

**Personal Home Health Care Aides in Michigan, afc2017/018**  
**Aria Porraz. Kazoo. 6.11.18**

I: Okay. Let's start.

P: Okay.

I: So first of all, thank you for this interview, and thank you for the work that you do.

P: Absolutely. It's my pleasure [laughs].

I: It's our pleasure. We really believe in your work and think it's valuable, so we want to learn more about it, and through this storytelling and the photographs, teach other people about it.

P: Yeah.

I: So, they understand how valuable it is.

P: Absolutely.

I: We're interested in the stories, and I'd like to start with yours. So, if you could just tell how you got into this work? When? Why?

P: Yeah. So, it was about 2 years ago [1.09.25] in March of 2016. My roommate at the time actually had gotten a job with Care and Assist and mentioned that I might like it. I was in retail at the time, and I hated it. So, yeah, I interviewed, and yeah, been there ever since.

I: So, you liked it?

P: Absolutely. Yeah.

I: What did you hate about retail, and what do you like about this work?

P: Retail's fairly boring. Yeah, a lot of folding clothes. I worked at Kohls, so you felt like you never got anything done 'cause the store was just ripped apart, by the time you got it nice again. And I got to be a lot more personal with these people. Yeah, and like customer service, you know, people can be rude all the time, and you've kinda gotta put on a fake smile, and yeah, with this, it came easy.

I: So, you've been doing it for about 2 years.

P: Mmm hmm.

I: And you do it through an agency.

P: Yup.

I: And you have approximately how many clients?

P: It's changed over the past 2 years, but I have five consistent clients right now.

I: And about how many hours a week?

P: I'm at full time [1.08.20].

I: You are?

P: Yup.

I: Wow.

P: I'm at 40 hours, yup [laughs].

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- I: Okay. And when you got into it you hadn't done this kind of work before?
- P: Nope. I'd babysat, like kind of the opposite, but yeah, I had never been a care aide before.
- I: And not within your family either in terms of a grandparent or?
- P: Not to this level, no. Not really.
- I: Okay. So, when you started you hadn't had experience or training.
- P: Mmm hmm.
- I: Did you get some training right at the beginning on how to do this?
- P: Not right at the beginning. The company was—they had a bunch of people in the office changing, so it was a little hectic [1.07.45]. I was just kind of thrown into things, but eventually I did have first aid and CPR, and then we did an Alzheimer's training—you have to have two trainings a year. And we did an Alzheimer's training, and then one that was like effects on age or the effects of age, and we had—we used a bunch of tools to simulate, like, arthritis, and diabetic nerve pain. They gave us like scratched out goggles, and then put headphones on us and were like go do these tasks, like, these household chores so that we could kind of step into our clients shoes, see what they have to deal with so that we can better help them.
- I: And what was that like?
- P: It was tough [laughing]. It was really, really hard 'cause, yeah, they sent us in a room with a list that you couldn't read 'cause of your glasses, and the lights were off, and it was things like fold up these socks, like put away these flowers in a vase, there were like books on a shelf, and at the end, write a letter. And so, yeah, it was pretty difficult [laughs].
- I: And how do you think that helped you to give better care?
- P: Especially with my clients with poor vision, I had one at the time who was legally blind, and it just kinda helped me see that like she needs more help when I'm like—I'm like, oh, where do you want me to put this? Like, I have to describe it, or I have to bring it up to her because she can't see, and it sounds silly, but it's something that I never really thought about before. I just felt like she could see it because I could see it, so yeah, it was eye-opening [1.06.15].
- I: So, for the people that don't know much about direct-care work or what kind of help you provide people, can you explain it to them? Explain it to us as if we'd never heard of your work before.
- P: Yeah. I mean it's like your regular, you know, chores and household cleaning and whatnot, but it's a lot about companionship, and being there to support this person. And a lot of 'em don't have families or they don't have families who live near here or a lot of friends, so they can be very lonely. And all they really want is, you know, somebody to hang out with and to talk to, and I think that that is the biggest part of what I do is the companionship.
- I: What's a typical day like for you?
- P: It depends. A lot of it's just gettin' there, gettin' the client ready for the day, and then it could just be hangin' out 'cause they don't have anything for me to do, or it could be that both of us run errands. I had one client we used to get our nails done together once a month. Yeah, or visiting family. I've had clients need to visit parents in the nursing home, so I'll take them to do that. It could really be all sorts of stuff.
- I: And do you also get into some of the hands-on physical care?

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P: Mmm hmm. I have clients who can't walk, so they need help, you know, dressing, and I've gotta use a Hoyer lift sometimes to get them in and out of bed. Almost all of 'em are fall risks, so helping them, you know, walk from point A to point B. Helping them work on their PT, and whatnot, keepin' 'em safe [1.04.33]

I: So, it sounds like you have—in terms of level of care—a range of clients from people who just need companionship all the way up to the other end, maybe some people need total care?

P: Yeah. Yeah. None of my clients right now need total care. Most of 'em can, like, feed themselves, and just need help doing tasks, but yeah, I had an 89-year-old woman who insisted on doing everything herself. You know, the only thing she couldn't do is take out the trash 'cause it was too heavy. So, yeah, and with her I would just sit, and she really liked to be independent [laughs].

I: How do you define total care?

P: So, there are some that we see that are actually in the nursing home who need somebody there in the room with them all the time in addition to the nurses who work there. So, yeah, they're the ones who need help eating, dressing, going to the bathroom, using a sit to stand 'cause you know they're too heavy for you to lift, so they need a lot of machinery to help them get around.

I: Can you just walk us through the technical aspect of a person like that who needs machinery [laughs]—

P: Yes [laughing]—

I: What do you mean by machinery, and how does that work?

P: So, I have—I've only worked with him a couple times, but I have one client, yeah, he is a very large man, so I could never move him by myself. So, he's in his wheelchair, and you strap him to this machine, and he holds on, and there's straps around him, and eventually the machine pulls him up to a standing position, and then it moves. So then, you can take him to the bed, you can take him to the bathroom, and then lower him [1.02.52] wherever he needs to be. Like in his chair, in the dining room.

I: That's new to me. I've actually never even heard of anything like that.

P: Yeah. I've only ever used it with him, and it's intimidating to look at, at the beginning, but yeah.

I: And that's different than a Hoyer lift?

P: It is. Yup.

I: Can you explain the difference?

P: Yes. So, a Hoyer lift—I have one client currently who uses that. It's almost like a basket, so it's this netting that you put around their legs, and then it hooks to a bar above them, and so then the bar lowers and raises, and lifts them up. You can put them on the bed, put them on the bathroom chair.

I: You swing them around to where they need to be?

P: Yup. You just kinda, yeah, slide 'em across the room [laughs].

I: So, it's interesting to me that when I said describe your—what you do for people—the first thing you said was companionship, and that's the most important thing.

P: Yeah [laughs].

I: But I mean you're doing all of these sort of high-level tasks—

P: Yeah. 'Cause those to me they seem like every day, you know, you use those things just to help 'em go to the bathroom, to help 'em get dressed [1.01.47], so I think that the most important is, you know, to be there for them, and these are just, you know, things that you would do every day.

I: But, see, I think that's an important point. Because people don't understand all that you do, and when you go to describe it to somebody, you don't even mention all those skills.

P: [Laughing]

I: You know, those high-level tasks because to you that's just the way it is.

P: Right. That's just the beginning of their day kind of [laughing].

I: So, can you think of a story or two—a client that you've had that illustrates one of your typical days whether it's companionship or heavy-duty care?

P: Yeah. The woman who I worked with, with the Hoyer lift, she's very independent. Just needs help, yeah, getting dressed and whatnot. I come in, in the morning, and I help her get ready for work. And a lot of it is, yeah, just dressing, and she feeds the cat, she feeds herself, and I mostly do cleaning, but she she's one of my very independent clients. And then I have another who just came out of the nursing home. She was there for 7 months 'cause she broke her neck. Yeah, from a fall, so we're very thankful that she's still here, and she got approved for more hours. So, I see her three times a week now, and yeah, same thing. I come in, I get her ready, if she's feelin' it [laughs], and clean her house. Make sure she gets her meds, make sure the dog get's it's meds [laughing], 'cause the dog's got arthritis too. And, yeah, sometimes we'll go out for errands. Really every day is different. Sometimes she'll already have breakfast made for her. Sometimes I gotta do it, but really, it's—I have to follow her around a lot. She kinda forgets that she broke her neck and she needs to keep her walker with her, and she's very active lady [59.55]. You know, she does not let it her slow her down.

I: So, you're even making sure the dog gets medication?

P: Yeah, pet care, yup, is part of it [laughing].

I: Really?

P: Yup.

I: Can you think of another pet-care story?

P: A lot of my clients have service dogs, so yeah, a lot of 'em are kind of [inaudible] there, so they also need their medication. One currently is on an anti-diarrheic. I have to take it out every hour that I'm there.

I: The dog?

P: Mmm hmm. Yup, and sometimes I'll take it for walks. Sometimes me the client and the dog will go for a walk. All my clients have pets, actually, whether it's a cat or a dog.

I: Okay.

P: Yeah.

I: It's a good thing you like pets.

P: Oh, absolutely. I prefer it [laughing], if my client has an animal.

I: 'Cause you have a lotta pets.

P: I do [laughing].

I: Yeah. So, I'm not clear. You were talking about a woman who's really independent, and insists on doing everything for her self—is this the same woman that has a Hoyer?

P: No, no, no, no. The woman who has the Hoyer lift, she's about 30 years old, and then this other woman is almost 90.

I: And she's not the woman that broke her neck?

P: No [laughs]. No, she's not, yeah.

I: Okay.

P: Nope.

I: So, you take care of all ages.

P: Yeah. The one with the Hoyer lift, she is my youngest, and I've had some that are like 42 [58.36] to 60, and then, yeah. I think 89 was the oldest.

I: Eighty-nine.

P: Yup—that I've had.

I: Have you had a favorite?

P: The woman who broke her neck, we get along very well. She's a fun lady, so I think she might be the one that I connect with the most, and she calls me her friend, you know, when she's introducing me to people. You know, I'm not her [inaudible] provider or home-care aide. She introduces me as her friend, which I think is really cool [laughs].

I: And how old is she?

P: Seventy-five.

I: So, she's older.

P: Mmm hmm.

I: Quite a bit older than you?

P: Yeah. Oh, yes [laughs].

I: But you've connected?

P: Yeah. Absolutely. She's a young soul. She really is [laughs].

I: How about clients that aren't so much your favorite?

P: So, it depends. I had a lady for 2 years, and all of a sudden, our personalities just started clashing. She was kind of misconstruing—I would make a suggestion, and she would misconstrue it as I was telling her what to do. And sometimes clients can get sensitive about that kinda thing, and they really wanna stay independent and not accept the help. So, it was kind of an overnight thing, so I don't see—my bosses are really good about if it's not working out, we'll move you to a different client. We'll get somebody else in there. So.

I: So, how do you explain the change? You were getting along, and then you weren't?

P: Yeah. I really can't explain it [laughs] to be totally honest with your [57.10]. It came as a surprise to me 'cause, yeah, I thought we always got along really well, and I always try to make it sound like I'm not, you

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know, ordering a client around. You know, 'cause you don't wanna do that. They're in their own home. You wanna make them feel comfortable, but anytime I would ask her what do you wanna do? She would be like, "I don't know." And so, I would make a suggestion, and then I don't know, somethin' clicked in her brain for her and was like, "I don't wanna do this anymore. I need a change of scenery." [Laughs].

I: Interesting.

P: It is. Yeah [laughs].

I: So, what's the most challenging thing about your job?

P: That was pretty challenging I guess kind of. You never know what mood they're gonna be in. You know, sometimes they're really wanting the help. I've had clients not open the door for me before. Yeah. There was one man—I only met him once 'cause he only let me in once. His sister signed him up for the whole in-home care aide, and he was not about it [56.11] [laughing]. Yeah. So, I'd have to sit in the parking lot and call him, and he wouldn't answer the door, and he only let me in once, and he had me make him coffee, and then told me to leave.

I: And you left?

P: Yeah. If the client asks you to leave, you gotta [laughing]—you gotta leave.

I: And then what do you do? Do you call the office?

P: Yup. And they, yeah, they pay for the hour or whatever, and you go on home [laughs].

I: So, that's a challenge.

P: Yeah. Definitely.

I: Well, what's the most rewarding thing about the work that you do?

P: Just seeing how appreciative they are. They just shower me in thanks all day long, and [laughs] it's just so nice to know that you're making a difference in their lives. The woman who broke her neck and went to the nursing home, she thought she was gonna be there for the rest of her life, and when I went to go to see her she was just devastated. You know, she was so upset that she could no longer be in her own home. She couldn't be with her dog anymore, and it was very sad to see. You know, I was sad to lose her as client, and sad to see her out of her home. And 7 months later, I get a call [laughing], you know, that she's back, and just seeing her back in her home—she's back to her old self. It's awesome [54.55].

I: So, a lot of what you're talking about is over time you've developed these relationships—

P: Yeah.

I: --with people. Can you talk about that for a moment?

P: Yeah. I see myself as a friend to a lot of these people rather than just their chore provider. You know, I haven't had a client where I just come in, I do the work, and I leave. You know, it's a lot of getting to know each other, and talking about, you know, what we like and dislike. We do all sorts of activities. Like one of my clients wants to start planting vegetables. They have a little plot of garden next to her building, and she wants to start doing that, and she loves to cook. She wants to teach me a bunch of her favorite recipes, so it's personal. Yeah, form really good relationships.

I: Now, since you work with an agency I'm sure that you get a care plan sheet before you go?

P: Mmm hmm.

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I: --that tells you what you are supposed to be doing with this person, right?

P: Yeah.

I: And probably some agency policies about what you can and can't do?

P: Um, yeah, so the care plan that goes over the list of tasks that they might have you do, information, doctor's numbers, you know, if they have any allergies, pets. It doesn't really go over what you should or shouldn't do. Sometimes it'll say, do not pet the service dog. And other times it won't say that. So, 'cause I have one client with a service dog that you can't pet at all, and then I had another where you could play with him all day long. So, sometimes they're not super clear [53.27], and sometimes they haven't been updated recently. Yeah, so one of 'em said, do not talk to the landlord, but the landlord was completely changed since they had made that [laughing] care sheet, so I didn't know if it still applied or what.

I: So, where does that information come from? The client has told the intake nurse?

P: Yeah. They send over a nurse, and they fill out all of that information, and I think—I wanna say they do it yearly, so yeah, they get a yearly visit from our nurse to update these things, and if I notice something that needs to be updated, I'll let them know, but I don't think they actually do it until, yeah, if the nurse comes in.

I: So, at some point the client said make sure that the personal care worker doesn't talk to the landlord?

P: Yeah. At some point, but yeah, the building owner had changed, yeah, in the past couple years.

I: And I'm guessing it doesn't get that detailed so that it's—it probably doesn't say things like plant a vegetable garden, and cook—

P: No.

I: --for this person?

P: Yeah. The guidelines are weird. I once—when I started working, I painted a spare bedroom for a client [laughs] 'cause she asked me to, and that is in no way in any of my job description is to, you know, do home makeovers [laughing]. But you know, I was just like, oh, I'm here to do what the client needs me to do, and yeah, I thought it was kind of silly afterwards.

I: And your agency was okay with that?

P: I don't know if they ever—I don't think I ever told them that I painted—'cause I didn't think there was anything wrong with it, and she didn't complain about the work that I did. So, [laughing] I don't know if they actually know that I did that. I do know that she—this particular woman had a couple different care aides, and so I wasn't the only one doin' it. There was a couple of us painting this room.

I: All painting.

P: Yeah. My roommate was one of 'em, and I was like, she's doin' it, you know [laughs], so, yeah.

I: So, what's interesting to me is it sounds like there's so much discretionary judgment where you decide. Oh, I can do this, or I shouldn't do that.

P: Right.

I: Have you ever gotten into a situation where you've done something that you probably maybe shouldn't have done or got in trouble for or?

P: There was a time—I didn't get in trouble for it. It was not the best call. I was at a grocery store shopping with a client [50.58], and she came up short for the groceries with her food stamp card, and not even thinking I was like, I'll just cover you. You know, and she's of course, on food assistance, and you know, I think that was my first shift with her, and I was fairly new. So, yeah, afterwards, when I dropped her off and everything, I called my boss and I was like, hey, I think I messed up [laughs]. Yeah, and so they eventually ended up reimbursing me, and she reimbursed them over time. So, there's things like that. You know, I was just trying to help, but I think I overstepped, you know, my boundary at that point.

I: Well talk about boundaries just for a moment because they clearly get a little fuzzy.

P: They do. Yeah. They do. You think you, you know, are helping, and they can totally take it a different way, like you're being too pushy. 'Cause sometimes they don't even wanna take their medication, and you have to have them take their medication. So, it can get rough, and you know, sometimes you gotta do what you gotta do to get the job done, which might not make them the happiest. I had a client who was a hoarder, and she was just takin' boxes of stuff, and stuff, and I slowly had to kind of like clean her house up for her 'cause her landlord wasn't very happy with it, you know. She had so much pet food that little bugs were eating at it, and it just wasn't great living conditions for her. So, even though she didn't like the fact that she had to get rid of this stuff, I think I kind of eased her into the idea that it's okay. That she doesn't need it, you know, and I'm very proud of what her house looks like [laughing] today.

I: And it still looks like that?

P: Yeah. No, it's much better. Yeah. It's much better. I think she's—yeah, she's happier. Her landlord's happier, and when her caseworkers come in, they notice, and yeah. It feels good to have like that kind of work, you know, noticed, and I actually made a difference that you can see [laughing] in a client's home [48.56].

I: So, what would happen to all of these people—what would happen if there was no personal care worker?

P: Well, yeah, their homes could just become overrun with stuff, and since a lot of 'em have animals, that they can't necessarily clean up after, their homes can easily get, you know, very dirty and whatnot. And a lot of 'em would fall taking out their dogs. I have one client who can't get out of her lift chair without help, so she can get herself to the commode and whatnot, but anything outside of that—cooking—she can never get her meals. So—

I: So, if you weren't there, what would happen to her?

P: She would not do every well. Yeah. She would probably fall getting out of her chair or fall off of her walker trying to get a meal for herself, trip over the dog, trip over anything that was, yeah, in the way. 'Cause a lot of 'em do live alone. Yeah, just recently she used to live with her parents, and lost them both within a, yeah, span of 3 months.

I: Oh, my.

P: And that was something that I was totally unprepared for. Yeah, I did not know 'cause you don't expect, you know, your clients to lose their parents 'cause, you know, they're the older generation. So, that was really difficult, and she has to now get used to being completely alone in a house, and that's been really hard for her [47.27].

I: They were living with her?

P: Yeah.

I: Or she was living with them?



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P: Yup. They had, yeah, a two-level house, and she was, yeah, in the basement level, and they were upstairs, but—and she couldn't see her mom often 'cause her mom couldn't do the stairs, but yeah, her dad would come down a lot and do a lot of things for her. And so, yeah, they were all very close.

I: What a major life change for everybody.

P: Absolutely. Yeah.

I: And how is she adjusting and how did—you said you were totally unprepared for that. Can you talk about that for just a minute before we pause?

P: Yeah. They called me when they found out that her dad has passed, and I was actually working with her when she got the call about her mom. You know, and so I was just there to sit there and comfort her. You know, I did not know what else to do, really. So, yeah, I was I guess caught off guard a little bit 'cause you don't really talk about, you know, how to help a client cope with losing their parents 'cause it's a big thing [46.25].

I: I imagine not.

P: Yeah. I've never been through that. You know, I can't imagine what she must be feeling, so yeah.

I: So, we're gonna take a pause right there.

P: Yeah.

I: Just for a couple minutes. You're doing great, so while were waiting, think about everything we just talked about, and maybe a story that I didn't catch that you would love to tell.

P: Okay. Yeah. Yeah. I've got another story about a situation that I was not prepared for [laughs].

I: Well, that will be the first question I ask you [laughing].

I2: Okay. Just a second.

I: Okay. We're almost ready.

P: Okay.

I: Are your roommates all in school too?

P: The girl, who just left, she's still at Western, and then one of my roommates is my boyfriend. He graduated from K, and then the other guy's not in school currently. He's working on his apprenticeship currently, I think, to be an electrician, I believe [laughs]. Yeah. He does a lot of work on Western's campus, actually, yeah.

I2: Okay. Just starting this up.

I: Okay.

I2: Hang on one second. Here we go, and you're all set.

P: Okay.

I: So, we're going to shift gears just a little bit, and I'm going to throw out some potential scenarios.

P: Okay.

I: You know, I'm always struck by the fact [42.48] that personal care workers have these care sheets that say, you know, a couple of things.

P: Yeah.

I: You're gonna do some chores.

P: Yup. Pretty much [laughing], yup.

I: And consequently, you have no idea what you're walking into.

P: Yup.

I: Well, you might have some idea, but—

P: A little bit. A tiny idea.

I: But you have to sort of be prepared for everything/anything.

P: Mmm hmm, yeah.

I: So, have you ever walked into a situation that you felt you weren't prepared for?

P: Ah, yes. So, I had one client who was blind—completely blind man, and he was very sweet. He had one of the kinds of houses where you'd walk in and it was so dirty that you did not know where to start 'cause he was a smoker. So, there was cigarette ash covering every inch of his place, so it was very overwhelming. It was kind of hard to be in the same apartment with him with so much smoke [41.54]. So, that was a little rough at the beginning, but I soon found out that he was very paranoid about people stealing his things. And he, yeah, I would come in and say, "The landlord or the maintenance man has stolen this cord from me, and I've called the police, and they're on their way." And, I would have to [laughing] talk to the police, and be like, you know, I have no idea what's going on. So, that happened a couple times, and there was one time—I like to tell the clients what I'm doing as I'm doing it. Just so you know, I'm putting this here, or just so they're aware of what's going on in their own home. And so, I said to him, oh, I'm throwing away this piece of cheese that's on the counter 'cause it was hard. It had cigarette ash on it, so you know, I was gonna—he's not gonna eat it or I didn't want him to eat it. And he was so angry with me. Yeah. He did not like that I just threw this piece of cheese away. He was gonna eat it later for his lunch, and he ended up cornering me in the kitchen because he could not see where I was, but he was just spitting mad. You know, yelling at me, cursing at me. You know, he couldn't believe that I would do this, and I eventually had to find the piece of cheese in the trash and give it back to him, you know, to kind of calm the situation. So, yeah, that was a little un—I was scared a little bit 'cause, you know, a blind man in a blind [laughing] rage, pretty much. So, I continued to work with him for a little while. School picked back up, so I didn't see him anymore. And eventually they had to drop him from the agency because he had, you know, verbally assaulted another aide, and he had totally crossed the personal space boundaries and whatnot. So, yeah [laughs].

I: So, that brings up—sort of answers my next question. Have you ever been afraid, or have you had to deal with people who are potentially violent or combative, and that's one example.

P: Yeah. And that's the only time that I've ever felt really uncomfortable, you know, in my line of work. I don't have too many male clients. He was one of three, and I never really saw them very regularly, so none of my other clients have been—they've gotten mad at me before, but usually, you know, I can handle it [39.22]. But this was like rage, you know, and I just did not know what to do. So, that was probably the only incident where, yeah, I was afraid. I did not know what to do next.

I: And did you report that to the agency?

P: I did. Yeah. I was just like, you know, I'm fine. Everything was okay, but please, you know, remind him that, you know, we're not here to steal his things. We're not here to hurt him, and just to speak respectfully to us, and yeah. They did warn him, but it's just—he was just a difficult man to work with.

I: So, has that changed the way in which you approach new clients—going into a home? Are you more cautious now?

P: Not really. I still—I like to talk about everything that I'm doing just so that they're aware 'cause they can get frustrated when they can't find something. You know, I've put pudding dishes away in a client's house. It's a completely new game every time you're in a house 'cause people put things in different places. But, yeah, I just like to tell them exactly what I'm doing, so that they're aware, and sometimes they may not remember that I told them something [laughing], but you know, you just kinda gotta roll with it [laughs].

I: That's such an interesting example, because we don't—we take so much for granted. We don't even think about the fact that every client has their dishes in a certain place. [Inaudible]—[37.58].

P: Like the floor mopped a certain way or don't like it mopped at all, so yeah, each client has a specific way they like to clean their house, and yeah. You've just gotta be good at following directions. I've heard from clients that some care aides like to clean their house their way, which doesn't really make sense to me. You know, 'cause you're there for them, and it's fairly easy to just, you know, listen to what they say, and you know, do, you know, the living room before you do the kitchen, you know. They've got their particular ways they like their house done, and yeah.

I: So, let's talk about the physical space for a moment. You've probably seen a whole range of, you know, from million-dollar homes to the other extreme.

P: Yeah.

I: Do any jump out at you—stories of the physical space?

P: Yeah. His apartment was one of the—it's a lower-income housing, so, I've had a couple—the client who is a little bit of a hoarder and him, were both low-income housing. So, not the greatest spaces—very small, cramped, barely handicap accessible. You know, they would have—one of 'em had trouble going around in her motor chair through her own home, which is silly. And then there is some who live in their own houses [36.38]. The one who lives in—lived in her parent's house, still does, and then the others are in kind of like senior living condos or apartments, which are fairly nice.

I: Do you take care of clients—you said a lot of 'em live alone, but you're also there for the family?

P: Yeah. I haven't met—so the 74-year-old/75-year-old lady who is in the neck brace, I just recently met her sister for the first time, but her daughter is always over, and yeah, I like her daughter a lot. And we'll go visit her at work, so I don't see too much of the families, but I've met a couple family members [35.55] here and there. I only saw this client once, and I was just filling in, but I went to go clean her house and she lived with her son and her grandson, and the amount of dishes that were in this house were ridiculous. You know, so it was—they kind of took advantage of the fact that she had this worker 'cause I was doing everybody's cleaning. I wasn't just there for her. I was there, you know, to clean their house as well.

I: So, back to boundaries, are you able to put some boundaries around that and say, oh, wait a minute, you know. I'm doing her dishes. I'm not doing everybody's.

P: In that particular situation, I was only there 1 day, so I didn't really think much of it. You know, I was just like somebody's gotta get this done [laughs], and I think it's gonna be me. So, if I had been there longer, I

probably would have expressed something to my boss first, and then they could address it to the client just to keep it official and whatnot. But I don't think it really had any issues with any of my other clients.

I: So, with the families you've had some positive relationships.

P: Yeah.

I: Some really good experiences? Have you had not so good experiences?

P: I had one client who does not have a good relationship with her family. She doesn't really like to talk to them. They kind of take advantage of her situation kind of like the other family, and her mom found me on Facebook, and messaged me, and was like, "Are you a friend of, you know, this woman. I'm her mom. I'm just trying to get in touch with her." And so, I brought it to my client's attention. I was like I think your mom Facebook messaged me, and she's like, "Yeah. Just don't answer." And yeah, I told my bosses. I was like if this woman tries to contact you to get in contact with her, like, she's not interested. So, that was the only time that it was, yeah, a little rough.

I: So, you develop these relationships with people over time, and then some of these clients die.

P: I've not had that happen to me.

I: Really?

P: Yup. I'm very, very [laughing] grateful for that.

I: Do you anticipate that will happen someday [33.35]? Do you think about that at all?

P: I'm sure that it will. My client who—the oldest client that I have, she originally started this care plan because she had a stroke, so I'm very concerned, you know, 'cause she could just have another stroke any day, you know, and not make it through. So, that's something that I think about for sure. The client who is in the neck brace, if she falls wrong, and you know, it snaps, right? You know, her vertebrae, you know, so she is, yeah. We've gotta keep a very special eye on her, and she just recently had a fall last week, and was okay, thankfully. The neck brace really, like, saved her life basically. Just had to get a couple stiches, and you know, I think she should be approved for everyday care, and with that fall she gets two more hours a week. So, yeah, I think she should be eligible for, yeah, somebody there everyday to help her get around, help her get going.

I: So, what's your reaction to that? She got 2 more hours a week? What do you—

P: I think it's kind of absurd [laughing] 'cause the way she wants to do it is she wants somebody there every day, so she's like, "Well, I'll just have you come 1 hour each day," so just so you know, help her get dressed and everything, and you know, 1 hour is not really gonna make a difference.

I: And you think she needs somebody there all the time because?

P: Well, she fell because she takes the dog out. The dog gets tangled. In this particular instance the dog ran after another dog and pulled her down, so I think she needs somebody there to take the dog out sporadically. I have one client who gets seen morning, afternoon, and nighttime, and I think that's the kinda care that she may need. You know, whether it is just 2 hours each time or 1 hour each time 'cause that's really what's gonna, you know, bring her down' [laughing].

I: Literally.

P: Yeah. Literally [laughing].

I: Because she's a fall risk.

P: Yeah. Yup.

I: So, when somebody's a fall risk, there's not a lot you can do other than to just be there, and watch.

P: Yeah. Exactly. Yeah. She's never fallen on my watch because, you know, I'm walkin' right behind her, makin' sure she's got her walker. If she doesn't I bring it over to her, so yeah, of course, she's not gonna fall when I'm there. So, it matters, you know, when I'm not there.

I: What you're telling me is that you—her life is kind of in your hands because if she falls and snaps that neck, it's kind of goodbye?

P: Yeah. It's over [laughs].

I: And so, you are in a pivotal position.

P: Right. I mean I wish I could be there, you know, more. I don't think she really needs the 24-hour care, but yeah, it's just when she needs to get up and do things around the house. You know, if nobody's there, she's gotta be the one to do it [30.41].

I: So, what do you say to somebody then who—if they listen to this story, and they say, "Well, you're not really doing anything. You're just watching. It's kind of like being a glorified babysitter. What do you say to something like that?

P: I mean kind of, yeah. You know, if you're babysitting, you've gotta watch the baby, and make sure it doesn't fall off the couch or whatever. It is kind of like that.

I: I mean how hard can it be to watch somebody?

P: [Laughing] well, yeah, I guess I'm watching her while I'm doing other things for her, so her condo's fairly small, you know, and she—while I'm there she doesn't even get up a lot, but when we go out on errands, you know, I constantly have to be right behind her, or for instance she got her hair cut the other day, and I had to be there while they did the back of it. I had to make sure she didn't, you know, bend too far this way or bend too far that way, so I had to literally stand there and hold her head steady. So, I mean it can seem like it's easy, but you know, you could also look away for a second, and they could be on the floor [29.40]. So, it's, yeah, very important that you [laughing] watch them.

I: That's an amazing story.

P: Yeah.

I: So much of what you're talking about is relationship-based.

P: Mmm hmm.

I: It's not about, you know, well, I give her bath. Something as easy as that, can you talk about that for a minute?

P: Yeah. I don't think it's—it becomes more like work when you can't have a relationship or, you know, have fun with the client. And a lot of the times I forget that I'm getting paid for it. 'Cause, yeah, it's just—I think it's more enjoyable for me and for the client if you, you know, talk about things and form relationships, and can laugh together.

I: Yeah. I guess what I'm getting at is it's not just the physical tasks. It requires so much negotiation, and creative problem solving.

P: Yeah [laughing].

I: And things like that, you know.

P: Yeah.

I: When you're in a situation and it's, you know, you give a bath to one person, then you give a bath to another person, but it's completely different experiences.

P: Different, yup. Yeah.

I: Can you think of several stories that really illustrate that?

P: Yeah. So, I guess when it comes to, yeah, showering, I have one client who just likes me to stand right outside. She can do it all, but yeah, she's afraid of falling. She's got the shower chair, but yeah, she's just more comfortable if I stand there. And then I had the one client who kinda changes her mind on what she like me to do and what she doesn't like me to do. I would help here, you know, wash her hair and body and everything, and one day she's like, "I can do my hair on my own. You know, like I don't need your help," And she only had use of one hand [27.52]. And so, I was like, yup. For sure. You know, [laughing] if you wanna do it, that's totally fine. And I think she was just being stubborn that day, and she did that for about 2 weeks, and then came back to me and she was like, "Is it okay if I change my mind [laughing] on the hair washing thing?" And it's like absolutely. So sometimes it can even change with the same client, so, yeah, you never really know how it's gonna go down [laughing] each time.

I: So, some people are uncomfortable with the peri-care.

P: Mmm hmm.

I: How do you protect—how do you deal with that?

P: I like to let them do it. Like if they can do a task, I like to let them do it. You know, it would be easiest for me to go around and do everything for them. I would get it done faster, you know, a little neater, but yeah, if she can make her own meals, she likes to do that. And you know, she likes to feel independent, you know, doing that. So, yeah, she would take out her service dog herself. You know, I would come with, but yeah, I think in that case—in those cases it's good to let them be independent and only be there when they really need you to be.

I: Have you ever walked into a situation where somebody had completely different value system, religious beliefs, thoughts on race, culture?

P: Yeah. With the older generation [laughing] there are a lot of, you know, sometimes they can say racist things in public [laughing]. And I try not to let my opinions and my views, you know, become a topic of conversation, you know, 'cause you don't wanna get into any big arguments or anything. If they ask, I'll politely say I'm like—one of my clients asked me who I voted for, and you know, I told her, but it didn't become like a big discussion 'cause she voted for the opposite party [laughing], and you know, I didn't wanna get into any heated political debates or anything with clients. I've had clients say racially insensitive things in the grocery store, and I just, you know—

I: To you?

P: No, not to me. Just in general about somebody who's in the vicinity, and a lot of 'em can't hear very well, so they have, you know, [laughing] volume [25.39] to their voice, and so I just try to politely be like, you know, you can't say that here. You know, and just [laughing]—

I: Oh, your client would say something.

P: Yeah. Yeah.

I: I see.

P: [Laughing] yup.

I: So, you self-identified as being Hispanic.

P: Mmm hmm.

I: Okay. So, how does that affect things? Do you—in terms of what you bring to the work, but also how people respond to you?

P: It hasn't been an issue. I've had, you know, clients ask what my nationality is, but you know, I've never had them be racially insensitive to me, you know, or you know, about Hispanics in general. So, that's really nice.

I: And you were born here.

P: Mmm hmm. I was.

I: In Kalamazoo?

P: In Grand Rapids, Michigan [24.54].

I: Grand Rapids, Michigan.

P: Yup.

I: We've had clients say or interview these PCAs, say that clients have said, "Are you from America?"

P: Right. Right [laughs].

I: So, you haven't gotten any of that?

P: Not any of that. I mean usually they'll ask where I'm from, and I'll tell 'em, but yeah, none of 'em assume I'm—well, none of 'em have assumed [laughing] that, you know, that I'm an immigrant or anything [laughs] thus far.

I: Have you ever dealt with somebody saying or behavior that's really inappropriate whether it's sexually inappropriate or?

P: Yeah. That'll happen a lot—to a lot of us HCA's with our older male clients. I did have one who had a bit of a crush on me [laughs]. Yeah, he would always say to me, "I'm the most beautiful girl that he's ever seen," and we're not supposed to give our cell phone numbers to our clients for this reason. But one day he was very insistent that I give it to him because he needed to be picked up from an appointment or something, and so I gave in and I gave it to him, and eventually had to block his number 'cause he would text me, you know, when I was off duty. You know, he would text me every holiday. He even remembered my birthday, and stuff like that. So, it made me a little uncomfortable. It wasn't anything that I couldn't handle. He didn't make, like, any sexual advances on me, but I did ask them to send somebody else instead. And they're very good about that [23.18].

I: So, it didn't make you feel unsafe? You felt like you could handle that, but you preferred not to see—

P: Yeah. 'Cause it would get in the way of like my work. He loved to take me out to breakfast. Yeah, [laughing] on Fridays, so it would actually get in the way of the work that needed to be done 'cause he just wanted to hangout [laughs].

I: Because you needed to be doing things besides going out to breakfast.

P: Right. Yeah. Yeah. Exactly [laughing].

I: So, I've thrown out a lot of scenarios. Is there a scenario that comes to mind that I haven't mentioned that stands out in your memory?

P: I don't think so. I've told a lot of stories [laughing].

I: When we started you said you have a lot of stories.

P: Yeah.

I: Have you told us the ones that you wanted to?

P: I've told you the big ones, yeah, I think. 'Cause nothing else is poppin' into—'cause I've had a lot of different clients, but only a handful of them have been, you know, the consistent. So, yeah, I think I've told you all the big ones.

I: Yeah. I'm sure that you get this turnover. You're gonna run into a lotta different situations.

P: Mmm hmm.

I: A lot of different people.

P: Yup [laughing].

I: A lot of different family constellations.

P: Yup.

I: So, I think we'll take a pause here [21.59], and when we come back we'll talk a little bit more about the social context of the work that you do.

P: Okay.

I: And how we can address this PCA shortage.

P: Yes. Yes. Absolutely.

I: And I'm hoping you can solve this problem.

P: [Laughing] I will try.

I: [Laughing]

P: 'Cause yeah we need 'em that's for sure.

I: It seems like, you know, when we have a problem we should be talking to the people that are right there in the thick of things cause you know more about it than a lot of—than most people.

P: Right. Right.

I: What are you gonna be doing with the rest of your day?

P: I have to go to work after this.

I: Oh, you have a client?

P: Yup, I do. Yeah. I have a client this afternoon [20.53], and then one later this evening. So, yeah, my next client is a fairly new one, so still gettin' used to things with her.



I: So, your hours are all over the place?

P: They are, yeah. They're fairly consistent nowadays. I like to have it pretty consistent in the summertime, but there, yeah, there's always extra hours to be picked up or to fill in.

I: Well, especially, if you're fulltime.

P: Mmm hmm. Yeah, and they do not let us go overtime. I'm not sure if that's something that is across the board with PCAs, but my company specifically—we can't go over 40 hours 'cause they won't pay us time and a half.

I: Oh, you get overtime pay?

P: Mmm hmm. Yeah.

I: And so fulltime is 40 hours?

P: Yup.

I: That's what's considered fulltime.

P: Yeah. And I believe—'cause I didn't know that until just when I tried to get more than [laughing] 40 hours just a couple weeks ago, but I guess when they're private clients you can be approved for overtime because they're the ones who are paying you rather than DHS or like insurance companies. So, yeah.

I2: Okay.

I: So, we'll shift gears again, and talk about the work and a more social context, and we were just talking a little bit about the labor conditions, and you were saying you're fulltime, and for your company fulltime means 40 hours a week.

P: Mmm hmm.

I: And over 40 you get time and a half.

P: No. We won't get time and half. That's why they, yeah, they cap us at 40. Yeah, 'cause they will not pay the overtime pay.

I: Okay. But if something crazy happened and you worked over 40 hours, then they would have to pay you time and a half or?

P: I don't believe so 'cause I know that I have been over 40 in the past, and they're just crackin' down on [18.56] on it now. So, yeah, I don't, yeah, they won't pay you or for holidays, you get the option. You can either work or not, but if you are working you won't get overtime pay. The only instance they will is if the client is high-risk, so they have to be seen. So, you know, Memorial Day I had a high-risk client, so she had to be seen. If I couldn't do it, I had plans or something, somebody else would need to be there. So, that is the time that they will do that.

I: So, what does high-risk mean?

P: She is my client that is bed-ridden. She can't use her left leg at all, so, yeah, she can get herself onto the commode, and back on, but yeah, her dog who is on the anti-diuretics, she needs to be let out every hour. She can't—she's tried [laughing]. She told me the other day she tied and had one heck of a time trying to do it, and you know, we don't want her falling trying to do that. So, yeah.

I: So, one of the things that's come up is a lot of these procedures and polices are around keeping the clients safe, but you know, it's important for you to be safe too—

P: Right.

I: And I know there are times when you're at risk, like if there's a client who's abusive, but one of the things that's come up is we are in Michigan. We have winters. We have Michigan winters.

P: Yes [laughs].

I: So, for a client that's high-risk what do you do if it's, you know a blizzard?

P: Yeah, it's been—there was one time this past winter [17.19], yeah, there was gonna be a blizzard. I had a client that I had to be at, at 6 in the morning. So, yeah, the roads would not have been plowed yet, and they had texted me the night before, like, you know, winter storm advisory, make sure you leave with enough time. And I was very worried, 'cause you know, I had to drive all the way to Portage, which is about 20 minutes from here, and you know, I could have easily gotten into an accident on the way there. I definitely spun out. I remember that morning very well [laughing], but I ended up making it safe. But yeah, I still had to be there. There was no excuses, really, and I did—I was like, well, is there somebody who's closer who can go see her? They're like, "Well, we'll try. You know, see what we can get." But eventually it was me who had to make the journey [laughing] through the winter storm.

I: Have you ever not being able to get there?

P: Other than like my car wouldn't start or something like that, I've always made it safely, and they are pretty good about, you know, "Oh, if, you know, you need to take your time, just get there when you can in the safest manner possible."

I: Do you get paid for mileage?

P: Yes. Yup. Not going to the client's house, but if I have a client in Portage, my next one directly after is in Kalamazoo, I will get paid for that trip, and then when it comes to errands and stuff like that, the client can either pay or the agency will pay me.

I: Do you get benefits?

P: I do. Yup. Since I'm at fulltime. I'm still on my parents' health insurance plan, so I am not taking advantage of it, but yeah. I do get—I could get benefits, and I do have their 401K plan as well, which is cool.

I: Nice.

P: Yeah.

I: So, it sounds like you get some say in your clients. If there's a client that makes you feel uncomfortable you just tell the agency, and they send you somewhere else. Do you have any control over our schedule?

P: Yeah, actually. A lot of control, which is pretty great 'cause the clients that you have, they really wanna keep you. They don't wanna welcome, you know, another stranger into their house, so when school starts back up [14.59] again a lot of my clients will be like, "Okay. Get your school schedule, and we'll plan around it." So, they're very willing to work you, which is wonderful.

I: Do you have—can you tell us how much per hour you make?

P: Yes. It's \$10.75.

I: \$10.75.

P: Yup.

I: Are you able to make a living on that?

P: Yeah. Decently, you know, I can pay my rent, pay my bills, and whatnot.

I: Because you have 40 hours a week?

P: Yes. In the school time it does go down, but I can still manage about 30, 35 hours while I'm in school.

I: Do you think somebody with kids or other expenses would be able to make a living at this?

P: I'm not so sure. I know they will give you raises on how long you've been there, so say you've been there a while, you could be making a decent amount. But I, honestly, I would not know [laughs].

I: How do you feel about that pay rate? Is that good?

P: Yeah. I mean at the time when I applied for the job it was a lot more than what I was already making, so that was really exciting, and I was at that job for 2 years [13.44], and I think I had gotten like a \$.20 raise. So, with them I've gotten two raises for each year that I've been there, which is pretty cool [laughs].

I: So, what's the down side of this job? Like maybe there isn't one for you?

P: Yeah. I mean it's very in demand. I know when I first started working we did not have enough care aides in our company, so they were constantly texting you, constantly—they did not care if you went over 40 [laughing] hours because they needed people there. And whether it be people calling in or they just had a shortage. So, at the beginning it was a little stressful because I did not know what my work schedule was. They were constantly, you know, calling me, like badgering me like, "Can you work?" And they you feel bad for saying no 'cause you got other stuff going on. So, it was a little rough in the beginning, but as of right now I'm pretty happy with this job.

I: And on the plus side, you've mentioned the flexibility of the hours. You can work around school schedule things like that.

P: Yeah.

I: Are there other pluses?

P: I really like the people who I work for. They really make sure, you know, you feel appreciated. It's really cute. They send out these little cards that just say, "Hey, thanks for everything you do. You know, we really appreciate you. You know, you're the MVP of the week," or whatever. So, yeah, I really like this company that I'm working for.

I: Are those kinds of things that recognize the work that you do? You think that's important?

P: Yeah. At first when I got—like started getting these cards it was like, they can probably be doing so many other things with their time, but it's the fact that they took the time to, you know, write out this little card, send it out, and say thank you [11.56].

I: So, they make a point of making you feel appreciated?

P: Absolutely.

I: Yes, and that's important. Do you think that society in general—the general public appreciates what you do?

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P: I don't really think that they know what we do. When I tell people, yeah, I'm in home care. They're like, "Oh, so you wipe old people's butts all day." [Laughing] and I'm like that could, you know, be part of my job for a specific client, but that is not all that I do. You know—

I: Have you had somebody say that to you?

P: Oh, yeah [laughing]. I've had a couple people say that to me. Yeah, or yeah, "You're just a glorified babysitter," kinda thing.

I: What do you say in return?

P: Well, I'm like, yeah, no that's not it at all. You know, it's—sometime, you know, it's kinda just like hangin' out with your grandma, sometimes, you know. Just [laughing] sittin' there and chatting, and having a good time, and you know your regular household chores. So, I tell them that often it doesn't feel like work. Sometimes I forget that I'm getting paid to do these things [10.55].

I: You clearly enjoy it.

P: I do [laughs].

I: And it feels like you're proud of what you do?

P: Yeah. Absolutely. I think that I make a difference in these people's lives. That feels really good.

I: So, we have this shortage. You've mentioned it. And we need to find a way to draw more people into this line of work, this profession.

P: Yeah.

I: How do we do that? How do we make it appealing to people?

P: I think this. You know, these interviews that you're doing is great to get people informed. There's an even bigger shortage of male PCAs. I don't know personally all the people who work for our company, but I've only seen one guy in the 2 years that I've worked there. And with a lot of our male clients, you know, they can—things can get uncomfortable with, you know, the female HCAs, so I think we really need to reach out to the male population, and you know, say that—I guess and make them see that it's not just, you know, wippin' people's butts or cleaning, you know, that they can form relationships with these people, and you know, they've got a lot of really cool stories to tell, and they're fun to hang out with and listen to.

I: So, if you were an HCA recruiter—

P: Yes [laughs].

I: And you were gonna go to a high school, set up a table, you know, like the military they have a [inaudible]—[9.36]—

P: Yeah, yeah [laughing]

I: --table, what would you be saying to people?

P: I would definitely be telling, you know, these good stories that I have, and yeah, I think it would be helpful to have pictures of, you know, HCAs and clients. You know, I think it would even be cool to hear from the client themselves, you know, to show how much they really appreciate it 'cause these HCAs are the difference between them being in their homes and them being in a nursing home, which I've been in a couple nursing homes, and they're not, you know, the brightest, happiest places to be. So, I think hearing from them as well as us would make a difference in how people see this work.

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I: And what would you say to policymakers because one way to bring more people into this job would be to perhaps pay them more?

P: Yeah. Absolutely 'cause, yeah, we do—it may seem like we do household chores and miniscule work, but like I said, we are really making a difference in these people's lives. We're improving their quality of life, so yeah, they need to care more about these elderly people and disabled adults, and you know, put more, you know, kind of lift up our job a little more. Like, we do more than just cleaning and whatnot, so you know, that should deserve, you know, higher pay.

I: So, you mentioned it improves quality of life, but you also said it makes all the difference between them being able to stay at home and having to do to a nursing home.

P: Right. Right. So, the improvement would be that they get to stay there, 'cause like I mentioned earlier I saw the difference in my client who is this, yeah, nice, happy, young soul, and I saw her in the nursing home, and it was like this big cloud over her head. You know, she was so upset that she couldn't be there, and yeah, like in an instant her quality of life like went all the way down. You know, so that's the difference and I think that's what's most important.

I: So, from a policy standpoint there's also a big cost difference—

P: Mmm hmm.

I: --between home care and nursing home care.

P: Mmm hmm.

I: So, you know, you mentioned that some of your clients are paid for through Medicaid or insurance companies, so you know, there's a cost involved.

P: Right. Right. 'Cause yeah, I think a lot of my clients should have more hours than they actually have, so yeah, there is a lot of cost with, you know, them—you know, getting someone to pay us to work for them, and I think that, you know, they need more care than they're getting, but I also think that it would be less than a nursing home 'cause nursing homes are expensive. You know, clients often struggle paying for those, so I think it would be a cheaper alternative just to have us come in, you know, for a couple hours every day, and help them do that rather than have an entire facility, you know, to do that job [6.38].

I: So, let's say I'm a policymaker, and you've convinced me that, "Okay. The work you do's important, and it's cheaper and it makes the clients have better quality of life. What do you want me to do about it?"

P: [Laughing] well—

I: Do you have recommendations?

P: Yeah. I guess like you mentioned earlier, you can start by, you know, increasing our pay, making the job look more appealing, would be a good start [laughs].

I: So, the pay.

P: Yeah.

I: The respect.

P: Yeah.

I: Some of the things that sound important to you are the flexibility of hours, but also getting enough hours?

P: Mmm hmm. Yeah. I think introducing, you know, again, I'm not sure how this varies with different company, but allowing us to have overtime I think would be another good feature 'cause I have—I work 40 hours, and I still feel like, you know, I have extra time to do these kinds of things, and then, you know, there wouldn't be—like, 'cause I'm at 40 hours, they can't ask me to cover anymore. So, if somebody needs to be seen, I'm out of the picking. You know, I can't do that, so allowing us to work, you know, as many hours as we can I think would also help [5.23].

I: So, are there stories—things you wanna say that I haven't asked about?

P: Nothing that comes to the top of my head, no [laughs].

I: And K, do you have anything you wanna ask?

I2: You know, pretty comprehensive.

P: You covered it all [laughs].

I: Oh, well, I'm sure I'll leave here and think of lots of things.

P: Right.

I: The one thing I do want to ask is the value of, I think, and I think K agrees with me, the value of what we're doing here is that it's going to help, we hope, the public understand what it is you do. It humanizes the personal care workers.

P: Yeah.

I: Puts a face and a story to who you are, but it tells us about the work that you do, and you're more than just a PCA. You're a whole human being.

P: Right.

I: Right?

P: Yeah [laughing].

I: Yeah. You're young, you're a student, you live in a home with other students.

P: Mmm hmm.

I: It would help us to know a little bit more about you as a person.

P: Okay.

I: You know, you're not—who are you besides being a PCA?

P: Right. Yeah, like you said I'm an education major, so I'm actually studying to work with children, the younger grades specifically, but I also love animals, so I bring that to my work a lot 'cause a lot of my clients have pets, and I'm so willing to take care of them. Just like I'm willing to take care of the client. But yeah, I do yoga, love to read. What else would you like to know [laughs].

I: Well, whatever you wanna share. Do you have questions, K?

I2: Well, as we're talking about making this field more prominent and like humanizing it, do you think you would recommend—would you recommend your career path, your career path of starting with being a PCA and then getting education along side of it because you have the flexibility of the schedule and all that stuff?

P: Oh, yeah.

I2: And then moving on to another related career path, which is like education for you, but it could be something else for other people, is this—do you think that is a good approach to promote this field?

P: Yeah. No, this is a great a job for college students I think just because, yeah, the hours are so flexible. You get to meet a lot of different people. A lot of the clients that I have [2.55] were educators themselves, so you know, I get to listen to their stories, and kind of, you know, will be able to apply that into my future work.

I: So, that raises a really good point. I think the public perception is that you're doing things for somebody, not necessarily getting anything in return.

P: Right.

I: Even though these are older people who have career histories, who have a lot of wisdom and skills—

P: Yeah.

I: --still, and what is it that you get from them? You get the stories, which you love.

P: Mmm hmm, yeah, I do.

I: But are there—there are other things that they can teach you, or that these experiences teach you that will help you in your life?

P: A specific example, a client taught me how to sew. You know, she likes involving me in her hobbies, and just teaching me things like that. Another client is teaching me how to cook her favorite meals, which will help me in my work with her, so that I can do that for her, but it's also another thing that I can bring home.

I: And then you mentioned the people who have been educators their whole life can pass on some career or expertise wisdom.

P: Yeah. Yup. Yeah, so I've had a couple who, yeah, would just kinda tell me how things have changed, and yeah, the educational system, and you know, their thoughts on that. And yeah, it's really cool to listen to, 'cause it's like, yeah, another teacher [laughs].

I: We had a number of PCAs say that they get as much out of it as they feel they're putting into it.

P: Oh, absolutely. Yeah.

I: You would agree with that?

P: I would [laughs].

I: Well, I'm gonna close there then. Unless you—some final words. What do you wanna tell the world?

P: It's very rewarding work. I can't—there are hard days, you know, but it's nothing that you can't get past, and I think the relationships that you form are what keeps you coming back. You know, 'cause some people have asked me, "Well, why do you still do this?" I'm like I can't think of, you know, a better job to do while I'm in college that I would enjoy as much. You know, working in a restaurant, or you know, in retail, just—it sounds boring to me now. So, yeah. It's fun work.

I: Those are great words to close on.

P: Thank you [laughs].

I: I want to thank you again for the work that you do. It's so valuable and thank you so much for taking the time to do this interview with us.

P: Absolutely. My pleasure.

I: Great.

I2: Thanks.

I: So, I'm going to turn off my equipment as well, and K's going to take over and take some gorgeous pictures.

P: Okeydokey. Do I need the mic on still?

I2: No. Let's take that off, and I'm gonna hop outside to my car and grab my other camera.

P: Okey-doke.