

HOSPICE OF MICHIGAN **CARE**GIVER**KIT**



Do you call yourself “caregiver?”

Most of us have many roles; some chosen, some not. Sometimes we take on a role, and don't realize it has a name. We understand father, mother, husband, wife. How about caregiver? Are you a caregiver?

The transformation into caregiver begins with a single act of caring. A loved one becomes ill and needs help with dressing. Their balance is unsteady, and we help them walk. Caregiving is intuitive – “My help is needed; I offer my help.” When we begin, we do not see the middle or the end.

There are more than 65 million caregivers in the United States, and you may be one of them.

From my perspective as a physician at Hospice of Michigan, I know caregiving is complex. It illuminates our intrinsic strengths and exposes our limitations.

Since we began caring for patients more than 30 years ago, we have stood shoulder-to-shoulder with caregivers. We see their heroism. In the last 15 years alone, we cared for more than 100,000 individuals. Our commitment to modeling a better way of caring inspires our research and education initiatives that result in improved care for all.

We created ***The Caregiver Kit***, to make caregiving a little easier. We know caregivers are a fundamental part of our healthcare system and you need information and tools. At Hospice of Michigan, we are caregivers too, and we are here to support you.

Sincerely,

Michael Paletta, MD
Chief Medical Director
Hospice of Michigan



Assess Your Stress

Caregivers experience stress on many levels. Unmanaged stress reduces the quality of our days, and can lead to serious health issues. Be aware of your stress level, and monitor the people and issues that affect it.

Ask yourself these questions to begin assessing your current stress level. Be aware that your stress level is dynamic, depending on circumstances.

1. Responsibilities to my job, family and to the loved one I am caring for are manageable.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

2. I have a lot of support in my role as a caregiver.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

3. I know how to provide the care needed for my loved one.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

4. I am able to balance my responsibilities with personal time.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

5. My relationships are productive and nurturing.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

6. I feel that my role as a caregiver is important.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

7. I find meaning in this time as a caregiver for my loved one.

1 2 3 4 5 1 = Strongly Agree 5 = Strongly Disagree

Score:

Look at the numbers you circled.

More 1s and 2s indicate that in these areas you are managing well.

More 4s and 5s indicate that there may be opportunities to put a plan in place that serves you better. You may want to ask for more help from family and friends, learn from other caregivers, or look for professional resources.

THE CAREGIVERKIT STRESS SCALE



Caregiving at Least Eight Ways

According to the National Alliance for Caregiving and AARP, there are more than 65 million caregivers in the U.S. Some may not identify themselves as “caregiver,” yet they provide physical, emotional or financial support for a loved one who is ill. Understanding the different caregiver roles creates opportunities for caregivers to access support.

Primary Caregiver: You are a primary caregiver if you are routinely providing the day-to-day care for a loved one who is ill, and your family is depending on you to assist with activities-of-daily-living like bathing, dressing, and medications.

Secondary Caregiver: If your loved one’s care is primarily provided by one person, like your mother or father, that person is the primary caregiver. Most of the time, the primary caregiver is providing day-to-day care, and you are there for back-up. You may be counted on for weekend visits, to run errands, or assist with specific tasks like cooking or cleaning. The primary caregiver relies on you to back them up, for a break, or to make a friendly visit.

Working Caregiver: Are you working full- or part-time, and helping a loved one with physical care like bathing, or routine tasks such as bill-paying, housework and errands? Then you are a working caregiver. You may also be the primary caregiver or the secondary caregiver.

Crisis Caregiver: Someone else in your family is providing most of the care, and they count on you to help when a crisis occurs. In the event of a fall or a hospitalization, you are on stand-by to provide support.

Long Distance Caregiver: You provide support to an ill loved one who does not live nearby and may be providing support to the primary caregiver. Your role may include bill paying, arranging repairs, scheduling home nursing visits, or researching health care options. You rely on others to provide primary care but are behind the scenes offering important support.

Occasional Caregiver: Your role is limited to specific tasks or infrequent assistance, like driving a loved one to a doctor visit.

Community Caregiver: You may live next door to someone who is ill, and have offered to be a resource for the primary caregiver. You may make repairs after a storm, keep an eye on the house, or deliver essential items to the patient when the primary caregiver can’t be there.

Future Caregiver: Right now, your loved one is getting all the care they need from their primary caregiver and their medical team. As an illness progresses and caregiving responsibilities extend into the future, you may be called upon to provide support to your loved one who is ill and to the primary caregiver.

Based on information from Hospice of Michigan and West Michigan Caregivers Alliance found at: www.caregiverresource.net



HOSPICE
of michigan

(888) 247-5701 www.hom.org

Strategy for Caregiving

Caregivers need to take care of themselves beginning at day one of caring for a sick loved one. Multiple studies have documented the emotional and physical impact of caregiving for a loved one who is at the end of life.

Here is a strategy for caregivers:

- Identify yourself as a caregiver.
- Ask your loved one what they wish for related to their care.
- Assess what your loved one needs to be safe, cared for, and have a good quality of life.
- Ask for professional assistance, if necessary, in making the assessment.
- Become informed. Read articles, locate caregiver resources, and talk with your loved one's physician.
- Call family members together to discuss what is needed and how to allocate resources.
- Use positive communication tools to create a plan with your network of family, friends, and other supporters.
- If possible, agree on a plan of action and divide responsibilities.
- Be realistic about your limitations and those of your family members.

- Actively manage your health. This is a good time to be honest with yourself about your habits. It is during times of stress that inadequate health regimes become most apparent.

You can't help your loved one if you aren't well.

- You've heard it before - exercise.
- Ask friends if they can be there for you in the event of an emergency.
- Know the best person to call when you feel the need to talk, cry, or just hang out.

Joy. Identify the people and activities that make you feel relaxed and happy. Do them.

Nature. Caring for a loved one who is ill may inevitably lead to spending most of your day indoors. Resist. Take breaks. Get outside. Sit in the sun. Walk. Look at something beautiful.

Remember to spend loving moments with your loved ones. This time will pass, and you will miss it.

Hospice of Michigan Role Models the Way to Provide Care

HISTORY

- Hospice of Michigan (HOM) was the first certified hospice in Michigan and has been providing groundbreaking end-of-life care for 30 years.
- Hospice of Michigan began as a nonprofit, volunteer-based organization to improve care for people at the end of life. In the mid 90s, several community-based hospices across the state merged to become Hospice of Michigan — the state's largest hospice.
- HOM remains a free-standing nonprofit hospice organization committed to each community that we serve. Hospice of Michigan is Michigan's hospice.
- Hospice of Michigan works with legislators at the state and federal level to ensure that they are well informed about the benefits of hospice care, and to protect patients' rights to quality end-of-life care.
- While some hospices are owned and operated by for-profits, hospitals, nursing home chains or home health agencies, Hospice of Michigan is a non-profit that cares for all who need us, regardless of ability to pay.
- Throughout our history, our non-profit mission has helped us build strong bonds in the community with individuals, families, donors, and community leaders.
- HOM is accredited by the Community Health Accreditation Program (CHAP). CHAP has been the leader in improving the quality of community-based healthcare services in the United States since 1965.

REACH

- HOM cares for more than 900 patients per day in 54 counties across the Lower Peninsula. We have teams in cities large and small to serve local communities.
- Approximately 200 nursing homes and 70 hospitals across Michigan trust HOM with contracts which allow us to care for their patients. We also provide care in people's homes, independent living centers, assisted living residences, veterans' facilities and adult foster care homes. We take care of patients wherever they call home.

SERVICE

- HOM has a higher percentage of doctors and nurses certified in hospice and palliative care medicine than any other hospice in Michigan. In addition, over 50% of our hospice aides have been trained and successfully completed the exam for Certified Hospice and Palliative Care Nursing Assistants (CHPNA).
- We have 11 Medical Directors across the state, all of whom are certified in their specialties, and nine of whom are also certified in palliative medicine. Our Chief Medical Office (Michael Paletta, MD) is a Fellow of the American Academy of Hospice & Palliative Medicine, and is a nationally recognized leader in hospice medicine. Our physicians make home visits, collaborate with community doctors, and work with our interdisciplinary care teams.
- Our mission is to provide quality end-of-life care to all who need and seek our help regardless of the complexity of their care, absence of insurance, DNR status, location, cost of care, age, lack of caregiver support or inability to pay.
- Hospice of Michigan's CARE Center has representatives available 24/7/365 to answer your call. Our hospice RNs are employees of HOM.
- We take care of the little things, so you don't have to. All medications related to the terminal diagnosis are covered, and your nurse will make sure you never run out. Your medications will be delivered to you free of charge.
- HOM is one of only three hospices in Michigan that provide comfort packs for: nausea and vomiting, pain, fever, anxiety, shortness of breath, terminal restlessness and secretions. We can do this because we have a licensed pharmacist on staff and a pharmacy license. We also provide seizure kits for patients who need them.

Hospice of Michigan Role Models the Way to Provide Care

- HOM has three pediatric programs, a Perinatal Program to address the needs of families anticipating life-threatening or terminal conditions for their unborn child, Pediatric Early Care, which focuses on supporting the families of seriously-ill children up to age 21, and Pediatric Hospice.

We recognize the struggles of foregoing curative treatment and therefore provide palliative care education, support and guidance to assist families in determining goals for their child that will improve their quality of life and provide comfort.

- HOM uses advanced technology to optimize care and minimize medication errors. We use cutting edge software solutions to manage patient care records and medication orders. We use hardware solutions (wireless laptops and PDAs) to communicate and exchange information in real-time.

IMPACT

- The Maggie Allesee Center for Quality of Life (MACQL) at the Hospice of Michigan is the only research institute of its kind in Michigan. The MACQL is a center for research, education and community outreach dedicated to improving end-of-life care for patients and their caregivers.
- In partnership with the University of Chicago, the Robert Wood Johnson Foundation, the Institute of Healthcare Improvement, the University of Michigan, the Nathan Cummings Foundation and others – HOM is invested in conducting original research to improve the care of the dying.
- HOM is committed to building awareness, providing education and advocating to improve end-of-life care for all Michigan residents. HOM teaches end-of-life care to more physicians, nurses and social workers in more nursing homes and hospitals than any other hospice provider in the state. This work ensures that while only 34% of Michigan's elderly use hospice services, many more will benefit from our work.
- Year after year, we have launched programs to empower individuals to take control of their end-of-life experience. Our Have You Had the Talk?TM campaign encourages families to complete their advance directives, and we produced a documentary, *Except for Six*, to illustrate the power of hospice.
- HOM sponsors Palliative Medicine Fellowships in partnership with Wayne State University and Michigan State University to ensure that Michigan physicians have specialized training in caring for people at the end of life.
- Grand Valley State University and Hospice of Michigan collaborated on an educational program and scholarship for individuals interested in pursuing nursing as a second career.

Tips to Improve and Ease Caregiving

If you are caring for a loved one who is ill, there are some simple things you can do to make caregiving a little easier for you and more comfortable for the person you are caring for. Being aware of all the steps involved in caregiving – and preparing for them – will smooth the process, increase your skill level and improve the quality of the time you have with your loved one.

EQUIPMENT AND SUPPLIES

1. Keep often-used items in a plastic container near the patient's bed and they will be there when you need them:
 - Balm
 - Lotion
 - Skin toner
 - Bandages
 - Baby wipes
 - Antibacterial ointment
 - Body wash
 - Latex gloves
2. A portable baby monitor that clips to your clothing allows you to complete other tasks in the home and still hear your loved one call for you.
3. Reuseable plastic cups with lids are easy to drink from and will prevent the patient from spilling on their clothing or bedding.
4. Hard candy, mints, and popsicles help with dry mouth and unpleasant tastes from medicines.
5. Adding an essential oil to a portable humidifier will make the room more comfortable, especially in winter when the air is dry.
6. Keep extra sheets, towels and wash clothes on a shelf or drawer near the bed to save extra steps.
7. Keep a high-beam flashlight with batteries near the bed. It is common for caregivers to be at home with a patient when there is a loss of electricity due to a storm.
8. In summer, a cool, clean wash cloth on the forehead and arms brings great comfort.
9. In winter, large blankets that cover the bed are better than throws that may fall off or don't cover completely.
10. A portable tray table for meals and drinks makes it easier for the patient and you.

COMMUNICATION

- Be patient with your loved one. Communication becomes more challenging with lowered nutrition, increased weakness, fatigue, declining health status, and increased stress.
- Keep them informed of topics under consideration, and allow them to participate in the discussion before making decisions.
- Ask their preferences related to their comfort. For example: windows open or closed, TV on or off, lights on or off, an extra blanket, a fan, etc.
- Talk in a calm tone of voice.
- Consider using a device that allows your loved one to hear the TV even when others prefer to have silence.
- Keep a large calendar and clock in plain view so the person who is ill can see the date and time and will feel comforted by knowing this information.
- Remind your loved one of the date, time and other facts like visitors who are expected.
- Ask questions or make statements one at a time. Wait for slow responses.

SAFE HANDLING OF BED LINENS AND CLOTHES:

- Soiled linen is a possible source of infection.
- Gloves should be worn when handling contaminated laundry.
- Soiled laundry should be handled as little as possible.
- DO NOT place on the floor.
- Bag laundry in plastic garbage bag. Remove from patient's room and do not leave the bag open on the floor.
- Rinse it clean before mixing with other laundry.
- Avoid contact of soiled linen with other surfaces.
- Laundry procedure: wear gloves when handling contaminated linens or clothing. Colorfast cotton, linen, rayon, Dacron or Orlon should be washed in hot water with one cup of household bleach added to the wash water and laundry detergent.

Tips to Improve and Ease Caregiving

CONTROLLING ODORS:

- Remove soiled clothing and sheets, and place into a plastic bag. Launder immediately, if possible.
- Put disposable pads and diapers in a plastic garbage bag and place immediately in outdoor trash.
- Use a few drops of tea tree oil in a bucket of warm soapy water and clean table tops and floors with a soapy cloth. Cleaning daily is easier and requires less effort than only cleaning periodically. Tea tree is a natural disinfectant and has a pleasant, clean smell.
- Place crushed charcoal in a tray or shoe box in the room.
- Keep room free of unnecessary clutter.
- Put away uneaten food.
- Clear and wash all dishes after every meal.
- Do not leave uneaten food in your loved one's room.

PROTECTION OF THE CAREGIVER:

- Wear gloves when coming in contact with the patient's body fluids.
- Wash hands with soap and water before and after contact with patient-soiled body or linens.
- Put dressings and disposable materials in a plastic bag, seal it, and place it in another plastic bag.
- Keep all surfaces clean.
- Designate a separate area for supplies. Keep all supplies out of reach of children and off the floor.
- Identify a work area that can be cleaned before and after use.
- Clean up blood or body fluids with one part chlorine bleach and 10 parts water

PAIN MANAGEMENT

When caring for a loved one, being aware of their pain level is necessary to controlling it and ensuring optimum quality of life. Reducing pain leads to easier breathing, better sleep, reduced anxiety, increased interest and interaction, and increased mobility. When pain is unmanaged, it is difficult for the patient to enjoy daily life or the company of the people they love.

- To help them assess pain, use the Hospice of Michigan pain scale and ask your loved one to report the level of pain they are feeling.
- Ask your loved one, "Are you satisfied with your level of pain control?"
- If not, consult with the physician and make sure the physician takes action to control the pain.
- Make sure medications are taken as scheduled. Don't wait until the patient is in pain to administer the medication. Once pain is bad, it is harder to control.

MEALS:

Food meets both physical and social needs. We can all remember occasions that were wonderful – not only because of a delicious meal but because of the time shared and the conversation. The patient may no longer eat a great deal, but they can participate in the social interaction of a meal.

- Serve meals when your loved one is most likely to be free of pain and have the most energy.
- Offer choices, when possible, for meals rather than informing them of what is being prepared.
- Offer small, frequent meals including favorite foods.
- Serve small portions on a small plate.
- The setting may be as important as the food.
- Breakfast is often the best meal no matter what time of day it is eaten.
- Offer soft foods that are easier to swallow.
- Cool foods are usually easier to keep down.
- If your loved one has trouble recognizing things, name each food and state whether it is hot or cold.
- To help your loved one drink: support the head and allow them to guide the cup.
- Use a bendable straw, which you can cut in half if drawing liquids is difficult.
- You can also put liquids in the side of your loved one's mouth with an eyedropper or syringe.

WAYS TO EASE SHORTNESS OF BREATH WITHOUT MEDICATIONS

- Provide calm reassurance.
- Raise the head of the bed or place pillows behind the head, neck and shoulders.
- Encourage the ill person to cough and spit out secretions.
- Use a humidifier in the room, especially in winter.
- Run a fan at low speed to move air in the room; be sure it doesn't blow directly on the person who is ill.
- If possible, use an air conditioner in hot, humid weather.
- Crack the window open.

About Hospice Care

WHAT IS HOSPICE?

1. Hospice is comprehensive care with the goal of ensuring the patient's comfort rather than cure.
2. In hospice, care is provided by an interdisciplinary team, including physicians, nurses, social workers, grief support advisors, spiritual care counselors, aides and volunteers. The team assigned to the patient coordinates all aspects of the patient's care.
3. The focus is on the needs of the patient and the entire family. The hospice team provides information and education to the family to help them with the role of caregiving, and to enhance the quality of care.
4. The physicians, RNs and aides ensure the patient is physically comfortable. The medical team manages pain and symptoms, while the aide provides personal care that ensures the patient's comfort.
5. Spiritual Care staff help patients and families address spiritual needs at the end of life. The importance of spiritual care differs with each individual. Some people find solace in the rituals and traditions of organized religion; others wish to evaluate the meaning of their life and relationships or to come to terms with important issues.
6. Social workers help patients and families with a range of issues, including, offering information to improve communication between family members, facilitating reunions with loved ones, working with insurance agencies, and researching resources to help with a patient's needs.
7. Through Grief Support Services, Hospice of Michigan helps the family and friends of terminally-ill patients cope with their grief, and provides support over a 13-month period after the patient's death.
8. Volunteers are the heart of Hospice of Michigan. They provide a special kind of caring and compassion for our patients and their families. They provide companionship, assist with daily household activities, provide grief support, and make it possible for family members to take a break.

When is hospice appropriate?

Hospice care is appropriate when treatments are no longer effective and the burden of the disease becomes too much to bear for the patient and family. Hospice of Michigan aims to provide relief from physical and emotional pain so that the patient and family can spend their remaining days with comfort and dignity.

There are many people in Michigan who need and deserve the comprehensive support of hospice services but they aren't receiving them. People don't access hospice services for many reasons, including, lack of information about the value of hospice services, fear of the expense, a belief that their physician will refer them, or they are too ill to ask for hospice for themselves and they are relying on loved ones to manage their care.

Where is hospice care provided?

Hospice is a philosophy of care, not a place. Most hospice patients receive care in their home or the home of a relative or friend. It also is provided in long-term care facilities, assisted living facilities, hospitals or nursing homes.

Who pays for hospice?

Hospice care is covered by most insurers, including Medicare, Medicaid, Blue Cross/Blue Shield and most private insurers and HMOs. Hospice is a covered benefit under Medicare for people who have a life expectancy of six months or less. Most policies cover all costs of hospice care, though some may require a copay for prescriptions.

What if the patient gets better?

If the patient's condition improves, he or she can be discharged from hospice and return to aggressive treatment or resume daily life. If the patient should later need to return to hospice care, Medicare and most insurance programs will allow additional coverage.

About Hospice Care

What if my doctor does not mention hospice?

The patient and family should feel free to discuss hospice care at any time with their physician, other health care professionals, clergy or friends. Everyone is urged to prepare Advance Directives that spell out the type of care wanted at the end of life. Go to www.haveyouhadthetalk.org.

Who can refer a patient to a hospice program?

Anyone can refer a patient to a hospice program. To be admitted, a patient must:

- Agree to treatment aimed at comfort rather than cure
- Have an incurable disease resulting in a limited life-expectancy, as certified by a physician.

Hospice of Michigan's CARE Center staff is available to help with questions like: "Is my loved one eligible for hospice?"

Call 24-hours-a-day, seven days-a-week, 888-247-5701.

What is involved in the hospice admission?

When a patient is referred to Hospice of Michigan, our staff makes the process as simple as possible for the patient and family. We make the arrangements, including contacting the patient's physician to confirm hospice eligibility. The patient will be asked to sign a consent form to confirm understanding that hospice care is aimed at comfort and pain relief, rather than cure.

Is It Time For Hospice?

Many people die each year without the comprehensive supportive care of hospice. Are you caring for a family member or friend or looking for hospice information for yourself? Find out if hospice may be the answer for you or your loved one by answering these 10 simple questions.

Have you or your loved one...

1. Been hospitalized or taken to the emergency room several times in the past six months?	Yes	No
2. Been making more frequent phone calls to your physicians?	Yes	No
3. Started taking medication to lessen physical pain?	Yes	No
4. Started spending most of the day in a chair or bed?	Yes	No
5. Fallen several times over the past six months?	Yes	No
6. Started needing help from others with two or more of the following: <input type="checkbox"/> Getting out of bed <input type="checkbox"/> Dressing <input type="checkbox"/> Bathing <input type="checkbox"/> Walking <input type="checkbox"/> Eating	Yes	No
7. Started feeling weaker or more tired?	Yes	No
8. Experienced weight loss so that clothes are noticeably looser?	Yes	No
9. Noticed a shortness or breath, even while resting?	Yes	No
10. Been told by a doctor that life expectancy is limited?	Yes	No

If you have answered yes to two or more of these questions it may be time to ask your doctor about hospice at your next appointment. Or call Hospice of Michigan for more information or to schedule an informative visit. Our CARE Center is available 24/7 at 888-247-5701.



(888) 247-5701 www.hom.org

You are Not Alone: Resources and Information

HOSPICE OF MICHIGAN

<http://www.hom.org>

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888-247-5701

Have You Had the Talk?™

www.haveyouhadthetalk.org

The Have You Had the Talk?™ website urges all adults to consider and choose the care they want if they ever need to rely on someone else for their medical care and decision making. The Talk is a gift to anyone who needs to know what you want when you can no longer speak for yourself. Hospice of Michigan produced this website with resources and stories to get the conversation started.

Caring Bridge

<http://www.caringbridge.org>

Caring Bridge is a nonprofit organization offering free personalized web sites to those wishing to stay in touch with family and friends during significant life events. Their mission is to bring together a global community of care powered by the love of family and friends in an easy, accessible and private way. Caring Bridge authors create personalized websites that display journal entries and photographs. Well-wishers visit the site to read updates and leave messages in the Guestbook.

Family Caregiving

<http://www.familycaregiving101.org>

The Family Caregiving 101 website is for those who are caring for a loved one who is ill or disabled.

It is a great place to find assistance, answers, new ideas and helpful advice on how to navigate the health care maze.

National Hospice and Palliative Care Organization

<http://nhpco.org>

Hospice and palliative care involve a team approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. At the center of hospice and palliative care is the belief that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so.

Senior Citizen's Resources

<http://www.usa.gov/Topics/Seniors.shtml>

As the U.S. government's official web portal, USA.gov makes it easy for the public to get U.S. government information and services on the web. USA.gov also serves as the catalyst for a growing electronic government archive. On this site, you will find a treasure of online information, services and resources.

Senior Net

<http://www.seniornet.org>

Senior Net's mission is to provide older adults with education for, and access to, computer technologies to enhance their lives and enable them to share their knowledge and wisdom. Senior Net is where individuals 50 and older learn to share information, get support using articles and resources in several enrichment centers, and participate in hundreds of discussion topics.

Family Caregiver Alliance

<http://www.caregiver.org/caregiver/jsp/home.jsp>

The Family Caregiver Alliance is a voice for caregivers. It unites research, public policy and services. It advances the development of high quality, cost effective policies and programs for caregivers in every state. The site offers a state-by-state guide of services available to caregivers and families.

You are Not Alone: Resources and Information

The National Alliance for Caregiving

<http://www.caregiving.org/>

The National Alliance for Caregiving is a non-profit coalition of national organizations focusing on issues related to family caregiving. Alliance members include grassroots organizations, professional associations, service organizations, disease-specific organizations, a government agency, and corporations.

The National Family Caregivers Association

<http://www.nfcacares.org>

The National Family Caregivers Association (NFCA) educates, supports, empowers and speaks up for the more than 65 million Americans who care for loved ones with a chronic illness or disability or the frailties of old age. NFCA reaches across the boundaries of diagnoses, relationships and life stages to help transform family caregivers' lives by removing barriers to health and well being.

The Caregiver Resource Network

<http://www.caregiverresource.net>

The Caregiver Resource Network has information to increase caregiver competence and confidence. It offers educational fact sheets, articles, web links, and resource materials on topics related to caregiver well-being; respite care; health and wellness; legal and financial issues; and long distance caregiving, as well as programs and services available in West Michigan.

Michigan Office of Services to the Aging

<http://www.michigan.gov/miseniors>

This website is produced by the State of Michigan. It offers extensive resources to help seniors and caregivers, including lists of service providers for transportation, household help, transportation, and legal and financial assistance.