The Conversation Project
Championing Conversations in Communities through the Use of Stories

November 18, 2020

Patty Webster
Krissy Cronin
You will see a tab at the top of the screen titled "Audio & Video". Click “Switch Audio” to either Call in or to use your computer speakers for audio. You can also find this on the “unmute” tab at the bottom of your screen.
WebEx Quick Reference

- Please use chat to "Everyone" for questions
- For technology issues only, please chat to "Host"
Intros/Chat Warm Up

Type into the chat box:

- Your name
- Your location, organization and type of organization? (faith, healthcare, community, government, volunteer, etc.)

Make sure you send your message to “Everyone.”
On Today’s Call

Patty Webster
Advisor, Community Engagement

Krissy Cronin
Project Coordinator
COMING SOON!

New and improved guides coming soon!
January 2021
ENGLISH, SPANISH, CHINESE

www.theconversationproject.org
Upcoming Event: November 23rd 3pm PST/ 6pm EST

The Endless Table
Recipes, Loss, Legacy & Holiday Grief

Hosted by
Tembi Locke, Michael Hebb & Kate DeBartolo

November 23rd

https://collective.round.glass/the-endless-table-

the conversation project
Agenda

• What we’ve learned, what the research says
• Two champions share - how/why they leverage stories
• Q&A
• Share what you’ve learned / your stories!
• What’s coming up
• Wrap up
How we’ve seen stories work

• TCP origins
• TCP Conversation Starter Kits/Guides
• Starter Kit/Guide Workshops
• Latest Blog series
1 of 6 Key Messaging Principles*

- **Use stories.** Aspirational and positive is compelling.
- **Don’t lead with death and dying,** or the negative impact/gloom and doom of not having conversations.
- **Speak from ‘we’** – and focus on our human connectedness and a person-centered approach.
- **Emphasize caring.** Messages about love, caring, and connection motivate individuals to engage.
- **Talk up the benefits of conversations.** Taking and *listening*
- **Invite dialogue—and not just once.** Above all, the call to action is to encourage conversations

* From research from The John A Hartford Foundation
Death is life, it’s not a curse. It reminds us of time and what it’s worth

~Miley Cyrus
In the end, we all become stories.

Margaret Atwood
On Today’s Call

Hope Young
Advance Care Planning Coordinator
Kokua Mau, HI
hope@kokuamau.org

Mary Spencer Dockery, RN
Care Team Supervisor,
Alameda County Care Alliance, CA
mspencer-dockery@accac phi.org
Let’s Talk Story
Kōkua Mau

Hope Young
Advance Care Planning Coordinator
Who is *Kōkua Mau*?

- A Movement to Improve Care
- 501(c)3, community benefit org., statewide (not a state agency)
- Membership - health plans, hospitals, long term care, hospices, Churches, and Senior living communities
- Passionate volunteers across the state
Three areas of activity

1. Work with people who may be facing serious illness & their loved ones to understand the decisions they may need to make - as early as possible!
2. Provide professional networking & training
3. Change the System - Policy & Legislation
A Movement for Change

Kōkua Mau is leading a movement that aims to make advance care planning and open communication about care and support for those with serious illness and their loved ones, including end-of-life care, the cultural norm.
The power of storytelling:

Tell me the facts and I’ll learn. Tell me the truth and I’ll believe. But tell me a story and it will live in my heart forever

~ ancient proverb
Our own stories develop and shape what matters most

- Stories can evoke memories, feelings, and emotions
- Stories can create a connection with the audience
- Stories can make “the conversation” not-so-scary
Telling our stories creates a connection
Until it’s safe to travel again, please enjoy this view of Hawaii.
Questions?
Alameda County Care Alliance
Advanced Illness Care Program

Mary Spencer-Dockery, RN, Care Team Supervisor
**ACCAC Advanced Illness Care Program™**

Series of 8-12 meetings between the Care Navigator and PNC or Caregiver over 6 months

<table>
<thead>
<tr>
<th>Needs</th>
<th>Description</th>
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<tbody>
<tr>
<td>Spiritual Needs</td>
<td>Prayer, support group, and church ministry recommendations</td>
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<tr>
<td>Health Needs</td>
<td>Empowerment, medication lists, provider communication, safety</td>
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<tr>
<td>Planning for Advance Care</td>
<td>Understanding preferences for advance care planning</td>
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<tr>
<td>Social Needs</td>
<td>Transportation, meals, housing, socialization</td>
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<tr>
<td>Caregiving Needs</td>
<td>Respite care, support groups</td>
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*Identify needs, provide trusted referrals and resources, empower individuals with tools & training*
The Work of the Care Navigators

Identifying needs

Cornerstones

3 Stages

Meeting needs

Shared Goals

Empowerment

Tools/ Training

Referrals/ Resources

Storytelling/ Story listening
Care Navigators

Care Navigators are trusted, well-respected individuals in ACCA churches and/or the community. They are not medical professionals nor are they trained to provide clinical guidance.

Navigators are almost always able to form trusting relationships with participants.

Goal Setting
- Navigators work with participants to identify goals that are specific, achievable and important to the participant.
- Goal Setting discussed at 77% of all visits.

A Blessing to Serve
The Care Navigators universally shared their gratitude for being involved in this important work and the opportunity to give back to and serve their community. All find the work rewarding; none reported burnout or related concerns with their role.

“I am a woman who seeks after God’s own heart and this is a faith-based organization – spiritually, it’s important for me to help families realize there’s something more.” - Care Navigator

“(I see the program) . . . as an opportunity for the community to come together and uplift itself.” – Care Navigator

“Storytelling/ Story listening
The Work of the Care Navigators
Shared Goals
Cornerstones
Tools/Training
Goal Setting
• Navigators work with participants to identify goals that are specific, achievable and important to the participant.
• Goal Setting discussed at 77% of all visits.

3 Stages
Goal Setting

Storytelling/ Story listening
The Work of the Care Navigators
Shared Goals
Cornerstones
Tools/Training
Goal Setting

3 Stages
Advance Care Planning Cornerstone

The advance care planning cornerstone focuses on introducing the concept of ACP, activities to help individuals think through their wishes if they are unable to speak for themselves, selecting a health care agent, documenting their wishes in an advance directive and sharing their wishes with friends, family, Health care agent and their clinician.

60% of participants completed an advance directive

49% of all visits addressed the ACP cornerstone

39% of participants have completed a POLST form or are in discussions

“The Care Planning Workbook” – This tool was developed specifically for the faith-based African American community with input from ACCA Leadership, Care Navigators and Pastors. This 3-step workbook features multiple worksheets to help participants think through what is important to them and what makes their life meaningful. Participants can select where they want to start the process and what they want to review and discuss. The workbook also features information on what treatments are available at the end-of-life, how to have discussions with family, friends, and their clinicians and how to select a health care agent. The participant can document their wishes in the included advance directive and learn how to store and share this information.

“(Now) we can go in there and already have a plan. We don’t have to wait for the doctor to tell us the plan... You don’t have to just listen to what the doctor says, you have a say.” – Person needing care

“A lot of the wording was throwing me off [like] your health care agent. [My Navigator] explained that to me, and I was like, See that... When she explained it to me, it turned out to be my sister.” – Person needing care
Workbook for Caregivers

A supportive guide for caregivers.
Because your well-being matters.
Thank You!

Mary Spencer-Dockery, Care Team Supervisor
510-415-1251
Q&A and Sharing

• Any questions? Reactions?
Flood the Chat (or raise hand!)

• How are you using stories to teach/draw people in?

• Any COVID stories to share?
Faith-Based Care Navigators: Promoting Well-being of Individuals with Serious Illness and Caregivers

Successes of the Alameda County Care Alliance (ACCA) Community Care Navigator model within communities, in particular Black and Brown communities. The talk spotlights the ACCA Care Planning Workbook developed by the Faith-Based African American Community which includes a free advance directive along with identifying “What Matters Most to You.”
Public Narrative: Call to action

Collective Video Story Sharing!

TCP New Year’s Wishes Video
Release: Mid-December
2-3 minutes, Answering 2 questions:

Why does this work matter to you? What are you looking forward to in 2021?

We invite you to do the same!

Post your own video on social media and share: #NewYearNewConvo
Ways to Engage with TCP’s Network

• Tweet us, tag us on social media
  - Twitter: @convopproject
  - Facebook: The Conversation Project
  - Instagram: convopproject
Ways to Engage with TCP’s Network

• Facebook discussion group

https://bit.ly/2ukc7B0
Ways to Engage with TCP’s Network

• Search, connect/network and learn together

https://theconversationproject.org/get-involved
Ways to Engage with TCP’s Network

• Monthly **Newsletters**
  – Community Engagement Newsletter
  – General Newsletter

• Sign up and share your events

https://theconversationproject.org/get-involved
# Upcoming Community Call

<table>
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<tr>
<th>Date and Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Wed, December 16(^{th}), 12 – 1:00 pm ET</td>
<td>A Look Ahead: Planning for 2021</td>
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<tr>
<td>Wed, January 20(^{th}), 12 – 1:00 pm ET</td>
<td>New Conversation Starter Guides! Overview of new guides and related resources</td>
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https://theconversationproject.org/calls-and-recordings/
Thanks and appreciation

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

CAMBIA health foundation

the conversation project
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?
- What would you like to learn more about?
- Any other comments on today's session?