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Writing for fun and learning 00:51

Someone asked me the other day, "How did you get to podcasting?" I can piece the story back to 1969, freshman year at Wayne State University in Detroit. I took a creative writing class. My professor scoffed at my desire to combine creative writing with scholarly writing. "Forget it. Can't be done. They're totally different." I wrote some bad poetry and a short story for the class. I got a C. In my second year of college, I was ready to drop out and travel. Trying to keep me enrolled, a professor suggested I do a series of independent studies while traveling. I drove to Mexico with my second family, the Keeneys. While lying in a hammock in Zihuantanejo, with severe diarrhea, I wrote a story cribbing the style of Ken Nordine's word jazz, Flippity Do Dah, Flippity Day. Then I went to Europe, hitchhiking for 8 weeks and I wrote a travelogue in the style of Mark Twain's Innocents Abroad and Roughing It. What a hoot. I dropped out anyway.

A few years later I went to nursing school and became a direct care nurse. During the next 20 years as a student of individual health I wrote very little, except when we homeschooled. We had a newsletter for friends and family called, Boleeuwen Stirrings, a play on our last names, Boland and van Leeuwen with the logo of balloons and strings. I became a prolific writer in the next phase of my career in management as a nurse manager, a Master of Public Health Student, and performance improvement leader. During that 25-year management phase I was a student of organizational health and wrote a thesis and a ton of reports and papers. One of jobs was with the Healthcare Association of New York State, my first consulting gig. There I met a professional editor and soaked up everything I could about editing. A critical skill for a writer.

See the show notes or my website www.health-hats.com and click on blog/podcast for more information, to subscribe or contribute. If you like it, share it. Thanks.

First, blogging 03:51

In 2000 I discovered Seth Godin's weekly blog and began to think about my mission and my audience. I fancied myself a change catalyst - a marketer of ideas, data, and healthcare improvement. I began asking myself, "How can my reports tell a story about the data, the analysis, the processes of care, and the business of health?" How can it motivate people to make a change?

In 2008 I was diagnosed with Multiple Sclerosis. A wrench in the works? Not really. While the diagnosis was a shock, I had been feeling the symptoms for 25 years. Although misdiagnosed, I had been adapting to my slow, progressive changes in function. I became a student of best health - living at peak capacity no matter my genetics, circumstances, abilities, environment, and conditions. Seven years ago in Chicago, I met Jane Sarasohn-Kahn, the health economist and author of the weekly blog, [Health Populi](http://HealthPopuli.com). I had been following her blog for several years. We were both appointed to a national panel and sat next

to each other over dinner. I gushed, "I love your blog. I could never do what you do. I've heard everything I've had to say already. I'm not that interesting to myself anymore." Jane asked me to tell her my story. I spoke about my experiences as a patient, nurse, caregiver, boss, and information technology project manager. "You're Health Hats. You should start your own blog!" A spark, indeed. What did I need to blog? Luckily, I went from Chicago to Cape Cod for a family week. My friend Eric helped me claim the Health-Hats URL and build a Word Press website. I was up and running. Somehow, I landed on a weekly discipline. I started with about 30 family and friend readers and subscribers who have remained diehard followers to this day, seven years later except my mom, who died several years ago. I read every post to her on the phone before publishing for three and a half years before she died. My only missed post in seven years was the week she died. I started with those 30 subscribers that grew to 135 subscribers and never grew bigger, even now. Three years ago, I tried to upgrade my web site and I broke three things for every two I fixed. I wanted use social media but felt like I was drinking dirty water from firehose. I needed a web and social media coach. I met Kayla Nelson through WEGO Health. Kayla and I video chat a couple of times a month and she guides me through the intricacies of the web and social media. Invaluable. My readership on LinkedIn, Facebook, Twitter, and Medium grew to from between 250 to 3,000 reads a week.

Then, podcasting 08:22

If that wasn't enough, I took the Alex DiPalma/Seth Godin Podcasting Fellowship and started podcasting nine months ago. Since then I've published more than 400 combined blog and podcasts episodes. My readership hasn't changed, and my listenership has grown from around 40 a week to around 60 a week. Not that I understand podcast statistics very well. So now I write creatively and scholarly. What a hoot! I'm telling stories as an action catalyst. Oh, and I have a sponsor who found me and cared about my content and my small audience. Let me re-introduce you to Abridge.

And now a quick break to hear about our sponsor, Abridge. I see many clinicians on a regular basis, way too many. I'm appalled at how little I can remember when I get home. My wife asks, what did she say? What about this medication or that test? I'm happy to remember half of it. To help me remember everything, I downloaded a new smartphone app called Abridge.

Now, when I go to the doctor, I ask if it's okay to record our conversation. Nobody has said no yet. I push a big pink button to record, and after I'm done, the transcript from our audio appears -- not the whole thing that's too much, but sections around medical keywords like fatigue, pain, tests, exercise meds. Now when I'm done, I can share my visit with my wife, and she can listen to exactly what the doctor said. Abridge was created by patients, doctors, and caregivers. Check out the app at abridge.com -- [a b r i d g e .com](http://abridge.com) or download it on the Apple App Store or Google Play Store. Record your health care conversations. Let me know how it went!

Today's story 10:08

So, what's my story now? As you hear in my podcast intro, I'm an old, white man of privilege with multiple sclerosis committed to health equity, capacity building, and learning and sharing what works for best health. Serving people who help people by leveraging my privilege and experience to open seats at the table of healthcare governance, design, operations, and research for under-represented and under-served communities. I'm a speaker, podcaster, technical expert, user tester, and coach. I know a little bit about a lot of health care and a lot about not much. A Rosetta Stone of healthcare.

Why do it? 11:05

Why do I keep at it? First, I can't help it. I'm a content machine - out it comes. Second, using Seth Godin's term, I podcast to make a ruckus. For me making a ruckus means sharing stories of learning on the journey toward best health; asking hard questions, and translating those stories and lessons so a diverse and varied audience can appreciate them. To hit a home run making a ruckus, the needle of healthcare would move a couple of degrees - a couple of degrees toward more self-confidence, more participation, more collaboration, more dignity, and more inclusion. Third, I podcast for connection - connecting people to support each other as they make decisions about their health and make a ruckus themselves.

Wait a minute, I should tell you the truth. At heart, I'm a selfish person. I'm a storytelling, patient/caregiver activist living at peak capacity. I couldn't say that before my diagnosis. I podcast mostly for myself.

What's the lesson here? What's the moral of my story? Life is unpredictable. Careful with what you can't or won't do. It might sprout when the ground is fertile. You might do it. Tragedy can open doors to possibilities - even lifesaving possibilities. Accept where you find yourself and push onward.

Thanks for listening to my brief rant. More interviews for you in production. Stay tuned. Make a ruckus.