I: All right. I am here with B, and I first off want to say thank you so much—

P: You're welcome.

I: --for the work that you do, which we feel is very important, which is why we're here. We want to capture your story.

P: Well, I want to thank you guys for you're efforts in bringing this to light.

I: I'm grateful we have the chance to do this, so I appreciate you agreeing to it, and we hope—we anticipate that by sharing your story we'll make a difference. So, I'm going to jump right in and ask you about how you got into this kind of work? I will probably be referring to it throughout as personal care assistant's work or PCA work. You might call it something different, but—

P: You know, it really just depends on the company or the people who work for what your title is. I first got into this work [1.25.51] when I was 19. I had no idea I would end up in this work, and I was a manager at a Burger King, family things were goin' on so college was very hard to focus on, so I wasn't very successful with that after high school. But I was successful at Burger King, and so they made me a manager in one of our local towns, but that only lasted 6 months, and there was some things that came up per policy. They had to let me go, "But you're a great employee, blah, blah, blah—you'll do great out there." So, a 19-year-old with the work ethics my parents taught me—where am I gonna go now that I've been fired, you know? Who's gonna look at me. They loved my work, but they had to let me go. So, I was very confused, and I'm looking through the job ads, and certified nurse assistants was all over the place, so this would have been like 1991 and the jobs were plentiful. And I thought, well, I'll never be without a job if I go into this field. My family was not very sure. I was a very sensitive, emotional kinda person. They felt I was just gonna get ate up and spit back out. My heart would just get hurt too much to stay in this field, but again, I was looking at, you know, being able to care for myself. So, I went and applied to be a CNA. Got hired, and I went through the certified nurse's aide training, in the Cadillac area. I ended moving back to Kalkaska, and as soon as I had my state certification I started working fulltime in a nursing home there where I got lots of valuable training and had some great mentors. I ended up moving down state where I learned about home healthcare. We had some family things come up from my husband's side, and we wanted to stay down there to help his mom, so I needed a job right away. And I was hired at a facility for nights as a CNA, and I was hired as a home health aide, which at that time that company actually put me through a certified home health aide training. And I had a certificate for that, so it was my first introduction, and I quickly fell in love with the idea of the one-on-one care, providing it in a person's home, but I also felt the pull for the facility work because the ratio to workers and residents was crazy sometimes. It was not very equal—very balanced, so it was hard to leave that, but eventually I did, and when I came back home up north I tried a couple other areas, and I ended up learning that I really just had that pull for home health for some personal reasons—so, flexibility of setting my own schedule, and having the ability and time to just make a difference in someone's life and not feel like you're rushed to skip over important things, you know. Unfortunately, in the facility caregivers have a very limited amount of time to do much for a person, and that leaves you feeling [1.22.17] like you just didn't do enough. Where in a person's home I felt like I had the time to make sure all of their personal needs were met. All of their, you know, homemaking needs were met, you know, therapies. A lot less stressful, so that's how I got started into it.

I: And you said 27 years?

P: Yes.

I: You're still at it.

P: I am. Like I said, I left for a little while, and I was in banking, and I did well with that. Some things happened personally in my life where I couldn't focus on that type of job, and so I stayed at home to focus on

family for a moment. And when I wanted to go back to work even though I was supposed to try to be a stay at home mom, my youngest was going back to school, and I had all this time, and I thought I'm gonna get back into home health care, just part time. Within 6 months, [laughing] I was working fulltime and overtime again. The need is great, and I had a hard time saying no.

I: And you mentioned that you go into people's homes, and you just love helping them, can you be more specific about the kind of help that you provide?

P: Sure. It really depends on the home you go into and what that certain person may need. I've done a various amount of things as far as the client might expect you to come in their home and just go through and do the general day-to-day housekeeping type stuff [1.20.46]. "And when you're done with that, you know, go ahead and go. Thank you. That's all we needed." Or I've been in situations where it's been a more skilled-care type situation where maybe a person is bedridden or needs specific therapies for physical therapy or occupational therapies, even some speech therapy assistance, meal preps, you know, getting going for the day. You know, out of the bed, into the shower, dressed, exercises, meals, then the homemaking, maybe making sure things are set up so they're okay 'til the next visit or for that afternoon until their spouse or family or, you know, just to make things easier for them and everything in between [laughs].

I: You have mentioned the training a couple of times already—that you have quite a bit of it, can you talk about the value of that? The role that it plays in the work that you do?

P: Right. I remember looking back at my CNA training, which would have been my first. We had the in-classroom setting, the book work, the terminology, and some specific clinical things for caring for people, but I remember thinking the class was very great, and it was very beneficial. The clinical, the instruction I got was—I mean some of 'em I'll never forget, and even to this day it helps me remember, I'm not just doing a job, I'm helping a person, and that they have specific needs or desires or dislikes. But I remember when I took the state exam I thought some of the questions were like why are you asking me this?

I: Can you remember? Give an example?

P: The one specific was, what would need to be refrigerated once opened? Peanut butter, tuna fish—and there was like two other examples [laughing]. And I'm like, you really feel you need to test me on this, when there's so many other things you should make sure I know?

I: And tell me about the other things that we should make sure you know?

P: Well, I think you need to make sure that caregivers know how to approach things from a professional, even medical standpoint, even though they're not the actual nurse or doctor. But I think it would help them keep the emotion of—because, you know, residents, clients [1.18.11], people that live at home, whoever you're taking care of—they all have their own personality and unique way of dealing with things that they're going through. And I think it's tough when you send a caregiver in not trained enough to be, okay, this is about them, and if they don't like what I'm doing, I'm gonna try this approach. You know, so caregivers need that training in how to handle adapting—I guess is a good word for that. You know, adapting to the different situations, and okay, well, you know what, Mrs. Jones is just refusing this. I don't know what else to do. I think that comes back to the trainers. Okay, instead of thinking that I don't know what to do, let's take a re-directive approach. Let's take, you know, a step back and think about it or engage with the person and see how can we make this moment successful?

I: So, it's not just about the technical skills—

P: It isn't.

I: --or whether peanut butter needs to be refrigerated or not, it's about the people skills—communication—

P: Absolutely.

I: --you know, sort of problem solving.

P: Absolutely. Problem solving, being able to communicate with all kinds of different people and different levels of mental or physical states. And in forward thinking—forward positive, helpful thinking.

I: And what do you mean by that?

P: I think it probably, like you said, falls under the problem-solving skills. If you're forward thinking, you're thinking what can we do better? What can I do next? What's gonna make this situation better for the person? If you're—oh what was some of the other terms I used? Forward thinking and the problem solving [1.16.17].

I: Can you think of an example of a client or participant that you have worked with where you've had to utilize problem-solving skills and forward thinking?

P: Yes [laughing]. There's so many. Do you want a specific story?

I: Yes.

P: Well, I remember a female client I had who lived on her own, and she did have a diagnosis of high anxiety. She chose to stay in her bed the majority of the time, was very reluctant to trust in the transfer to even just a wheelchair much less any other part of her home, and you know, my job was to try to talk her into gettin' a shower, and she had a difficult personality. You know, besides trying to make sure I did everything but what I quote/unquote was there to do, then she will put you in your place. "Well, if I wanted somebody to nag me all day [laughing], I would have had my daughter come," or something like that. So, it kinda makes you feel like, you know, if I'm not here to do what I was told I was supposed to do, why am I here? But you don't say that to the client, you know. In that situation, for me, I tried to put the professional face on, and say, okay, why don't we give it a moment. You think about what you wanna do. You get done the things you wanna do. I will go clean this area. Maybe I can go straighten up your kitchen, and then reapproach. And I was successfully able to get her to her wheelchair. We didn't get much further than that. She ended up having decline medically—whatever reason, her blood pressure dropped, and she was showing symptoms that she was in distress, so we had to call 911. But to me just having her trust me to get her from her bed to her wheelchair, that was a win. And I think to think hopefully if those medical conditions hadn't changed for her that, you know, if anything we would have successfully gotten her back in her bed and done a sponge bath 'cause her anxiety probably wouldn't have let us go through a shower [1.14.02].

I: Yeah. I think it's a win that you were able to determine that her blood pressure was dropping, and she needed emergency help.

P: Yeah. And that's very important training I think for any person in the home whether they're a homemaker, companionship, or an actual certified nursing assistant or home-health aide, is, you know, they need to have that basic skills of recognizing when a person medically is in trouble. And there's a lotta areas where some of the caregivers—they're just not trained in those areas. They really don't know what to do. It's a scary situation.

I: Yeah. What happens? I mean it seems like all kinds of nasty things are possible.

P: It could. I mean, you know, of course some of these stories I hear secondhand, so you know, I've heard where, "Well, I didn't know what to do. I just, you know, left them there." Of course, those are not the 911 calls ones, but I mean most people know to call 911, but some caregivers don't know especially if the client is

saying, “I don’t want you to call 911. I don’t wanna go back to the hospital. They’ll make me leave my home. You can’t do that.” So, we need to empower our caregivers not only with the training to know when things are changing and the help the client needs is beyond their training, but that sometimes it’s okay to go against what someone else says and get somebody with more training there, like calling 911. You know, I like to try to train [1.12.30] the caregivers that I work with in the field that if you think it’s going bad, and you think someone’s in distress even if the DNR is there, you still call 911 because this is still beyond your training. When those first responders—EMTs—they show up or the paramedics, they’re gonna know what to do. They have more specific training. They will direct you. They will direct the client, and still if the client refuses, they have that paperwork to document it, to back it up, and then you move forward. So, it’s just important for everybody that works in any person’s home to just know those things.

I: So, you worked as a home care aide for many years.

P: Mmm hmm.

I: But you’ve clearly moved into management and training, and can you talk about that for a few minutes?

P: Yes. So, about 3—I think it was about 3 years ago, a little over—I was a caregiver in the field fulltime, and actually for me I had a few employers because I wanted to make sure I had enough work to support my family. And I recently had a client who actually really didn’t want me in his home anymore [laughing]. He was a difficult personality, and I’d worked with him a year, and he decided, “Nope! I can’t get her to do what I want her to do when I want her to do it. I don’t want her here anymore.” And so, of course, I’m gonna look for more work to replace that income, and I was approached by one of my supervisors, you know, “What is it you need? What is it we can do to keep you with our company?” You know, they valued my skills as a caregiver, my dependability, and things like that, and you know at the time I was just worrying about supporting my family. I’m like I need to pay my bills. So, you know, I stayed with the company, and they kept me working, and [1.10.22] seeing people in the field. And then one day I was actually kinda frustrated. I had another really difficult personality client, and it was on a night shift, and I was pretty heart broken that I think I’d come to the decision that I was—when are we gonna be done with the health care? My husband actually told me—it was a Friday morning. He said, “You’re tired. You had a rough night. Don’t discuss this with anyone until after the weekend.” I’m like, okay. And there was another case where on short notice they needed a caregiver after I’d done my night shift, so I went and helped that lady out. And when I got back in my car our supervisor had called and wanted me to call him back when I was done. And I’m like, no! No. I’m not supposed to talk to anybody ‘til Monday [laughing]. But there was an opening as a scheduler in our office—one of our offices, and he wanted to know if I would ever be interested in something like that? Have I ever worked in an office? Not any issue with the company I was with because they took over another company and clients in this area, but the company that I previously hired with I had no resume or even an application on file with or anything. So, nobody really knew my background, and I’m like, yeah, I’ve worked in the office before. I’ve, you know, had some college experience. I have office experience. I have banking experience, accounting. He’s like, “Really? Well, what do you think about a scheduling—“, and I remember thinking I wanted to apply to another scheduling position that was up in the Petosky area, which would be a little over an hour drive for me there and back, all year long, and I was willing to do it just to stop taking care of people that were difficult. I was kinda to that point, and he’s like, “Well, no, there’s an opening in Traverse City, and I think you might be good.” So, I applied, went through the interview, and I really like it because I feel like my training and my experience in the field can kind of help bridge that gap between the administration and the caregivers because honestly before this company took over and things, as a caregiver in the field, very few companies have ever felt that there was a good support system for the care giver. I kinda joke that I felt like I was on my own out in rural Michigan just doin’ whatever I could do to keep my job and do what I could for my clients. And so, I thought this would be a great intermediate, and now I don’t know what I wanna be when I grow up. Do I [laughing] wanna continue in management or do I wanna continue as a caregiver?

I: So, do you do any of the direct care now?

P: I do.

I: Right now?

P: Yup. Sometimes I fill in. I try to stay in the office environment as much as I can because I feel that is a very big need to fill to make sure the services are covered [1.07.02], you know, caregivers scheduled to cover the services for our clients in the area. But sometimes there's a shortage, and I have no problem—I'll sometimes do night shifts or weekend shifts or go right after work.

I: Are you just with this single agency now?

P: I am right now. Yes. Not too long ago I did have another employer. I was hired directly by parents through the CMH program to care for their adult child at night as they needed, and then the need just wasn't there. They were trying different things, so but, yes.

I: Let me just circle back just for a minute because you said before you got this scheduling job that you needed to work with several agencies in order to get enough hours to make ends meet financially. That's a common story we hear—

P: Yes.

I: --with direct care workers.

P: And it's not that there's not enough work out there. There's lots of need out there, but location. You know, for me leaving in Kalkaska, Michigan, you know, to get anywhere it's a drive. You know, if I come to Traverse City, you know, 30-mile drive, depending on what part of Traverse City. It could be 45 miles, and it could take 45 minutes to an hour and 15 minutes. It just depends where you're going, and really, on the map you're like, oh, that's not that far, but if you have to drive an hour for a 2-hour shift, then the caregiver is putting out more in the gas and the wear and tear and her time then she's actually able to use that income to support her family.

I: So, there's no coverage for mileage? You don't get paid for mileage?

P: Well, it depends. Different companies do it different ways. Most companies I think these days, now, we do cover the mileage in between clients. As far as travel time, so you get paid that time in between clients, but you don't get paid for time to your first client or maybe home from your last client. Mileage, it depends on the company, again. Some will give a little bit of a stipend. Like say you drive over 20 miles. Anything over 20 miles, you might get this per mile. And, you know, I've known companies do as little as $.12, and I've known companies to do as much—well, 20 years ago it was the state rate. You know, you got paid for [1.04.25] every mile you put on your car, which was really nice, so it was like having another paycheck. But I think all that too depends on how the company is able to get paid for their services and what areas they're able to bill or whether they're set up to bill, you know, like Blue Cross or Medicare/Medicaid or is it just private pays or the state programs that people qualify. A lot of different factors in there, but back, you know, having several agencies, my idea of having that many companies was so I could try to get work as much as possible, as close to home as possible. And so, you know, I was working part time at an AFC home at one time. So, I did 3 nights there, and I was on the books for a home health agency for the daytime. And I was on-call for Commission on Aging, if anything came up in their area, and then I worked part time at Burger King on the nights I wasn't doing the night shift with the AFC. I did part time with Burger King just to make sure I had that income coming in, and then I just kept those companies separate so they didn't overlap each other until, you know, maybe a case would come close to home. Oh, okay. Now I have a case close to home, with a decent wage. It's steady,

consistent hours. I can now give these people a week to week notice to back my schedule down and just put me on as on-call.

I: That sounds very complicated.

P: Yeah [sighs], but I—you know, and I know I think differently than some people, but you know, me and my family have been in situations where money was very tight [1.02.37], and the future was kind of a little bleak and scary, and I decided I wouldn't be in that position again. So, having five employers is what it took, that's what it took.

I: So, over 27 years—your perspective must have changed a lot over the years.

P: It has.

I: You've gotten to know a lotta different clients. Several of them at least have been what you call difficult, right? And I'm guessing that—for some of those clients it probably changes over time—you get to know them and it's not quite as difficult—

P: Oh, yes.

I: You've probably had some favorite clients, too.

P: I have.

I: Can you tell us about one?

P: I remember a farmer in our Kalkaska area who lived alone, it was mostly companionship and safety. He could do some things on his own, but a fall-risk. So, he shouldn't walk around his home too much without somebody being there, and making sure he's using his walker, but we developed a pretty unique relationship I thought. And going to help him, you know, it's—he was lonely. He lost his wife—been 3 years, and he just was kinda running through the day, "Just, okay. I've gotta get up and eat. I gotta do this, but I was actually able to get him out of his house with permission from the company, you know, and this case manager, we were able to go on short rides, let him see the countryside, see some of his old stomping grounds, how they've changed. And even got him out in his garage, and he had a project he never got done before his wife passed of putting a windmill up, and I said, well, let's do it now. And he's like, "Oh. It needs to be painted or it'll rust." I said let's go get it. So, we got some primer and paint, and I even tried to help him paint. He was so weak he couldn't hold the sprayer down, so I'm hand over hand. No, you're gonna paint this [laughs], and we had a great time. We set it up. It's still standing in front of his home even though he's passed on.

I: That's a great story. That must make you feel good?

P: Yeah. It does, and I mean I've had a lot of clients that I think make me feel just as good as I hope I've made them feel.

I: That's a great moment to pause just for a moment, so that K can do his thing, but I'm going to keep mine going, so.

P: Oh, okay [laughing].

I: A little bit.

I2: You're doing so great.

I: Yes. You're doing really well.

I2: Yeah. Thanks. That actually leads us to another thing, but I'm gonna take a quick restroom break [59.58].

I: Okay.

P: It's hard to stay on top because so many tangents like that.

I: I know. It's hard for me too, but that last story kind of gets to me because my father just died, and he was a—he retired and moved out to the country and became a gentlemen farmer but loved projects. He was an engineer by trade, and he wanted so much to get a windmill on that property—his property, and he had one picked out, you know, he had already picked one out. He was gonna order it right before he died, but same thing. He just needed some help, and mainly for safety.

P: Right.

I: You know, a little bit of assistance. He actually was very independent. Totally cognitively intact, but lonely because my mother had died 3 years earlier, and a safety risk, you know, because we were worried about him falling. So, I moved in with him.

P: This particular gentleman, he had a typical fall-rate of sometime between 4 a.m. and 8 am. Many times, I would come for his breakfast or morning shift, and he would still be on the floor, or he would have told me, "You know, I don't know how I got up, but I did." So, I mean not all caregivers are able to do this, and not all should be expected to, but I was able to, you know, talk to the office and the office talked to his family, you know, could I come from 5 to 7 in the morning, and see if we can't eliminate some of these falls. And then, you know, I had my personal responsibility being mom and getting kids too. So, I would leave and get my kids to school and then come back and finish his visit, and that really helped, you know, that he knew somebody was gonna be there at 5 a.m. maybe he could just wait a little bit [57.49], and, you know, make sure someone was there when he got up. And there wasn't anything else we could do with the home itself to make it safer, but that helped a lot.

I: Well, that's a great example of the value of you getting to know your client well enough—

P: Absolutely.

I: --to know like the times they fall, the fall risks, you know, and you're able to shift the care a little bit so it's safer.

P: Right. And a lotta times you know when people first—especially when they first start out with services, they don't understand what are they gonna do for me, and what's gonna be best for me. What are—you know, or we'll have people that call, you know, "Hey. We're looking for some help for our mom." Okay. What times? "You know, I haven't thought about it. I don't know what would work best. We're worried about her all the time, but I don't think she needs 24-7 care." You know, typically most of the difficult times in a day for anybody is the gettin' outta bed, gettin' ready for the day. You know, going back to bed, kinda that last meal, getting back to bed, and then the in between, you know. Do they have appointments? Are they able to get their lunch? Are they, you know, I mean those are kinda typical. And I encourage when caregivers are callin' and asking, you know, you've been with your client. What do you think? And get feedback—

I: Hold that thought I wanna—

I2: Sorry?

I: You ready?

I2: I am about to be ready.

I: Okay. We're still doing fine here.

I2: Okay. I am ready.

I: Okay. We're gonna shift gears a little bit now. I think you've done a great job of covering some of the things we wanted to talk about in terms of what's rewarding about this job, what's challenging, what do you like about—what keeps you in it? That kinda thing. But a number of PCAs have told us about different situations that they've gotten into, and I'm just gonna throw a few of these scenarios out at you and see if you've experienced them.

P: Okay.

I: And if you have, how did you handle it? So, one is, have you ever walked into a home and been confronted with something you just didn't know how to handle? You know, maybe it required a skill level that you didn't have, or something was goin' on that you just didn't know how to handle?

P: Right. Gosh, I've walked into homes where the family dynamics was really uneasy. The family actually arguing loudly, and I mean to an outsider lookin' in could be construed as abusive or wonder where's the client I'm carin' for now? How are they, and [54.45] sometimes it's them doing the yelling. So, it was kinda like, okay, did you guys know I was coming? Should I be here right now? I've walked into homes where it wasn't portrayed to me the level of skilled care somebody needed. You know, there's no Hoyer Lift. They can't stand. They are, you know, bedridden, and it's like, oh, okay. Well, how are you gonna take a shower or are we gonna do a bed bath? "That's not what you're here for." Oh, okay [laughing].

I: Can you think of a specific example of walking into a home and you weren't aware of the skill level or what was going to be required or there wasn't the right equipment?

P: Yes. I had a lady before who had a rare stroke, and you know, I was asked to go and help her. I knew she was medically quadriplegic, which means all four limbs affected, so I'm thinking we're gonna transfer with a Hoyer or a slide board. You know, 'cause I have some experience by this point, so I'm getting prepared. When I get in the home, and usually when you use things like a slide board or even if you can do the stand and pivot transfer, you're using a gait belt to help you keep you and them safe. And I learned that this lady does not want a gait belt used. It's not going to be used, and we're not using a Hoyer with every transfer, and she does use a slide board, so that's helpful. And so, I had to learn real quick to adapt to that, but I remember thinking, okay, I wasn't told that you're not gonna use a gait belt, and how do I make sure you stay safe and I stay safe, and what if something happens? Am I covered liability-wise, you know, with our company because we didn't use a gait belt?

I: How did you handle that?

P: Well, I talked with the client first and foremost because she was still a very strong personality in her home, and a very, you know, she's the leader of the home—the family still even with her medical conditions. So, I was talkin' with her and keeping—reminding myself to keep the open mind of I can learn from the client too. You know, I don't have to learn from a supervisor or a nurse. I might have to learn from her [52.04], but in the next step was making sure our office knew—that the company knew that, hey, things are a little different in this home, and this is her wish. She feels it's her right, you know, are you guys okay with me doin' this [laughing]? And so, usually in those situations a nurse might evaluate it or something and come out—I think I got the okay over the phone that, you know, "If she's been doing it this way, then let her guide you, and if you can do it, great. If you don't think you're the right fit, let us know." Then it's find another caregiver that might work.

I: To be able to do a transfer without a gait belt?

P: Without a gait belt, right. And I worked with the client, and it ended up being successful, and I was actually very impressed by what she could learn about her own body, and what her limitations were, and still utilize 'em to be as independent as she can.

I: So, you mentioned something in there. So much about what you do is trying to keep the client safe, but the personal care workers are at risk for injury as well.

P: Absolutely.

I: Right, and have you ever been injured, or do you worry about being injured?

P: Let me think here. I mean I never have been injured like to the point where I was on a workmen's comp's claim or anything like that, but you know, in the nursing home had little things. Like one day, all of a sudden, a knee just gave out, and the next day it was like swollen so bad. You know, you pull a muscle somewhere, so I've been fortunate. I've had not serious injuries due to caregiving, but I also think I've also been fortunate in my training and techniques, too, and utilizing the safety equipment as best as you can. Utilizing the techniques, you learn from the therapist and nurses about keeping the back straight, bending the knees, you know, make sure things are positioned before you get started in moving or doing things [49.52].

I: And in your line of work, if you get injured there's always the risk of not being able to—

P: Absolutely.

I: --work the hours and get the paycheck, right?

P: And maybe that's why—maybe I might not have even reported some of my injuries because if you're injured, you know, nobody wants to work and get more injured, and it's not—I mean I would have definitely reported anything that I thought put a client at risk, but as far as me, you know, if that back muscle was pulled a little bit, you know, I'll do some more stretches or I'll put some ice or heat on it, but I'm fine.

I: Have you ever been in a situation where you felt unsafe?

P: Yes. Actually, yes.

I: Can you tell us about that?

P: In fact, there was an older gentleman I took care of for a while, but he had some family that had some issues. And, you know, being a caregiver you're also kind of an advocate, and you are a mandated reporter. And in this situation a family member came into my client's home and was very—very angry sounding. I'm trying to describe his mood. He was angry. He was wanting financial information, and I already knew from spending time at the home that a different family member was in charge of finances and medical decisions and things like that. So, this person had no legal right, but he was a relative. He was a son, and so he's talking to his father, and now, the father tells him, "You know, you have to talk to the other person. I don't control that anymore." And he blew up. He got very angry, very mad, demanding things, and it, you know, got to the point where I felt he was being abusive, verbally for sure, if not body language kinda threatening, and I stepped in and I said, you know, I'm gonna have to ask you to stop this line of conversation with your father or I will have to notify somebody. And he stood up, and he got in my face, and he gave me some vulgar words, and basically told me to stay out of it; it was none of my business, and it was scary. It was very threatening, and I knew he had just gotten outta jail, and [laughing] you know, so he had some issues [47.16]. So, I repeated to him again, I said, you know, I'm not just the person that comes over and cooks and cleans for your day. I am also a mandated reporter and an advocate, and I have to report this. So, your choice is to leave, or I will have to call the police before I make the report. And he stepped in closer, and it got to the point where I felt like I needed—I might need to defend myself, and I did pick up the pan off the stove, and I warned him if he stepped any closer

I would not [laughing] have any problem using it. His best bet was to please leave, and you know, they were from our town. So, it was like—and you know my family. They're not gonna appreciate you, you know, disrespecting me like this, so you need to back off, and he did. He took a step; he backed off; he left. Promised to be back, and I immediately called supervisor, and they instructed me to make a police report. And in the meantime, I went back, and I apologized to the client. I said I don't know if you feel I overstepped, but I felt this was going no place safe for anybody and it needed to end. You know, dad, torn between the family dynamics, "You did what you had to do. You know, I wish he wouldn't be that way, but, you know, you're okay. I appreciate what you did, and so I was glad for that [45.47] 'cause you don't think about—in that instance, you know, I couldn't think about is he gonna be mad at me for saying this to his son, but.

I: I know some healthcare workers have taken self-defense classes.

P: Yeah.

I: You hadn't had self-defense, but you had a pan.

P: [Laughing] right. No, other than brothers and sisters and maybe a couple of old high school people, but no [laughing]. No self-defense class; however, I would recommend it if you ever get the opportunity to take 'em to take 'em.

I: It sounds like it might be useful?

P: It could be. It could be the difference between even—unfortunately, I mean any good caregiver's focus is gonna be the client, and it's gonna be keeping them safe, and makin' sure their needs are met for that time that they're there. But the reality of it is, if there is a truly life-threatening situation, you know, I have to suggest that the caregiver remove themselves immediately. If you can remove the client and yourself, great. That's the optimal thing, but if it comes down to a choice, we have to ask that the caregiver remove themselves because, you know, they have a family, and they have other people that are counting on them caring. And it's not to diminish the client themselves that they're not as important, but it's just a tough call. And I know caregivers that have had to make decisions like that or have got hurt because they couldn't make that decision, and it's just a really tough situation to be in. So, it's always better to be well trained, prepared, forward thinking, think ahead.

I: Dissipating.

P: Mmm hmm.

I: In this "Me Too" moment in time, have you ever experienced inappropriate behaviors, inappropriate sexual behavior or comments or remarks?

P: Yes, especially the younger I was. I think it happened more often with male clients, and unfortunately, even maybe a couple female [laughs], but—and I don't know what—there's probably millions of reasons why. Being a young girl in the field and going to the home of an older man who lives by himself, I mean it's happened to me where, you know, they try to insinuate they want something extra [43.09] or, you know, that they want you to do something for 'em that they can do themselves because—I don't know. But then that comes back to, hopefully, they've been trained—a caregiver's been trained to be empowered to handle it professionally, you know. In one situation I had an older gentleman—it was the first time I was gonna assist him with a shower, and I knew he was gonna have difficulty washing his hair and his back, 'cause he had limited arm movement. That makes sense, but I also knew that up to this point I've seen him, you know, walk with his walker. I've seen him take himself to the bathroom. I've even seen him dress himself, maybe slowly, but he's put on socks, taken off socks. He's, you know, pulled his underclothes up, and you know, and maybe just a little bit of help from me. Like, oh, let me straighten that out, or let me give you a pointer, you know. Go with your weaker arm first, and then dress your stronger arm last. Things like that, so when we get to the shower part, and I, you know, just give him his privacy, and we're goin' along okay. We get his hair washed, his

back washed, and so I get a soapy washcloth for him, and I'm like here you go. You can, you know, finish up. Let me know when you're done. I'm gonna be right here, and you know, I shut the shower curtain to give privacy, but still there for safety. And then I get asked, "Well, aren't you gonna do the rest?" And I said, well, I've seen you reach your socks, so I know you can wash your feet and legs. You should be able to reach your chest, so you can wash there, and you've taken yourself to the bathroom, so I think the rest of it should be okay, but when you're ready to stand [41.24], if you need me I can make sure you don't fall. "Well, I thought it was your job to do this." I said, well, let me help you understand. It's my job to help you be as independent as you can as safely as you can, not to enable you. And so, if you think about it, this is a form of exercise for you. So, if you don't stay movin' you're gonna lose it. "Well, that's not what I was told. I was told I was gonna get washed." I'm sorry for the misunderstanding. You can certainly call my supervisor when we're all done and let him know [laughs]. But I'm not gonna do what you can do. But after that, you know, he had the expectation set, and, yeah, and he didn't ask me again. But I mean that's just one. There's been a few.

I: Yeah. Have you ever experienced getting close to a client and then they die?

P: Absolutely.

I: Can you talk about that?

P: Both in the facility and in the home, yeah. I think the most—I can say most memorable, but one of my very first clients or residents that I lost was in a facility. In the facility, she didn't feel well. She wanted to stay in bed, and the policy was, you know, you have to—everybody has to go down to the dinning room unless there's a certain order or whatever. Talked to the nurse, let her know what the client expressed. Well, she in particular was dealing with pneumonia, so gettin' outta bed was actually best for her. She needs to come down, and because of the staffing ratio when I was able to get her back in bed, you know, ideally, you're gonna check on your clients at least every hour and a half to 2 hours, and I think she probably got in bed about 7:30, maybe. And didn't get back to her in that timeframe. When we did our shift and I went in there to check on her with the midnight staff, she had passed. And I know there probably was nothing I could do if I'd been there a half hour earlier really or, but it still bothers me. So, it's really important to me to, you know, okay, if this is when it needs to be done and needs to be checked, you know, I go back to it. In a home setting, I have held the hand of people who have passed, and then I've gotten the call that, you know, by the way, Mrs. or Mr. has passed. You can take them off your schedule. You won't need to go back, and a lotta times in those cases it feels like, oh. There's no closure, but you know, we were working on this, or I was learning about this or [laughs]. Well, our family—you know, it's not my place. They have things in place of contacting everybody, but you feel almost a responsibility, but then all of a sudden, your responsibility's not there [38.07]. so, that's kind of hard. You have to kinda just—now, the moments where I can actually help the family during the ending stages, and the actual passing those help, actually help me a little bit better because I feel the closure. And I see how it does actually help the family how you know if they don't have to focus on the care or something specific, you know, they can focus on their feelings and being a family, and their own grief, and over time—and it's taken time, what I have learned is that I need to put it all in perspective. Hospice care or end-of-life stage care, things like that, I actually don't mind doing now. I mean it's not that I wanna say, oh, I wanna go [laughing] and help everybody that's dying 'cause it's sad. And it does wear on a person, but my perspective is I'm there for a reason. I'm there to take whatever troubles or burdens or the clinical/the medical side within my training, you know, off of the family, to just make sure that things are being done respectfully with dignity and if there's resources that are needed, that I'm there to help guide with that. And sometimes it's just being there. Just so that they're not alone, and so when someone passes away, and I try to hold—I'm an emotional person, so it's not easy [laughs], but I do—I show enough to show that I care, but I don't show it all because this is their time. This is their part of life; this is their process.

I: So, then what do you do when you leave the house?

P: I cry like a baby [laughing]. I cry like a baby. I pray. You know, I ask the Lord to, you know, make sure that they feel his love, that they feel the guidance, that they feel, you know, there's a purpose even though we can't see it. I ask him for my own strength, and to, you know, forgive me of any weaknesses I might have had [laughs], you know, if I got mad or whatever, and that I can get home safe to my family [laughing].

I: So, a good cry.

P: Yes. I good cry, a good prayer, talking with others, having that ability. A lotta times when I'm in the administrative role and I know caregivers are possibly going through that or those times are coming, I will make sure that they know, hey, this is, you know, the number's open 24-7 if I'm working. If I'm not working, feel free to ask for me if you need to talk because I think that having to know you're not alone out there, and you're not on your own is really important to caregivers. They need to have support [34.54].

I: How was it when you're farmer friend died?

P: Oh, gosh, when he passed away—with him I got the call. I wasn't there. I was actually asked if I wouldn't mind giving up hours with him to another caregiver because she was having difficulty with a client and thought maybe I might be a better fit for this client. So, I wasn't able to be on the case at the time he passed, but when he passed I—personally I had a feeling of it was time. That I felt he was ready, and this is what he wanted. He wanted to be with his wife, and I was grateful that, you know, we were picked to be part of his life at this time for whatever reasons. I did get to go see him a couple times before he passed, and talked to him a little bit, and he showed his appreciation and things, and we talked a little bit. You know, and he says, "You know, I'm not scared." And I said, well, I hope not. I said, but if you do get scared, you let them know to give me a call and I'll chase 'em away with the fryin' pan [laughing]. So, he was good with that, but I'll drive by his house once in a while just to—'cause he was a great guy. It was great to get to know him.

I: He'll be remembered for sure.

P: He will. Yes. I have quite a few that will be remembered [laughs].

I: We're gonna take another pause. You're doing great.

P: Okay [laughing]. Sorry.

I: You really are. No. It's exactly what we were hoping for—the stories, you know - to give a sense of what it's all about.

P: Yeah.

I: Are you thinking of things to—

I2: [Laughing] I'm just so impressed by you, and maybe we should talk about this on—while we're recording, but you've brought up so many things that are skills that you can't teach.

P: Yes.

I2: That you have to have a certain kind of personality to be able to do like—a certain kinda person would remain calm or remain composed in that altercation, and a certain kinda person would be able to have the emotional ability to deal with the passing of a person, and take on that emotional burden, but at the same time maintaining boundaries. And, you can talk about this stuff, but I think as we interview all these people, I'm realizing that the sample or the number of people that [32.13] can do this kind of work is so small.

P: Yeah. To do it right, to do it justifiably.

I2: Yeah. You know, 80% of people self-identified as being shy, and you have to be a huge giver of emotional energy to be to be in this position, so it's really so, like in a lot of ways.

P: Oh, thank you. I think I blame it on my parents.

I: [Laughing] were your parents like this, were they giving people, they demonstrate that model to you?

P: No. They were workers. They were gone. They were always working, and it was just, you know, do it. "We have to work, so you have to care for your brother and sister." And, you know, "Mom's at work, so you've gotta pick up the slack, you know, for dad's care." I mean as far as like—I mean my dad was babied. He'll probably hate me saying that, but you know, his clothes were set out for him for work. His lunch was made. Breakfast was made, coffee was made. All he had to do was get up and go through the motion and out the door, but the man worked a lotta hours too, so I guess in hindsight it probably saved him a half hour then he didn't have to get up and make us lunch and coffee and everything [30.54] [laughing].

I: But you had responsibility for your siblings?

P: I did, and I was the oldest, so you know if the housework didn't get done whether it was supposed to be their job or not, it was on me, you know. If they got in trouble, even though I didn't put 'em in that, it was on me.

I: So, in retrospect is it one of those things, oh, that was a blessing in disguise because it prepared me for this?

P: It was. It was a blessing and curse. I mean my parents somehow got through all that—I feel they brought me up with empathy, with the need to help and make sure I didn't disappoint, and the work ethic, which, you know, not—everybody's home is different, and [laughing].

I: Are you ready?

I2: Yes. Very close to it. Okay. I'm ready.

I: All right. We're gonna shift gears again.

P: Okay.

I: And talk about some of the bigger issues—social, economic, political issues around personal care work, so we have a drastic shortage of personal care workers right now.

P: Yes, we do.

I: Huge shortage especially in these rural areas, and you've mentioned a couple of challenges—the distances, and it's gonna get worse with the aging of the baby boomers.

P: Right.

I: So, we need to find a way to train more workers, and as K said, not just in the technical skills but in how to be the kind of person that would stay composed, would stay patient—

P: Right.

I: --all of that—

P: You know, it's scary when you're sent out as a caregiver—and I've been sent to locations, you know, given an address [28.49], you're given a set of here's a basic description of the client and the home you're going to, and you know, the care plan's in the home—follow it. But and, you know, and maybe in the cities too, but you're driving to a location you've never driven before. I mean back in the day you wouldn't catch me on a

winter road, you know, I was brought up in the time when the Alberta Clipper was coming through, you stayed home. There was nothing in town worth gettin' on them roads for. You know, your parents—I mean my parents, you know, we had the canned foods, we had the freezer stocked, and kept home. Wood stove, so lantern's, flashlights, whatever, and this idea of driving on the winter roads it just didn't seem fathomable. I didn't even seem fathomable to work the midnight shift for many years [27.54] until I did, and I would probably say in the last, gosh, my daughter is not 15, so the last 12 years I don't think I missed a single snow storm.

I: You've been in them?

P: I've been in them, driving.

I: Trying to get through them.

P: Yes. One gentleman, 5 a.m. start time, and being in a storm in itself, I knew he was most likely to lose power. So, calling in, it would be a reasonable option. I mean we're only probably seeing this gentleman a few days a week, so he can sustain, you know, on his own for a set amount time. He has family in the area although not close. They have a longer drive than I would even have, so I made the choice not to call but to go and make sure if his power went out, or make sure the food was set up, and drinks, and that his phone was close to him. I just wanted to double check on him, and I remember running through the McDonald's to get me a little hot cocoa 'cause it was bad out. And state police came on the radio wanting everybody off the roads unless they were an emergency vehicle, and I'm like, well, what does that mean for me? And I ended up calling the non-emergency dispatch line, and I asked 'em, I said I just heard the warning from the state police, but I'm a caregiver, and I need to check on this gentleman. And she said, "Well, you're not an emergency worker, so I mean you could get ticketed, and if there's an accident it will be your fault whether it is or not." I'm like, oh, okay. Well, I still don't feel good about calling into work [laughing], so at 5 miles an hour I drive through the snowdrifts and the blizzard, and went to his home, and I was glad I did. I mean he was fine, but I got to know that, okay, he's set up. He's gonna be okay until his family can come and check on him later.

I: Wow. What a story. You made that your personal responsibility whereas another PCA may have chosen to call in.

P: Right. And don't think that my husband hasn't said, "What are you doing?" You know, "You're nuts! What if something happens to you? Where does that leave us?" But I don't know [25.33].

I: So, why did you do it?

P: 'Cause I couldn't sit at home with the thought that this gentleman could be without power, could be cold, maybe have fallen, you know, I just felt like somebody needed to check on him, and I knew how far away his closest family was, and I just I had to do it.

I: Now, what happens in a winter storm 'cause we are up here in snow country?

P: Yes.

I: When you have clients that can't go 3, 4 days without seeing somebody, what happens then?

P: You know, I say it's all by the grace of God, really, because at any point anything could happen to any caregiver on the road. You could be—as well intent as I was I'm gonna be bound and determined to check on this guy, and something could have happened and prevented me from doing that whether it be an accident or stuck in the ditch or, [laughing] pulled over by the state police. You know, we encourage clients and caregivers alike to always have a backup plan. Always make sure people know when you're going, what route you're going. For caregivers specifically, we have to think about, okay, it's a winter storm or a storm could come in all of a sudden. You know, do you have a winter survival kit in your care? Do you have a little bit of food? Do you

have your cell phone charged, and of course, back in the day we didn't have a cell phone to charge? So, does your family know at least—not that they need to know who you're going to see because you have to protect HIPPA, you know, but they need to know what route you're taking. You know, I'm going to East Jordan, and I'm going by 88 or, you know, 66 or whatever, and make sure you check in with people [23.51] during those times. As far as the clients go, you know, as a caregiver I always encourage them, like, one of the things—I don't even know if it's true anymore, but make sure they have a landline phone because even with the power outage maybe that phone line would still work. Has the family or case managers considered a life alert button that's connected to a landline phone 'cause internet can be interrupted, satellite can be interrupted. Make sure they know where their flashlights are, you know, they're being in touch with their loved ones, and they just have a backup plan. It's very important.

I: So, one of the reasons for the shortage is the working conditions. You've just beautifully described some of the, but also the wages are remarkably low for PCAs.

P: Yeah. I think in our area I wanna say probably the average you're, you know, getting $10 and hour as a caregiver. If you're getting paid more than that, you're probably lucky, you know. And we're competing with—it's really discouraging because some of the caregivers can only get paid $10 an hour for making sure a human being is, you know, set up with meals and homemaking and medical, that they're okay, that their meds have been taken. I mean it's things than can affect people's life, but yeah, our fast-food workers are getting paid $10.50. And I'm not saying—I'm not gonna argue whether fast-food worker deserves the pay or not. Anybody that does a good honest job deserved a good honest pay, but when you compare preparing fast food to caring for people, and the fast-food worker is getting paid more, what does that say as a society in itself.

I: What does it say?

P: You know, to me it's putting the value on that quick [laughing] unhealthy burger [laughing] and shake and fries versus a human life.

I: It says something—I think you're indicating it says something about the value we place on older adults. What does it say about the value we place on personal care work?

P: You know, there—and I know there are people that appreciate the personal care worker [21.22], the caregiver, the nurse's aide nurses. I mean I've seen it, I've felt it, I've lived through it, but there's a lacking in, you know, being able to express that verbally and emotionally to a caregiver is great, and that's something they definitely need a feedback from that they're doing a good job, that they're making a difference. But you know, a majority of these people, too, they do have a family to support, and even more so in our day maybe not only a family to support, but maybe an elder family to support too. So, you've got a multiple—possibly multiple generations depending on this caregiver not only to provide care and out in the community and in their own family, but financial support, but you're asking this caregiver to, you know, eat the cost of their gas and the wear and tear on their vehicle, of their time, you don't consider that sometimes the caregivers may have to buy their own equipment. Not that it's mandated, and most companies won't say it is. To me to be an effective caregiver you need to have, you know, a blood pressure cuff, a thermometer, you know, take basic vital signs in case something happens you can tell that to the 911 caller or the nurse, whoever. There's just a lot I think people don't realize about the expense that caregivers put into their job.

I: How do you respond to people calling the work unskilled or low-skilled?

P: [sigh] ooh, I sit on the fence on it. Yeah, there are some parts of the work is unskilled. Most people should know how to go into a home and [19.23] just see how Mrs. Jones is doing, and visit with her, maybe do a few dishes, and prep her a little lunch, and make sure she takes her meds. It's pretty simple stuff, but if Mrs. Jones has medical conditions even though that's her plan of care, that's all we're expected quote/unquote to do when we come in there, if those medical conditions change, who are they gonna look at if the caregiver was

the last person in the home? So, should I compare someone that's just comin' by to just make sure she has a small lunch and her meds? Be responsible for noticing that she had a medical status change? You know, was she flushed? Was she not herself? Was she tired? Was her skin clammy or cool to touch? Was she sweaty? You know, was she unsteady, shaky? You know, these are all things that if something were to go bad, you would hope your homecare worker, your personal care worker would notice and make a call [18.15]. But if you're gonna call it somebody unskilled, then you can't put that expectation on them.

I: And then of course you have a lot of clients that require more than just a companion.

P: Yup. And maybe there are clients out there, especially maybe even under the state program, you know, they qualify for the state to help them pay for a caregiver, and I have been in homes where, you know—and the state, and I know they're trying to keep the caregivers safe, too. I don't doubt that they're not trying to do that because they have limitations to what a caregiver can do when they go to help someone. I remember a lady out in a rural area who I was asked specifically by a case manager if I could try to be her caregiver because, "They've went through so many, and it's just not working, and you know, she's like I know how you've done with other clients. So, I'm gonna send you out here, and if you can't help this lady, I don't think there's anybody that can [laughs]." So, I go out, I meet the lady. We hit it off, and I explained to her, you know, how I'm gonna help her. And I do go above and beyond, which every good caregiver's gonna go above and beyond for clients. The drawback is a client would expect it from everybody, and why wouldn't they? You know, "Well, so and so will do this for me," but it's outside of what we should be doing, and what the danger is, is from the other client says, "No, I can't do it." Now, you've got that client thinking, "Well, then why are ya here?" And this particular client when through and she's like, "I can do everything on this list myself. What I can't do is the 14 loads of laundry that didn't need done right because my washing machine's been broke for 2 weeks. You know, what I can't do is I can't empty the cat litter box because it's too heavy, and the room is small, and I can't do it." Well, it's on a list that caregivers are expected not to do it because it could cause a health problem, you know. The woman can't afford the laundromat. What do we do with her laundry?

I: What do you do with her laundry?

P: Well, I really did step across the boundaries, and I brought her laundry to my house and I did it. I brought four loads home one night, brought it back the next day, four loads the next, and I got her caught up. But it was the wrong thing to do because, 1) nobody else was really informed at how dire her situation was, so nobody knew to look for other resources. And I didn't know this at time. I mean this is since then in hindsight, but 2) it put an expectation now that, well, she's not gonna like any other caregiver unless they go above and beyond, and spend their own resources to help her, and 3) you know, it potentially, I guess, could put—well, I don't guess. It could potentially put you and your own family at risk. You don't know, you know, what's in her dirty laundry [laughing] and everything, and now you're bringing that into you home. So, I didn't think it all the way through.

I: You'd do it differently now?

P: I would do it differently now [14.52], and it's not because I don't have that urge to take it home and do it myself or spend my own money at the laundromat, but no one is gonna know if we don't start talking. You know, what I learned from that is the case managers aren't going to know that they need to work harder to find more resources to help these people with low income or special situations or whatever to make their basic needs met, like clean laundry.

I: How do you respond to people who say, "Well, you're just a PCA; you're just a homecare aide?

P: [Laughs] I say they never done the job. I'd say they've never walked in the shoes, and they've never really committed to the work you know. If you're just an aide, there's no such thing. That's just like saying you're just a mom or just a dad. You know, it's a multi-facet career.

I: What do you wanna say to the world, the policymakers out there? How can we improve the situation, so that we don't have such turnover and such a shortage?

P: Yeah. You know, it's not gonna be a one-step easy answer, because I mean if pay was just the only answer, you know, there are cases that are paying pretty decent wage, and they're struggling to get caregivers on it. So, there's a lot of many things to think about, but you need to: 1) you need to draw people to the field, draw people to this need. How do we do that? Well, most humans are gonna ask for what's in it for me? I mean that's just our basic human question that people are gonna ask. If you are a caring person, you're like, "Hey, you know, I took care of my Grandma. I could probably do that for a living." You need to take that person and build on that, and to build on that, they need to have the proper training, and they need to be aware of exactly what they're getting into. And I think that it's not, so they can decide whether it's for them or not, I think it's so that they can be prepared to handle the majority of the situations that come their way. I think if you have the proper training and preparedness there, then when they get into the situations of, "Okay. I've never been in this area. It's midnight. I'm lost." You know [laughing], or "Oh, I just walked into a home, and it's trashed, and there's like 30 people living here, and they're all fighting, and you know, we have to prepare people for things that people don't think really happen, but they do. It's not like in the training—and we laugh [12.07], and I've seen the videos—the training videos over the years, and I don't think they've changed much today, but you see the caregiver knock on the door, in the cute little uniform, in the quiet little neighborhood, and the cute little house, and you know, everything is so politically polite and correct, and mellow, and at a nice easy pace. It's not that in the real world. You know, sometimes house numbers are not marked. You don't know what door to go to. Now, you're late, so now they've formed an opinion that this caregiver just can't get it together, and she's late, and now everything's gonna be off, or heaven forbid, they're gonna miss an appointment because we couldn't find their place. And then we get into the home, and oh, the dogs are jumpin', and she needs this right away, or an incident happened. I mean there's so many scenarios out there. It's not perfect, and we need the training and the preparedness, so caregivers know how to handle these situations.

I: So, I usually just ask about the politicians, but you've mentioned agencies a number of times over the last hour, what do you want to say to all of the agencies that are cryin' for help?

P: You know [gentle sigh], I feel for them. I mean they're trying to do their job. They're calling people and seeing if they have caregivers available to help, you know, fulfill these services. I had one person call yesterday, and I offered to look into it to review and see is there any caregivers, you know, that might be willing to work these hours, and asked if they could just give me a day to look into it, and basically was told, "I don't have a day. I need somebody now," and that was the end of the call. So, that tells me the frustration they're having in finding staff, but—and we all when we talk on the phone or we meet for different meetings or trainings, we all know: 1) the pay has to be better, the benefits have to better, the training has to be better, and I think we're in a different time, too, where we're dealing with a different type a generation, you know. My work ethic—and I don't wanna say it's better or worse, but it's different than maybe the work ethic of some of the 20- and 30-year-old's that are out looking for jobs.

I: How do we work with that?

P: That's a good question [laughing]. It really is.

I: I mean how is it different, and how could we—

P: There's so many different things that affect [9.18] so many different people in so many different ways. So, what you say about, well, why wasn't this person been successful? Someone could come into the field of

caregiving, and they need a job, and they're willing to work, and all this is said at the interview, and you know, the employer provides it. You know, we have 40 hours, it's a little bit out of what you said. I mean everybody wants that perfect Monday through Friday, 8 to 4 and I'm done, and I can pay all my bills and go on my vacations, but in-home health that's not how it is. Yes, sometimes, but if a caregiver limits them to a certain amount a days and hours, you're limited to whether you can actually have fulltime work or not because care happens 24-7. And then there's a lotta people that need care, so everybody gets outta bed in the morning, everybody wants care from between 7 and 9 start to 11, 1 o'clock end, and then everybody's gotta go to bed. And everybody's got appointments between 12 and 3 because they're not gonna get up early [laughing], you know. The demand and that every situation is so different, so I feel like I went off the tangent a little bit. We need the caregivers and the agencies to know that—I don't know. There's so many variables.

I: Well, you've mentioned several times that the agencies really need to support the workers. They need to feel supported like they're not alone and valued. What kinda support could an agency offer?

P: Right. I think it starts with the training, with the orientation and training. It starts with making sure the caregiver, potential caregiver knows that when you come across these situations this is your policy, this is your guideline. You're not out there to wing it on your own, you have a team, so they need to feel part of the team. They need to know who those team members are and when they should be contacting them. And then beyond that, that their team, their support whether it's administrative, the nursing or whoever, make sure they follow. That they do; that they are supported. That they are—and when you're dealing with people, you know, you're talking and you're talking on the phone, you can't see your expression. You have to, you know, watch your tone. You have to watch how you word things so that it—'cause when people are in stressful situations they can tend to misunderstand [6.34] other information they're getting. So, it's really important for even maybe the administration or nurses to have that training in how to diffuse, be supportive, get the information quickly and timely and effectively to the caregiver that's asking for the help. And continuous education, continuous training, going back and reviewing.

I: So, we only have a few minutes left.

P: I know it seems like not enough doesn't it [laughs].

I: I know. There's many questions. Do you have some final thoughts, advice for the public or for the president or, you know, about direct care workers, the work that you do, and the difference it makes in care of older adults?

P: Mmm hmm. Well, I think if—and it's not to belittle the elderly at all, but a lotta people that I come across when trying to explain my job and my role as a caregiver, "Oh, it's kind of like taking care of your children." All right, I never liked that saying because, you know, children are meant to be taught and raised and guided and our elderly I feel are meant to be respected, cared for, and needs met accordingly, but if that's how people wanna look at it, then okay. Let's take that avenue and say it's like raising your children. You know, we have put in the policies and the things for daycare. I mean people—I mean it's hard for a teenager to just be a babysitter. I'm like, well, just babysit. You can't just babysit. There's a regulation. There's this, there's that. We need some regulations on the caregivers too. I mean, as in any field there's the good, the bad, and the ugly, and the awesome, so we need regulations. We need a better reporting system that doesn't violate rights and HIPPAs and whatever, but we need a better reporting system that we are weeding out people who are [4.24] not in this field for the right reasons. Maybe not doing the job the way it should be done, and then we need a way to reward the people to stay in this field whether it's through benefits, wages, support, training, and you need to keep in mind that these people are directly affecting your loved ones, you know. I was a family member when my Grandma suffered a stroke, and even though I wasn't directly part of her life, my grandfather was. They lived alone and privately. I got to be part of her care and her rehabilitation, but I also had to know that other people were coming to her home, and I had to trust they were gonna treat her with dignity and

respect. So, I want the policymakers, the president, anybody that has any kind of authority in guiding these things to think about your loved one. Think about your mother, your grandmother whether they can—maybe they can't talk, maybe they can't express, and what would you want for that person? You know, for your sister, for your daughter if they couldn't speak and care for themselves, dress themselves, feed themselves, bathe themselves, what would you expect, and what would you do to get that? And then put that to what we're facing now, you know, everybody has a loved one out there who needs care and deserves care, and we need to make that possible. Otherwise, we're gonna hear more about tragedies that you can't believe. You know, how long was Mrs. Jones on the floor before someone noticed her? And how long did Mr. Smith go with an infection, you know? I mean—and stories may not be quite clear and defined as that, but is it fair? I mean we're talkin' about human lives. If you're gonna be upset about things like what's going on in third-world countries when the poor and the underprivileged are without drinking water and all this and that, and that can be happening in our own neighborhoods if Mrs. Smith can't get out of her chair to get a drink. You know, we need to do something, and change needs to happen soon.

I: Well said.

P: Thank you.

I: Great final—

P: I don't know if it really gets it all out there [laughing], but you know, I mean you could talk all day on ideas and stuff, and there's just so many aspects that need attention in this field. And we need somebody—we need a group of people that can help, okay. We can get this done, but you know, and then actually do it.

I: Well, thank you so much for taking part in this interview because I think this will help get the message across. You know, we need to get the message out there, right? And it's better to hear it from you than from us.

P: And I know I'm passionate about it, but I've seen all aspects of it.

I: Yeah. Twenty-seven years you see a lot.

P: [Laughing] yes, you do. Yes, you do.

I: Do you have any final?

I2: Thank you.

P: All right.

I: Thanks so much for the interview and for the work that you do.

P: Oh, thank you.

I: It's really a privilege to talk with you.

P: I think we got it all out there, and [laughing – inaudible].

I: You really did so well. I wish I could just leave these running and we could keep talking, but I'm gonna let K do his thing with the photo shoot.

P: Okay. Oh, goodness.

I: While I get your gift card.

P: You didn't just do those photos while they were recording [laughing].

I2: No. We just need screen shots.

P: Oh, [laughing]. I learned to ask my kids not to give me photo shots, you know, in their activities anymore. I just do the video, and then I'm like, oh, yeah. Oh, yeah. That's good.