

LuAnn Heinen:

Sixty-one percent of Americans are worrying about, taking care of, or looking out for a friend, neighbor or family member due to COVID-19. Men, women, millennials, Gen Xers, baby boomers, employed or not, we are all caregivers. Today's guest has co-founded four companies and two nonprofits in the last 20 years and in 2019 was named Top Women in Healthcare's entrepreneur of the year by PR News. She's on multiple advisory boards, including Rand Health and the Roslyn Carter Institute for Caregiving. Passionate about revolutionizing health care, Alexandra Drane, co-founder and CEO of Rebel Health and ARCHANGELS is a force of nature, a font of knowledge, and a lot of fun to be with. I think you'll really enjoy hearing from her.

I'm LuAnn Heinen and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers today. In this episode, I speak with Alex Duane about the human and business imperative of supporting our supporters. Alex, welcome. I'm so excited you're here with us today. You know, it's been a year since we were together in San Diego and you gave a fantastic, high-impact keynote at our conference. One of the things that stayed with me, and I know others who were there, was your discussion of the unmentionables. What are the unmentionables?

Alex Drane:

I'm so happy to be here. Thank you, thank you, thank you for having me. I loved my time in San Diego. I'm sad for so many reasons that we can't be there together right now.

The unmentionables are the things that we're all thinking about and not saying. The reality of it and why it matters so much is just because we're not talking about it, doesn't mean that it's not true. When I was at Eliza, we did over a billion interactions with people, sort of out in the wild you can think of it, about their health and we had this technology that let us interact. In the process we were doing what our customers, big health plans or big employers, wanted us to do which is to get someone to engage about their diabetes or their cardiovascular disease. We found that we were actually doing calls in a natural and organic way when we were reaching people out in the wild, out in their homes, or out in their cars or wherever they might be when we connected, and tried to talk to them about these clinical factors that we thought were important.

Many of them didn't want to talk about that. What they wanted to talk about was their own definition of what health was, which was very straightforward. It would be that I'd love to talk about getting my mammogram, but I can't because my mother with Alzheimer's just moved in, or I can't because I'm afraid I'm going to lose my job, or I can't because I hate my boss so much I can't breathe. We got to this conclusion eventually that maybe we really need to expand the definition of health to include life because when life goes wrong, health goes wrong. And maybe the biggest diseases in the U.S. are not actually these sort of clinically-centric oriented conditions, but actually things like caregiver stress, financial stress, relationship stress, and workplace stress. You can almost think of it like Maslow's hierarchy, right? The most important thing that we need are these basics, you know food, safety, security, transportation, a roof over our head, but just because you have that, it doesn't vault you all the way suddenly to the sort of highest order of yourself. You still need to have these other things be calm in order for you to have the opportunity to be thinking about these more clinical factors. So again, that caregiver stress, financial stress, relationship stress, and workplace stress. I think the thing that's incredible where we are right now is COVID has really exacerbated that to a very intense, insane degree.

LuAnn Heinen:

Yes, we're going to get to that for sure. The focus of your incredible energy and passion right now is caregiving. Can you expand on the connection between the unmentionables and caregiving?

Alex Drane:

Oh, how much time do you have, LuAnn? Yes, yes, yes, yes, yes...so I actually got hitched to my man on New Year's Eve back in 2003. That night my sister-in-law, Za, was actually diagnosed with glioblastoma. My experiences with end of life, with death, with advanced illness, up until that point had all been beautiful. My grandmother was in hospice care; she wanted to die at home. We were all with her when she passed away. I lost an aunt when she was young, just three months later, and she had been very clear that she wanted to pass away in the hospital and we were able to be there with her in the hospital and honor her wishes. The situation was very different with my sister-in-law, who was 32 and had a 2½-year-old daughter, my daughter Alessia, I think of her as my daughter now. My niece Alessia. The reality for Za is her culture was Sicilian and in the Sicilian culture you don't actually talk about what it is that you want. You don't talk about your wishes, because to put energy into talking about end-of-life is to hasten end-of-life and was sort of the way that it was thought about. When she really died in the end, you can think of as a textbook case of over-treatment. It was because we didn't have the conversation about what her wishes would have been and how could we have supported her living her very best days until her last. She had seven months from the moment of diagnosis until she passed away and we only got her into hospice and got her home really the night before she died.

My 2½-year-old niece, at the time, who had up until the moment before when she was in the hospital really had become very separate and very removed from her mom because her mom didn't look like the way she remembered her or sound like the way she remembered her or smell like the way that she remembered at the hospital and so clearly at her home. We actually were finally able to get her, she crawled up in bed next to her mom and Za was having one of those moments that you can have when you're in an end-of-life situation where she was pretty much in coma, and there was this extraordinary, extraordinary moment where Za woke up fully and Alessia was sort of snuggled up next to her, her head kind of crinkled into Za's neck and Za had this moment of looking at her really fully and intensely. I look back on that moment, and she died later on that night, and at first thought of it was a real gift to Za, but over the years I've been able to recognize that was a gift for us. Most importantly it was a gift to Alessia, who spends a lot of time with us now, I'm able to say to her (she's now an 18-year-old, beautiful young woman) you were the last thing your mama saw and she poured all of her love into you and you have that in your belly and you're going to have that forever and ever and ever.

When we actually left Eliza having come to this conclusion that we really were going to focus on these unmentionables, these life challenges, life sucks disease, whatever you want to call it, we would now call it social determines of health, we looked at the overlap between those two things, which is how do you live your very best days until your last? You can't unless you talk about it, unless you have these discussions about what your wishes are and the right time to have that conversation is way before you should. You need to be having that with the person who's going to be your caregiver, so that people know what your wishes are. If you don't do that well, that's caregiver stress. We figured out that if we couldn't fix the reality of the caregiver by engaging them in this process so they could support the person that they love, there's no way we were ever going to sustain sustainably or scalably bend trend of how health care is realized right now in the U.S. which in my mind we really got to focus on that from a cradle to grave perspective. There's so much loss from a quality perspective, from a cost perspective, in that end of the life spectrum that the caregiver really is in control of. We decided to focus on caregiving.

LuAnn Heinen:

Glioblastoma is a horrific condition. I've lost two loved ones to it. I understand a little bit about what you went through.

Alex Drane:

That is something that I would like to not share with you, and I'm sorry that we do.

LuAnn Heinen:

In addition to having been a caregiver, whether or not you thought of yourself as a caregiver at the time, you've also been the recipient of caregiving in your not so long life, so far.

Alex Drane:

Yes, I have. My sister-in-law, about six years after we lost her, I actually myself was diagnosed, we didn't know at the time, with a benign brain tumor which turned out to be a meningioma. About six years after that, I had a 9½-hour brain surgery. It was an extraordinary process to go through. To go from being so intense in the world of how do we make it so everybody gets to live their very best days until their last, having learned that the hard way through my sister-in-law having glioblastoma, all the way through finding out I had a brain tumor myself, and then all the way through to after my own brain surgery, coming around to the realization a full one year after surgery, I will add, that in all of my work supporting caregiving. In my then having brain surgery myself, I sort of neglected to realize that in the process of having brain surgery and the recovery from brain surgery, which didn't go so well, I had made my man and my friends and my coworkers and my children caregivers themselves. It was like an aha moment a year after.

LuAnn:

When you talk about caregiving, you have already dispelled a lot of common myths about who's a caregiver, but can you lay that out now for our listeners?

Alex Drane:

Yes, thank you for asking, that's one of my favorite, favorite things to do. Pre-COVID there were probably about 50 million caregivers, depending on unpaid caregivers, depending on what report that you looked at or what data you were looking at. But I can tell you that we fielded a sample of some work that was actually published by the Blue Cross Blue Shield Association as part of their Health of America report, where we asked post-COVID are you worrying about or caring for the health of a family member or a neighbor or a friend. A full 61 percent in our national sample of individuals said yes, that they were. If we followed up with the next question, which is a situation that's new to you as of COVID, we got a full 55 percent of folks saying that they were new to that role. I think there's a perspective, a sense that there were a lot of unpaid caregivers when you look at that. Now there's actually 61 percent of the U.S. would say that they are in 55 percent are new. That's massive and they're not always who we think they are. This is such an important concept. People understand. I think when you think of the unpaid caregiver for many of us our default is it's a 46-year-old woman and she's caring for her mom, and that's true and she is, but actually 45 percent of caregivers are men and one in four are millennial and one in five are Gen Z. I'm going to go so far as to say as of COVID, we would now also include in our definition of who these unpaid caregivers are the parents or caregivers of children who are in school.

LuAnn Heinen:

Do you think that caregivers recognize they're fulfilling this role? The friends, the sisters, the husbands?

Alex Drane:

No. I think they don't and I think that's part of the glory and the majesty and the honor of it. In fact, pre-COVID we knew that at least 50 percent of caregivers were either not familiar with that term or actively disassociated themselves with it. That can be cultural. It can be because it comes across as something that they don't feel that they want to ascribe to. It can be because they think of a caregiver as a paid caregiver, so a nurse or a doctor or a tech. We will often hear somebody say as they come to the

realization that they are in fact in this role is well I'm just a son, I'm just a neighbor, I'm just a husband, I'm just a sister. And it's funny because we have people that come to meetings at ARCHANGELS and I feel they come with one of three mindsets: I have no idea why I'm here and I'm not even sure I want to be here, or I'm here because I know that caregiving matters, but I myself am not a caregiver, or I'm here because I'm a caregiver and I know how much it matters. We have a platform that uses something called the caregiver intensity index and it's a series of a short number of questions and items that helps sort of work through where they have load, which is a positive word for burden, where there are buffers, so things can help make the act of being a caregiver easier. It can help build protective resilience. If you don't have these things that makes it worse. And then, of course, the impacts that can come from it. As somebody goes through this set of questions, it's almost like a therapy session, you'll see a huge percentage of these individuals who walked in saying this is not for me come around to the realization by the end that it is, either because they are directly caring for somebody in a role that they had sort of not defined in that way or they just literally were not familiar with what the term caregiver actually means. One other point I'll point out is really the notion of the term archangel. We picked that name very, very intentionally because there is this confusion around the term caregiver and because caregiving is often something that's thrust upon you and you don't have a choice, and that has some of that stigma that's associated with that term and some of that confusion that's associate with that term. Archangel is like a warrior angel. You could have this visual of somebody - when you're a caregiver you are essentially spreading your wings out over this person that you love a lot and you're doing everything you can, sometimes you're fighting the system on behalf of this individual that you love so much and you're playing this role and we wanted to use language that was powerful. And in our logo, we wanted to make sure we were including that 45 percent of caregivers are men because we see caregivers who are men are often even the least likely to identify. We wanted this visual and I'd love you guys to have in your head as the caregiver, the archangels logo is pretty bad-ass, and we wanted someone to be able to walk into a bar, with a biker jacket on, with the archangels logo emblazoned on the back and have another archangel say to them, hey dude you're an archangel, me too, how are you doing? Sort of serve as this badge of honor, really sort of recognizing the glory and majesty that is the beauty of this individual who is playing this incredibly important unsung hero type role, as opposed to the confusion and sometimes stigma that we can get around just thinking about caregivers and not really understanding who they are, what they're doing.

LuAnn Heinen:

I love archangels; it's a genius name. Can we go back and talk a little bit more about that caregiver index, because the intensity level on the caregiver index, what can that tell us about negative effects on the health and personal life of caregivers?

Alex Drane:

I think all of us right now are suffering through living in the COVID world. I have to just share one quick point. I read an article the other day that said pandemics used to be the all-encompassing equalizer and that's not true anymore. The top 25 percent of our economy is sort of returned back to where they were before. We're working from home. We're surviving. We're okay. But for the bottom 25 percent of the economy, that's not the case at all. I think we see that impact of COVID playing out in a lot of other ways as well. We were very lucky to be included in a research team that was part of a study that was published by the CDC on August 13th called *COVID and Its Impact on Mental Health*. It looked very specifically at a couple of things. One, 56 percent of the unpaid caregiver population is experiencing anxiety or depression. That's 2½ times the general population. We know that from our Health of America report that we did in collaboration with Blue Cross Blue Shield Association, that 57 percent of caregivers, unpaid caregivers, are having anxiety or depression, so full on match of those two very different studies that came to the exact same point. We also know, for example, that if you are an unpaid caregiver, and this was also published in that first CDC report, that you have a full 10 times the

rate of suicidal ideation. Thirty-three percent of unpaid caregivers thought about suicide in the month before we fielded our report, so in the month of June. Which is just an extraordinary thing. That's one in three of the unpaid caregivers that any of us right now know. Just stop for a second and think about that. We have to do everything we can to be supporting them, because that's a massive, massive, massive number. You can only imagine the number of individuals who, if you didn't say the word suicide, they might not say they had suicidal ideation, but they might say sometimes I'm just so tired, it will be okay if I didn't go on. I bet we'd get to a full two and three if we asked it that way. We published a second report with the CDC that came out in early September. It's interesting because the Health of America work that we have done and I think the default that many of us have when we think about the unpaid caregiver is that they over-utilize. We all have this term highflyers, right? Folks who are unpaid caregivers in the olden days, we used to say our biggest concern about them is they were using the hospital and the emergency room when they don't need to and that's not the best place for them to access care. We've got to get to this unpaid caregiver. We got to get them better care, like to primary care, to a setting that is more conducive of supporting them in a longitudinal and holistic way. I look back now, longingly, where the biggest problem we had with unpaid caregivers is that they were using the hospital and the emergency room because, guess what, as of now, as of COVID, five times less the rate of utilization of urgent emergency care if you're an unpaid caregiver. Think about the things that I just walked through. We are having a harder time and that's manifesting both in anxiety and depression and mental health, but also in about 26 percent worse health outcomes. We really need to be using the doctor. We need to be accessing clinical care, but we are not, to a significant degree not. I think that's driving finally, unfortunately, the attention that needs to be on this population who is having such a hard time in the process of them doing this extraordinary work to support somebody else.

LuAnn Heinen:

I'm reminded, Alex, of when we talked about your keynote in San Diego and you talked about deaths of despair. We thought things were really bad then. Let's play that clip.

Alex Drane (clip):

When I was growing up, we would say to each other all the time, life sucks and then you die. We would laugh, because we thought that was funny. I'm 48 now and I don't think it's funny anymore. I'm like what, that doesn't sound like a good trajectory. It's actually, if you look at the statistics, deaths of despair are a very real thing. We started to see this happen in 2014, but it was happening in just certain populations. Non-Hispanic whites in the U.S. were reversing decades of improvements. We began to see the death rate increase. By 2016, that had actually gotten so pervasive that it impacted the death rate for the U.S.

Alex Drane:

Yes, I absolutely remember that. I remember that because it was such a pervasive and really horrifying and unfortunately very surprising thing for so many folks way back then a year ago, a year ago feels like freaking lifetime ago, that there was this rapid increase in these deaths of despair. What I really hope people will internalize right now, let me just go back and repeat again, that one in three unpaid caregivers have thought about suicide in the month before when we filled out this report of the study, so it was back in June. But there was another data point that we were looking at which specifically is related to what drives deaths of despair. We looked at the increase in substance use. What we looked at specifically was the increase in alcohol use or drugs. We saw a five-times increase in substance use by the unpaid caregiver compared to the general population. We are seeing that because of COVID. Of course, what people are doing is they're turning to alcohol and they're turning to drugs. We also see this other phenomenon, which is comfort eating. If in the middle of the night I've got to get up because I'm an active caregiver right now, I actually don't have the luxury of having that extra glass or two. Instead what I'm doing so that I can manage through administering the medication or changing the bedding or

whatever it is that my caregiving requirements are, is I'm finding the answer in the bottom of a Haagen-Dazs pint or whatever it may be. A full 50 percent of these unpaid caregivers are comfort eating. I just want to add one other dataset to that because we know that COVID is hitting vulnerable populations, high-risk populations, underserved populations, even more. We saw with that suicidal ideation, a disproportionate impact on these unpaid caregivers who are black, or Latinx, or 18 to 24. This was the populations that were actually having the hardest time in terms of how they were coping. So just something please for all of us, again, like stick that in your belly, let's all take this incredibly seriously. Caregivers aren't who we think that they are. There are many more than we think and they're having a much harder time than we might have been open to thinking about before. That's a bright spot of COVID is we can start to out this and start having these conversations.

LuAnn Heinen:

What I'm thinking about, Alex, as you talk about this is that even after the pandemic wanes, the demographic trends that we're seeing, lower birth rate, aging population, suggest that the need for caregiving is not going away. What type of future should we expect?

Alex Drane:

We've all seen the statistics around. Ten thousand of us are turning 65 every day. Again, the disparities that COVID has highlighted, which at the core is, I guess the best way to describe it, is a disconnect between sort of value creation and value extraction. What many of us are living through is for so long the health care industry has been so good at recognizing and pouring money into solving the challenges of extreme examples of clinical care. Meanwhile, these most basic needs have gone unrecognized and underserved. I always come back to the caregiver as the best example of that, right? If you look at these demographics, the need for these caregivers to be healthy and present and able to do the extraordinary work that they're doing, which by the way is saving our economy enormous amounts of money and putting productivity back into the economy. The value of that unpaid caregiver labor, this was for a five-year-old number, was \$470 billion. That's five years ago before COVID - \$470 billion. It's bigger than out-of-pocket spend in health care. It's bigger than Medicaid back then. The way that I think about it is just because we're not paying that out of pocket, where there is no industry that is paying, doesn't mean that's not a cost that's happening. That cost is unfolding on individuals right now. That's part of the future demand that we're going to expect. We have a population that is now growing up with worse health. I want to share one other extraordinary statistic that is in the press and I wish it were getting even more attention. Just like when we think about who a caregiver is, we have a tendency to think that there's somebody who's older. In fact, we're seeing that the shift of responsibility onto caregivers, a new population of caregivers, is actually disproportionately being borne by these millennials. When you are a caregiver, not only are you having a foundational and negative impact on your health, it's also undermining your financial stability. The number of caregivers who are having to leave their jobs right now in order to take on this unpaid responsibility, because there's no one else who can do it. The number of unpaid caregivers who are young, or who are having to not take promotions or reduce their work hours, that's a long-term economic development kind of challenge that I think is going to have impact in ways that we couldn't even begin to say. My last statistic to share is if you look at social isolation and depression as an indication of overall health and stability, we see the highest rates of social isolation and depression actually for Gen Z at 69 percent. I made the mistake of saying in a meeting once recently, it's only 42 percent of boomers having social isolation and depression. But think about that, I said just only 42, *only* before the term 42 percent. We're having a population that has more and more need, worse and worse health. We've got COVID which is exacerbating these trends. And the boomerang effect, the backlash, the follow-on of the behavioral health impact and the health consequences of poor behavioral health are going to be with us for a long time. They're going to be fanning the flames of this overall top- and bottom-line impact, not mitigating them.

LuAnn Heinen:

I definitely think we need to transition then to what it is we can do to support caregivers, whether that's as a friend, as an employer, or even how we can simply be kinder of to ourselves if we're the ones providing the caregiving. Starting with employers, how can employers, and that's a large part of our audience, how can they help?

Alex Drane:

I'm going to answer a couple different ways. First I want to say what you just got to, LuAnn, which I love because you have such a big heart yourself, which is first and foremost, oh my gosh, hey anyone who's listening who didn't know that you were a caregiver and doesn't like to think you're a caregiver, please start listening for yourself in addition to listening to how you can take all this knowledge and how we can apply it to supporting your beautiful employees, because so many of them are going through this right now, but quite possibly and most likely so are you as well. Let me answer just by what ARCHANGELS is doing about it specifically. Again, you can think of ARCHANGELS as sort of this movement and this platform that is laser focused on how do we reframe how caregivers, the unpaid caregiver, is seen, how are they honored, and how are they supported. And we're doing it using this combination of data and stories, because the data engages your brain and gives your brain permission to believe, the data impresses your CFO. But also stories because stories are what actually engages the heart. All of us know that nothing changes about our behavior until our heart has been engaged. The data, I think we shared already and it really does get down to, we can show you ROI examples of how quickly you can return on an investment in the unpaid caregiver that accrues to both top and bottom line. I think one of the things that's really fascinating, we know that there's enormous, enormous demand for caregivers, for caregiving. It's putting a huge burden on all aspects of our health, a huge load on all aspects of our health. We know that increasingly this is something that the country is waking up to and there are lots of companies and lots of dollars are getting poured into what can I do to build some platform or technology or service that will actually support the unpaid caregiver. But what we noticed and why ARCHANGELS got founded is you can have that demand, you can have that supply, but if the caregivers, for all the reasons that we discussed are not willing to raise their hand, are not self-identifying, are not willing to avail themselves of this supply, of these resources that exist, and you're not making any difference at all. What we really wanted to do was to create, we used to say to help create an ecosystem, a culture, a community where caregivers would self-identify, and we don't use that terminology anymore because we can't put another burden on the caregiver to say to them, hey you have to self-identify. No, what we need to do as employers is create ecosystems that are so lush with recognition of the importance of this role, that are so lush with caregiver support, that a caregiver can't help but be seen. In the process, what can we do then to crosswalk them over to the resources that can support them.

So the way that we think about this is our ideal way to go live with an employer is you find a leader who really, really gets this and you get them to share their own story so that they can help start that process of de-stigmatizing, of normalizing, because we know the percentage of people right now who are in positions of power, influence, or a leader in whatever way you want to go through it, who themselves are at this moment going through it. Then we have that individual take a leadership position in rolling out the caregiver intensity index. That intensity index, that part of the platform, actually gives you a score on a scale of zero to a hundred, how intense is your caregiving for you right now? It breaks it down into the load and the buffers and the impacts and that score is in and of itself a conversation starter. It's a validator so that I can go to my coworker and be like I'm an archangel right now, I'm 85, and how are you doing? Then someone else can say, well actually I'm only 24 right now, so I'm okay and maybe I can help you. But all of the things when you're going through it to get your score, this very short, fast process, it's actually tagging the things that are most driving your intensity in terms of making life very hard for you right now, but also the things that are helping to lift you back up that are protective and are

things that are helping to actually increase your resiliency. What you can do right then in that moment is crosswalk someone over to those resources that exists to support them. I want to clarify that one of the most important resources, by the way, is just having an ecosystem that acknowledges that caregiving is real and that it's pervasive and that normalizes and destigmatizes it.

What you find in the data supports it's just having a community that knows that resources exist to support them as a caregiver is in itself a buffer to the extent that it corresponds to a 40 percent reduction in anxiety, a 30 percent reduction and in depression and a 70 percent overall, if a caregiver knows that respite services exist, even if they never avail themselves of them, 70 percent reduction in stress. One of the things that I want to point out to all the employers out there, you might be thinking I don't really have any resources specifically targeted toward helping an unpaid caregiver. You probably do, because many of you have an EAP and we all know the utilization rate of these EAPs is so low. Why? Because there's often a stigma and people don't self-identify as needing it or they don't want to self-identify as needing it.

What we talk about a lot with employers is number one, all you need to do is start talking about it in and of itself that is a service. That is enormous and you will have impact immediately on the way that you're supporting your caregivers. Then number two, go to the resources that you might not have thought of - financial services, financial advice, legal advice, daycare, that senior daycare, whatever it might be, take that stuff that's hidden under the EAP, unbundle it and then reframe it, re-describe it. Don't do it in a way that gives somebody a to do list again of here, you're a caregiver and here's 25 links that you should click through. Prioritize the links, give them three ideas of stuff that they can do based on their responses. And then finally, when you've done this and you've gotten the caregivers to be seen and to be willing to avail themselves of this support that already exists and has been paid for, or maybe you then do go contract with one of these amazing organizations that is doing stuff to support, and then use the intensity index to crosswalk somebody over based on their specifics at this moment in time to those resources that exist. I'm happy to go into this in more detail, but let's say that you're an employer with 30,000 employees, all you need to do to break even based on a number of different assumptions, just keep 18 people in a job that they otherwise would have to quit because of this extraordinary demand or get 53 of them being able to focus on work when they're at work or 34 to be able to work the days that they plan. Just one of those things and you will break even on an investment in the unpaid caregiver. In other words, this is a no brainer. We have to start doing this.

LuAnn Heinen:

So what are some things we can do to support neighbors, friends, or even ourselves?

Alex Drane:

First of all, listen to this over and over again and apply it to yourself, be kind to yourself, love on yourself. This is hard. You are not alone in it in any way, shape or form. Think about look, love, lift when you're interacting with those in your community, with your loved ones. Then there's this beautiful theory that my friend Suzanna Fox taught me, which is called the circle theory. It's a wonderful way to visualize in your head - if you are caring for someone and sometimes we're caring for someone directly and sometimes we're caring for them in their role as a caregiver, picture the person who's actually the one who's needing the care in the center of that circle, and you are that first outer ring in your care for them. Let's say, LuAnn, you are caring for your mom and I'm caring for you as you care for your mom. Your mom is the center of that ring, you are that next circle out. Your job is to pour love inside that circle, to pour love on your mama. She is going to make you crazy sometimes and that's okay. When she does the only thing that you're allowed to do is just love on her and love on her and love on her. You need support to help you keep having the strength to do that. You're allowed to pour the frustration or the anger or the harder bit to being caregiver out into the outer ring. Now, I'm your outer ring. My job

as you pour some of this frustration on me is to pour love onto you. But in doing that, I myself can get depleted. My job while I'm pouring love onto you, I'm allowed to turn to my man or my support system, whatever it might be, and say this is hard and I'm tired. It's hard to be supporting in this role sometimes because x, y, or z. I think it's just such a beautiful visual. It helps us remember to focus on loving on the person who needs that love, but then to acknowledge that we also need support. Don't distract yourself of being angry at the person you're caring for, just reserve the happy love, good sort in you for loving on them and then you pick yourself a caregiver, grab yourself an archangel be like you are my archangel in this role that I'm playing as an archangel, therefore you just have to love on me when I'm cranky and you can go pick your own archangel.

LuAnn Heinen:

Alex, thank you so much. I'm really excited for our audience to hear this for all the ideas it's going to spur and really appreciate your time today.

Alex Drane:

I am so incredibly honored to be here. I want to just make one last point, because I think it matters so much to where we are as a country right now, I think there's a misconception that when our job as a caregiver is over, that the impact of being a caregiver is over. Like never before we're seeing that's not true. There is another stage of caregiving which is grief. I think as a country we're grieving right now in so many ways. We are grieving the loss of the life that we thought we were going to have, but we're also for many of us, we're actually grieving the loss of a loved one. There's almost a saturation point that's happening around this concept of grief, which is in the olden days if I lost a loved one, LuAnn both you and I have lost loved ones to GBM, there was a whole community that sort of rallied around us in that moment to support us. There's so much loss right now for us as a society, that the ability to support a caregiver in their grief, there's a saturation point. There's just not as much comfort to go around. On top of that please don't forget, employers in particular when you're looking to support the caregiver, that when the person that they're loving has passed on, there's a lot of work still left to do. They've got to deal with their house or their apartment or wherever they were. They've got to deal with the legal implications, with the financial obligations. I beg of all of us, please wherever you are look around you, recognize that there are caregivers everywhere, take a moment to love on them for the extraordinary love that they're giving and then give them a lift. That lift can be anything as straightforward as just saying I see you and thank you to connecting these caregivers to resources that you probably already have and might not even have realized that you did. So look, love, lift, which is how we ended our time with you last, that beautiful time that we had with you last year. I just want to echo look, love, lift. Thank you to everything that you're doing and your extraordinary organization is doing to support caregivers and to support all of us in a very holistic kind of way. I'm very grateful to you.

LuAnn Heinen:

Look, Love, Lift – it's on all of our laptops. You're so right to bring up the need to talk to people who have lost someone after caregiving. It's not the end. It's a wonderful point. Thank you for being with us today.

I've been speaking with Alex Drane, co-founder and CEO of Rebel Health and ARCHANGELS. Alex believes that caregivers are our country's greatest asset and that we need to see, honor, love and support them. Her ARCHANGELS website has COVID resources for caregivers, as well as resources state-by-state. Caregivers are invited to share their stories on the site. That's www.archangels.me. Companies can and increasingly are making a difference by offering caregiver leave, flexible work schedules, expert care coordination and navigation, subsidized in-home backup care and support groups for caregivers. Thank you, Alex, for reminding and inspiring us to look, love, and lift up the caregivers in our world.

This podcast is new in 2020. If you're listening on iTunes and you liked what you heard, please give us a review. We could use a few more. This podcast is produced by Business Group on Health with Connected Social Media. I'm Luann Heinen and thanks for listening.