

Contents

Winding down 1

The Health Hats of Tomorrow 02:31 1

Legacy 03:23 1

Succession planning 04:42 2

The movement cycle 06:46 2

Collaborate? 07:54 2

Winding down

As a direct care nurse, I sought to put myself out of business one patient at a time. As a boss, I had succession planning as top of mind, ensuring the team continued to operate without me if I got fired, laid off, or run over by a bus. Now I’m winding down. I’m past my prime. I’m seasoned. I’ll be 70 this year. What legacy do I leave? Who’s coming up in the patient-caregiver activist world. How can I support the next generations of activists? Legacy includes spirit, inspiration, a written and oral body of work, plus policy and practice change hardwired into teams, organizations, and communities. Succession planning includes mentoring, coaching, mastermind groups, and opening more paid seats at the table. Goodness, stated like that, it feels like more work rather than winding down.

The Latin band Lechuga Fresca plays Mambo Inn, the music behind the podcast. In addition, thanks to Joey van Leeuwen who creates the amazing music for my podcast, heard here in the intro and outro and our sponsor’s message, and Kayla Nelson, who serves as my web/social media coach and produces the video trailers for my podcast. You transform my podcast from good to great. Love that music is part of my podcasting legacy.

The Health Hats of Tomorrow 02:31

I’m fortunate to have been able to wear my many Health Hats over almost 50 years in healthcare and I’m blessed to have the perspective to wear them all at once. I haven’t crossed paths with many privileged to leverage that combination. Chances are I haven’t yet met them. Still, I do know that people with lived experience, systems thinking, and communication gifts also offer other skills and experiences valuable in activism and advocacy. I learned much of my package of skills over time supported by mentoring and coaching. Others can as well.

Legacy 03:23

I’ve been talking to my peeps about legacy and succession planning. Most commonly, for legacy, people suggest I write a book. I feel almost no interest. I’m writing the book every week. You’re listening or reading episode by episode, chapter by chapter. I do think about finding/hiring a communication/library science student to research and advise me about cataloging blog, podcast, and other published material



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to increase its findability. All my material can be used by anyone under [Creative Commons Attribution](#). I have arranged to leave my online body of work to Kayla Nelson, my web/social media coach, as the person anyone can contact, family or otherwise, who might want to access my material. Teachers leave a legacy. I have little interest in traditional teaching. On the other hand, I have enjoyed creating [short video clips](#) on various topics.

Succession planning 04:42

For succession planning, I haphazardly coach and mentor individuals and host several mastermind groups. But as always, I want to be efficient and effective in this new phase of work – the right participants, the right medium, a light touch, self-directed.

I don't know what I don't know. How would I have responded in my 20s or 30s? I didn't know a thing about patient caregiver activism. I had plenty of energy and didn't know what I didn't know then, either. Maybe us oldsters should just die off to create some space. On the other hand, seasoning led me to some humility, refined my finding and listening to audience, and honed my dissonance at the tables where I sit. What might I have wanted to know when I was green? No wrong route, celebrate failure, have fun, take myself a bit less seriously.

Now a word from our sponsor, Abridge. Use Abridge during your visit with your primary care, specialist, or any clinician. Put the app on the table or desk, push the big pink button, and record the conversation. Read the transcript or listen to clips when you get home. Check out the app at abridge.com or download it on the Apple App Store or Google Play Store. Record your health care conversations.

The movement cycle 06:46

Where and how do I listen to people coming up in the movement? Is there really a patient-caregiver advocacy movement? Movement implies going from here to there. I'm pessimistic about our (society, the U.S., healthcare)'s ability to learn, to sustain movement. In today's news alone – have we moved anywhere in people's right to manage their own health, institutional racism, comfort with science, ability to listen, empathy with those with less privilege than us, health equity? Please, this old white man of privilege needs a dose of idealism. On the other hand, the human condition is up and down – always and forever. Perhaps seasoned means recognizing that the work never ends. The forces of inclusion and exclusion, consolidation and dissemination, hopefulness and hopelessness never end. Vigilance, coalition building, and renewed activism.

Collaborate? 07:54

Anyone else thinking about this? Are you a patient-caregiver activist surrounded by the scent of winding down? Perhaps we could collaborate to mindfully hand-off to younger people. We could find those feeling their way, listen to their concerns and passions, and support them as they perceive their needs. Up for a chat? Let me know at danny@health-hats.com. Onward.



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