

Youngest, most diverse, lowest education and income; poorest health and health care navigation and management skills.

Seen loved one's wishes not honored. Many worries about their health and future serious illness.



Confident Independents
18%

Older (mostly 45+), average education and racial composition. Fewer experiences with dying loved ones. Confident about managing their health and navigating the health care system with fewer worries about a future serious illness.



Self-Reliant Skeptics
14%

Middle-aged, lower income and education. Lowest trust of doctors and regard for the health care system. Poorer health care self-management and navigation skills.

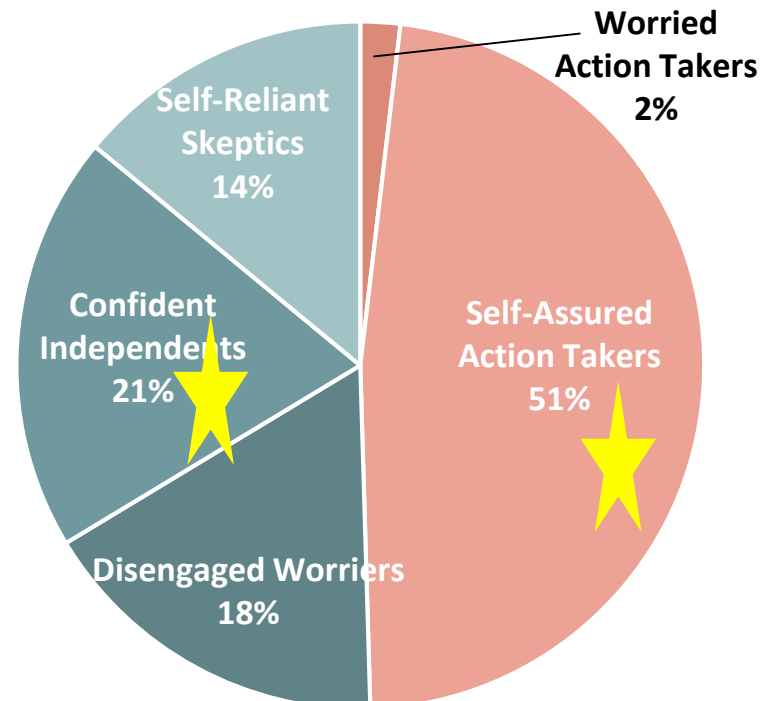



Examples: where is the African American community? Where is the retired community?

Distribution of **African Americans** respondents by segment (11% of total survey population)



Distribution of **retired** respondents by segment (20% of total survey population)



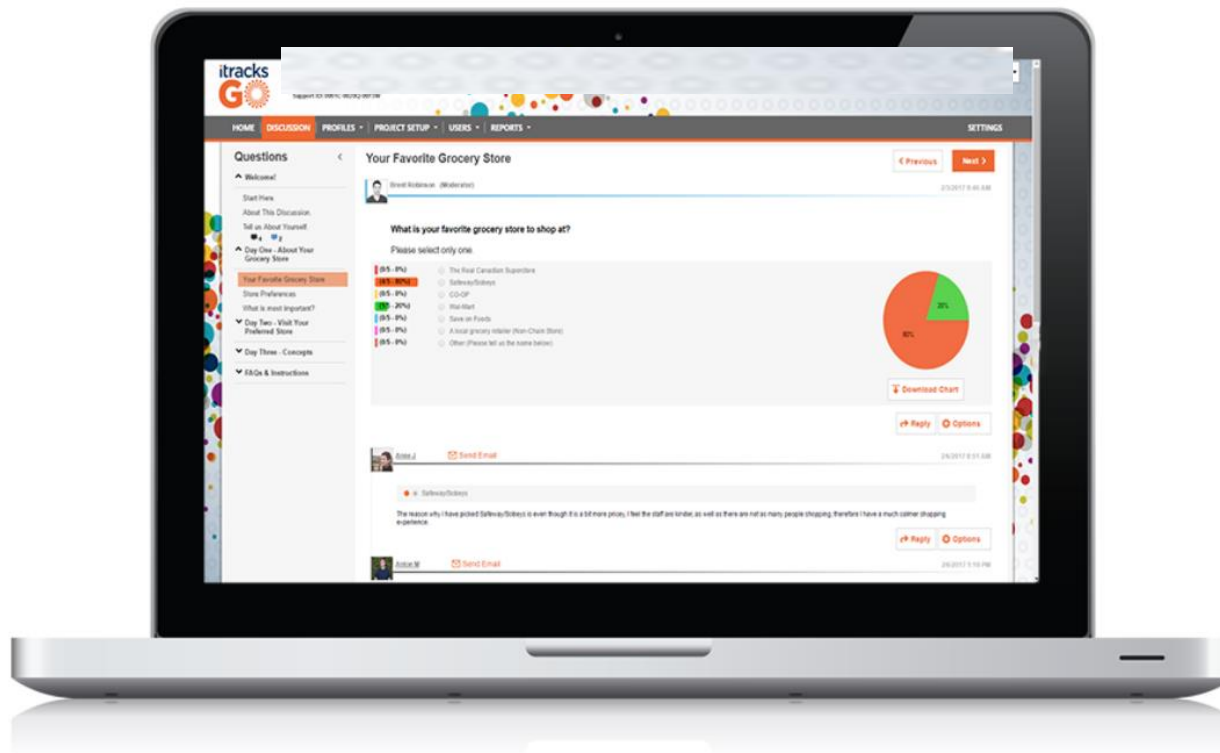
 Overrepresented





Messaging and Campaign Development and Testing

Two Online Communities – 150 Participants



Three Key Insights

- 1) While “**quality of life**” resonated most, having “**control**” and “**power**” over decisions impacting one’s life and care is the way to attain and preserve the quality of life they envision.
- 2) People reacted positively to talking about “**what matters to them**” and what having a “**good day**” meant, shifting focus away from treatment options, DNRs, etc.
- 3) The idea of **family and loved ones** can be a loaded topic for some and an excuse for others – some didn’t have ‘loved ones’ and felt excluded from ACP (including many Disengaged Worriers); others felt their loved ones ‘would know’ and therefore didn’t need ACP (notably, the Confident Independents)



Good Days Start with Good Talk.

What does your good day look like? If you became seriously ill, would the people who matter most really know what matters most to you? Share the kind of care that's right for you, no matter what happens tomorrow. Have that good talk today.

DRAFT

Live your best life.
Start with a good talk.

Good Days Start with Good Talk.

What does your good day look like? If you became seriously ill, would the people who matter most really know what matters most to you? Share the kind of care that's right for you, no matter what happens tomorrow. Have that good talk today.

DRAFT

Live your best life.
Start with a good talk.

Good Days Start with Good Talk.

What does your good day look like? If you became seriously ill, would the people who matter most really know what matters most to you? Share the kind of care that's right for you, no matter what happens tomorrow. Have that good talk today.

DRAFT

Live your best life.
Start with a good talk.

Posters shown here for illustrative purposes only and reflect work in progress.



Ice cream

DRAFT

freedom
(even through fiction)

what's best for me

Do the people who matter know what matters to you, even if you became seriously ill? Your care is about you—and the more you talk, the better your care can be. Talking about what a good day looks like is the best way to live your best life. Stay in the equation. Say what's best for you.

My dog

DRAFT

the sun on my face

what's best for me

Do the people who matter know what matters to you, even if you became seriously ill? Your care is about you—and the more you talk, the better your care can be. Talking about what a good day looks like is the best way to live your best life. Stay in the equation. Say what's best for you.

Soft Sheets

DRAFT

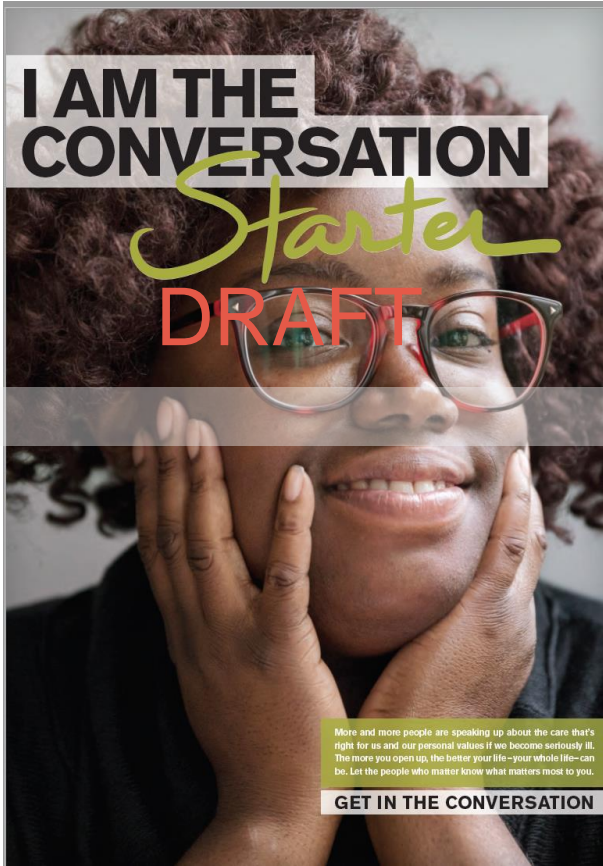
family time

what's best for me

Do the people who matter know what matters to you, even if you became seriously ill? Your care is about you—and the more you talk, the better your care can be. Talking about what a good day looks like is the best way to live your best life. Stay in the equation. Say what's best for you.

Posters shown here for illustrative purposes only and reflect work in progress.





Posters shown here for illustrative purposes only and reflect work in progress.





“Good Days Start with Good Talk” was the most preferred across all segments

- Warm, cheerful
- Conveys togetherness
- Relatable
- Easy to understand, clear, simple
- Easy-to-remember tagline
- Straightforward
- For a few it felt “pushy”



“What’s best for me” ranked in second place



- Vague
- Disconnect between images and text

“Get in the conversation” ranked in third place



- Absence of other people in the photo
- Health care decisions shouldn't be made solo



Five Supporting Messages/“Reasons” Were Tested

Love/Gift

Love means
speaking up.

If any of us became seriously ill, those closest to us may have to make important decisions about our care. Asking and sharing what would matter most to each other in that event is an act of love and kindness that can make future decisions easier—a gift we can give to those who matter most.

Peace of mind

There’s no need
to wonder.

The future is full of unknowns. But open conversations can pave the way to clarity, no matter what happens with our health. Having conversations about serious illness and the kind of care that’s right for us gives us a shared understanding that fosters peace of mind.

Demand the right care

We can have a say
in our care.

Getting the health care we need often involves decisions, and we can and should speak up about the kind of care that works for us and ask doctors to understand what matters to us. Asking for what we want from our care also means telling those closest to us what we’d want if we couldn’t make decisions for ourselves.

Control (via decision-maker)

Conversations clarify.

We can’t plan for everything. But we can help manage life’s unknowns by talking openly about what matters to us and what we’d want most if we became seriously ill. Conversations about things we can’t control can actually help to give us a sense of control.

Honor loved ones’ wishes

Caring means learning what
matters to them.

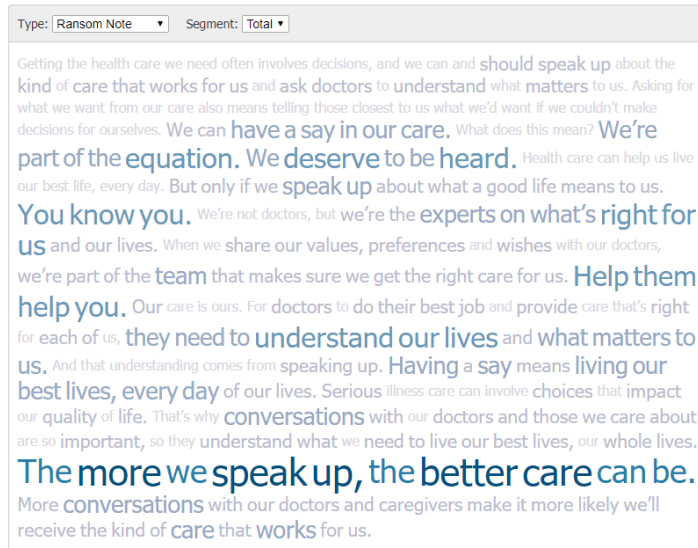
There may be a time when we have to help the people closest to us—our friends, our spouses, our parents or grandparents—get the care that’s right for them. Delivering on the promise means understanding what is most important to them in the face of serious illness.



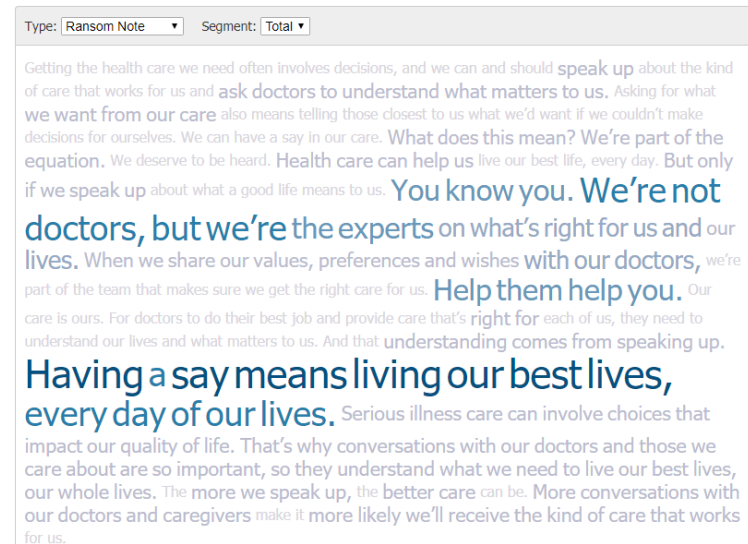
Participants read the content and did a highlighting exercise.

Example of visual output from “We can have a say in our care”


























Words that resonate



Words that don't resonate



Control and Self-Advocacy “reasons” were preferred by most

	To gain control <i>Conversations clarify</i>	To demand shared decision-making <i>We can have a say in our care</i>	To help advocate for others <i>Caring means learning about them</i>	To get peace of mind <i>There is no need to wonder</i>	To give a gift to loved ones <i>Love means speaking up</i>
Worried Action Taker					
Self-Assured Action Taker					
Disengaged Worrier					
Defiant Independent					
Self-Reliant Skeptic					



Lessons: Word choices matter

- Some reacted negatively to the word “**right**” – it puts them in a defensive mindset.
- For some, “**Conversations**” can sound daunting (when associated with serious illness as part of umbrella messaging) while “a good talk” is more approachable.
- “**Honest conversation**” can feel judgmental, while “open conversation” does not introduce judgment.



Lessons: Certain concepts used in ACP did not resonate

- The concept of “**Peace of mind**” and that doing ACP provides a sense of relief did not resonate across all consumer segments. For some consumers it felt overpromising and possibly exclusionary to those in lower income households (can’t carry through wishes of a loved one given financial situation).
- The concept of “**Lessen/ease the burden**” was viewed negatively because some consumers felt that it should not be a burden to care for a loved one, while others thought that having the conversation doesn’t really ease the burden of having loved ones seriously ill.
- Comparing ACP (i.e., having meaningful conversations) to “**wellness**” and an “**annual check-up**” was viewed negatively and implausible.



Different conceptual paradigms behind the top reasons..

“Conversations clarify.”

“Caring means learning
what matters to them.”

- Emphasis is on selecting surrogate decision maker in the case of incapacity
- More traditional approach to advance care planning marketing
- **Closer conceptual connection to life sustaining treatment choices**

“We can have a say in
our care.”

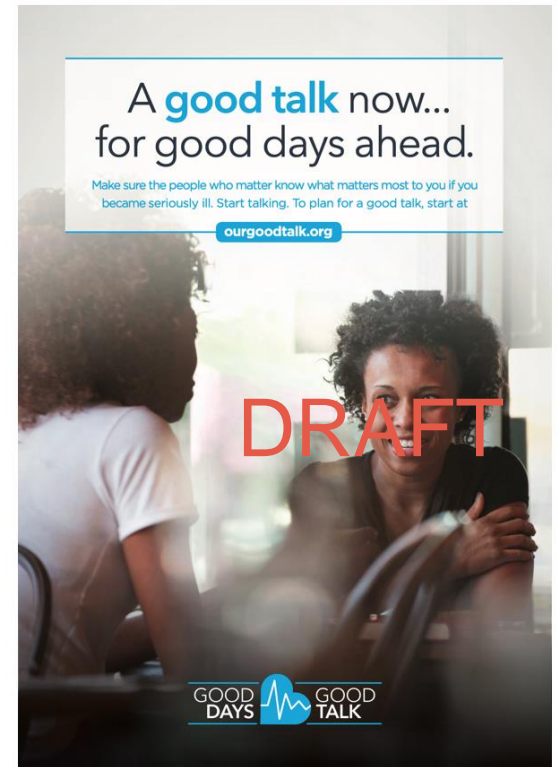
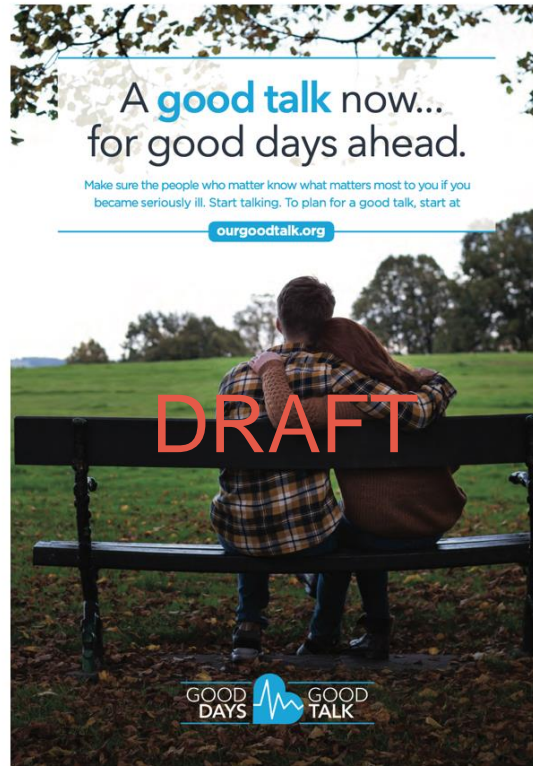
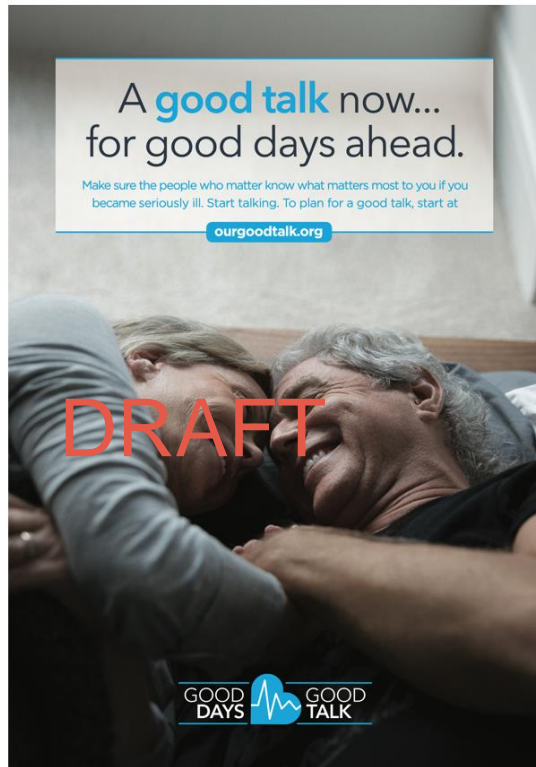
- Emphasis on expectation/demand for shared decision making by the patient as part of clinical process
- Less traditional approach
- **Not exclusive to serious illness** – relevant for active treatment of any condition/stage of illness or health status



Updated campaign testing

Additional campaign testing with 120 participants in August 2019

Campaign A - Direct



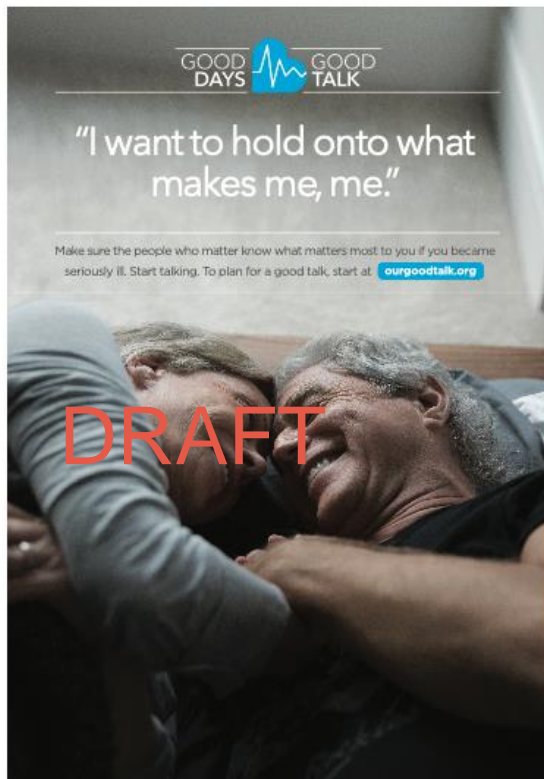
Campaign B – Quotes

GOOD DAYS GOOD TALK

"I want to hold onto what makes me, me."

Make sure the people who matter know what matters most to you if you become seriously ill. Start talking. To plan for a good talk, start at ourgoodtalk.org

DRAFT

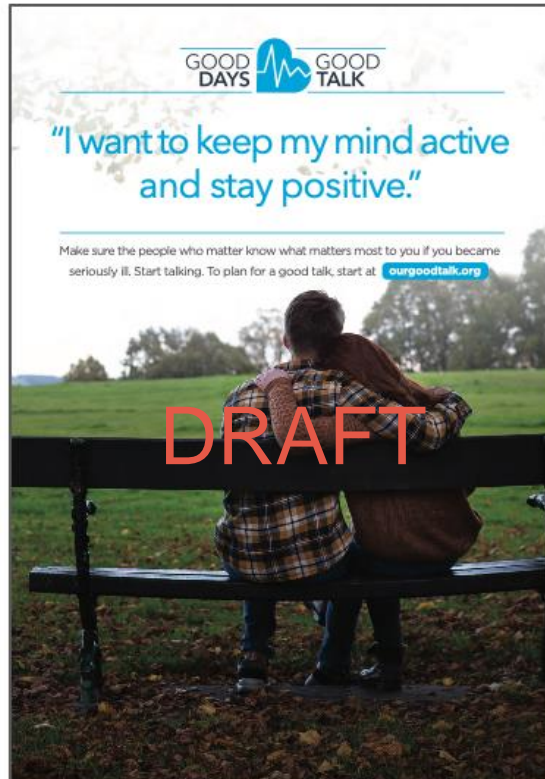
A photograph of an older man and woman in a hospital room. The man is lying in bed, and the woman is leaning over him, holding his hand. They are both looking at each other with affection.

GOOD DAYS GOOD TALK

"I want to keep my mind active and stay positive."

Make sure the people who matter know what matters most to you if you become seriously ill. Start talking. To plan for a good talk, start at ourgoodtalk.org

DRAFT

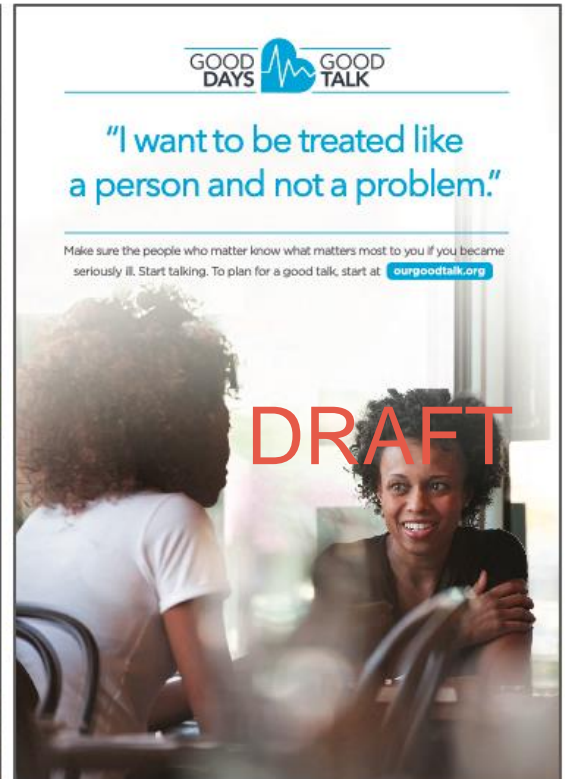
A photograph of a man and a woman sitting on a wooden bench in a park. They are both looking away from the camera, towards a green field and trees in the background. The man is wearing a plaid shirt, and the woman is wearing a brown jacket.

GOOD DAYS GOOD TALK

"I want to be treated like a person and not a problem."

Make sure the people who matter know what matters most to you if you become seriously ill. Start talking. To plan for a good talk, start at ourgoodtalk.org

DRAFT

A photograph of a man and a woman sitting at a table. The woman is smiling and looking towards the camera, while the man is looking down at something on the table. They appear to be in a casual setting, possibly a cafe or a restaurant.

Campaign C – “Madlibs”

Movie nights and
family time.

That's what matters most to me.

DRAFT

If you became seriously ill, would the people who matter know what really matters most to you? Talking about what a good day looks like if you became seriously ill is the best way to live your best life. Get started at ourgoodtalk.org

GOOD DAYS GOOD TALK

FRESH AIR and
MAKING MUSIC.

That's what matters most to me.

DRAFT

If you became seriously ill, would the people who matter know what really matters most to you? Talking about what a good day looks like if you became seriously ill is the best way to live your best life. Get started at ourgoodtalk.org

GOOD DAYS GOOD TALK

Joyful meals with friends and
a cat on my lap.

That's what matters most to me.

DRAFT

If you became seriously ill, would the people who matter know what really matters most to you? Talking about what a good day looks like if you became seriously ill is the best way to live your best life. Get started at ourgoodtalk.org

GOOD DAYS GOOD TALK



Campaign A was preferred overall and by most segments and groups

- Campaign A slightly edged out the others due to it's simple, direct language and positivity
 - Preferred (or about tied with C) by most segments
- It was the most preferred by those with a serious illness or who were a caregiver of a person with a serious illness

“I feel like a lot of people (myself included) don't really think about these things and this ad does a good job of bringing the point of consideration at hand very well and again tastefully. I genuinely like it. I also appreciate that the text is straightforward, but not in a pretentious sense either and that the good days good talk is easy to remember.” MEREILLE 25-34



Campaign B was more hit or miss

- Some consumers relate to the more concrete language/examples from the quotes in Campaign B (the emphasis on “what I want”),
 - Those who could identify with the exact quotes tended to like the campaign
 - It was the most preferred by our **Self-Assured Action Takers**
 - It was also tied with Campaign A with those identifying as having a disability
- But it was the **least preferred overall** - and by a pretty notable amount in most segments
- Assumption is that the focus is on end of life care



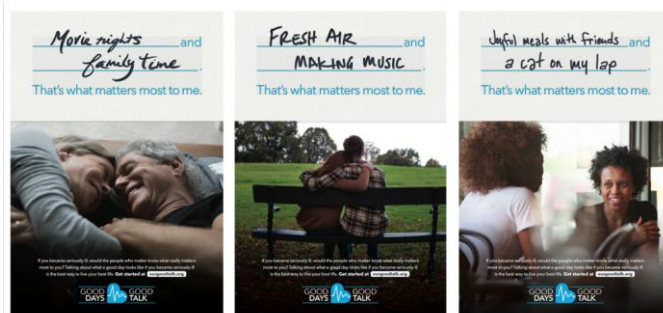
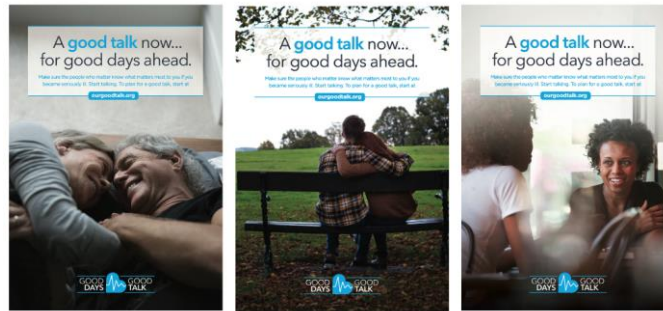
Campaign C was a close second to Campaign A

- Campaign C was deemed the most personal of the three:
 - Consumers relate to the handwriting font and fill in the blank examples
 - Many commented that it prompted them to think of what their examples would be
- A few shared that the primary message is not as intuitive as Campaigns A and B – that it takes a few reads to fully understand “what’s being sold.”



Value in all three campaign versions

- Lead with Campaign A as the umbrella awareness building campaign
- Use Campaign C as a secondary educational and engagement tool

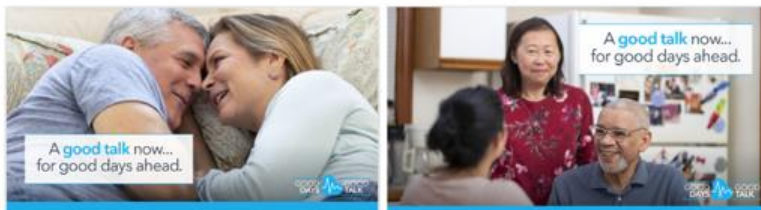




THE GOOD TALK TOOLKIT

Advancing the language of advance care planning

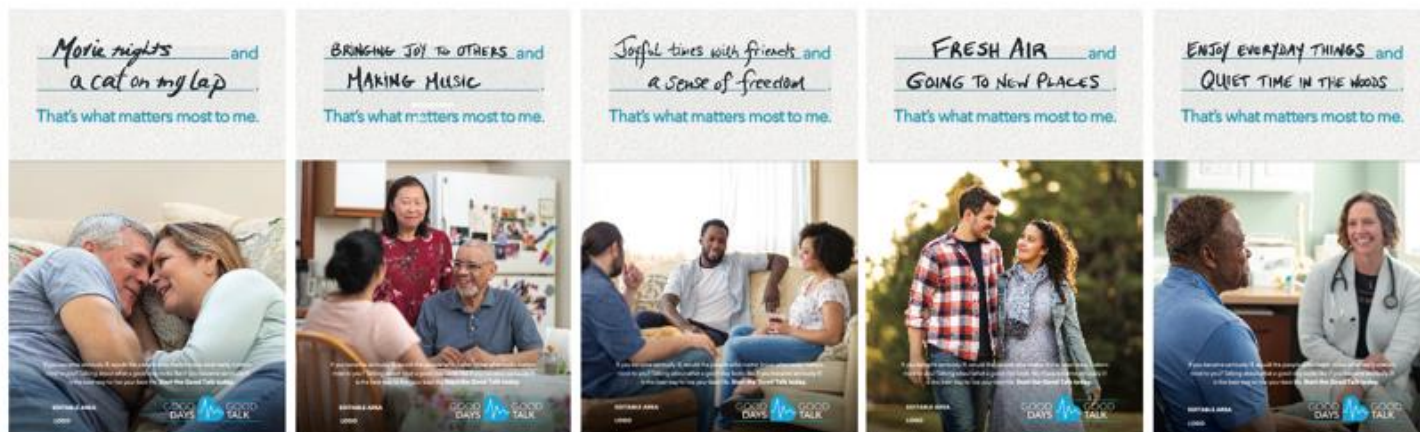


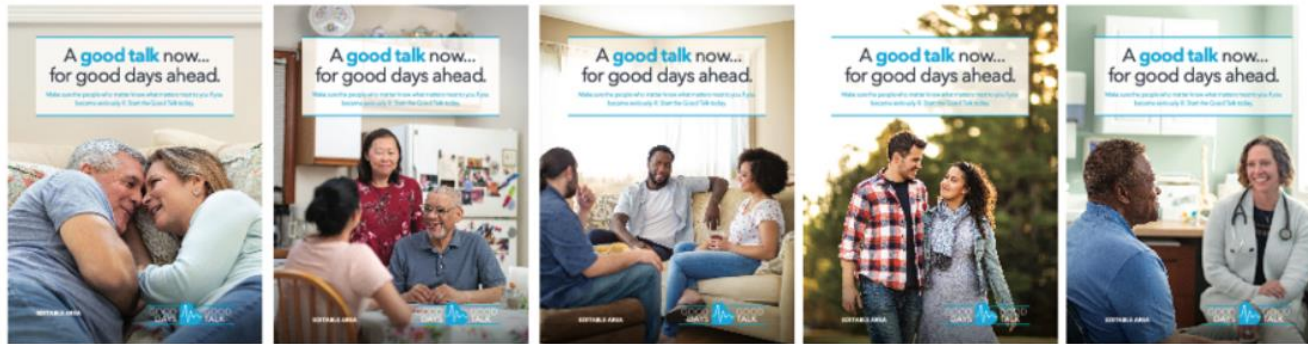


Social media graphics

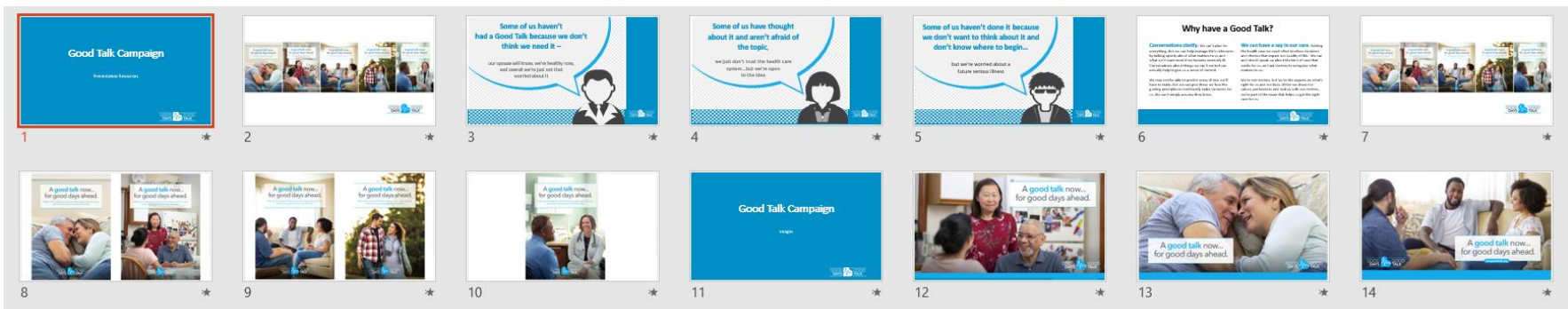


Handouts





Editable posters -
add your logo



Powerpoint resources



More coming soon!

- Spanish translations
- Fill-in-the-blank “What Matters Most to Me” handouts
- Brief guide for medical care providers so they are prepared for the ‘Good Talk’ should a patient ask for one
- Consumer website: triage to more detailed references

What else would you want?



Appendix: Detailed Language

UMBRELLA MESSAGE

RESONATES WITH ALL CONSUMER SEGMENTS



A good day tomorrow starts with a good talk today. If you became seriously ill, would the people who matter most really know what matters most to you? Share the kind of care that's right for you, and what your good days look like—no matter what happens tomorrow.

SUPPORTING MESSAGES/ REASONS WHY

Conversations clarify. We can't plan for everything. But we can help manage life's unknowns by talking openly about what matters to us and what we'd want most if we became seriously ill. Conversations about things we can't control can actually help to give us a sense of control.

We can have a say in our care. Getting the health care we need often involves decisions, and we can and should speak up about the kind of care that works for us, and ask doctors to recognize what matters to us. Asking for what we want from our care also means telling those closest to us what we'd want if we couldn't make decisions for ourselves.

PROOF POINTS

Information is power. We can help answer tomorrow's questions today by sharing our values and preferences with the people who matter most. We may not be able to predict every choice we'll have to make, but we can give those we love the guiding principles to confidently make decisions for us.

If we don't say it, they won't know. Our caregivers may need to make decisions for us, whether we've told them what we want or not. We can't simply assume they know.

You know you. We're not doctors, but we're the experts on what's right for us and our lives. When we share our values, preferences and wishes with our doctors, we're part of the team that helps us get the right care for us.

Having a say means getting the most out of every day. Serious illness care can involve choices that impact our quality of life. The more we speak up, the better care can be, and the more we'll have the chance to receive the kind of care that works for us.



SECONDARY MESSAGING

RESONATES MOSTLY WITH THESE THREE CONSUMER SEGMENTS



HONOR LOVED ONE'S WISHES/ ACTIVATE CONVERSATION IN OTHERS

Caring means learning what matters to them. There may be a time when we have to help the people closest to us—our friends, our spouses, our parents or grandparents—get the care that's right for them. Delivering on the promise means understanding what is most important to them in the face of serious illness.

PROOF POINTS

#1

It's worth it. To ensure our loved ones get the care that's right for them, we have to understand their values, preferences and needs by making conversations a priority. The more we talk about the kind of care our loved ones want and expect, the more comfortable it becomes for all of us.

#2

Talking can strengthen relationships. The trust involved in conversations about care, and what matters most, can serve to bring us closer. Asking those closest to us about what they would want in the face of a serious illness is a way to show them we care. And it helps prepare us to be the best support we can be.



SECONDARY MESSAGING

RESONATES MOSTLY WITH THESE TWO CONSUMER SEGMENTS



LOVE

Love means speaking up. If any of us became seriously ill, those closest to us may have to make important decisions about our care. Asking and sharing what would matter most to each other in that event is an act of love and kindness that can make future decisions easier—a gift we can give to those who matter most.

PROOF POINTS

#1

Conversations guide us. Planning for a day when we might become seriously ill or unable to make health decisions for ourselves is a kindness to loved ones who may need to make those decisions for us. An expression of our values and preferences will make the decision-making process easier for those we care about.

#2

Conversations align us toward a common goal. Sharing what matters provides a sense of confidence—that we will be prepared to cope with a serious illness and honor each other's wishes together, whether we are a patient or a caregiver.



Questions?

What are your plans for NHDD 2020?

Continue to Share your NHDD plans

We want to highlight what you are planning for NHDD in our newsletter/social media

- Tweet us, tag us on social media

- ☐ Twitter: @convoproject
- ☐ Facebook: The Conversation Project
- ☐ Instagram: convoproject



- Email us plans, blogs and/or other content
ConversationProject@ihi.org

NHDD resources

- [NHDD Media Tool Kit](#)
- Additional resources on www.NHDD.org: communications materials, events and presentation materials, promotional and media outreach materials and more!
- Blogs on www.conversationproject.org:
 - Ideas and Resources for National Healthcare Decisions Day: Join the Movement!
 - National Healthcare Decisions Day: Get Inspired and Get Involved
- [MASIC: The Good Talk Toolkit](#)

Upcoming: TCP Community Connections

Date and Time	Topic
Thursday, March 26 th 3:30-4:30 EST	Twitter chat: Alzheimer's or other forms of dementia
Wednesday, April 22 nd 3:00-4:00 EST	Community Call: Getting Started with TCP

New TCP resource

- Video: Ellen Goodman talks Alzheimer's Disease and Dementia

Ellen Goodman
Co-Founder
The Conversation Project



Facebook Group: TCP Community Champions

The screenshot displays the Facebook group interface for 'The Conversation Project: Community Champions'. The left sidebar contains the group name, a 'Private group' lock icon, the group's profile picture (an orange circle with 'tcp'), and navigation links: 'About', 'Discussion' (highlighted), 'Members', 'Photos', 'Watch Party', 'Moderate Group', and 'Group Quality'. Below these is a search bar and a 'Shortcuts' section with a link to 'The Conversation P...' and a count of 20. The main content area features a large purple banner with the text 'the conversation project' in white, with 'the' in lowercase and 'conversation project' in title case, and 'Community Champions' below it. Under the banner are buttons for 'Joined', 'Notifications', 'Share', and 'More'. Below these are options to 'Write Post', 'Photo/Video', 'Live Video', and 'More'. A text input field with the placeholder 'Write something...' is visible. On the right, a 'GROUP BY' section shows the group's profile picture, name 'The Conversation Project', and '8,911 like this', with a 'Contact Us' button.

<https://bit.ly/2ukc7B0>

Other ways to Engage with TCP's network

- Sign up and share: Monthly Newsletters

- General Newsletter
- Community Engagement Newsletter
- NHDD

<https://theconversationproject.org/get-involved>



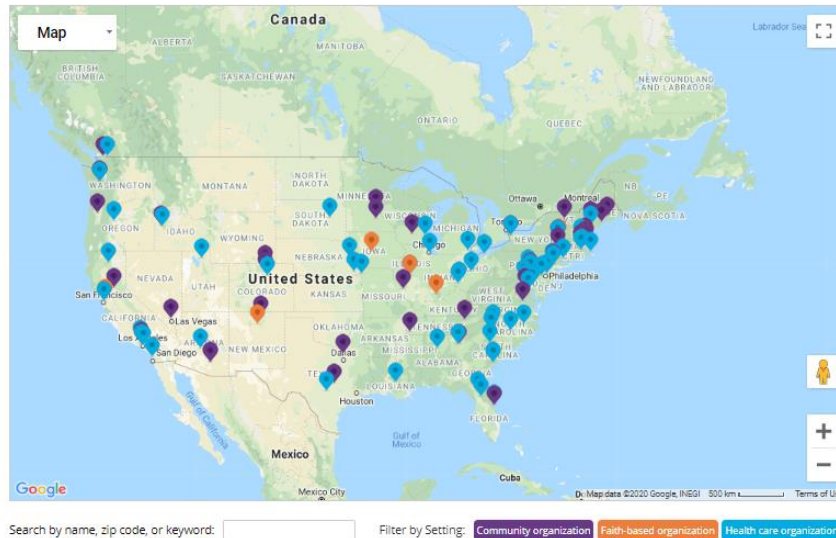
Ways to Engage with TCP's network

● Search, connect/network and learn together

Conversation Champions Map

- Connect with others doing similar work in your area.
 - You can search by location, organization, name, and filter by setting: faith, health care, or community. Feel free to reach out directly to members on the map via their listed contact information.
- **Apply here** to be listed on the map if you are actively sharing TCP resources and/or messaging.

The Conversation Project (TCP) relies on the Conversation Champions, like the ones listed on the map below, to help spread the importance of end-of-life care conversations in their communities. These groups plan their own programming using TCP resources or messaging (in addition to their own). As a reminder, TCP has no preference for what someone's wishes for end-of-life care should be – we just want folks to start talking about it. Please read more about our principles [HERE](#).



<https://theconversationproject.org/get-involved>

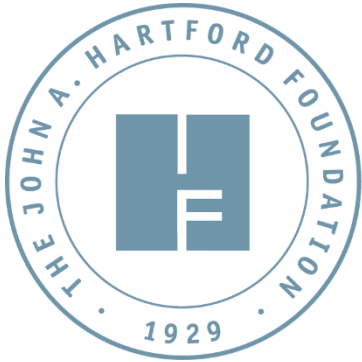
We want your feedback!

- After this call you will be redirected to a Survey Monkey form

Please take a few moments to answer the following questions:

- How useful was this session on a scale from 1-5?
- Given today's topic, what would you like to learn more about?
- Any other comments on today's session?
- What are your plans for NHDD 2020?

Thanks and appreciation



The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

