



## Gaining Momentum Through Collaboration

What happens when you bring together locally harvested data with motivated community members possessed of deep expertise? I think you see the growing strength of possibilities – when a diverse and dedicated group of people come together around the same issue, when they share information and ideas, they can do great things together.

On March 10<sup>th</sup>, we witnessed that strength at an event we co-sponsored at the Listen Community Dining Hall in White River Junction with Honoring Care Decisions and [Partners for Community](#)

[Wellness](#). *Working Together for Better Advance Care Planning: Aligning Efforts and Mobilizing Communities* brought together community members representing more than 40 organizations, including employers, social service agencies, aging in place groups, home care agencies, advance care planning facilitators, and four of our region's hospitals.

Our fall 2015 regionwide survey [results](#), which were shared at the meeting, illuminated barriers to advance care planning (ACP) in the Upper Connecticut River Valley. If you aren't familiar with the concept of ACP, there are three important components: **conversations** (with family, friends, and medical practitioners), an **advance directive** (a document that helps others understand what care you do and do not want to receive if unable to speak for yourself), and a **health care agent** (someone who can speak for you). One of the key things we learned from the survey is that procrastination is the most common barrier both to conversations and to completing an advance directive.

On the ReThink team, we've had numerous discussions about the irony that we are working to improve advance care planning and yet most of us haven't gotten very far in the process. I have had my own personal struggles with procrastination. Last year, my husband and I were nudged to share our thoughts on appropriate medical interventions near the end of life when faced with our cat's kidney failure. Pablo's last months allowed us to explore the reality that we don't share the same values on levels of intervention – it's a reality that is important to understand, should either of us have to make medical decisions for the other. We still have a long way to go, and many more conversations, but at least the cat helped us get started.

If it seems like I'm digressing, let me bring it back to the meeting on March 10<sup>th</sup>. The energy of collaboration is a powerful force to counteract the pull of procrastination. If we want everyone in our region to have the same opportunity to have their wishes honored when they cannot speak for themselves, we need to change the culture. We need to make it a normal thing to talk about death, and life leading up to death, and to make plans to ensure our values and wishes are known.

What we saw at the Listen Center that morning was building momentum. Amazing groups and individuals have been working on advance care planning for many years, and doing great work, but now is the time to build on each other's strengths, share ideas, and tackle the problem from a systems

perspective, using data from our own community. Collectively, we can find each broken piece and re-engineer it to make the system work better, and better, and better.

As for me, the event's momentum exerted its positive pull against my own procrastination – earlier this week I looked at some ACP resources offered online by [VT](#) and [NH](#) and settled on a values questionnaire as the next step for conversations with my family. As for you, I hope each of you will start a conversation. Ask someone you care for about their wishes and values, talk to the person you'd like to have act as your healthcare agent, or make an appointment with an ACP facilitator who can help you navigate the process. Be part of the momentum for changing our culture!