Interview with Ernest Gardner conducted by Dan Kaplan, Creative Producer at MICRO

Dan Kaplan: So the first question, please introduce yourself.

Ernest Gardner: All right. Well, my name is Ernest Gardner and I’m a community health worker in Philadelphia, where I provide social support to patients during their hospitalization, discharge and recovery. I’m also a Philadelphia native, and I’ve been in the healthcare field or the care field for about seven years now.

Dan: Great, thanks.

Ernest: Did you want me to mention anything else or anything that I missed?

Dan: I think we’ll get to them with the other questions. So that, that, that’s fine.

Ernest: All right.

Dan: Why did you become a caregiver?

Ernest: It’s always been the innate quality in me. I believe a God given quality that I have. My spirituality and my religion does play a big part in why I’m a caregiver. One of the major tenets of my religion is to love others. So I think that encompasses care and providing care for others. So that’s what really drove me to go into the care field because I have a strong love for people, a strong concern for their wellbeing. So I just always knew that this was a field that I could use my God given gift in. Before then, I was in real estate and property management, which wasn’t really fulfilling to me. This is much more fulfilling, just being able to help and care for others.

Dan: So the people that you work with, the patients or your clients, if you had to pick the one big thing you wish they knew about what your job was, uh, what would it be?

Ernest: I think most of my patients do cause I do build good relationships and rapport with my patients. So I just, um, would definitely love them to know which they already do, that I do take my job very seriously, which I know that they already know just because of the service that I do provide for them and the relationships that I’ve built. Um, so I think that they already do know that about me and know that I do take my job seriously and I would do you know anything to the best of my abilities to be able to help them, anything that’ll help them to improve their quality of life.

Dan: What do you think you would say to someone who has no idea what you do? What would you wish they would know?
Ernest: I wish they would know that my work is really essential. You know, we provide care to patients that sometimes are distrusting of the healthcare system.

So I would want them to know that, you know, the work I do is definitely essential 'cause we can kind of bridge the gap between the community and the healthcare system. So, you know, they can better understand each other, our patients, you know, with the practitioners, they can better understand. It's just a necessary service ... so many people out there need support. They need social support, they need help navigating some of the complexities of the healthcare system, help getting medical equipment and things like that. So I would just want them to know that, you know, cause I know sometimes people don't know what a community care worker does.

Dan: Why do you think there is that mistrust of the healthcare system?

Ernest: I think a lot of folks, especially, um, you know, minorities and you know, some folks in marginalized communities haven't been really treated fairly by certain healthcare professionals.

Um, I know even in my experience just being a community health worker and attending some appointments with patients where doctors were just really unresponsive, you know, would rush the patient out, like, and I wasn't used to that, you know, cause I always had good medical care and I love my doctor.

So it just took me aback because it was like a pretty good doctor rushing them to get the appointment over with and rushing them out and not really hearing their concerns. So I think a lot of times, um, they feel unheard. Um, they feel, you know, um, they're not believed in certain instances. Like I worked with a lot of sickle cell patients in the past. A lot of healthcare providers often think that they're drug-seeking patients when they're really just in pain. Um, so they don't, you know, a lot of patients don't really trust or, um, feel like they're believed, um, sometimes by their doctors and healthcare professionals. And then some of the things that have happened in the past with, you know, Tuskegee experiment, different historical things that have happened made folks this distrusting.

Dan: right. Uh, is there something that you wish your bosses knew about the work you do that you don't think they know?

Ernest: I would say the same thing in terms of, I think that my bosses know, like we're a really tight knit organization. I'll often say it's like a family, the best organization that I've ever worked at personally. But, I would say that they, I would just want them to know the same thing that I'm a hard worker, you know, I take my job seriously and I go above and beyond for my patients, which I think is already, they recognize.

And, um, but yeah, just to let them know that I, the same thing I take my work very seriously and I guess I don't really consider it work because like I said, it's like an innate quality in me. So I guess I don't really consider it work. Um, but I would want my employer just to know that I'm committed and diligent, which they do. They, they know.

Dan: Could you tell me a story about one of the best parts of your job?

Ernest: Yes. Oh my goodness. I love helping people connect to resources and things that are going to improve their quality of life. So recently, this last year during the pandemic, we've been actually supporting patients telephonically.

So, I had encountered a new patient, [deleted] had quite a few health elements and [deleted] needed a home health aid and [deleted] had been trying to get a home health aid for over two years, but, you know, had kept hitting certain barriers. A lot of times the paperwork and things like that are so cumbersome that patients kind of just give up.
So through me, working with [deleted] over several months, we were actually able to finally get [deleted] a home health aid because [deleted] needed help with things like cooking, bathing, remembering to take [deleted] medications. Through working with [deleted] and the county assistance office, we were able to get [deleted] a home health aid that [deleted] would have for eight hours a day and they can help [deleted] with just everyday chores and tasks that he needed help with.

So that made my day because [deleted] had been trying to get home health aid for two years. I think the only roadblock was that [deleted] needed to submit some documents, some bank statements, and [deleted] bank charged like $5 per copy and [deleted] couldn’t afford it. [deleted] was on a fixed income. So, you know, through working with [deleted] we called a couple of places and learned that we can just complete a hardship letter. Like [deleted] didn’t know, so for two years [deleted] had been trying to get a home health aid. We finally did it! So that was major for me like I was just so excited and happy. [deleted] was so appreciative. [deleted] couldn’t stop, you know, talking about it. And [deleted] was really thankful for my help.

So I have similar stories with patients, just giving them different equipment and motorized chairs, you know, so they can get around and things like that. So that’s what really drives me and gives me satisfaction.

Dan: Yeah. That’s great. It’s incredible that someone could, you know, not have the care they need for two years for something that is so that’s like a $5 charge, but that is the reality for so many people.

Ernest: And then, like I said, [deleted] was on a fixed income and a lot of times the different programs, they want so much paperwork. They wanted two years of bank statements. So, you know, at $5 a pop, [deleted] couldn’t, [deleted] couldn’t afford it. So we just had to find another avenue, and [deleted] really just needed someone to walk along with [deleted] on [deleted] journey and make phone calls and things like that, which we kind of take for granted, but some people don’t have that support to even have someone to help place the three-way call to find out about benefits or things like that. So that’s where we come in as community health workers.

Dan: Right. Great. Uh, can you tell me a story about the hardest part of your job?

Ernest: Yes, definitely. I think the hardest part of my job for me initially when I began this type of work was just meeting folks where they are not really putting, you know, our program is patient centered. So, um, we pretty much try to work with patients and what they want to do.

We ask them, you know, we get to know them, their hopes and fears, and come up with things that they want to work on. So sometimes you kind of want to impose some things that you’re thinking that the patient needs, but, you know, in reality, they’re not even out there. So that was like a challenge for me initially, just meeting folks where they are and not putting any pressure on them to do certain things that they didn’t want to do.

For instance, a patient may have a substance abuse problem, but they’re not ready to go to rehab, you know, and my mind is, oh, you know, go to rehab, but they weren’t ready to do it. So I had to, you know, understand that and meet them where they are. So that was kind of tough for me initially, but I’ve really come to, um, just know, it’s better just to meet folks where they are when they’re ready, you know, is the best time. Cause there’s no reason to set a goal that we know, you know, it’s not going to get accomplished. So, um, I would say that was the hardest part or, or, you know what, the hardest part of my job.

Dan: Great. So it’s kind of getting, making sure that you’re, you’re listening to the, to the person. So, you know, what’s realistic for what they can achieve.
Ernest: Right. So we, yeah, so we set realistic goals because it's, you know, we don't want to work on something that is not going to be attainable. So we set realistic goals and that comes with, you know, just listening to the patient, getting to know what they would like to work on, um, what they, their needs are. And then, um, just with attainable goals. So we actually do ask our patients when we set those goals on a scale of one to 10, how confident they feel, um, you know, working on that with us and, you know, we'll go from there. Yeah.

Dan: Okay, great. What do you want the future of caregiving to be like?

Ernest: I would say I would like the domain to be expanded and brought in, um, which, you know, healthcare is introducing folks like us, community health workers into, you know, the healthcare field and things like that.

But I would like it to be expanded. Um, I think the community health workers provide such a vital service to the community, and many of the issues that folks face now could be addressed with having more community health workers to provide different social support. Um, so I think that just expanding the care domain to include folks, you know, lay people that are trained like community health workers. I would hope that the healthcare field, you know, evolved, um, a little more in incorporating. Um, and then also that goes along with just, I guess, finding sustainable funding for community health workers.

I hope that different government programs like Medicaid and things like that. Some policies could be changed where they can incorporate sustainable funding for CHWs because most of the folks that are on Medicaid, Medicare, they really need a lot of social supports. A lot of people see care as just medical things and health things, but, you know, that's definitely important, but some of the social issues that people face, when they're rectified, their health improves.

Dan: Can you tell me more about that?

Ernest: This is a simple story, but I had a patient who was having trouble. Um, they had COPD, um, wooding, like they didn't want to quit smoking. Um, they had tried, you know, time and time again, but that goes back to show you, when people are ready, you listen. And then when people are ready, they'll make the move that they need to stop that behavior.

Of course smoking is not going to help [deleted] COPD. At first [deleted] wasn't initially like gung ho to any type of smoking cessation program, but we were able after building a rapport with [deleted] because I work with patients for three months, [deleted] was agreeable to entering a smoking cessation program at Penn, which [deleted] did and [deleted] completed, and [deleted] is now smoke free.

[deleted] doesn't smoke cigarettes any longer. So just even being able to connect someone to a program like that, that they may not have even known existed, is just an example.

And then another patient of mine, just a quick story. Another patient of mine, [deleted] just was having issues, just getting around. [deleted] loved to be outdoors. Um, [deleted] was an amputee, unfortunately, and [deleted] didn't have a chair, like [deleted] had no motorized chair, nothing at all. No support at home. They didn't know how to navigate to get one.

So, you know, after connecting with [deleted], I knew that that was something that [deleted] wanted. [deleted] hoped that [deleted] would be able to get a chair so [deleted] could be more mobile, get out and be active, as [deleted] could. And I was able to connect [deleted] and get [deleted] a motorized chair, which [deleted] still grateful for. I get calls from [deleted] all, all the time. [deleted] grateful for that today. But just, you know, things like that just to improve people's quality of life, but also their mental health and emotional wellbeing as well. Um, cause just being confined and restricted can be, you know, pretty, um, depressing. So yeah.
Dan: Yeah. I think it's really neat about the work of community health workers is that you can take a patient and really think about them as a whole person, like what their mental health is like, what their physical health is like, what their social situation is like. And then, find the thing that might be really at the source of a lot of their problems. Instead of just.

Ernest: Right, the root.

Dan: Yeah.

Ernest: Yeah, the root cause. That's what we always try to find, that root cause of whatever the problem is. We always look for their root cause and you can only do that by really just listening and getting to know the patient. So initially, that's what we do, when we meet our patients. We just listen and we ask questions to get to know them a little better and better understand them and some of their needs that they may have.

Dan: Right. Great. Uh, could you just describe what a typical day is like for you.

Ernest: Yeah. So now, like I said, we're supporting patients telephonically, so I've been working remotely from home and pretty much connecting patients to resources. So we do enroll patients twice a week. I enrolled four patients per week too. I have two on-call dates. So we enroll our patients. We do what we call 'meet the patient interviews.' So I do that over the phone with my patients to get to know a little more about them and assess their needs. And then we typically do about three goals that we have that we want to accomplish during that time.

So just work on you know facilitating getting those goals completed while working with my other patients. My typical caseload is anywhere from 13 to 15 patients at any given time. I'm also helping other patients accomplish any goals that we're working on, connecting them to resources to help with things like food insecurities, utility shut off notices, helping them to get DME equipment.

And then also being a listening ear, 'cause many of my patients don't have anyone to talk to. So a lot of times they'll just call me, just to talk and just to provide that emotional support that they're not receiving. Um, yeah, so my day is pretty much consisted of just connecting patients to resources, working on our goals, which we call roadmaps that we have, and then, um, you know, providing emotional support and being that listening ear when we were in the field, which we'll be back out in the field at some point. I also conducted home visits with patients. So I would get to see their environment, you know, which was a good thing. We would conduct home visits as well in the community. So that would be a typical day for me.

Dan: Could you tell me a story about one of those home visits? Like something that you maybe noticed in a home that helped you understand how to help someone?

Ernest: Yes. Yes. I did a home visit several years ago, and my patient kept coming in with breathing issues like CAEP, and [deleted] would come in with COPD exacerbation. So when I got to [deleted] home, I understood why. It was very poor ventilation and the house was overrun with flies, like sitting there, there were flies all around us. So that was like the first thing that I noticed. We really had to get exterminators in there. I worked with one of [deleted] relatives to get some things done in the house where they could get rid of the flies and just provide a little better ventilation.

Also, [deleted] didn't have an air conditioner in [deleted] home, so that's definitely detrimental in the summer months. So I worked with one of [deleted] relatives to get [deleted] an air conditioner. So sometimes by doing the home visit, you see the issues that are hindering them from focusing on their health or that are being a detriment to their health.

So that was one instance 'cause it was so kind of unbelievable to me. I had never seen, like, it was like tons of just flies and just stuffy. So that was [deleted] issue. So we were able to, you know, help out. And like I
said, work with some of [deleted] family members to get [deleted] air conditioner and some extermination to rectify that issue.

But yeah, you can tell a lot from visiting. Some folks don't have electricity, you know what I mean? So if they don't have electricity, they can't use their oxygen concentrator and things like that. So that's where we come in as well, just helping with shutoff notices and contacting the utility companies to seeing about payment arrangements or any programs that are available that can help with utility bills.

So yeah, so home visits are very important. I mean, we haven't been able to conduct them, like I said, during the pandemic, but I don't think it has affected our level of support in any way. Cause I've been able to really connect patients to the resources they need and still been able to build meaningful relationships without being face-to-face.

Dan: Great. Thanks. That was a great story. What are some objects that you find meaningful and connect to your work?

Ernest: Yes. Well, I actually have it on right now. It's a ring that I have and this was my ring. A few years ago, I graduated from Regent University and it is a Christian university and on my ring, in the inside, 'God is love' is inscribed. And that's what really drives me. At the core, loving others and caring for them really drives me. So I wear this ring almost every day as a reminder to always promote love and show love to others. So this is something that's very dear to me, but I'd wear this to work when we were in the office. And you see, I have it on now. As well as a devotional book that I usually carry with me with inspirational quotes and things like that scriptures.

Dan: That's great. Yeah. That's um, that is actually exactly what I was talking about. Uh, cool. Is there, um, Wait, you, you said you got it from university, sorry, but I didn't hear what it was from.

Ernest: Yes, it was. Um, I graduated from Regent University, um, several years ago. Um, so I always went to, I went back to school later in life, but I always wanted a class ring. So yeah, this is that class ring right here. Um, that I got from when I graduated with my, um, with my bachelor's a few years ago. Um, and I may be getting another one. I just finished my graduate studies. So, um, I may need another ring with a similar inspirational quote.

Dan: That's great. Is there a time when things seemed hard or you were stressed out that you looked at the ring and it, and it helped in some way?

Ernest: Yes. Yes. And not, and not just even at work. Life in general. During those stressful times, you do have to remind yourself, you know, cause this ... while this work is definitely rewarding, all work can be, you know, tough or stressful at times. So looking at it just always encouraged me to just be persistent, um, and just persevere, um, through any challenges that I would have, whether it be in life or in work. Um, so yeah, just looking at the ring just gave me that confidence and just knowing, um, like I said, that God is always with me and my spirituality definitely just plays a big part of who I am. So ...

Dan: That's great. Uh, is there, can you think of a, maybe a picture that, um, also you find meaningful, like something from your past or, or a picture of someone that you're close to?

Ernest: Yes, I do have a family photo, it's actually of my grandmother who is no longer with us. So I often look at that photo of her and her five children. And it's so significant because they didn't like to take pictures. We didn't do family portraits and things like that.

So this one picture is significant because it's the first time that my grandmother and all her children were in a professional photo. So that was something that I looked to and it kind of warms my heart, and that's hanging up in my home. I'm working remotely now, so I do often glance at that photo, just in remembrance of her and how, you know, at a time it was significant because they were all together.
Dan: Is, um, would you, could you, do you think you could take a picture of that so that we could put a replica in it and in the museum?

Ernest: Yeah, definitely. Definitely.

Dan: Well, thank you. Yep.

Ernest: And I'll just make sure that my, um, family members are okay with that, but I don't see a problem, yeah.

Dan: Please check that. Yeah. Okay. Right. Um, uh, great.

Well then, uh, could you, could you just say a little more maybe about how, like you think about, you know, how your family in that picture sort of represents or connects to you with, with the work that you're doing now?

Ernest: Uh, yes, definitely. Um, I would say that's where I kind of get, well, like I said, I think that I have innate ability just to care for people, but my family did play an important role.

And I did, I think I, um, told this story to Tina, um, when we were doing our interview, um, I was maybe about six or seven years old. And we were having a family meeting and then my aunt was kind of being reprimanded by the family for some things. And she broke down in tears and she went upstairs, and I followed her upstairs 'cause I just wanted her to feel better. I didn't want her to be sad and I followed her upstairs and just gave her a hug. Um, and it seemed to just lighten her spirits and it cheered her up. So, that's one of the significant moments that I really remember so vividly, and looking back, that's where I get my spirit to uplift people and want them to be comfortable and want their wellbeing to be good.

Um, so I would say my family played an important role in that because I was able to show that caring side to many of my family members and give love and care to them. First and foremost, because they're our first, you know, they're our first everything. So I was able to show that care and love to them and just carry that over into adulthood, into my career now.

Dan: Yeah. Great. Uh, what do you think is a, if you could identify kind of like a quote/unquote tool that you use for your job, what, what do you is like the most useful tool that you use?

Ernest: I know this sounds weird, but I would say myself. I mean, a great deal of our work is connecting patients to resources. And of course we use tools like you know laptops and phones and fax machines and copiers. But I would say at the core it would be myself, just making sure that I'm in a space where I can help others.

So I think I am the most important tool in my toolbox that I have for work.

Dan: Yeah. Great. That's a great answer. Thank you. Uh, what advice would you give someone who wants to go into care work, but maybe just doesn't know kind of where to start or what they might be getting into?

Ernest: Oh, man, I would just let them know that it's definitely a rewarding job and it's a rewarding field. I will also let them not to enter into it if their heart is in it. 'Cause I know that sometimes people do enter into the care field and don't really have a passion or a love for it. For example, sometimes in some of the skilled nursing facilities, some of them staff may not be as attentive. They're there just to make a paycheck. So I would just tell people that are interested in that field. Just, we just make sure that they have a heart for people, um, and actually for caring for people. Cause if they don't, um, you know, people see that they realize it's not genuine and it adversely affects their care.

Dan: Right. Great. Tell me, tell me about what you were like as a child, how your, your folks would describe you and, and how that might relate to what you do now.
Ernest: Oh, yes, definitely. And I'm the same. I would say people would say I'm the same now as when I was a child, just a very kind and caring, gentle soul, really friendly, welcoming to pretty much anyone. Which, you know, when I was younger could have been a detriment because I was so open. I didn't consider anyone bad until they showed me opposite, but just the good in everyone. Um, and just like a caring and calm spirit. A lot of people tell me that, um, I've always had that spirit about me since I was younger. So it's pretty much just me over into adulthood, which I'm thankful for, you know, allows me to better serve people in my community, my patients. Um, yeah, so, but I've always been like this, just a mild, um, like I'm kind of like a mild mannered spirit. Yeah.

Dan: What, uh, tell me about things that make you anxious, you know, and it's just like, not even if it's like big things, but just like maybe quirky stuff just about you or, or, um, anything that could help someone kind of get to know you.

Ernest: I like quiet and order in a sense. So when things are really loud or after commotion or things that are out of order or things that I consider negative that kind of ruffled me up, you know what I mean? But, other than that, I'm pretty common, it takes a lot to get me riled up or anxious. But I would say when things are out of whack or disorganized. I don't like drama and confrontation and things like that. So certain instances like after it's, like, I would say any type of conflict that kind of makes me a little anxious, but for the most part I'm pretty even keeled.

Dan: What, uh, what's your kind of happy place? You, if you kind of described where, what would make you as happy as possible? What, what would it be?

Ernest: Oh my Goodness, I'm so laid back, like I'm a homebody, so my happy place would be in my home. Um, and just like, you know, surrounded by friends and just enjoying ourselves and, you know, conversing, good food, good conversation. I'm a big movie and TV buff, so, you know, movies, entertainment. Um, yeah, so that's my happy place. Just being around friends and family, in my own setting, in my home. I don't really like to, you know, go out a lot and things like that. So that's my happy place and definitely good food.

Dan: Uh, tell me about some of the movies and TV shows you like.

Ernest: Oh my, I, I feel embarrassed. I do like reality television. I do like reality television. Um, you know, it's just, you know, something, you know, for entertainment. I do love my, um, different talk shows like, um, Wendy Williams and The View. Um, and then I just watch shows.

Um, I'm like, kind of into, um, like some of the different fantasy shows and things like that. Like Charmed. Um, I was like a big fan. Um, I like all the Nightmare on Elm Street films. I'm like a big, um, horror buff. So I like all of the Nightmare on Elm Street films. Um, it's just a wide range. I like so many things.

Um, and then like classic TV that I watched, like, um, A Different World. I don't know if you're familiar with that A Different World. Um, I watched that a lot. Um, Martin, you know, someone shows shoes like the classic shows, um, you know, um, yeah, so comedies the whole gamut drama. Um, one of my, um, One of my favorite movies, it's with Gina Davis, it's called 'A Long Kiss Goodnight'. That's one of my favorite movies that came out in the nineties. Um, it's kind of like an action film. Um, but yeah, I, I pretty much love everything. Um, and I'm looking forward to the new Escape Room movie. That's coming out. I'm going to the part two for Escape Room.

Dan: Yeah. Do you like escape rooms?

Ernest: I did. I liked the first one I did. Did you, did you see it?

Dan: No, I haven't seen the movie, but I have the, um, before the pandemic I did a few escape rooms and I really liked doing those.
Ernest: Oh, oh yes. Now we've done it once. It's like a team building activity at work. Um, I kinda sucked at it, but like my partner, we didn't make it out the room, but you know, we did, we gave it a good try.

Dan: Um, the, that Gina Davis movie “A Long Kiss Good Night,” What, what did you like about it?

Ernest: I love the action. I love the action that was involved. And then not often, like, like, I wouldn't say like alter egos, but like she was a mild-mannered um, she had amnesia and she was a mild-mannered housewife who discovered that she was actually a government assassin. So I liked that dynamic where initially she was just a mild-mannered, meek, PTA wife, and then, once you got her memory back to this, you know, terrifying like assassin. So I thought of that aspect was wool and then Samuel Jackson added like the comedic relief. He was like her sidekick. Um, so that was, I, I enjoyed the little comedic breaks in there.

Um, yeah. And then I like her as an actress, I think she's a really good actress, just a classic actress.

Dan: Ok, yeah. Great. Uh, well, thanks Ernest. I, I think those were my questions. I, um, I really appreciate your time. I like, is there anything else that you'd want to, uh, you know, convey to us or, or kind of like if you wanted to tell the visitor anything, anything like that?

Ernest: Um, I want to say to the visitors to promote love, to practice concern for others. At some point, if you are who you are, you're going to need someone to care for you, whether you're an infant or an elderly senior, you're going to need someone to look after you at some point. So just to promote love and just to wait, you know, you're going to need care. So, you know, you'll help others as well.