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Y. Stories to Save Lives

Interview Y-0025

Janette Godwin

26 June 2018

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ABSTRACT – Janette Godwin

Interviewee: Janette Godwin

Interviewer: Maddy Kameny

Interview date: June 26, 2018

Location: Dunn/Newton Grove, NC

Length: 1 hour, 7 minutes

Janette Godwin was born in Raleigh, NC, in 1989. Though Janette was afraid of needles as a child, she discusses becoming interested in healthcare through experiencing the healthcare system through an accident as a teenager. She recalls various negative experiences with medicine as a child. She worked in a nursing home and talks about the differences between working in that environment and her current clinic. She discusses tendencies of different levels of healthcare providers, clinical time restraints, sexual health and education, community outreach, the role of the nurse, provider burnout, patient-nurse ratio, mental and physical labor in her rural community, and urban versus rural culture.

Janette describes her close-knit family throughout the interview, lessons learned from her parents, and the nurturing nature of her father, including his encouraging her to see multiple perspectives. She discusses the death of her grandfather. She describes the economic changes in Erwin with the closing of mills (the denim mill). Janette gives her opinions on the importance of human connection over material goods. She is passionate about riding horses, which she has been doing since childhood. She discusses a typical day living and working on her boyfriend's family's farm, and transitioning to the farming lifestyle. She talks about choosing not to participate in social media, and opting for a simpler life. This interview is part of the Southern Oral History Program's pilot project to document health and healthcare in the rural South.

TRANSCRIPT: **Janette Godwin**

Interviewee: **Janette Godwin**
 Interviewer: Maddy Kameny
 Interview Date: June 26, 2018
 Location: Dunn, North Carolina
 Length: 1 hour and 8 minutes

START OF INTERVIEW

Maddy Kameny: —like what you had for lunch or for breakfast, and then I'm going to see, like, how the volume is working. So, go for it.

[0:00:08.0]

Janette Godwin: I didn't eat anything for breakfast this morning.

[0:00:10.6]

MK: No! [laughs]

[0:00:12.7]

JG: I didn't. I talk kind of soft, anyway.

[0:00:15.9]

MK: Okay. If you don't mind, I can—I'll just move it closer to you so that you don't have to talk louder than, like, you normally would.

[0:00:22.7]

JG: Okay.

[0:00:24.6]

MK: Do you want to try it again? Just tell me, like, do you have any pets or—

[0:00:27.4]

JG: I've got four horses and my boyfriend has six horses and a donkey.

[0:00:34.2]

MK: Wow. That's impressive.

[interruption]

[0:02:30.3]

MK: All right. So you were talking about your horses and I was trying to see the volume on this. Okay. So we're all—where is that? Like a farm around here?

[0:02:41.1]

JG: No, I live in Coats.

[0:02:43.4]

MK: Where's that?

[0:02:44.0]

JG: About seven miles from here.

[0:02:45.9]

MK: Okay. I'm going to move this a little closer to you. Is that okay?

[0:02:49.2]

JG: Mm-hmm.

[0:02:49.7]

MK: I don't want it to be like all up in your business.

[0:02:51.2]

JG: I can talk a little louder. I just don't talk very loud.

[0:02:52.9]

MK: That's all right. Perfect. And then one last thing is that I'm going to try not to say "mm-hmm" as you're talking because then it messes with the recording, but even though that comes naturally to me, so I'll just be nodding, but it doesn't mean that I'm not listening. [laughs]

[0:03:16.9]

JG: Okay.

[0:03:16.9]

MK: I'm going to try my best.

[0:03:19.0]

JG: That's fine.

[0:03:20.6]

MK: All right, great. So this is Maddy Kameny. It is June 26th, 2018, at CommWell Health in Dunn, North Carolina, and I'm here with—

[0:03:29.8]

JG: Janette Godwin.

[0:03:30.2]

MK: All right, great. So if you don't mind, I want to just start by talking about how you got into healthcare.

[0:03:40.1]

JG: Well, my parents always took me to the doctor when I was little every year for physicals, immunizations. I hated needles. I was absolutely paranoid afraid of them. And I actually had an accident when I was eighteen. I fell through my front door and I had to go to the ER and get stitches and the whole nine [yards], and then I realized I was

not afraid of needles. I wanted to be a vet, but I followed my vet around, I had a bad experience with that, so I decided to let the horses be my therapy. And when I realized that probably getting shots and all that stuff was not going to hurt any worse than what they had to do to me at the ER, I applied for nursing school and got all that done.

[0:04:31.2]

MK: Awesome. I'm sorry, the pen clicking is going to, like—is that okay?

[0:04:35.7]

JG: Yeah, I'm sorry.

[0:04:37.1]

MK: It's comforting for me too. I do it naturally. All right. So can you talk a little bit about your schooling, how you got into CommWell Health specifically?

[0:04:46.7]

JG: Well, when I had the accident, I applied in the fall and got in at Central Carolina [Community College] and got my CNA. I worked in the hospital for four years as a CNA. The last two years, I did prereq[uisite]s for LPN at Central Carolina, and then I got into the LPN program, and then I went back and bridged the gap for RN and I worked in a nursing home for about six months as an RN. When I had my LPN, I worked about eighteen months with Harnett Health clinics, so I was a float nurse, and the last ten months is when I got my RN and I worked in the clinics part-time, and then I worked in the nursing home as a nurses' supervisor for six months.

And then I did not really like management, and maybe I didn't like the environment of a nursing home or a skilled facility, so I started looking at other jobs. I had a friend here that worked in dental and she told me I should apply, so I applied here

and a few other sites and I ended up getting a registered nurse staff floor job as Dr. Belk's [phonetic] nurse for two years, and the past year I've been the director here.

[0:06:01.2]

MK: Oh, wow. Okay, so how was that experience of being here different from when you were at the nursing home?

[0:06:06.9]

JG: At the nursing home, there's a smaller-knit group of people. There's only four or five people in administration that run the building, and every morning we would meet at nine o'clock to discuss the insurance: which rooms pay the most, which room's insurance was running out, whose rooms had to look a certain way, and it was really, really geared about insurance and reimbursement. Some of the patients—I was in administration, but I liked to try to take care of them and help the CNAs, and I was frowned on for that. Some of the other girls in the administration were younger. I don't know if they were jealous, or however they were, you know, girls pit girls against each other, and I didn't want any part of that. It was nothing but political politics, so I started looking at other jobs. I just didn't like that environment, either, because it wasn't about the wellbeing of the person, it was about the insurance reimbursement, and that's not the side of healthcare I wanted to be on.

[0:07:04.8]

MK: So you're working directly with patients now?

[0:07:06.7]

JG: Mm-hmm. This role's half and half, and normally there's a clinical manager underneath the director that catches a lot of the overflow, but we're such a big clinic and

we have an overflow of walk-in patients, a lot of times trauma patients. I still cover the lab. If we have too many people out on PTO or emergency appointments, you know, I'll still staff. So I'm still staffing quite a bit now because we don't have the other position—it's filled, but she's a nurse at our other clinic and she's the only nurse, so we have to fill her position before she can come here.

[0:07:38.7]

MK: Oh, gotcha. So can you talk a little bit about working directly with patients, like what that means to you or things that have happened? [laughs]

[0:07:46.7]

JG: Well, working in the other clinics with Harnett Health, I don't know if it's location or if it's patients with insurance, however, there seem to me a lot more drug-seeking behaviors. And moving here, it's more of a community-based caring environment. The patients here, probably we see 68 percent uninsured or indigent patients, and the patients coming here are coming here for care because they can't afford insulin, or can't afford to manage chronic diseases, or they have diseases they don't know what it is and in their country don't have the money or means to find out what's wrong with them.

So a lot of the patients that are coming in here legitimately need care, and I feel like I definitely make a difference in helping them get that care in whatever role I play here, whether I'm the one taking their vital signs and reporting it to the providers or if I'm the one making sure their prior authorizations go through so they can get their medicines for free, working with the pharmacy. We have behavioral health, we have dental. A lot of the patients need dental services they can't afford or have never had. So I

think this environment is definitely—I think it's more what people go to school to be nurses for. You make a difference. I feel like I do every day.

[0:09:12.1]

MK: Yeah. Can you talk about kind of your personal experiences with healthcare? Like, you mentioned that accident that you had, but what was that like when you were at the hospital?

[0:09:23.1]

JG: Everything happened kind of fast. I fell through the door on my front porch and I fell onto the glass, so I cut my knees and my hands and stuff, and so the hospital was only, like, six miles from our house, so I got in my own car and was driven there. And, of course, I was bleeding actively, and so they took me straight back. The only thing is there was one doctor on call because it was a Saturday morning, and he was having to revive somebody else and then come and clean me up and sew something and then go because they kept crashing, so I was—I kept begging them to put me to sleep because I was so afraid of getting a shot or anything like that. Like I said, I had an unrealistic fear, I guess.

So they gave me an IV and I guess gave me medicine to relax, but I don't know what it was, but I would sleep and then wake up when they would start, you know. But they had to give me a lot more medicine because they had other things going on. But I didn't have a bad experience. In fact, I felt like they took good care of me. I just didn't want the shots.

And later on, I had different places come out, where I had to have little places, because the glass was that tempered glass and it was real small, and so I had other places

come out that had to get cut out, just like an outpatient clinic. And I found out it wasn't really the needle that hurt; it's the lidocaine itself. It burns when you get that. So that even helped me even further realize, you know, that it wasn't as bad as I thought it was, so I learned a lot about that later on. I guess experiences, you learn a lot from your experiences.

[0:11:17.9]

MK: Yeah. What were your experiences like with doctors and healthcare before that incident?

[0:11:24.2]

JG: I was fine going to the pediatrician, because I went frequently. I can't remember because I was an infant, but as I got a little older, when they wanted to prick my finger, obviously I was just like any child, I screamed and kicked my legs and my mom would have to hold me and spank me later for being a bad young'un, I guess. But I think that's pretty normal. I've worked in peds and we see it all the time. Some kids don't care and some kids are bad. [laughs] But I just think it's how it's presented, because I've heard a lot of parents say—my parents were fine. They never really talked about me getting a shot or not getting a shot that day. They never tried to prepare me or not prepare me, because, you know, naturally as a kid, you ask, “Am I going to get a shot today?”

My mother would be like, “Well, I don't know.” And that's true, because they may not know what I'm due for or not due for.

But I've worked in peds, and other parents will say, “If you're good, I'll get you an ice cream,” or, “If you're bad, I'm going to make them give you a shot today.” So I think that changes the child's perception of the doctor's office for sure, because parents

can threaten them, and that's—I mean, that's bad. That makes you never want to go back. Like when you get old enough to make the choice for yourself, I could see how that would change somebody's psychological process.

[0:12:56.1]

MK: Are you hesitant to go now as an adult?

[0:12:58.4]

JG: Nuh-uh, no. No, because I was—I mean, like I said, after that accident—I had two bad experiences as a child, not terrible, but just things you remember, which probably made me so scared of the needle. I had a lymph node duct that got blocked and made my lymph nodes swell up, you know, something terrible, so I went to the doctor that morning. They gave me two Rocephin shots, and I'll never—you know, they bend you over the table and have to give it in each buttock, and I won't—and that was so much antibiotics at one time, I threw up before I ever got to the doctor, to the hospital.

They sent me to Wake Med. I had to spend the night. I got an IV. That was terrible. There was five people that had to sit on me because I just—I was only five. My dad got me a Big Bird from the—stuffed animal from the gift store. [laughs] Both my parents were crying. They were upset because of how, you know, scared I was and stuff. And I remember getting a CT scan. I was good for all the tests. Once they got the IV in me, I was fine for the rest of the stay, but I mean, I remember that.

But, like I said, I have good parents, so as I got older, they're your comfort. You know, when you're little, I think you're a little bit more resistant, anyway, because you don't understand. The older I got, the more I understood, the more I trusted them.

So, yeah, the other experience was me falling through the door. And I had my tonsils taken out. I remember my mom—I was younger, even younger than when I had the IV, and they had to rip me off of my mom to take me in the back. That was awful, but, I mean, I was so young, I think anything like that is traumatic because you don't have the knowledge, you don't understand. It's just something different.

[0:14:40.4]

MK: Right. Can you talk a little more about your parents?

[0:14:43.9]

JG: Yeah. [laughs]

[0:14:46.0]

MK: What they did and growing up.

[0:14:48.8]

JG: Well, my dad, he did appraisals with his dad in Erwin until I was five or six, and then he went back to school and got his accounting degree, and my mother's been an orthodontic assistant for about thirty, well, about twenty-eight or -nine years now. But they worked and we—my sister was kept in daycare for a little while until she was—she got really sick, so she couldn't be with other kids. She got croup and a lot of respiratory infections, so we stayed at home and had a lady that came and took care of us a couple days a week, and then we stayed with my grandparents the days in between. So, I mean, we were fortunate we got to be at home a lot when we were little before we started school.

But I can say that I'm far more blessed than probably a large percentage of the world because my parents—we've all had rough times and stuff, and they have, too, not

getting along and getting along, but they're the kind of parents that stick together for their kids. They tucked us in every night and made us say our prayers every night, and we say our prayers before we eat, big thing, eat as a family.

You know, they always supported anything we wanted to do. My sister did theatre and music and went to Meredith College for vocal performance, and I rode horses and rodeoed since I was nine years old, and my dad took me every weekend and he made as many of Katherine's [phonetic] plays and performances as he could and took me to every barrel race they had on the East Coast that we could afford to go to.

So, I mean, I have good parents. I'm close to both of them. I'm a little closer to my dad, maybe, but that's just because my mom kind of did the other stuff with my sister more and he kind of did the horse stuff with me. But we had their thirty-fifth wedding anniversary last night, so we surprised them, and they had a big surprise and we sang for them and stuff. Me and my sister sing together and sing in church together. Like I said, we're not perfect. Mom had an early midlife crisis and about drove all of us crazy, but we worked through it and stuck together. So, I'm just blessed. I love them. We all love each other. We're close knit.

[0:17:16.3]

MK: What about your town, growing up? How was that?

[0:17:18.8]

JG: My grandpa kind of had a large influence in our town. I lived in—we grew up in Erwin, and they had the Erwin Mill, they had the denim factory and stuff, and when a lot of the workers were moving into Erwin, my grandpa, he had a lot of different businesses. He owned an electric store, the furniture store, and he started a construction

business and he built a lot of the mill houses for those people to come in and work. And he started his own insurance agency. He sold insurance door-to-door, because my grandma didn't work. She stayed home because there was three kids, my dad and his brother and sister, so when they grew up, they worked in his businesses with him, and then they went on and—my dad's two siblings, they're lawyers, and he ended up being an accountant later on. But he did appraisals with Grandpa for a while and then—but I always felt safe.

Our town, I grew up in a small town, so I never felt there was—I never heard of any murders or violence or that kind of thing. Like, I think that's probably different from growing up in a large city, because I grew up in a very small town. So as long as I did my homework before I got home from school, I rode the horses every day and took care of them and fed them and cleaned the stalls and stuff like that. I didn't just have them to have them. My dad made me take care of them right, so that taught me responsibility from a young age, because my dad never knew anything about horses.

So I went three days a week with a trainer that ran a farm in Newton Grove, and she ran a farm for some people, so I learned a lot from her, a lot of responsibility. So when we went to these places when I was ten, eleven, twelve years old, we would go to Florida, Georgia, Mississippi, Tennessee. Dad and me would go with the horses in the trailer, and he—if they got sick or something happened, he didn't know. He trusted me because I had learned how to take care of them.

[0:19:20.7]

MK: What else do you think you learned from your parents?

[0:19:24.9]

JG: Everything. I have good parents. My dad, he's an accountant, so he's always helped us manage our money. My dad is a dreamer and my mom is probably on the other side, a realist, but my dad is a nurturer. He wants to nurture and feed the dreams. You know, you only live once. You can't take everything with you when you go. You get one shot at it, so he'd rather live happy than live rich, you know. He makes enough money to help, do what he has to do, take care of my mom. He helps my sister out a lot.

I pretty much take care of myself. He helps with the horses. He bought the last—we only had one truck for, like, fifteen years, and when that one was getting where it was kind of not dependable, he bought a new truck, and he said that would be his last contribution, because I was still in nursing school. So I bought another trailer once I'd gotten out on my own, probably been nursing for about four years. Last year, I got a different horse trailer. And he bought the truck, but that's the last thing he really pays for. I mean, he asks me all the time, "Do you need anything? Do you need any money or anything?" And I'm pretty independent.

But, I don't know, my parents definitely taught me how to love, you know, how to care. I think we care really deeply. I think that's a lost thing. I think a lot of people are really money-driven, which is sad, because I think the poor economy creates that in a lot of people. People live for things, not relationships. But I think people have changed. I think a lot of people are probably more superficial. If they want things, then they're not treating people like a person with a heart and feelings. They sometimes want people for their money. Or, you know, if their parents weren't good to them and they didn't get a good childhood or have that love and affection, then some people are very vulnerable and they seek approval from people, and it doesn't matter if that person's a good person or a

bad person. People get stuck in bad relationships. They seek—they just want approval. It doesn't matter who the person they're getting it is, who they are, who that person is. They just want—everybody wants to fit in in some way.

But I guess because I've been very blessed with my parents, you know, I had that approval, so I have, like, my self-awareness and, like, my approval of myself. I feel like when you have that support, I think maybe you're a little bit more selective about who you choose to be with and what type of life you want to live. I guess maybe that helps you see it more clearly because you're not so focused on that if you have that support. You're not so focused on that.

[0:22:16.4]

MK: Do you think the community that you grew up in has changed since you remember it, since you were a kid?

[0:22:22.7]

JG: Mm-hmm, considerably. Like I said, there wasn't really any balance or anything when I was growing up, but, like, there's—I think poverty plays a large role. There's people, they robbed the Dollar General three times in the past six months. Nobody wants to work there and stuff like that. But that was not going on even when I was sixteen, even eight years ago when I was sixteen, seventeen. It's been ten years, but, I mean, even in ten years, it just seems like even in the grocery store, we're a little bit more guarded. Where I'm at—I've lived in Coats the past six years and I don't feel like that in Coats, but some of the people have changed. When the mill left, a lot of things changed in Erwin.

[0:23:07.1]

MK: When did that happen?

[0:23:09.4]

JG: I was probably fifteen or sixteen, so about three, four, five years after that, things just changed and environment kind of changed.

[0:23:19.9]

MK: Did a lot of people leave or, like, new types of jobs came in?

[0:23:21.6]

JG: No. So it kind of got desolate, honestly. And then, just a lot of different—I guess, poverty, when that starts happening, people, they'll loot and stuff. Not in that way, but like I said, holding up convenient stores or holding up Dollar General, that was not really common when I was—I never felt like you had to watch your back, I guess, but now you do. And I don't know if that's so much just Erwin or if it's like a societal thing.

[0:23:56.0]

MK: What about Dunn? So how far is Coats away from here?

[0:24:02.2]

JG: Well, it's seven miles from Benson, so maybe like fifteen miles, twenty miles, because probably eight or ten miles from Benson and then seven miles to Coats.

[0:24:17.8]

MK: So what do you feel about the community here? I guess it's more Newton Grove than Dunn, but—

[0:24:24.6]

JG: I didn't grow up here, so I don't know, but I feel like it's more country, you know. That's kind of how Coats is. It's more farming.

[0:24:34.0]

MK: Because you have patients from all around, right?

[0:24:35.9]

JG: Mm-hmm, yeah.

[0:24:38.2]

MK: Let's see. What about your grandparents?

[0:24:44.2]

JG: I had good grandparents, for the most part. My mom's parents—I kind of got one good grandparent from both sides, and I was very fortunate, I still have three grandparents living. I'm twenty-eight. I guess that's because my parents got married young too. But my dad's dad was a really good grandparent, very supportive, spoiled us, loved us. Anytime we saw him, he would give us candy, that kind of stuff.

And then his wife, my dad's mom, she was kind of a jealous-natured person, I guess. I don't know. I mean, she was nice to us, but she was just different. And same thing, my mom's dad, he grew up in the Depression, and so did—he was only two years younger than my dad's dad, but some people grow up hard, learn from it, change it, and they're better from it. That's kind of how Roseman [phonetic] was, my dad's dad. But Leon, it just made him bitter, and he was bitter his whole life, even though financially he did very well, and so did Roseman.

But that's just a prime example, I guess it doesn't matter, you could have the same bank account and everyone's different, because they both did well for themselves, but Leon was just a more shrewd-natured person. He was very selfish. He used to be very condescending to me and my sister. When I was in middle school, he would say, "Well,

you are what you eat.” He would comment on weight and stuff like that, and I was very young, twelve, eleven, twelve, thirteen, about the time a young lady becomes conscious about what she looks like or notices boys or—he was just not very nice.

[0:26:36.0]

MK: Is he the grandparent who passed away?

[0:26:38.2]

JG: Nuh-uh.

[0:26:39.7]

MK: Okay.

[0:26:40.1]

JG: Yeah, all the good ones go first. [laughs] But, yeah, Roseman died about five years ago. This November will be six years. But he was—I mean, he was a good man. He was a good man.

[0:26:54.9]

MK: Was he, like, sick for a while or—

[0:26:57.4]

JG: Nuh-uh. He worked up until the day he died. In fact, he was working—he got in a car accident, and my other grandpa was with him. They were friends, because my Grandpa Ro-Ro [phonetic] said, “Leon’s so hateful, he probably doesn’t have any other friends,” so Roseman befriended him and they were together a lot. And they were taking pictures of something for appraisals and driving back, and somebody ran a stop sign and hit them, and that didn’t kill him that day, but Ro-Ro refused to go to the hospital. He just let the people in the ambulance check him out and he went home, but the seatbelt had just

mashed him from the impact, so he—about ten or twelve days later, it was around Thanksgiving, I brought him Thanksgiving leftovers on Saturday. And Saturday night he was a real hard trouble breathing, and my dad went over there and he died in my dad's arms. He was coming down the hallway in the walker, but he—through, like, double pulmonary embolism.

[0:27:55.1]

MK: That must have been really hard for your dad.

[0:27:57.4]

JG: Mm-hmm, and they were very close. They worked in the same building. He's worked with him his whole life. He worked with him at the furniture store, worked with him selling insurance and they did appraisals together, and then my dad got his accounting, but my grandpa still did his appraisals business out of the same building. So, yeah, he didn't move any of the stuff on his desk for, like, two years. But, I mean, that's hard when you work with someone every day who was very, very close.

[0:28:24.7]

MK: Why do you think he didn't want to go to the doctor after the car accident?

[0:28:29.4]

JG: I don't know if he just didn't believe in it or if it was—you know, some of the older generation, they—and I think all his siblings had passed away. His youngest brother had died from pulmonary failure, just COPD, end-stage pulmonary failure, and he had died about eight or ten months before, and I'm not sure that Roseman just wasn't ready to go. I think he just believed in fate. He'd had some prostate problems, but he never went and really investigated that. He went to the doctor a few times for that and he took some

medicine that was too hard on his kidneys, so he quit taking the medicine. And he had AFib and he wouldn't treat that. So I think the AFib—if he hadn't have had AFib, he'd probably have been okay from the accident, but I think he was ready. I mean, all his family had passed away, except for, you know, the younger generation.

[0:29:22.7]

MK: Do you have a sense of how your grandparents or your parents were raised in terms of healthcare, like how they saw healthcare?

[0:29:30.3]

JG: I don't know because my mom didn't really talk about it, but I would assume that it had to have been similar, because they were all vaccinated and they were all immunized, and if we were sick, they took us to the doctor. So I think you're a product of your environment. I think it's safe to assume they probably had good healthcare as they offered, because my grandparents, even though my mom's dad was gone during the week and home on the weekends, he provided for them financially very well, so I'm sure they were taken care of. My dad's dad, he was home every weekend, and they kind of—they were more like a family unit, but same thing with them.

[0:30:21.3]

MK: Do you know—sorry.

[0:30:23.3]

JG: I was just saying they got all their shots and stuff, and my dad is fifty-seven and he has never broken a bone and he's never been hospitalized for anything.

[0:30:31.0]

MK: That's impressive.

[0:30:34.6]

JG: Yeah, he still has his tonsils in, his wisdom teeth. [laughs]

[0:30:36.5]

MK: Do you know of any home remedies that your family has done?

[0:30:41.2]

JG: Not really. A real bad cough, my Grandpa Ro-Ro did brandy and honey, mm-hmm. He made his own brandy half the time. But, yeah, that's the only thing. I guess the honey coats your throat and the brandy burns it out, I guess, or dries it up, like a real bad cough. But maybe putting your head over a bowl of steam sometimes helping, but nothing to try to not go to the doctor. But we don't abuse it, either. My mom would always try to let us fight it for a couple days because she didn't want to just give us antibiotics all the time, but she'll take us to the doctor.

[0:31:26.2]

MK: Besides at your job every day where you're taking care of people, have you ever had to take care of somebody?

[0:31:34.4]

JG: Not so much a family member, but my horses, they've been hurt pretty badly. My horse recently—last year she foundered on all four feet, which is kind of similar to diabetic neuropathy. She got into the grain room, and their bodies are not designed to deal with that much intake of sugar at one time, so it makes the tissues in their hooves become necrotic because the sugar blocks the blood flow. So she was in the ICU at State for ten days or twelve days, and then she lived there for about eight weeks because you can't trailer them. So she was very sick, and when she got home, I had to get up at 4:00

o'clock every morning before work and clean her stall, check her pulses, rewrap her feet, and give her water. My friend checked on her at lunch and I check on her when I got home for about six months.

[0:32:41.0]

MK: So you're taking care of people and animals all the time?

[0:32:45.9]

JG: Mm-hmm, yeah. I haven't had anybody that has had any—luckily, had any long-term illnesses in our family that I've had to be a caregiver in the home or anything like that. I mean, my boyfriend, he broke his feet. I mean, I took care of him, but he—that was a minor fracture. I haven't—I've been very lucky.

[0:33:04.5]

MK: Yeah. What do you think is something that's important for a—like, important qualities for a healthcare provider, either from your personal experience being a healthcare provider or, like, as a patient?

[0:33:16.9]

JG: I think, I mean, obviously healthcare providers, they need to be nurturing and compassionate, but they view the patient from a different angle than a nurse does. You know, I think the nurse has a more holistic view of the patient. We triage them, we talk to them, we listen to their problems, and then when they go in to see the doctor, the doctor views them as organs and systems and how they communicate within the body and anatomy and physiology and what they're allergic to and what they can prescribe them and can't prescribe them. And they do probably focus on psychosocial, too, because of all the new, narcotic epidemic and everything like that, but I think—I like nurse practitioners

and PAs. They're a little different, I think, sometimes than MDs, but I think experience changes them. Some of the times, providers get into the medical field for a different purpose, and then once they start working in it, their purpose evolves and changes just like life situations change you, you know. People's lives change you and you learn a lot about people's lives working in healthcare, makes you even more appreciate and even more self-aware of what you have and to be appreciative of it.

But it's important for them to listen, too. A lot of doctors will review the notes and go in there and make their own assumption before they even listen to the patient, but it's hard because the healthcare constraints have put time constraints on everything, fifteen-minute follow-ups, thirty-minute follow-ups. Patients need time to talk about what's going on with them and they don't have the time, so then they get disinterested, like, "Well, they won't even listen to me. They just want to write me a prescription and they want me to go home." So that probably puts a bad taste in people's mouths. I haven't had a lot of bad experiences with providers, but I can see—I mean, every provider's different too. They get burnt out just like nurses do.

But I don't know. I'm not a doctor or studying to be a nurse practitioner or a PA, so I don't know things from their side, either, but I know enough to know that they are—even if they did have their priorities in the right order for the patients, things change when you get in the room, things change when administration tells you what you can and can't do, what the government what you can and can't do, how much time you have to see—when you have to see a certain amount of patients per day, that cuts into quality. It becomes quantity, not quality.

[0:36:07.8]

MK: So what do you think the nurse's role in that?

[0:36:11.5]

JG: Sometimes we're able to take more time with the patients, depending on the schedule. I think we're also prompted to ask a lot of questions versus nursing intuition on our own. We have health providers and certain things that we get funded for that we have to ask and have to include in healthcare, and they're important things, but that does take away from the quality of the visit.

[0:36:40.5]

MK: What is health to you?

[0:36:47.1]

JG: I think health is a person's view of theirself. Like, I view health as, "I have one body, and I want to take care of it the best I can so I can give to others." I'm a nurturing person by nature. I've always taken care of the horses and my sister's kids or any—but I think you have to make that connection with yourself and respect what you're given, because some people's metabolism is faster or slower or some people are tall and thin, some people are short and thick.

It's self-awareness, and I think a lot of common problems or obesity or things like that, it's from health illiteracy. Like, a lot of people are just not aware of what causes a lot of the problems, or there's a lot of things that don't get talked about that should get talked about. I think you should educate yourself. Anything that you put in your body, you should know. I mean, I'm not like a health freak or anything, but, like I said, I know there's only one of me, so I just try to take care of it.

[0:38:13.9]

MK: [pauses] I kind of lost my train of thought. [laughs]

[0:38:15.9]

JG: That's okay.

[0:38:17.4]

MK: What do you think are some—you were talking a little bit about health literacy in this community and how it could affect overall health. What are some other challenges that you see in this community?

[0:38:34.3]

JG: I think, well, in this community, you know, there's a language barrier. There's a lot of Spanish-speaking patients, and so I think a lot of the information might be in English. I know that I've noticed a lot more things are in Spanish and English, which is good, because it helps people be overall aware of things.

A big thing is sexual diseases or sexually transmitted diseases, that no one likes to talk about that. It's an uncomfortable topic, but a lot of the diseases are because people are just not aware of how they happen or how to stop them from happening. There's a lot of other ways besides abstinence to have cleaner, safer sex than—but they're not educated, so a lot of diseases and things of that nature occur because people don't have the knowledge. And I don't know really how to improve that, but I know that a lot of those things happen because people don't talk about it. A lot of families don't educate their children at a young age, so children experiment, really young ages, ten, eleven, twelve years old, never been addressed. Sometimes it's better to hear it from your parents than it is from all the kids at school. Parents don't want to have that conversation. I'd rather have that conversation.

My parents were very forward with me. I mean, I was in sixth or seventh grade and my dad was like, “I know it’s awkward, but I know you’re growing up.” He was like, “But if you’re ever in any type of trouble or you have any questions about stuff like that,” he said, “I know you talk to your mom,” he was like, “but don’t think that I’m not here for you and can’t answer those things too.” So I had support from both sides. He said, “The worst thing you can do as a child,” he said, “you’re going to explore adult thoughts. Growing up is trial and error.” He was like, “But the worst thing you can do is make a grownup mistake and not ask a grownup to help you, because you can’t fix it yourself, you know, when you’re that young or anything happening like that. Just be upfront with your parents first.” But that has to be—you know, not everybody has that foundation.

So, like I said, a lot of it is awkward things to talk about. People don’t want to talk about them. Parents don’t want to tell their kids about it because they don’t want their kids to know about it or do it. They’re going to know about it or do it, anyway, if they go to school. You can’t hide them from everything.

[0:41:06.1]

MK: Do you think there are any assets in this community, things that this community has or that rural North Carolina has that other places might not have that we can use to address these problems?

[0:41:18.7]

JG: I don’t know, except for, I mean, I don’t know how to promote that, unless it were like you’re doing, like an archive or Internet. I mean, and I think things are leaning towards that way. I don’t know what things rural—like, in general, that North Carolina would have, unless, sex education classes in school or nutritional classes in school. I

mean, you can spread things that way, but we promote, obviously. Healthcare centers, we promote all types of education. We have a lot of education built into our electronic health record that we pass out. We do a lot of screenings. We give education when we do screenings for BMI, smoking, mammograms, Pap smears. We hand out a lot of education for that, so that's, you know, very helpful. But I think a lot of health centers are moving that way.

We screen for a lot of things during triage and try to educate. That's probably the—going back to the nurse's role, like you were saying, we promote a lot of education for the patients, even probably before the providers. The providers really probably don't educate as much as the nurses do. I think a lot of that falls on us because of the time constraints.

[0:42:49.0]

MK: Seems like this clinic, in and of itself, is kind of an asset for this community.

[0:42:54.4]

JG: Mm-hmm, I think so, definitely. All of them are. We have fourteen or sixteen locations. So I love what this healthcare center promotes. I mean, I think we reach out a lot more than other clinics.

[0:43:17.0]

MK: Do you think people's minds are changing about those, like, tough topics that you were talking about?

[0:43:22.6]

JG: Well that's hard for me to say, but I do think that younger children that are active in those types of ways, I mean, I think the more that those things are happening,

that maybe is bringing up awareness that more things should be done about educating them. Maybe that will help, parenting. But there's a lot of issues with parenting, in general, because a lot of grandparents are raising their parents' kids. If their kids are having kids at fifteen, fourteen years old, the grandparent is raising the child. A lot of grandparents are sometimes resentful because they expected that they had raised their kids already, and some parents are ready to have that retirement side of their life or go and—they've worked hard, they've put their time in. They want to retire, and then they have to raise another baby. So I think a parenting aspect has a lot to do with that.

[0:44:31.4]

MK: Do you think—what about your upbringing or childhood has affected the way that you are a nurse now and the way that you kind of approach your job?

[0:44:44.8]

JG: I think that my parents being very caring and supportive has made me a caring person, but I think if you—you know, my dad's an accountant, my mom's an orthodontic assistant. Neither one of those jobs are an extremely nurturing job. I think you're born—my sister's a music teacher. She loves children and stuff, she's very nurturing, but I think that has a lot to do with because our parents nurtured us. I think when you're in healthcare, I guess to be maybe—a lot of people have careers, but to have a fulfilling career, I think you have to be born with that nurturing trait.

[0:45:27.6]

MK: Can you talk a little about going to school and, like, your friends and stuff when you were little?

[0:45:34.6]

JG: Well, I went to a small private school, a small private Christian school in Erwin, and my sister, she started out at public school until she was in the third grade, second or third grade, and then she went to Cape Fear as well, so we went to the same school. And I went from kindergarten until I graduated, so I went to the same school for thirteen years, and there was fifteen of us that went to preschool together that went to Cape Fear for the next thirteen years and graduated together, so that might have a lot to do with it. I had a sound group of friends, so I guess our friendships were different, because when you've lived your whole life, pretty much, with people that you trusted—we had new people come in and out of school, you know, into our school, and go to other schools and stuff. But I had a lot of sound relationships, people I've known a long time.

[0:46:29.5]

MK: People who are still here?

[0:46:31.2]

JG: Mm-hmm.

[0:46:32.2]

MK: Do you have any, like, stories of you and a friend from childhood?

[0:46:35.5]

JG: A lot of stories. I mean, we used to have sleepovers, just like any other young'uns. One of my friends, her mother taught violin lessons, so when I was in fourth grade, I started playing violin, and I played until I graduated high school and some on into college. So me and her, we sang in the choir. We had a little girls' show choir. There was about twelve of us. We sang together from fifth grade until we graduated high school. We did a lot of singing for church things, national anthems for Minor League

baseball games and hockey games and stuff like that. We did a lot of stuff. We had fun. And sometimes being at a smaller school, you have more opportunities to travel and do things like that. It's not as expensive, and, you know, there are a lot of opportunities. So, yeah, we just—

[0:47:35.4]

MK: Do you think that—you were touching on burnout a little bit, so I wanted to talk more about that. Is there anything that you've noticed around you, whether it was at the nursing home or here, about burnout?

[0:47:53.3]

JG: Nursing home is definitely patient-to-nurse ratio, too many patients, same thing in the hospital, high-acuity patients and seven patients to one nurse. The CNA sees the patient, the nurse gives the medicines, assesses the effects, documents, gives the next round of medications, assesses the effects, and then you do with, you know, any trauma situation in between. If a patient starts crashing, you monitor them and do the best you can, but that's a lot of stress on somebody for twelve hours, three days in a row and then four days in a row the next week. That's a lot of stress.

[0:48:32.0]

MK: What do you do at the end of the day to kind of take care of yourself?

[0:48:36.0]

JG: I ride the horses.

[0:48:36.8]

MK: Yeah?

[0:48:38.1]

JG: I work out. I used to work out at the gym some, and I like to work out, but, you know, you cut things out of your life that—I try to ride the horses longer distance, because I don't just walk. I condition them for the shows and stuff. They're like athletes. I can't take them and run them if I don't work them during the week. They can blow tendons and all kinds of stuff just like we can, so to be fair to them, I work them. So when I work them, I get a lot of core exercises and cardio myself because I'll long-trot them for three to five miles, so it's about the same as being on an elliptical, except I'm the one that's propelling the machine. They'll go to my body. Like, if I speed up, they speed up. I control them with me.

[0:49:22.5]

MK: Do you go on a trail or do you go around a track with them?

[0:49:26.0]

JG: Across the road, we have a tree farm that's got the outside of it tilled up pretty good, so it's kind of soft for them to go on, so I take them over there. And then we have about five acres fenced in, and I'll go around the outside of that, but there's a lot of hills. The other place is flatter, so I can kind of go longer.

[0:49:47.2]

MK: Is it therapeutic for you?

[0:49:50.0]

JG: Mm-hmm. I love it. They don't like it so much because they don't like to get worked that hard, but they love it when we get back and I spray them with liniment. I've got—I always give them a liniment bath every day, and I like breathing that in. I think that's—I like bathing them, even if I don't get to ride them in the summer. I probably

don't ride them but once or twice a week. In the spring and the fall, I ride them almost every day, because it's just too hot, unless I got up at 5:00 or 4:00 and rode them in the dark. But it is therapeutic.

[interruption]

[0:50:31.0]

MK: Let's see. Who do you feel like you go to when you need help with something or you feel like you don't have control over a situation in your life?

[0:50:37.2]

JG: Either one of my parents. I usually call my dad. I mean, I'll call my mom, too, if he doesn't answer the phone when I call him first. I mean, and I can talk to my sister, too, but I think me and my dad think a lot alike. I'm very open-minded. I don't like to assume that my opinion's the only opinion. I like to ask him what he thinks I should do because he thinks a lot like me. He thinks about a situation from a lot of different angles, and growing up, I'll always tell him any situation or anything I got in trouble for at school or anything like that or talking out of turn—I mean, I never got in trouble for anything or suspended or nothing, but anything like that, my dad would say, "Well, what did you do to the other person?" or, "Is this only your side of the story?" He said, "There's other sides to the story." So even though he knew I wasn't a bad kid, he still knows that I'm not a saint. He never made me or Katherine feel like we did no wrong.

My mother, it wouldn't have mattered if I'd slain someone in the middle of the road. I would still be in the right. You know? My mom was kind of that parent. She would go to bat for us, no matter what, which is good, but it's not very rational, because, I mean, if I killed someone, I would hope that she would tell me it was wrong. So that's a

very dramatic example, but it's essentially—it wouldn't matter what an argument was about or anything, we were always right.

My dad wasn't like that. He was always like, "Well, what really happened? Tell me both sides," or all sides. He would always make me think, well, from the teacher's point of view, it could have looked like this, or from someone else's point of view, it could have seemed like that, or, "You don't know what's going on in those persons' lives."

So he's always told me to be very careful what you say. That's just as harmful, if not more harmful, than physical pain to anybody. He told me, gossiping and stuff like that, he was like, "It's kind of like you can pretend everyone lives in a glass house and nobody can afford for anybody else to throw stones," because that's kind of truth. You'd shatter their whole home, and who can afford to rebuild their house every day? So he was always very subjective, so, yeah, I will definitely ask him first. And my mom, you know, gives good advice, but sometimes I just have to be a little bit more selective with what advice I take from her. [laughs] But like I said, she loves us, no doubt, but I think my dad has just got a more rational mindset.

[0:53:35.4]

MK: How would you explain this community to someone who's never been?

[0:53:40.7]

JG: To someone's who never been to Newton Grove?

[0:53:43.6]

MK: Sure, or Erwin, whatever you feel like you can talk more to.

[0:53:50.6]

JG: My dad knows more about the community. He's in the Lions Club and he's very involved in a lot of different things. I hate to say I've just always been more of an independent person. I've kind of done the horses and the nursing and stuff, but I'm growing into that, because I'm young yet. But if I had to speak about the community, I mean, we're very rural. We grow a lot of our own crops and stuff. And my boyfriend is a farmer, and we've lived together for almost six years, so I have definitely had my eyes open to a different side of work ethic, and self-motivated work ethic, because they work for themselves and they get up at the crack of dawn every day. If I worked for myself, I'd probably sleep in every day [laughs], but he's taught me, things, they have to be done. You have to work around the weather, you have to work around other things, or you lose your crop.

So I think it's a hard-working community, as in I think your hands work more for you than your mind does in maybe rural North Carolina. You know, big cities, I think a lot of times your mind work—you go to school and your mind makes a lot of your money for you. That's what I told Dustin. I was like, "We work. It's just different ways. I have used my brain to make my income, and then I come home and help work with my hands with you to do, you know, the rest of our chores when we get home and stuff."

But it's an inviting community. I think there's a—maybe in the cities, maybe—I've not lived in the big city, but even just going to Raleigh for the day, you can tell people are—I say selfish, but I say that lightly. It's more like they're more independent, goal oriented. You know, they're a lot less likely to lend a hand. I think if you're broke down with a flat tire, somebody out here will probably help you out, versus in Raleigh they're like, "Nuh-uh. I've got to go to here by a certain time," you know.

[0:55:55.2]

MK: So is it just you and you boyfriend or do you live with his family also?

[0:55:58.9]

JG: We live in the house beside his family. We live kind of like in the little guest barn beside them.

[0:56:05.0]

MK: So what do they grow?

[0:56:06.0]

JG: Everything. Tobacco, cotton, sorghum, corn, sweet potatoes, sweet beans, wheat and oats, and hay. They grow about 500 acres of coastal hay.

[0:56:25.0]

MK: Wow. Do they sell it at, like, markets?

[0:56:27.0]

JG: Mm-hmm. There's a local feed store that we run all the square bales through, and they probably bale about 25,000 square bales a year.

[0:56:34.0]

MK: Wow.

[0:56:35.4]

JG: And then they—around the outside of the fields, we'll get three to four cuts, sometimes four, depending on the season and how much rain we have and how soon it gets cold, and they probably bale, God, probably 1,500 or 2,000 round bales, and they sell those to a lot of cow farmers around. That's a lot of personal business, just people that they've built up over time, customer base that get—once you get in with a good

farmer and you get in there, that's your hay man, you just go to them every year or twice a year for your cows or whatever you're feeding.

[0:57:10.2]

MK: Was the farming lifestyle something that you weren't used to until you moved in with him?

[0:57:13.6]

JG: Mm-hmm.

[0:57:15.1]

MK: How was that, like getting used to that?

[0:57:16.7]

JG: I loved it. I mean, I love to be outside, so—and they have animals and horses, and it's definitely not the easiest thing in the world because it's hard work. Some days you just don't feel like going out there and getting 1,500 bales up out of the field, but you have to, because if it gets rained on, you lose money. So, definitely makes you realize, like, my dad worked hard, I think, to let us play, per se, as long as we could, and that's different—Dustin's worked full-time since he was thirteen.

[0:57:51.9]

MK: Wow.

[0:57:52.9]

JG: He would work—get up early, four o'clock and work, and then his dad would take him to school, and then he would get off of school and, you know, go to practice or whatever and he played ball. He was real good at baseball. Then he got hurt, and so, you know, he quit baseball. But he did what all the other kids did, but he worked, too, and on

the weekends he worked. He probably worked thirty hours a week at the farm. He ran the cotton modulator when he was eight years old, so he doesn't know any different.

And so there's times where I think he thinks that I was probably lazy or maybe entitled or acted entitled, but my dad raised us different—not that he raised us wrong, it's just different, and I tell him that. We've had our differences, but nothing that I really don't agree with him that could be different. I think my parents loved me and raised me in a good way, but I don't think that's the only way to raise kids. I mean, I think I would love for my kids to know farming and know work, especially I think the millennial generation, it's video games and inside all the time and Internet and cyber this and that, and it takes the family connectivity out.

Like, me and Dustin went off Facebook, Snapchat, Vine, Instagram, anything else I'm forgetting. It's just us. The only thing we have is text and email and phone calls. So it's only us and our relationship, which I like. I don't feel like we're promoting anything. People promote themselves, you know what I mean, like put a lot of their food and their clothes that day and, you know, everything, everything for everyone to see. Anyone can see anything you put on the Internet. So maybe we're just old-school, but I like it that way. It's very simple.

And hopefully if we have young'uns and stuff, maybe they'll be a little bit more like that. I think that's healthier. I mean, and anything's healthy in moderation, but if you're just—if you're glued to and consumed in it, it consumes you. I think it's a different reality on Facebook than it is, you know, you being responsible for yourself and your own life and your own decisions and stuff, what you're working for, your goals. Your goals are a lot different if you're consumed in Facebook and you're trying to think

about what you want to do to make a career for yourself. I don't know. That would be very hard to find anybody else that doesn't have Facebook. [laughs]

[1:00:36.7]

MK: You found each other.

[1:00:41.5]

JG: Yeah. [laughs] So, yeah, we get along good. And like I said, if we have kids, I would love nothing more than to raise them farming. And my dad loves that, too, you know. He just wasn't raised in farming, but he definitely—he respects it. It's one of the most honorable jobs out there, you know. They just, period, feed us and clothe us.

And raising—my dad said—and he was old-school too. Like, raising girls is different than raising boys. He says it's a fine line now because it takes two incomes to make a household. The economy's changed. But when he was coming through, you raised girls to be taken care of and for them to take care of themselves and the house and the home, and you raised the men to take care of a family and himself, you know, family first and then himself. But it's different now. You have to raise your children to take care of themselves and each other because it takes every bit of what you make to make it.

[1:01:43.7]

MK: So do you think they raised you with both sides of—

[1:01:46.8]

JG: My dad fought it for a long time. My mom was like, "She's going to get a job when she turns sixteen."

My dad was like, "She's got the rest of her life to work, Doris," you know.

He was like—but, I mean, when I turned sixteen, I got my license, I started teaching. I had about ten students I taught horse-riding lessons, so—because I knew how expensive it was. I was very aware of financial struggles. Me and my dad, when I was like twelve or thirteen, he confided in me about a lot of stuff, so I had a lot of self-awareness and financial awareness, probably more than I needed at that age, because I would stress, you know.

But I guess maybe I'm lucky because I'm of sound mind, you know. Some kids are not. They would stress themselves too much, but it was a healthy stress because I respected how much things cost before I just said I wanted something. Naturally, kids want. I might would want something and ask and then I might would feel bad about it, which I think is healthy. It takes a lot of hours to make a certain amount of money to just go buy something from Walmart, you know?

So especially with the horses, I've looked at—when I went and—you know, the tack stores are enticing. They have everything in pink and sparkles and everything for the horses that you can even think to dress them in, and saddles and everything, and it just makes you very conscientious to understand that at a young age. Like, I look at a lot of things, the price is even twelve, thirteen, fourteen years old, so when I realized how much it was to put shoes on them, buy the hay every year, feed them—went to the feed store.

My dad would give me his check, and I was like twelve, thirteen, fourteen years old, and he would just give me a check and sign it because he knew I wasn't going to go in there and buy half the store. You know? I knew what they needed and I just got what they needed, you know, and then I would call him and like, "Well, they have this brush," or this new whatever that I was thinking about getting, and I'd let him know how much it

was and stuff. I didn't just spend his money like it was mine. He was just very upfront with me about stuff like that, and I think that helped, helped me be very conscious of—because that money's not mine. I didn't work for it.

But when I got about sixteen, I worked at a restaurant. I played basketball and soccer and I rode the horses in the dark after practice, because we had such a big investment in them. If I didn't ride them, it was kind of like why are we paying for them? So I got students when I started driving, and being at a small school, a lot of the parents knew my dad and trust me to pick their kids up, because we had the elementary—everything was there on the same campus, so I could take other kids home each day of the week with me to the barn, and then their parents would just pick them up at the barn after work.

So I let the horses pay for themselves, starting at about sixteen, which was very helpful to me and my dad. So he paid the rent for—because we didn't have our own place to keep them, so he would pay the rent for the barn, like where the place we would keep them, but I paid for pretty much everything else. Sometimes I couldn't buy a lot of the hay in bulk, but I put—I fed them, put shoes on them, wormed them, paid for the vet bills, any of the feed, whatever they needed. I would help pay for the hay, and I'd always go get the hay. Me and some of my girlfriends from school that liked to ride with me, we would go get hay up, 150 bales at a time, but—you know, because I had seven horses in high school. That's a lot of horses.

[1:05:11.3]

MK: Wow.

[1:05:12.3]

JG: Once I started nursing school, I had to dwindle down the herd. [laughs] It's too much.

[1:05:18.4]

MK: It sounds like you were really independent.

[1:05:20.5]

JG: Mm-hmm.

[1:05:21.8]

MK: I just have one more question for you, because I don't want to take too much of your time. If you had a magic wand and could change the healthcare system, what's one thing you would change?

[1:05:34.1]

JG: It would have to be—there's a lady upstairs, and I think about it every time I get asked that question, Ms. Lori Hinga. You might want to talk with her.

[1:05:48.1]

MK: Yeah, we're talking to her this afternoon.

[1:05:49.7]

JG: Okay. Well, good, because she'll agree. She's the one that mentioned this concept to me. It's like the sandwich effect. They want to put so much into a visit, but not take anything else away, so if you put all these qualifications, quality measures, all these different things to ask, it's such a regimented, pointed visit. "Let's try to fit all this stuff into fifteen minutes, thirty minutes," and they don't take anything else out.

So I just think maybe they need to be a little bit more patient-centered and not so much, "Meet this measure, meet that measure." I mean, some of the measures and some

of the things we ask do prompt important questions and important things that patients may be going through and things that need to be addressed, and I think it's very structured, but it might be over-structured. The patients need a little bit more time. I think time is the biggest thing for everything.

[1:06:55.7]

MK: Yeah. Is there anything else that I missed that you want to talk about?

[1:07:00.8]

JG: Everything in my life. [laughter]

[1:07:05.0]

MK: That was awesome. Thank you so much.

[1:07:11.0]

JG: Oh, you're welcome. I feel like I've talked too much.

[1:07:12.0]

MK: No, it was perfect. We want people to talk—

[End of interview]

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