SW MI COMMUNITY OF CARE

Final Report

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ALTARUM

SOLUTIONS TO ADVANCE HEALTH

Executive Summary

The Southwest MI Community of Care (CoC) collaborative seeks to understand gaps that may exist between its constituents' needs and the services they need in their counties of focus: Berrien, Cass and Van Buren. Using de-identified data obtained from the Region IV Area Agency on Aging (AAA), Spectrum Lakeland, PACE of Southwest Michigan and Senior Care Partners PACE along with publicly available data and Medicare claims data, we will provide a better understanding of the demographics and characteristics of elders who live in these counties, the community services available to them, and the gaps that may exist in getting needed services to this population. After analyzing the data made available, there are three overarching conclusions and recommendations that can be *made*:

Conclusion #1: There is a need for a central organization (potentially the Region IV AAA) to develop a common needs assessment instrument that can be deployed in a consistent manner across all three counties.

Recommendation #1: The Region IV AAA, Spectrum Lakeland Health System, and health departments of each of these counties should develop a common needs assessment instrument with a standardized dissemination process.

Conclusion #2: More consistent data from Cass and Van Buren county is needed to help inform the Region IV AAA of needs in these counties, that are consistent with Berrien.

Recommendation #2: Region IV AAA should serve as the hub and the counties as the spokes in a system of services. They could help the health departments and other stakeholders in all three counties examine consistent meaningful information.

Conclusion #3: There is a need for better understanding of how people in these three counties learn about the available services in their area, especially Region IV AAA services and programs. Developing an evaluation of utilization of services will be important to help inform the Region IV AAA of the how, when and where regarding their programs and services.

Recommendation #3: Region IV AAA should develop an evaluation of how patients are informed of their services and programs, the utilization of these services programs, and where potential "hot-spot" areas exist, such as primary care physicians and faith-based organizations, as key informants of their services.

Finally, after a complete analysis of the available data, there were a number of questions that arose for discussion among key stakeholders. These questions are grouped for consideration into four categories: Region IV AAA; Health Care Access; Community Based; and COVID-19 Considerations.

Background

While the population of Michigan overall is scarcely growing, it is aging. By 2030, it is estimated that people over 65 will represent 23% of Michigan's population.[i] There are a number of well-thought out opportunities for elders as they age in Michigan, including various PACE (Program

for All-Inclusive Care for the Elderly) programs, MI Choice, MI Health Link and Area Agency on Aging programs.

The Southwest MI Community of Care (CoC) collaborative seeks to understand gaps that may exist between its constituents' needs and the services they need in their counties of focus: Berrien, Cass and Van Buren. Using de-identified data obtained from the Region IV Area Agency on Aging (AAA) and Spectrum Lakeland along with publicly available data and Medicare claims data, we will provide a better understanding of the demographics and characteristics of elders who live in these counties, the community services available to them, and the gaps that may exist in getting needed services to this population.

GATHER AND ASSESS AVAILABLE DATA SOURCES

The following data sources have been gathered and assessed:

- Demographics for Berrien, Cass and Van Buren county from the American Community Survey/U.S. Census;
- Information on available community supports, including caregiver supports, through The Disability Network of Southwest Michigan and other professional societies for Berrien, Cass and Van Buren county;
- 2018 Behavioral Risk Factor Surveillance System (BRFSS) survey for Berrien County;
- Spectrum Lakeland 2019 Community Health Needs Assessment: Abstract (highlights of findings) for Berrien County;
- Bronson Community Health Needs Assessment findings for Van Buren County;
- Ascension Borgess Community Health Needs Assessment findings for Cass County;
- Medicare Claims data from Care Journey for Berrien, Cass and Van Buren county;
- Various de-identified EMR reports regarding utilization, admissions and discharge;
- National Aging Program Information System (NAPIS) data;
- Region 4 AAA utilization and unmet needs reports;
- Population projections for Berrien, Cass and Van Buren counties from the State of Michigan.

Findings

Demographics

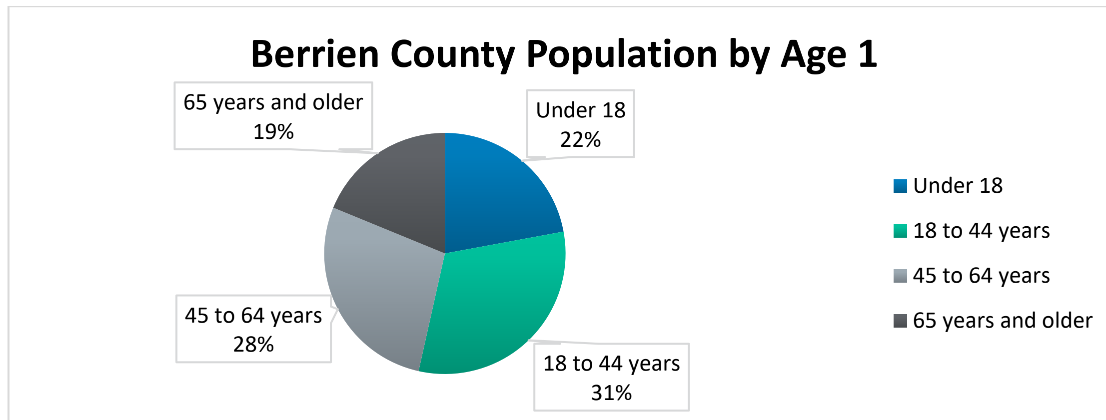
The population of Berrien county is twice as big as Van Buren County's and three times as big as Cass county's, and while these counties are predominately white, there are minority groups (in particular blacks and Hispanics) that have a presence in these areas. The levels of disability among people over the age of 65 are similar among the three counties, as is the proportion of people living below the poverty line in this age category.

Berrien County has a population of just over 150,000; the median age is nearly 42; almost 19% of the population is over the age of 65 and nearly 33% of household have at least one person 65 or older living in them.[ii] See Figure 1.

The county is majority white (78.6%) with black (14.7%), Hispanic (5.4%), two or more races (3.1%), Asian (2%) other (1.2%) and American Indian (.4%) rounding out the race and ethnicity of Berrien County. [iii]

The median household income in Berrien County is $49,135, somewhat below the state median household income of $54,938. 17% of all people in Berrien County live below the poverty line and 8.5% of people in the county are both over the age of 65 and live in poverty.[iv]

Figure 1. Berrien County Population by Age.



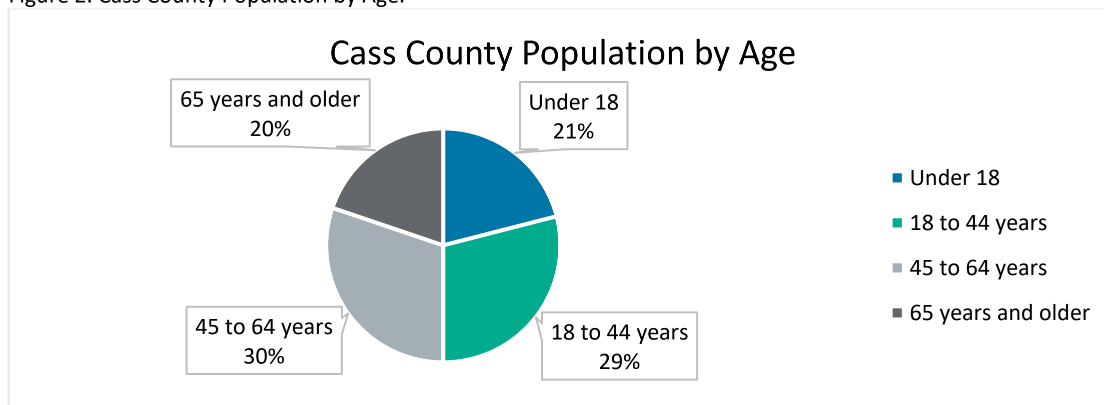
Nearly 15% of the population in Berrien County has a disability and 35% of people with disabilities are over the age of 65.

Cass County has a population of just over 51,000; the median age is 45; nearly 20% of the population is over the age of 65 and nearly 34% of household have at least one person 65 or older living in them.[v] See Figure 2.

The county is majority white (88.7%) with black (5%), Hispanic (3.8%), two or more races (3.2%), other (1.1%), American Indian (1.1%) and Asian (.8%) rounding out the race and ethnicity of Cass County. [vi]

The median household income in Cass County is $53,571 and 5.3% of people are both over the age of 65 and live below the federal poverty level.[vii]

Figure 2. Cass County Population by Age.



Nearly 18% of the population in Cass County has a disability, of that, 37% are over the age of

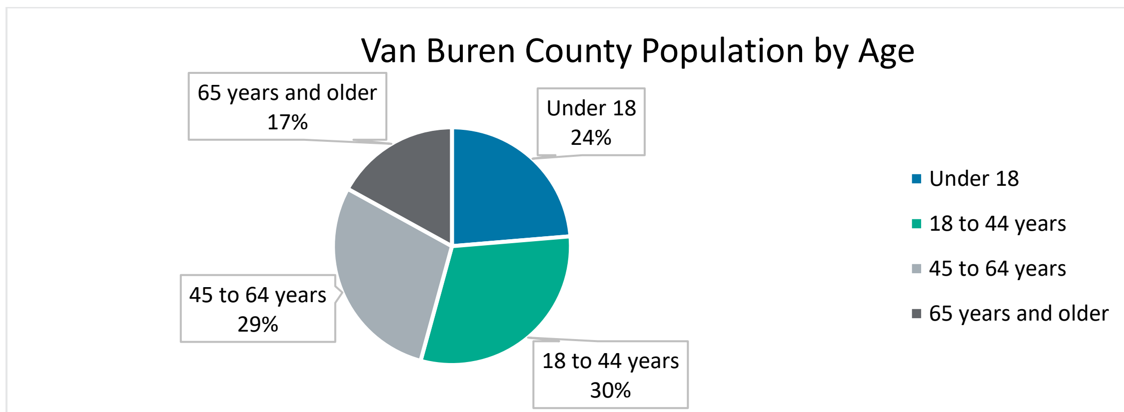
65.

Van Buren County has a population of just over 75,000; the median age is 42; 17% of the population is over the age of 65 and nearly 31% of household have at least one person 65 or older living in them.[viii] See Figure 3.

The county is majority white (85.9%) with black (3.3%), Hispanic (11.4%), two or more races (4.5%), other (4.6%), American Indian (1%) and Asian (.7%) rounding out the race and ethnicity of Van Buren County. [ix]

The median household income in Van Buren County is $52,351. 8.6% of people in the county are over the age of 65 and live below the federal poverty level.[x]

Figure 3. Van Buren County Population by Age.



Fifteen percent of the population in Van Buren County has a disability, of that, nearly 37% are over the age of 65.

Overall, these counties are predominately white, with smaller numbers of minorities and ethnic groups. They have a substantial number of people in the 65 and over age category, and there are sizeable numbers of people with disabilities. Both of these groups (65+ and people with disabilities) often live within a lower socioeconomic level compared to others age groups and non-disabled persons. And the 65 and over age group is expected to grow over the next 10 years in each of these counties, see Figure 4, 5 and 6.

Figure 4. Population Estimates for Ages 65+ in Berrien County

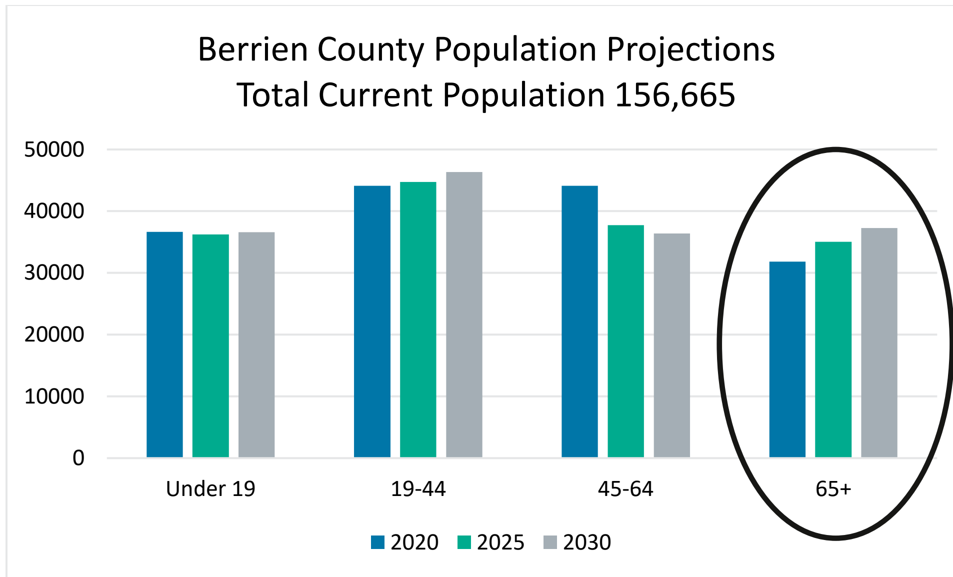


Figure 5. Population Estimates for Ages 65+ in Cass County

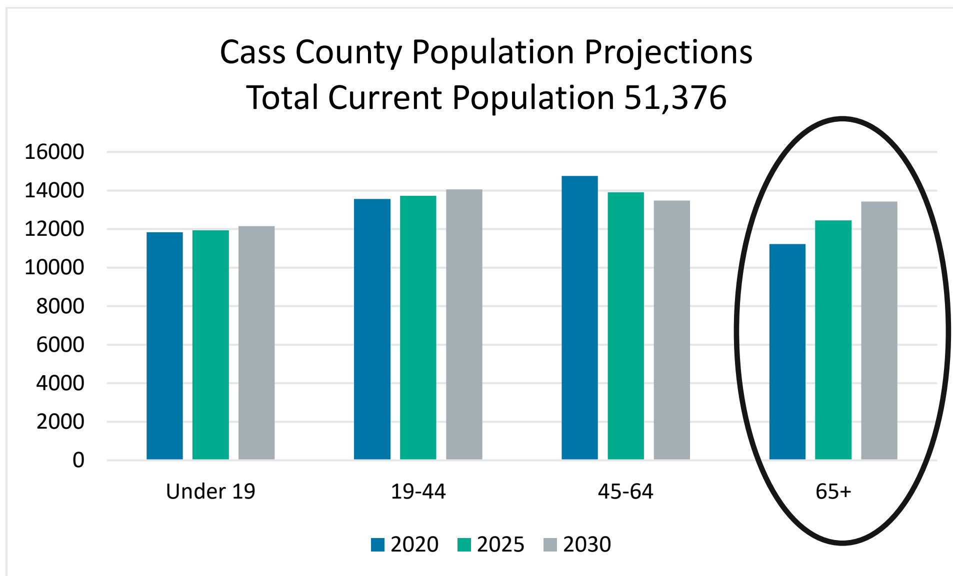
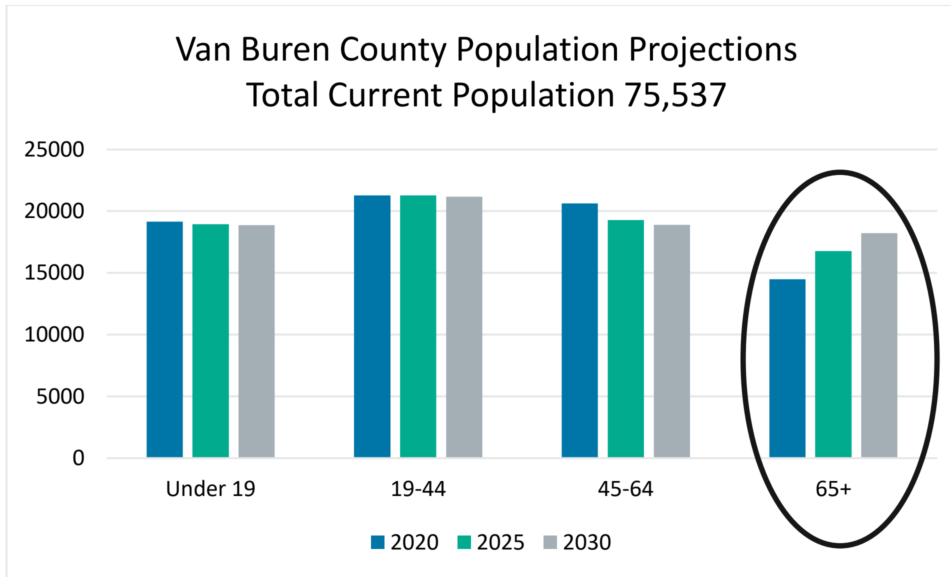
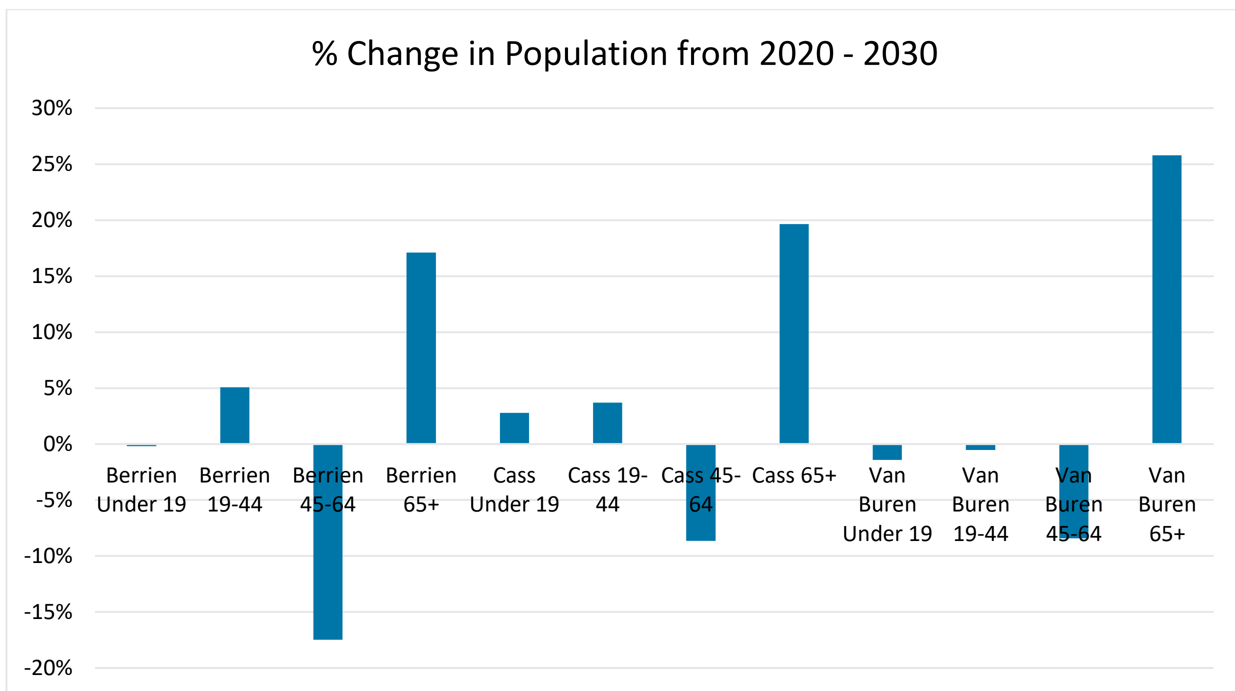


Figure 6. Population Estimates for Ages 65+ in Van Buren County



Viewed in a different way we see the highest percent change between 2020 and 2030 for all three counties is in the age 65 and older age category. See Figure 7.

Figure 7. Percent Change in Population 2020 – 2030 for Berrien, Cass and Van Buren County.



Drilling down even further into the elderly population we see that in all three counties, it is estimated there will be an increase in population for the 70-79 and 80+ age groups. See Figures 8, 9 and 10.

Figure 8. Population Projections for the Elderly for Berrien County.

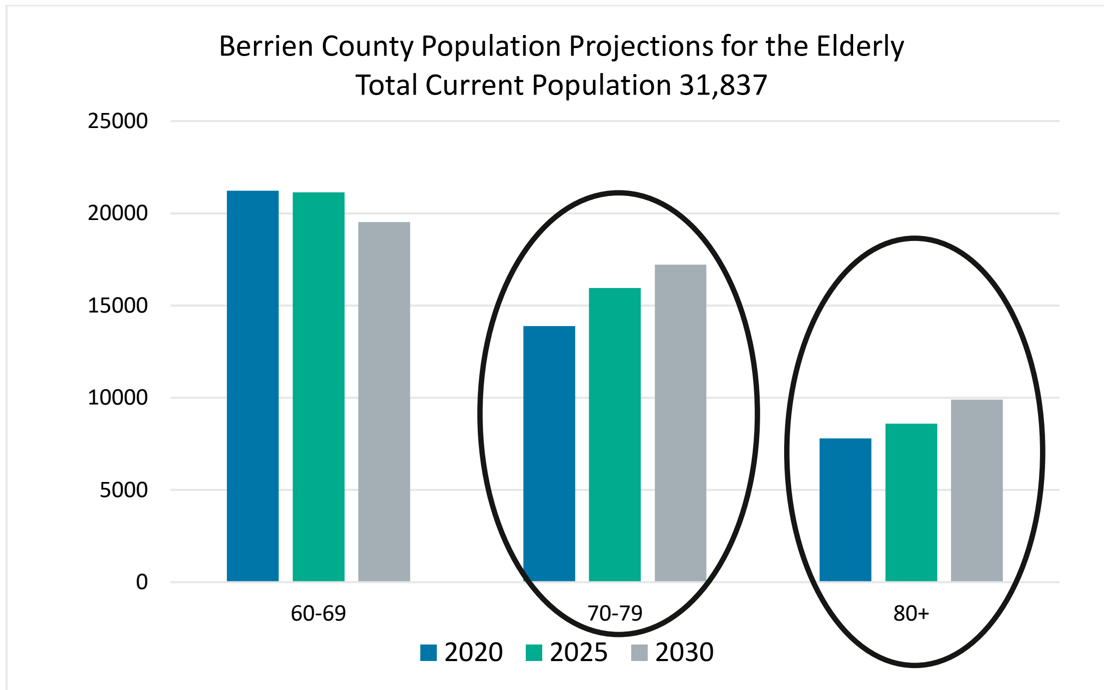


Figure 9. Population Projections for the Elderly in Cass County.

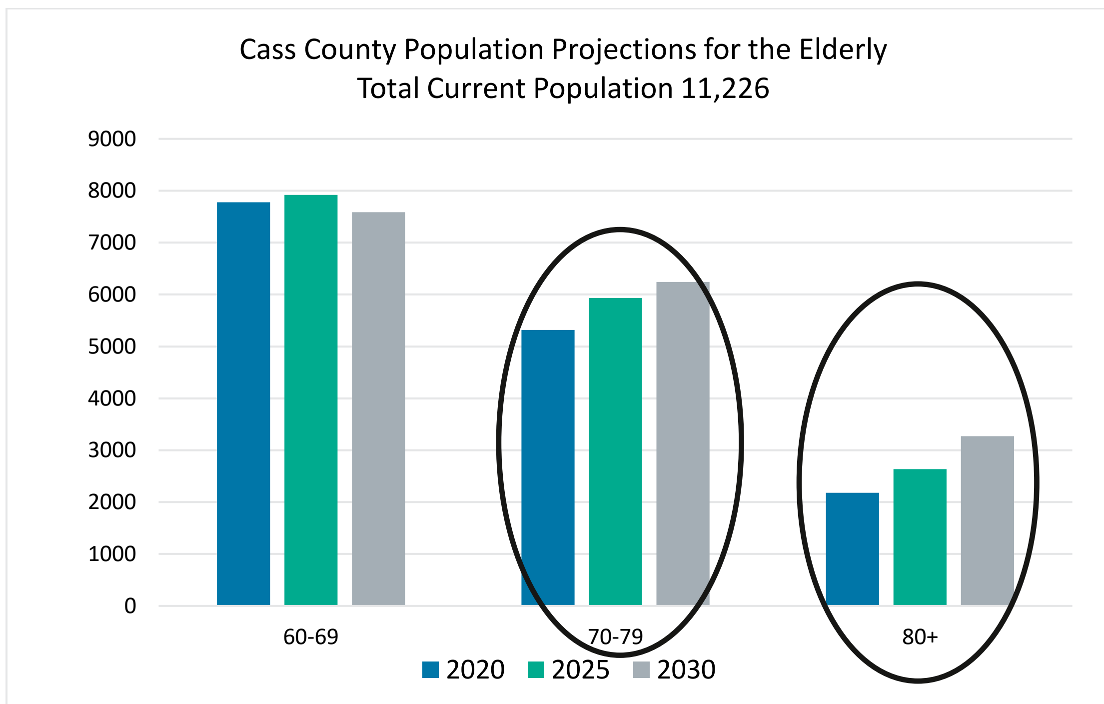
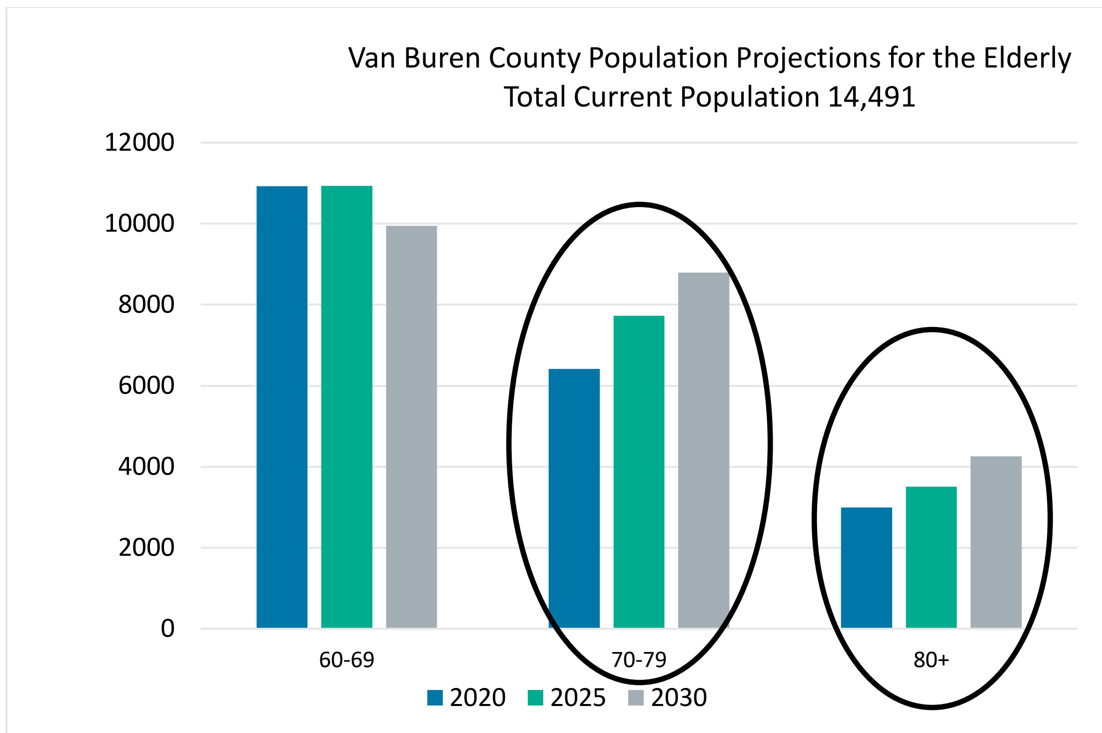
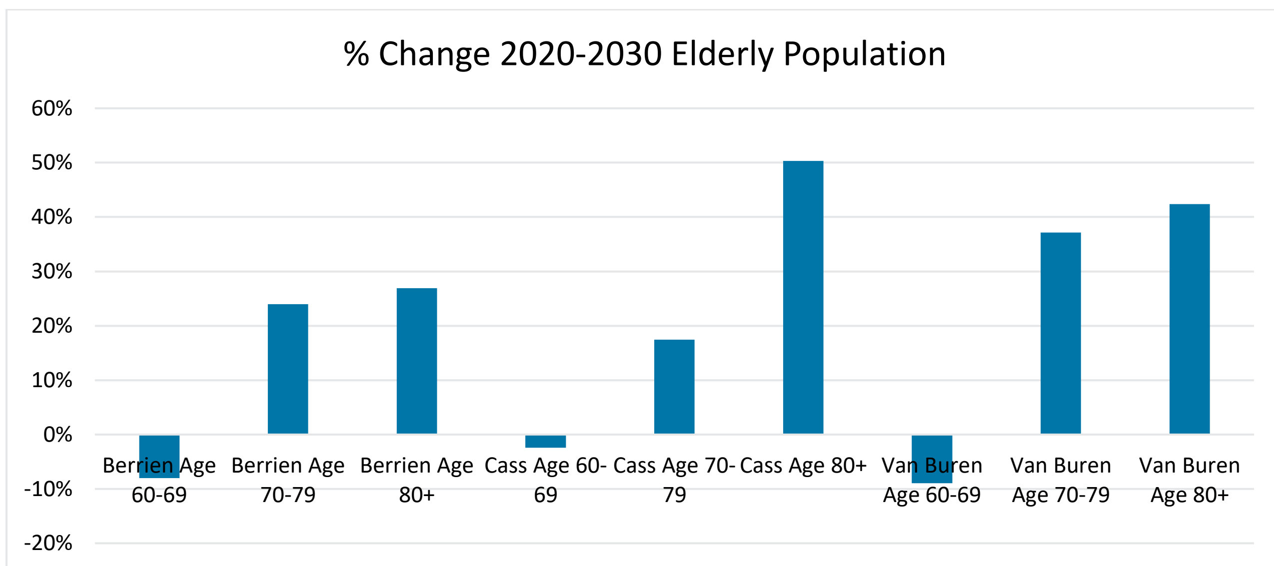


Figure 10. Population Projections for the Elderly in Van Buren County.



Again, viewed in a different way, the percent change from 2020-2030 for this age group is increasing in each of the counties. See Figure 11.

Figure 11. Percent Change in Age 60+ Category for Berrien, Cass and Van Buren Counties.



After examining the demographic information of each of these three counties, it can be concluded that all three counties have a growing elderly population and that the services and

supports provided to people in this category will be important in the years ahead.

Health Conditions and Health Care Utilization

Common Primary Diagnoses

In analyzing 2018 Medicare claims data[xi] from these three counties, we see a high prevalence of chronic conditions listed as part of the diagnoses for those in the age category 65 years and above. The list below includes 2018 data for all three counties and shows the most common primary diagnoses on a claim for Medicare. Note: these data reflect Medicare fee for service claims only and does not include Medicare Advantage or MI Health Link claims data.

- Hypertension patient count – 8,861
- Kidney patient count – 4,373
- Diabetes patient count – 3,859
- Depression patient count – 2,798
- Obesity patient count - 2,743
- Heart Failure patient count – 1,769
- COPD patient count – 1,657
- Alzheimer's/Dementia patient count – 1,610
- Frail Elder patient count – 1,068
- Asthma patient count – 545
- Mobility impairments patient count – 203
- Major Complex Chronic Condition[1] Patient – 3,660
- Minor Complex Chronic Condition[2] Patient – 2,552

By county, this data breaks out as follows:

	Berrien County	Cass County	Van Buren County
Hypertension patient count	8,038	261	562
Kidney patient count	4,012	107	264
Diabetes patient count	3,434	145	280
Depression patient count	2,451	80	267

	Berrien County	Cass County	Van Buren County
Obesity patient count	2,386	110	247
Heart Failure	1,582	78	109
COPD patient count	1,476	67	114

[1] Major Complex Chronic Condition patients are defined as two or more complex conditions or at least 6 non-complex conditions.

[2] Minor Complex Chronic Condition patients are defined as only 1 complex condition and less than 6 non-complex conditions.

Alzheimer's/Dementia patient count	1,342	24	244
Frail Elder patient count	952	-	116
Asthma patient count	515	-	30
Mobility Impairments patient count	186	-	17
Major Complex Patient	3,309	100	251
Minor Complex Patient	2,294	64	194

Note: We do not know exactly why patient counts for Frail Elder; Asthma and Mobility Impairments are zero in Cass county, however we do know that overall Cass has a much smaller population than Berrien or Van Buren, and that this could be a reflection of these patients seeking care in a different county.

Emergency Department Utilization

Examining this same Medicare dataset, we looked at the number of emergency department visits in these three counties. In 2018, in all three of these counties there were:

- 9,620 Medicare claims with an Emergency Department visit

Using algorithms developed by NYU Billings research, Care Journey (the owner of this particular Medicare dataset) filtered those emergency visits into those that were needed, potentially avoidable, and non-emergent. Of the 9,620 claims[3,4] in these three counties that had an Emergency Department visit:

- 1,320 were needed and were NOT potentially avoidable
- 1,014 were for conditions that could have been treated by a Primary Care Physician
- 422 were for conditions that in fact *were* emergent at the time, but Emergency Department care could have been avoided if care had been sought earlier
- 1,486 were for non-emergent conditions and could have been served in a less intensive setting

By county, this data breaks out as follows:

	Berrien County	**Cass County**	**Van Buren County**
Claims with Emergency Department Visit	8,459	335	826
ED visits were Needed and Not Potentially Avoidable	1,194 [14%]	18 [5%]	108 [13%]
ED visits for Conditions Treatable by PCP	926 [11%]	14 [4%]	74 [9%]

[3] This data is fee-for-service clients only.

[4] The remainder of claims did not have enough information to make a determination of which category they belong.

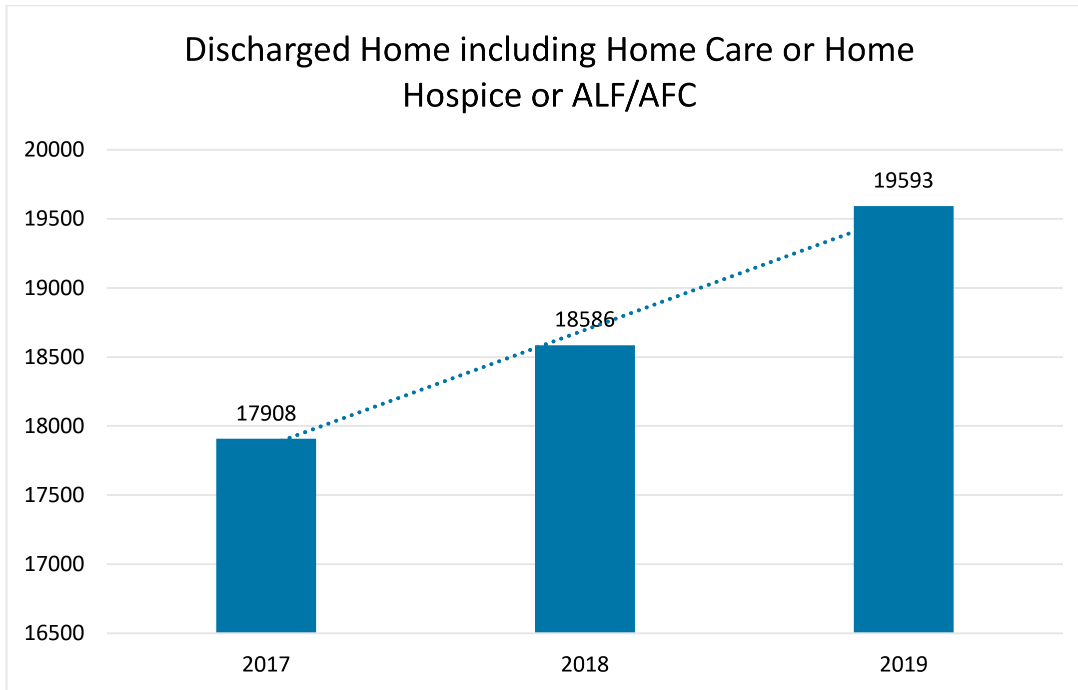
ED visits Emergent at the time, But Avoidable	368 [4%]	16 [5%]	38 [5%]
ED visits for Non-emergent conditions	1,315 [16%]	42 [13%]	129 [16%]

The data suggests that often emergency department visits for people on Medicare in Berrien, Cass and Van Buren counties in 2018 were not actual emergencies or could have been dealt with in a different setting. Of the claims that could be categorized, more patients were seen in the emergency department for conditions that were either not-emergent, treatable by a primary care physician or could have been avoided as emergent than those that were needed and potentially not avoidable. This data is consistent with EMR data[xii] provided by one local hospital system, which indicated that in 2019, 97% of Emergency Department visits across all three counties for patients ages 60 and over[5], resulted in a *routine discharge home*.

Additionally, according to data provided by one health care organization[xiii] when patients in this age category were admitted for inpatient acute care it was most often for sepsis; hypertensive heart and chronic kidney disease; acute kidney failure; COPD; hypertensive heart disease with heart failure; Non-ST elevation myocardial infarction. After an admission, patients in this age group were predominately discharged home (including with home care, and/or hospice care) and this has been an increasing trend since 2017. See Figure 12.

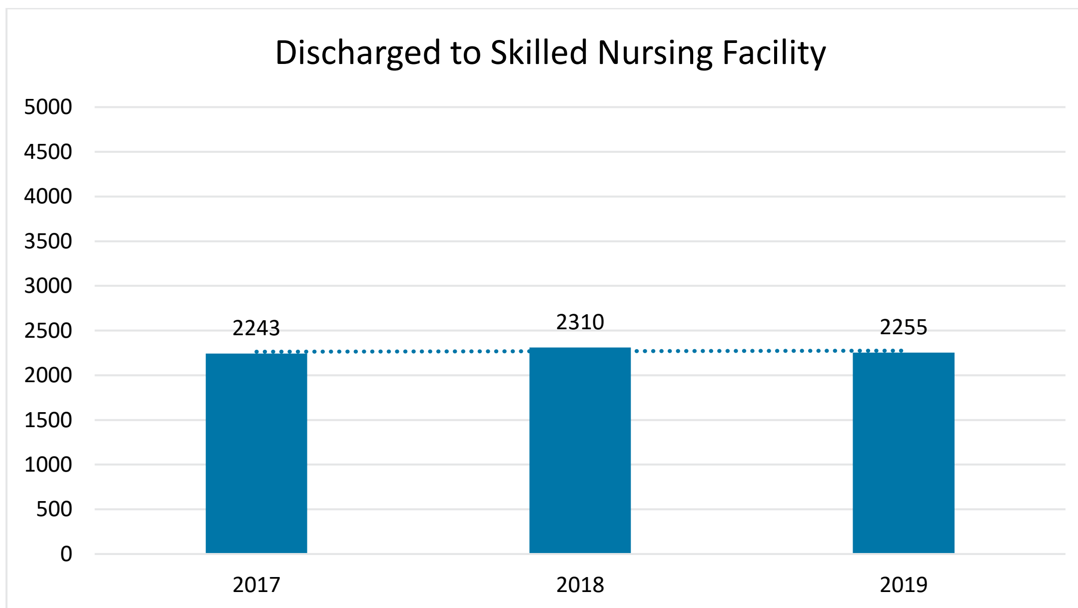
[5] Medicare claims data provides information on patients that receive Medicare benefits, typically age 65 and over. The electronic medical record information provided was for patients ages 60 and over.

Figure 12. Trends in discharges home from one of the health care systems serving the three-county areas.



Conversely, discharges to a Skilled Nursing Facility including have remained relatively flat over the last three years. See Figure 13.

Figure 13. Discharges to a Skilled Nursing Facility from one of the health care systems serving the three-county areas.



Readmissions

According to EMR data provided, between 2017-2020, 24% of patients who were readmitted to the hospital within 30 days had one of the following primary diagnoses at the time of their initial hospital admission:

- Acute kidney failure, unspecified (HCC)
- Chronic obstructive pulmonary disease with (acute) exacerbation (HCC)
- Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (HCC)
- Hypertensive heart disease with heart failure (HCC)
- Sepsis, unspecified organism (HCC)

The 30-day readmissions tend to cluster around a different set of issues. Between 2017-2020, 31% of people readmitted within 30-days had one of the following twelve conditions as a primary diagnosis:

- Weakness
- Unspecified abdominal pain
- Shortness of breath
- Sepsis, unspecified organism
- Pneumonia, unspecified organism
- Other abnormalities of breathing
- Hypoxemia
- Heart failure, unspecified (HCC)
- Gastrointestinal hemorrhage, unspecified
- Chronic obstructive pulmonary disease with (acute) exacerbation (HCC)
- Altered mental status, unspecified
- Acute kidney failure, unspecified (HCC)

The two most prevalent diagnoses were Sepsis, unspecified organism and Shortness of Breath which together made-up 11% of 30-day readmissions for this age group between 2017-2020.

Leading Causes of Death

Finally, the leading causes of death[xiv] in the three focus counties are as follows:

Berrien County	Over Age 65	Cass County	Over Age 65	Van Buren County	Over Age 65
1. Heart Disease	*419*	*1. Heart Disease*	*111*	*1. Heart Disease*	*150*
2. Cancer	*275*	*2. Cancer*	*96*	*2. Cancer*	*125*
3. Stroke	*104*	*3. Chronic Lower Respiratory Diseases*	*33*	*3. Chronic Lower Respiratory Diseases*	*46*
4. Chronic Lower Respiratory Diseases	*96*	*4. Stroke*	*25*	*4. Stroke*	*30*
5. Alzheimer's Disease	*63*	*5. Alzheimer's Disease*	*19*	*5. Alzheimer's Disease*	*21*
6. Kidney Disease	39	6. Diabetes Mellitus	12	6. Kidney Disease	16
7. Diabetes Mellitus	37	7. Kidney Disease	10	7. Unintentional Injuries	16
8. Unintentional Injuries	23	8. Pneumonia/Influenza	7	8. Diabetes Mellitus	14
9. Septicemia	21	9. Septicemia	6	9. Pneumonia/Influenza	13
10. Pneumonia/Influenza	18	10. Intentional Self-harm (Suicide)	4	10. Parkinson's Disease	7

The leading causes of death for this age category are similar across all three counties, suggesting that supports, services and programs should be tailored to the chronic conditions that primarily impact these causes of death.

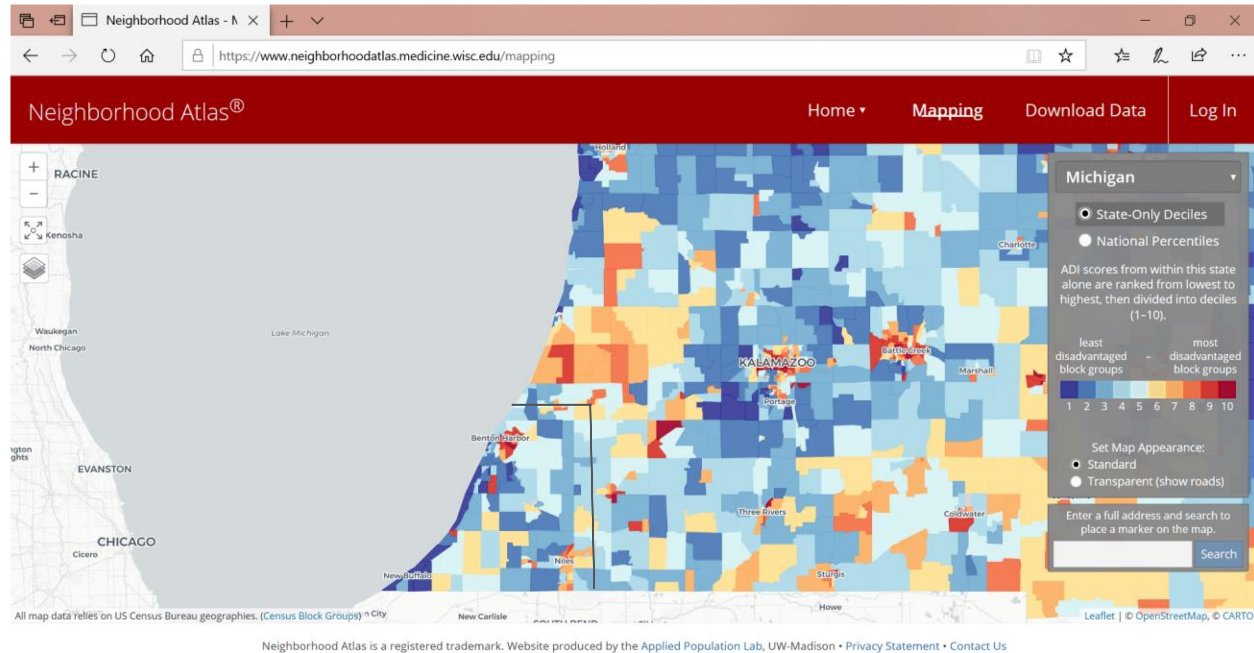
After examining the health conditions and health care utilization data we can conclude that the residents of these counties in the over 65 age group have a number of chronic conditions that need to be addressed appropriately, otherwise if left uncontrolled or unattended, could result in severe negative health outcomes and the need for more intensive health care services. Often people of this age group in these counties are entering the emergency department, when other means of health care would have sufficed. Addressing this group's ability to find and access resources to help them with their health care needs will be important.

IDENTIFY GAPS/BARRIERS TO PERSON-CENTERED CARE AND ACCESS TO CARE/SERVICES

Area Deprivation Index

The communities within Berrien, Cass and Van Buren counties rate fairly well on the Area Deprivation Index[xv], with the exception of the Benton Harbor area which is in the more densely populated county of Berrien. The Area Deprivation Index ranks neighborhoods in a region by socioeconomic status and disadvantage. See Figure 14.

Figure 14. Area Deprivation Index for Berrien, Cass and Van Buren counties.



The Berrien County Behavioral Risk Factor Surveillance Survey, 2018-2019, indicates that people over the age of 65 generally self-reported worse health status[xvi]. Six percent of people 65-74 in Berrien County indicated they do not have a primary care physician (1% over the age of 75). Seven percent of people 65-74 reported they did not have access to care due to cost (3% over the age of 75). And 12% of people age 65-74 said they had not had a routine medical check-up in the past year (7% over the age of 75). Finally, 35% of people age 65-74 in Berrien county reported they did not have dental coverage (37% over the age of 75).

Access to Health Care Services

Other access to care data from the Robert Wood Johnson Foundation[xvii] indicates that Berrien, Cass and Van Buren counties have a higher percentage of uninsured persons, higher ratios of patients to providers, yet a lower number of preventable hospitals stays compared to Michigan as a whole. While we cannot identify the specific drivers of these access issues, it may be an important area for follow up. See Figure 15.

Figure 15. Access to Care Data from RWJF

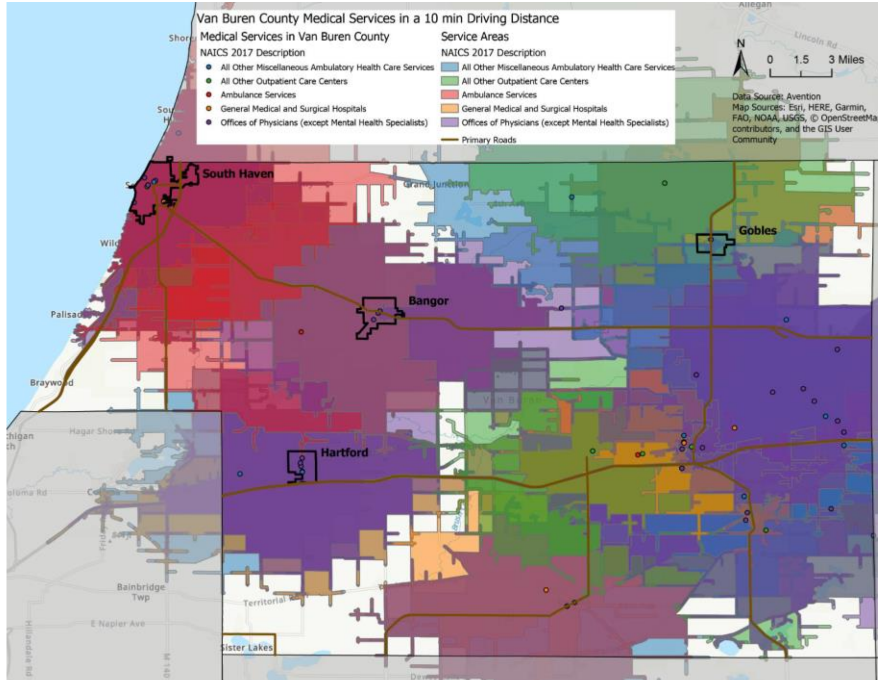
	Berrien	Cass	Van Buren	Michigan
Uninsured (%)	7%	7%	8%	6%

Primary Care Physicians (ratio)	1,310:1	5,140:1	1,980:1	1,280:1
Dentists (ratio)	1,730:1	3,230:1	2,510:1	1,340:1
Mental Health Care Providers (ratio)	450:1	910:1	790:1	370:1
Preventable Hospital Stays	3,761	3,674	2,884	5,203

In the Community Healthcare Needs Assessment survey[xviii] in Van Buren county, the Van Buren Cass District Health Department visualized the access that people of that county had to medical care. See Figure 16. This map depicts the areas that would have a 10-minute drive to a medical services facility. The parts of the county in white indicate there are no medical services facilities within a 10-minute drive.[6]

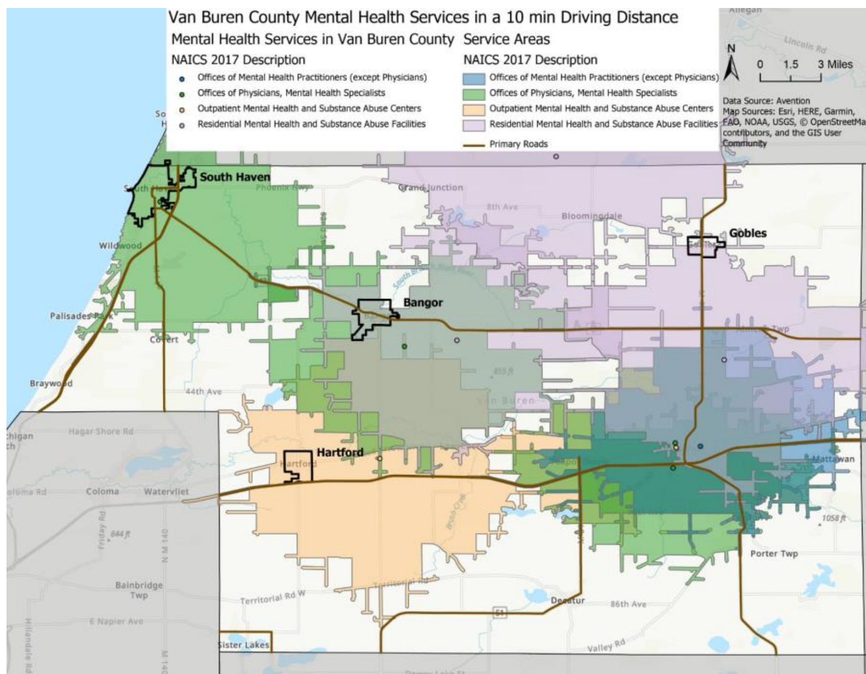
Figure 16. Van Buren Medical Services that are within a 10-minute drive

[6] This 10-minute drive access mapping was not available for Cass or Berrien counties.



We see even more white space in Van Buren county when it comes to accessing mental health services. See Figure 17.

Figure 17. Van Buren Mental Health Services that are within a 10-minute drive.



Access to Skilled Nursing Facilities and Homes for the Aged

As was mentioned earlier, the number of patients discharged to a skilled nursing facility has

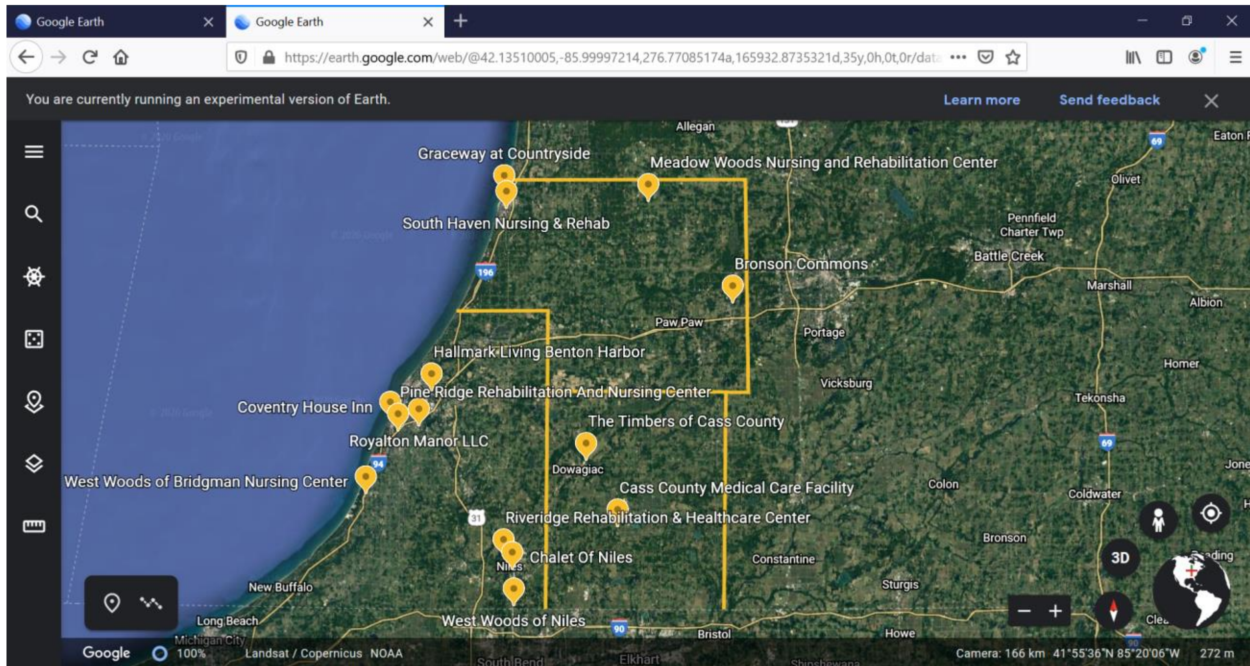
remained relatively flat from 2017-2019, but more patients are being discharged home, both with and without home health care services. Still, skilled nursing facilities and other residential options remain critical components of LTSS in a community.

Currently there are 8 skilled nursing facilities in Berrien County with a max capacity of 756 (and approximate current occupancy of 597), approximately 47 of those beds are specifically available for Alzheimer's patients. Cass County has 2 skilled nursing facilities with a maximum capacity of 188 (and approximate current occupancy of 167), with no dedicated beds available for Alzheimer's patients. Van Buren County has 4 skilled nursing facilities with a maximum capacity of 330 (and approximate current occupancy of 283), with zero beds designated as available for Alzheimer's patients. There are 104 adult foster care homes and homes for the aged in Berrien County; 16 adult foster care homes and homes for the aged in Cass County; and 57 adult foster care homes and homes for the aged in Van Buren County. None are currently at maximum capacity and each county has at least a few adult foster care homes or homes for the aged that are designated to take Alzheimer's patients [xix,xx,xxi].

Additionally, the number of specified Alzheimer's beds in any of these types of residential care does not fully describe the totality of the people with dementia served there. National data shows that 40% of people living in non-nursing home residential care have moderate to severe cognitive impairment and over 60% of nursing home residents have moderate to severe cognitive impairment. So, many non-specially designated beds are used by people with dementia or other cognitive impairment.[xxii] See Figure 18.

After examining the number of patients who get discharged from the hospital to skilled nursing facilities as well as the number of people with claims that have a diagnosis of Alzheimer's or dementia, there does not seem to be a shortage in the number of beds available in both skilled nursing facilities and adult foster care homes or homes for the aged for these groups. What may be more of an issue is the proximity of those facilities to the patients and their families. Access to skilled nursing facility care that nearby (within a 10-minute drive) may not be available in the rural parts of the three counties and close access to mental health services has even more gaps for people in these areas.

Figure 18. Location of Skilled Nursing Facilities in Berrien, Cass and Van Buren counties.



Access to Long Term Supports and Services

Potential Need

Access to long term supports and services (LTSS) is critically important to any community, and as the data has shown, more and more patients are being discharged home after a hospitalization and often that includes supportive in-home services. Identifying the potential need and any gaps that may exist due to a lack of available services, however, is difficult. For this analysis, a proxy of the number of "potential patients" in need of LTSS was established by using the Charlson Comorbidity Index. This index categorizes comorbidities of patients and each comorbidity has an associated weight based on an adjusted risk of mortality or resource use calculations. The sum of all the weights results in a comorbidity score, zero indicates that no comorbidities were found and the higher the score, the more likely the predicted outcome will result in mortality or higher resource use. The Charlson Comorbidity Index is a validated instrument for predicting the likelihood of higher resource usage and mortality and has been cited over 8,800 times in scholarly literature[xxiii] and is an identifiable indicator on Medicare claims. We use this as the proxy for "potential patients" in need of LTSS for each county.

Number of patients treated by county with a Charlson Comorbidity Index score of 3 or higher[xxiv]	Berrien	Cass	Van Buren
	4,696	143	349

There are options in these three counties when it comes to LTSS for clients, both in skilled nursing facilities as well as the MI Choice and PACE programs. The MI Choice waiver program allows Medicaid covered, eligible adults who meet the nursing home level of care to receive services in their own homes or other residential setting (unlicensed assisted living, some AFC or HFA locations)[xxv]. The Michigan PACE (Program of All-Inclusive Care for the Elderly) program features a comprehensive service delivery system for eligible frail adults (who also meet the

nursing home level of care) that allows them to continue living at home while receiving LTSS, integrated with medical services[xxvi]. In comparing clients in these three counties using MI Choice services[xxvii] , we see the following most common chronic conditions:

Hypertension	**429**
Arthritis	343
Depression	308
Diabetes Mellitus	234
Anxiety	259
COPD	181
Coronary Heart Disease	174
Congestive Heart Failure	146
Alzheimer's/Dementia	118
Vascular Disease	108

And most MI Choice clients in these counties have at least 5 co-morbidities, with some having over 10 co-morbidities, yet still use these home-based LTSS services. The co-morbidities include chronic conditions as well as acute conditions.

Number of clients in Berrien, Cass and Van Buren counties that have:
2 co-morbidities =30
3 co-morbidities = 47
4 co-morbidities = 79
5 co-morbidities = 101
6 co-morbidities = 85
7 co-morbidities = 72
8 co-morbidities = 41
9 co-morbidities = 34
10 co-morbidities = 23
More than 10 co-morbidities = 19
In examining the data provided, often the co-morbidities occurring in these clients are a combination of multiple chronic conditions such as hypertension with arthritis, diabetes, coronary heart disease, depression, anxiety, COPD, and congestive heart failure.

Potential Gap
Currently there are 720 slots available in the MI Choice program for these three counties. Looking at the availability of these slots along with the number of skilled nursing facility beds in each county, we see a potential shortfall in available LTSS options for all three counties. See Figure 19.

The "potential need" does not necessarily reflect the "potentially eligible" for the MI Choice and PACE programs. Instead, the "potential need" is the number of patients in each county that have a Charlson Comorbidity Index of 3 or higher, which represents those that will most likely

need high intensive health care and reach potential death within 10 years.

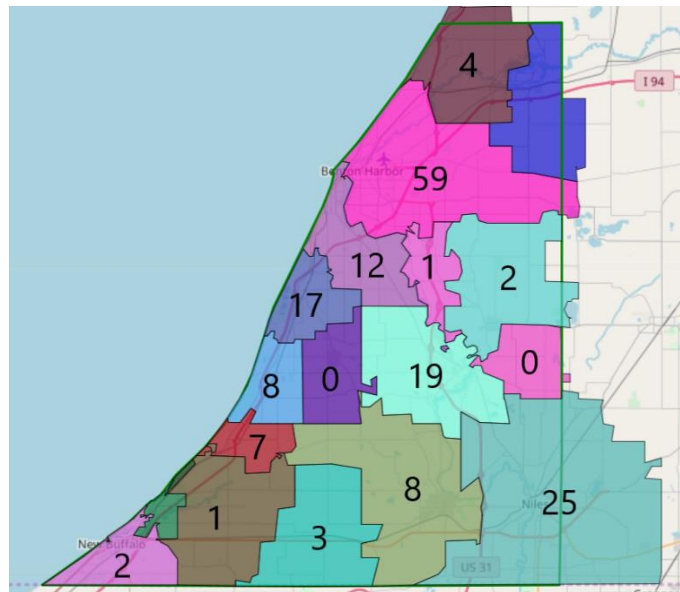
We acknowledge that not all of those “potential need” patients are actually eligible for MI Choice and PACE programs. Some Medicare beneficiaries categorized as potentially in need of LTSS using the Charlson Comorbidity Index as applied to their Medicare claims, may not meet the nursing home level of care assessment or meet Medicaid financial eligibility. However, those who fall in this category, even if not currently meeting the nursing home level of care, have a high likelihood of needing LTSS in the near future. Using the index, we estimate the number of “potential eligible” beneficiaries in each county and conclude that there may still be a shortfall of MI Choice and PACE program availability in all three counties. The low numbers of “potential eligible” people in Cass and Van Buren counties are likely the result of beneficiaries obtaining acute and primary care outside of their home county, thus Medicare claims attributed to that other county. Looking at the three counties as a whole region, we see a significant shortfall in available LTSS. See Figure 19.

Figure 19. Availability of skilled nursing facilities, MI Choice and PACE program with potential need.

County	Potential Need/(Potential Eligible)	Skilled Nursing Facility Beds	MI Choice Clients	PACE Program Clients
Berrien	4,696	756	348	169
Cass	143	188	69	20
Van Buren	349	330	120	24
Total	5,188	1,274	537	213

The following maps (Figures 20, 21 & 22) indicate the number of clients served by PACE in each county of focus by zip code.[xxviii] Berrien and Cass counties are served by PACE of Southwest Michigan. Van Buren county is served by PACE of Southwest Michigan and Senior Care Partners.

Figure 20. Participants Served by PACE of Southwest Michigan by Zip Code: Berrien County[7]



[7] Not all zip codes are exclusive to Berrien county (some cross county lines). No data provided for zip codes: 49129, 49098.

Figure 21. Participants Served by PACE of Southwest Michigan by Zip Code: Cass County[8]

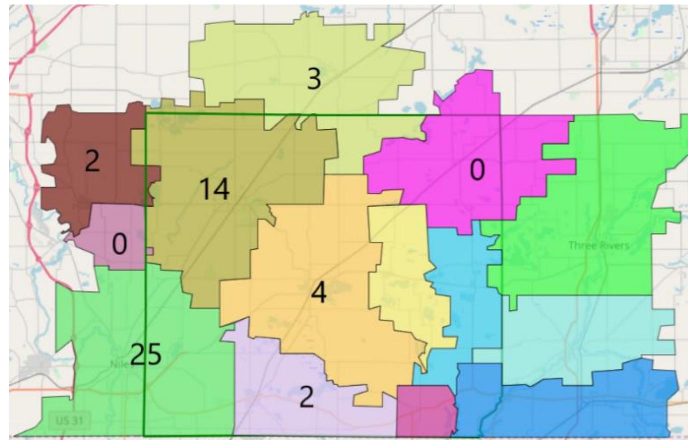
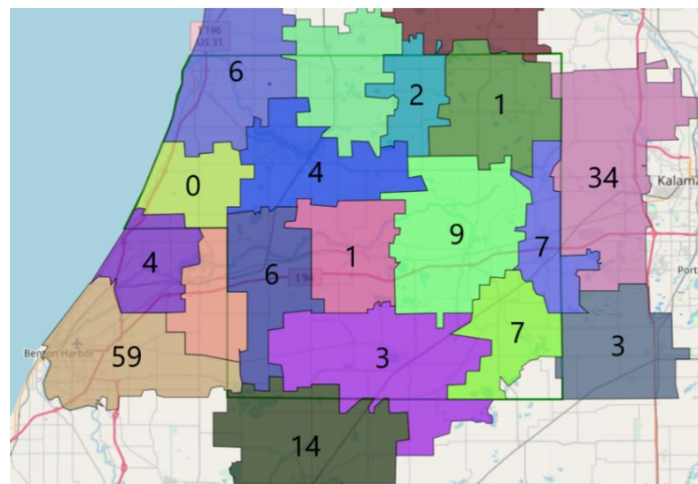


Figure 22. Participants Served by PACE of Southwest Michigan by Zip Code: Van Buren County[9]



The next three maps (Figures 23, 24, & 25) [10] indicate the number of clients served by MI Choice

[8] Not all zip codes are exclusive to Cass county (some cross county lines). No data provided for zip codes: 49093, 49061, 49095, 49130, 49099, 49042.

[9] Not all zip codes are exclusive to Van Buren county (some cross county lines). No data provided for zip codes: 49056, 49098, 49010. The unshaded portion of the lower righthand corner is part of the 49087 zip code (3 PACE participants).

[10] Figures 23, 24, & 25 only include those categorized as "Yes" (The participant meets NFLOC criteria, the MDHHS Field Office determined financial eligibility, the participant requires at least one MI Choice service in addition to supports coordination and the participant agrees to enroll in MI Choice) and "Pending" (Awaiting confirmation of

in each county of focus by zip code.[xxix]

Figure 23. Participants Served by MI Choice by Zip Code: Berrien County[11]

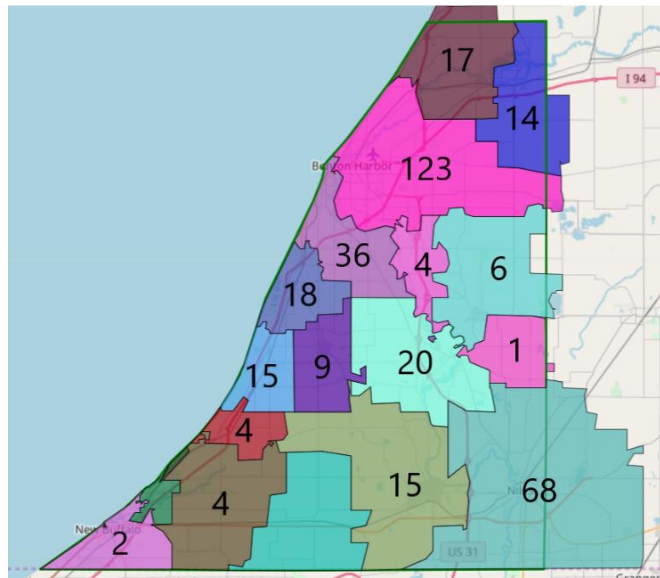


Figure 24. Participants Served by MI Choice by Zip Code: Cass County[12]

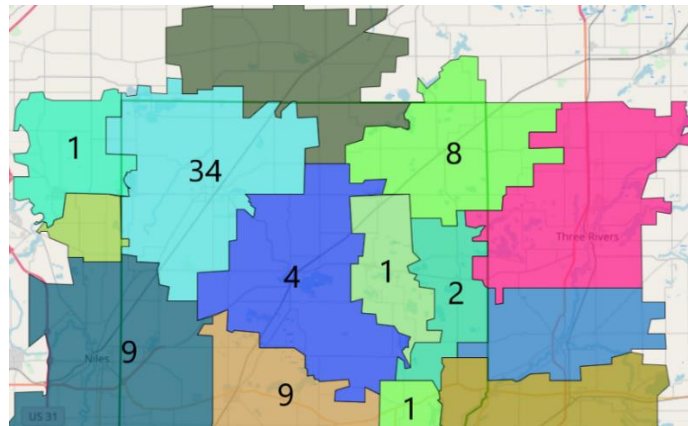


Figure 25. Participants Served by MI Choice by Zip Code: Van Buren County

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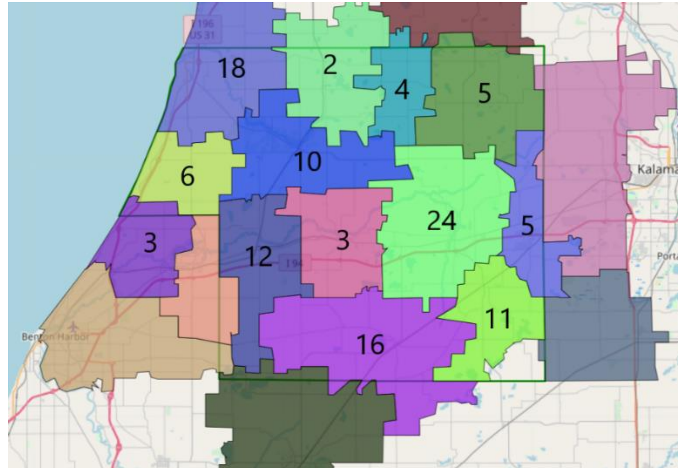
financial eligibility from the MDHHS Field Office...[but] the waiver agency has preliminarily determined the participant is likely to meet financial eligibility requirements)

[11] No data provided for zip codes: 49129, 49113

[12] No data provided for zip codes: 49102, 49045



Other MDHHS Aging and Adult Services Agency service and program data shows another level of needs being met for patients in these three counties. While these patients are not necessarily skilled nursing facility level patients and should not be compared to MI Choice clients or PACE program clients, these resources nonetheless may be contributing to meeting the "potential need" in these communities. See Figure 26.

Figure 26. AASA service and program utilization for Berrien, Cass and Van Buren county as of July 2020.

	AASA/Case Management Clients	AASA/Options Counseling Clients	Case Coordination Clients
Berrien	3	37	37
Cass	0	6	5
Van Buren	5	20	11

The final three maps (Figures 27, 28, & 29) indicate the number of AASA services provided in each county of focus by zip code.[xxx]

Figure 27. AASA Services Provided by Zip Code: Berrien County

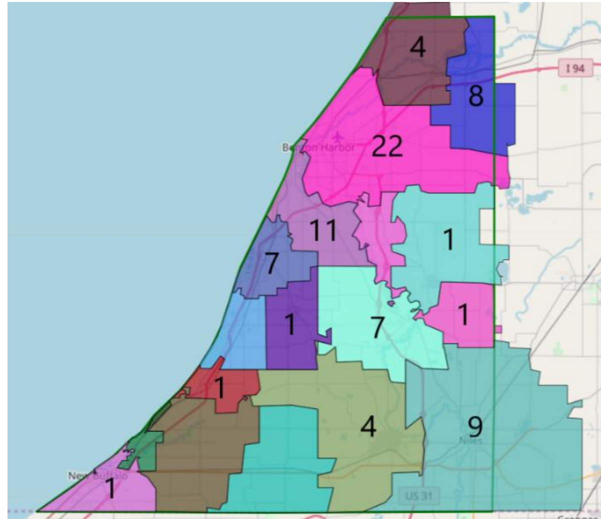


Figure 28. AASA Services Provided by Zip Code: Cass County

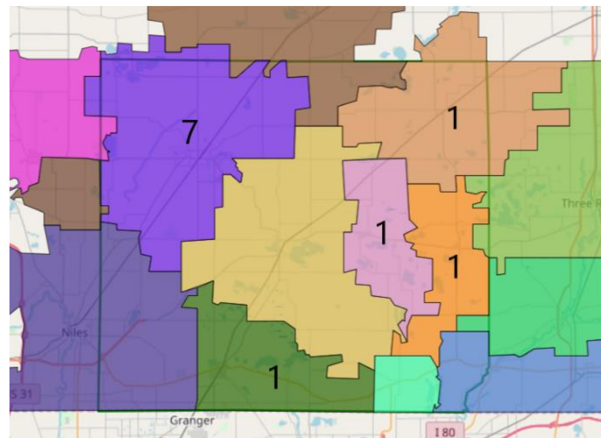
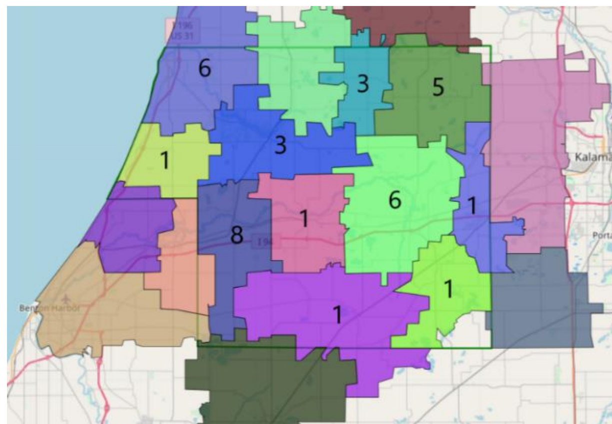


Figure 29. AASA Services Provided by Zip Code: Van Buren County



Community Needs Assessment Survey – Berrien, Cass, Van Buren Counties

Community Needs Assessment surveys are an important source of information regarding the social determinants of health that exist in the area. Findings from the Berrien County Community Needs Assessment[xxxi] indicate that there is a disconnect between the social determinants that were *thought* to be most relevant in the community by healthcare stakeholders, and those that were actually identified by community residents who participated in the needs assessment survey.

Thought to be Important	Actually Identified as Important
Transportation	Food
Housing	Recreational and physical environment
Jobs	Social Cohesion
Education	Spiritual Resources
	Healthcare Resources

In Cass County, the Community Needs Assessment[xxxii] survey revealed the top **needs** within the community and a prioritized possible *solutions* to address them.

1. Develop Employment Opportunities
2. Increase Health Service Options
3. More Transportation Options
4. Education Through Faith-Based Environments
5. Healthy Affordable and Available Food

Finally, in Van Buren County the Community Needs Assessment[xxxiii] identified several *needs* among their communities:

- Access to quality healthcare across the county
- Challenges navigating the healthcare system (i.e. using a primary care physician, urgent care or the emergency department)
- Cost of quality healthcare services is a barrier (co-pays, transportation, prescription costs, getting mental health services covered by insurance)
- Access and utilization of community resources are limited due to cost, location and limited awareness of the resources available
- More mental health services, support groups, counseling and addiction treatment options are needed

Examining all three of these county needs assessment surveys we see that there are a number of commonalities among issue areas.

- ▲ Transportation
- ▲ Food

- Healthcare Resources

All three counties have several resources in these areas (Dial-A-Ride programs; food pantries; SNAP programs; MI Link Health; PACE and SW AAA programs; 211 services) yet it is not clear how people learn about these resources, and how they access them and why they or do not use them.

It is clear there are barriers to access to services in all three of these counties, and data collected by SW MI AAA[xxxiv], most often cites:

- Social Isolation and Loneliness
- Financial Insecurity – majority of older adults with whom we work are living check to check and have no savings for unforeseen expenses
- Insufficient Informal Support
- Health Literacy Deficits
- Chronic Disease Management Education
- Transportation (medical and non-medical)
- Disrepair and Inaccessibility of Home
- Insufficient Access to Counseling and Services for Mental Health & Substance Abuse
- Food Insecurity
- Social/Medical Collaboration (gaps in care coordination)
- Infrastructure Shortages – Direct Care Worker Shortage
- Housing Insecurity

A summary of SW MI AAA's Information and Access topics[xxxv] (I&A barriers seniors are seeking to overcome, see Appendix A for a full list of services) suggests that the biggest jumps in services requests from 2019 to the first half of 2020 are:

- Meals on Wheels (114% increase) – at 6-month mark in 2020 (371) out-paced 2019 (347) – if this trend continues, will more than double the demand in 2020
- Outside chores – 80% increase (if current pace continues)
- Senior Ride – 50% increase (if current pace continues) – identified as a need in 2020-2022 Implementation Plan
- Accessibility/Adaptive Equipment – 58% increase (if current pace continues)

For Unmet Needs purchases (goods/services for which there is no other funding source) for FY2019 and FY2020 (6 months), there will be double the number of clients and double the cost for services, if the current trend continues through 2020:

- 48% increase in Home Repair/Chores
- 14% increase in the overall cost for all AAA services

Anecdotally, the Community Services team from Region 4 AAA reports: "The trends we are seeing in I&A is that many older adults are having to make decisions on whether to pay for medications, insurance, and food or housing expenses such as utilities, home repairs, and chores."

Despite the existence of community programs in each of these counties provided by several different organizations, such as the PACE program, SW MI AAA, MI Link and others to address a number of the identified issues, financial stresses of elders seem to be intensifying. Stakeholders will likely want to track and work to address this trend in financial stresses in their ongoing work. See Appendix B (note this is not an exhaustive list).

In analyzing this data, we see that while the more rural areas of these counties have a lower deprivation index than the larger cities in Berrien county, they may also be at a disadvantage for access to health care. There are geographical areas that have longer than a 10-minute car ride to a medical care facility and those geographical areas increase when it is a 10-minute care ride to a mental health care facility. However, there does not appear to be gaps in supply of skilled nursing homes or homes for the aged. There are multiple options for these types of services in these counties. Using a proxy for the number of people that "potentially may need" LTSS suggests that there may be a larger need for this level of services through home-based supports.

Because of the lack of continuity in the Community Needs Assessment surveys we are not able to compare findings among these counties. This lack of cohesiveness resulted in 2 counties identifying needs and 1 county identifying solutions. While there were three common themes that could be identified among all three counties, it is difficult to evaluate across them without a standardized instrument.

Additionally, it is not clear from this examination how residents of these counties find out about the programs available through the Region IV AAA, and whether there are clear instructions on where to go to obtain services. When triangulating the data from what was *thought* to be important programs to residents and what the Community Needs Assessment surveys revealed what was *actually* important to residents, and with what programs *already exist* to serve those needs, there seems to be a disconnect in communicating the availability of these programs to the residents of these counties.

IDENTIFY DISPARITIES IN HOME AND COMMUNITY BASED SERVICES AND HEALTH CARE DELIVERY SYSTEM

Disparities, in terms of access to medical and mental health care, exists in these counties for rural residents. Regardless of race or ethnicity, people living in rural areas more often are more than a 10-minute drive to both health care facilities and mental health care facilities. A thorough examination of the transportation options (Dial-a-Ride, Lyft, Uber, public transportation) that exist for these residents and a thoughtful approach on how to expand access to these options is a likely area for further examination by stakeholders.

> *Important Note: Racial disparities in health care are well-documented and require thoughtfully designed empirical research to thoroughly examine the factors contributing to the disparity. This section of the report should be reviewed for the purposes of awareness and discussion only, no empirical research was designed or conducted to be able to draw any significant conclusions.*

When examining where patients over 60 are going after being discharged from the hospital (discharged home including with home health care or discharged to another inpatient facility),

there may be a trend that should be examined more closely regarding racial disparities. For example, in these three counties African Americans over the age of 65 make up 7% of the population, in 2019 from EMR data[xxxvi] supplied regarding admissions and discharges, 13% of total discharges were African American. Thirteen percent of total patients discharged home (including with home care) were African American and 11% of total patients transferred to another type of inpatient facility were African American. White residents over the age of 65 in these three counties make up 91% of the populations and in 2019, 84% of total discharges were white patients, 84% of total patients discharged home or to home care were white and 86% of total patients discharged to another type of inpatient facility were white. This pattern is fairly consistent with what was occurring in previous years (2017 and 2018). See Figure 30.

Figure 30. Discharge data from one EMR report in Berrien, Cass and Van Buren counties. (Note: data analysis omits patients discharged to court/law enforcement; those who left against medical advice; and those who expired.)

Race	2017		
	Number and % of Total Discharge	Number and % Total Discharge Home	Number and % Total Discharge to another Inpatient Facility
African American	922 [13%]	672 [13%]	250 [13%]
White	5,913 [84%]	4,280 [84%]	1,633 [85%]
Total Discharges (including other races)	7,043	5,119	1,924
	2018		
	Number and % of Total Discharge	Number and % Total Discharge Home	Number and % Total Discharge to another Inpatient Facility
African American	946 [13%]	673 [13%]	273 [14%]
White	6,101 [84%]	4,498 [84%]	1,603 [83%]
Total Discharges (including other races)	7,254	5,333	1,921
	2019		
	Number and % of Total Discharge	Number and % Total Discharge Home	Number and % Total Discharge to another Inpatient Facility
African American	947 [13%]	731 [13%]	216 [11%]
White	6,308 [84%]	4,654 [84%]	1,654 [86%]
Total Discharges (including other races)	7,489	5,570	1,919

[Note: 2020 data (through May 2020 only) shows: African Americans are 15% (378) of total discharges; Whites are 81% (2,047) of total discharges; 15% (286) of total discharged home (including home care) patients were African American and 81% (1,555) were Whites; 15% (92) of total discharged to another inpatient facility patients were African American; 81% (492) were Whites. It is unclear how the COVID-19 has impacted healthcare utilization and discharge preferences of all patients regardless of race.)

However, further data analysis indicates there may be a slight increase in the number of African Americans entering the health care system compared to the proportion represented in the community and with more being discharged home than to an inpatient facility. For example, in 2019 of all the African American patients discharged, 77% were discharged home (including home care) and 23% were transferred to another inpatient facility. Compared to White patients where 74% were discharged home (including home care) and 26% were transferred to another inpatient facility. The opposite happened in 2019 where of all the African American patients discharged, 77% were discharged home (including home care) and 23% were transferred to another inpatient facility. Compared to White patients where 74% were discharged home (including home care) and 26% were transferred to another inpatient facility. See Figure 31.

Figure 31. Discharge status data by race from one EMR report in Berrien, Cass and Van Buren Counties.

Year	African American Patients Discharged Home	African American Patients	White Patients Discharged Home	White Patients Transferred to Inpatient Facility

		Transferred to Inpatient Facility		
2017	672 [73%]	250 [27%]	4,280 [72%]	1,633 [28%]
2018	673 [71%]	273 [29%]	4,498 [74%]	1,603 [26%]
2019	731 [77%]	216 [23%]	4,654 [74%]	1,654 [26%]

Taking a deeper look at Berrien County alone, we see that these numbers show a similar pattern, with one exceptional note. The proportion of African Americans entering the health care system seem to be equal to the proportion residing in the county ~ 14-15%. Suggesting that for Berrien county there does not seem to be a disproportionate number of African Americans entering the health care system. However, we still see the flip between 2018 and 2019 on the percentages of African Americans discharged home (or with home services) vs transferred to another inpatient facility compared to their white counterparts. See Figure 32.

Figure 32. Discharge status data by race (Berrien County only) from one EMR report.

Year	African American Patients Discharged Home	African American Patients Transferred to Inpatient Facility	White Patients Discharged Home	White Patients Transferred to Inpatient Facility
2017	618 [70%]	265 [30%]	3,462 [70%]	1,513 [30%]
2018	599 [68%]	282 [32%]	3,690 [71%]	1,486 [29%]
2019	650 [76%]	201 [24%]	3,758 [74%]	1,314 [26%]

Note: Cass and Van Buren Counties were not analyzed separately as they were a very small portion of this dataset.

It is important to note there are many factors to consider that impact where a patient goes after discharge. Not only are the various medical circumstances taken into consideration, but the choices of the patient and their families can impact whether there is a discharge home, a discharge home with home health services, or a transfer to another inpatient facility. However, we also cannot discount the fact that these numbers may be signaling a need for more awareness and discussion on where patients are being discharged, not only in Berrien county but all three focus county areas. Additionally, an examination of whether there is an equal opportunity for either access to home health care or inpatient facilities for African Americans should be pursued.

CAREGIVERS AND RESOURCES FOR THEM

Research on community support for caregivers yielded information about programs available in all three counties, with many of them spanning across counties. See Appendix C for a listing of programs by county. Information gleaned from our search suggests the following regarding caregiver resources:

- The main providers of caregiver programs in these counties are the Lakeland Health, Cass County Council on Aging, PACE, The Alzheimer’s Association and the Region 4 AAA

- We looked into some larger, disease-specific groups (like the National Kidney Foundation and the National MS Society), but most resources were either online or not local (not offered within the focal counties)
- Most programs are support groups (particularly for those caring for loved ones with Alzheimer's/dementia), respite care, or grief related
- Many of the caregiver programs offered spanned multiple counties (i.e., they were provided in multiple cities)
- Additional services marketed to caregivers were from private corporations (e.g., Visiting Angels)

NAPIS Reporting Data for FY 2019 for the Region IV Area Agency on Aging indicates an uptick in units of service from FY 2018 in:

- Adult Day Care (up 17%)
- Assistive Devices & Technologies (up 24%)
- Caregiver Education (up 7%)
- Caregiver Information and Assistance (up 554%)
- Caregiver Supplemental Service (up 29%)
- Caregiver Training (up 539%)
- Chore Services – Respite Care (up 19%)
- Creating Confident Caregivers (up 33%)
- Disease Prevention/Health Promotion (up 38%)
- Home Injury Control (up 29%)
- Homemaker (up 15%)
- Homemaker – Respite Care (up 51%)
- In Home Respite Care (up 16%)
- Information & Assistance (up 15%)
- Legal Assistance (up 7%)
- Medication Management (up 142%)
- Personal Care – Respite Care (up 465%)
- Volunteer Respite Care (up 20%)

We see large increases in the education, training and assistance of caregivers, yet it is not clear how many more need these services. A better understanding of how these services are communicated to the community is needed and discussion on how best to reach those in need of these services may be warranted.

COVID-19 CONSIDERATIONS[13]

[13] While some data from 2020 has been provided for this analysis, most of this data was examined and suppressed in the current analysis due to the unprecedented issues and uncertainties that developed during this pandemic. Therefore, most graphs contain data through 2019 unless otherwise noted.

The COVID-19 pandemic of 2020 has caused an unprecedented upheaval in the health care system. It is unclear how the virus itself, along with the fear of the virus, has impacted health care system utilization rates and discharge preferences. Patients who may have more readily utilized the health care system might have been (and may still be) too afraid to go to the hospital or see their doctor, potentially delaying needed care and exacerbating their conditions. Furthermore, where patients may once have considered being discharged to a skilled nursing facility they (or their family members) may be too afraid to now be transferred to such a facility.

Though we do not yet know the full impact of the COVID-19 pandemic on the health care system, there are questions that can be discussed regarding its impact on the community, on health care utilization and on the resources the communities may need more of now.

Conclusions and Recommendations

There are several conclusions and recommendations that can be drawn from the analysis of the various datasets provided to this project. There are also a number of key questions for stakeholders that have been identified from the analysis of the data.

There is a lack of consistent data across all three counties for the Region IV AAA. It became clear as the analysis began that not all counties had the same level of information or the same type of information available. For example, the electronic medical record data obtained had information from Spectrum Lakeland only, yet Bronson and Borgess hospitals provide health care services in those counties as well. Next, the Community Needs Assessment surveys may have had different questions, different wording, different delivery methods in each county. Since we did not see the raw data, nor the questionnaires, we cannot determine whether the differences in the findings from each of the counties are due the difference in the ways in which questions are asked or the types of questions included overall. What we do know is the presentation of the results of these Community Needs surveys were very different, resulting in one county identifying potential solutions to needs, and other counties only identifying potential needs. The Berrien county health department used Behavioral Risk Factor data, and the others did not, so it was not possible to compare this data across counties.

Finally, it was clear from the information provided, that the Region IV AAA has a close relationship with Spectrum Lakeland and the Berrien County Health Department, as that was the most complete data provided for any of the counties. Additionally, while the information provided by the Region IV AAA services and programs was the only data source consistent throughout all three counties, it was unclear how people learned about the programs and services offered by the Region IV AAA.

Conclusion #1: There is a need for a central organization (potentially the Region IV AAA) to develop a common needs assessment instrument that can be deployed in a consistent manner across all three counties.

Recommendation #1: The Region IV AAA, Spectrum Lakeland Health System, and health departments of each of these counties should develop a common needs assessment instrument with a standardized dissemination process.

Conclusion #2: More consistent data from Cass and Van Buren county is needed to help inform the Region IV AAA of needs in these counties, that are consistent with Berrien.

Recommendation #2: Region IV AAA should serve as the hub and the counties as the spokes in a system of services. They could help the health departments and other stakeholders in all three counties examine consistent meaningful information.

Conclusion #3: There is a need for better understanding of how people in these three counties learn about the available services in their area, especially Region IV AAA services and programs. Developing an evaluation of utilization of services will be important to help inform the Region IV AAA of the how, when and where regarding their programs and services.

Recommendation #3: Region IV AAA should develop an evaluation of how patients are informed of their services and programs, the utilization of these services programs, and where potential "hot-spot" areas exist, such as primary care physicians and faith-based organizations, as key informants of their services.

As noted above, in addition to these conclusions and recommendations, a number of questions arose from the analysis of the data. These questions could be used for focused discussions with key stakeholders in these communities. The questions are grouped into four categories: Region IV AAA Services and Programs; Health Care Utilization; Community-Based Services; and COVID-19 Considerations.

Region IV AAA Services and Programs Questions

- Is the frequency of the I & A topics and reported Unmet Needs what is expected?
    - Why?
    - Why not?
- How do people know these services are available? What could be done better to connect to the community? Are the primary care physicians being utilized as connections to the community and/or referral sources?
- Can Region IV AAA handle an increase in utilization and costs as this population grows?
- What limitations are there for Home Delivered Meals/Meals on Wheels programs? Will they be able to keep up with demand? Which geographical areas are underserved? Where are the gaps in delivery?
- Should the Region IV AAA enhance its role as coordinator/navigator/the central hub in a hub/spoke system that counties can go to for help with data collection and mining? And that older adults can go to for information on programs and services?
- What can be done about the potential gap between available LTSS and the potential need in all three of these counties?

Health Care Utilization Questions

- Are there new programs that need to be developed to help reduce readmissions and address chronic conditions?
- Based on this data, there may be an inappropriate use of the emergency department for this age group. Is this concerning? Why or why not?
- Based on this data, there may need to be an awareness of where people of color are being discharged. How could this be done?
- How can we ensure there is care coordination for these patients to get the appropriate care and patient education needed to avoid unnecessary Emergency Department visits?
- How has access to telehealth changed access to care for those that are in rural areas, for those needing mental health care? What factors make telehealth accessible and successful and what more is needed in these communities (smart devices, high-speed internet, etc.)?
- How can we find out more about Dental service utilization? Are older populations getting routine dental care?

Community-Based Services Questions

- From the Needs Assessment survey, it was identified there is a disconnect between the social determinants that were thought to be important by health care stakeholders, and what was important to respondents. How can we continue to reconcile the community wants/needs with

healthcare stakeholders focus?
- How could we expand transportation services for people in the rural parts of the counties for medical services and mental health services?
- Are there any grassroots or faith-based organizations that are operating in rural areas to meet needs like access to food, spiritual resources, and transportation? How can we empower these organizations to further meet the needs of older adults in these communities?

COVID-19 Related Questions

- How has COVID-19 impacted support groups, social cohesion & isolation? Many of the caregiver support groups were either temporarily suspended or have gone virtual.
- Has COVID-19 made individuals avoid more health care settings? Will we see an even greater dip in use of the ED because individuals are worried about contracting COVID-19?
- Is COVID-19 causing a decrease in hospital discharge to Skilled Nursing Facilities? How will this decrease impact various in-home LTSS services?

Appendix A

I&A Topics	**FY2019**	**FY2020-6 mo.**
Accessibility/Adaptive Equipment	53	42
APS	485	259
Dental	25	12
Dialysis	89	38
Durable Medical Equipment	161	73
Elder Abuse/Neglect/Exploitation	78	35
Financial assistance/SER	389	233
Financial Hardship	773	397
Food	235	138
Foreclosure/Eviction	46	34
HDM/Meals on Wheels	347	371

Hearing/Hearing Aids	37	16
Home Repair	289	172
Homeless	150	83
Infestations/Hoarding	141	97
Isolation/Socialization	114	60
Legal Assistance (financial & housing)	269	150
Medical Expenses	111	70
Medical Supplies	107	59
Medical Transportation	292	141
Medication Management	214	110
Outside Chores	51	46
PERS/Fall risk	503	278
Prescription assistance	201	127
Ramps	72	38
Rental Assistance	69	14
Senior Ride	205	154
Utilities/Heating/Shut off	644	228
Vision/eyeglasses	40	29

Appendix B

Appendix B. Community Programs Available in Berrien, Cass and Van Buren Counties (not exhaustive)

County	Program Name	Description
Berrien, Cass and Van Buren	MI Choice Waiver	Each participant can receive the basic services Michigan Medicaid covers, supports coordination, and one or more of the following services in the waiver: Adult day health (adult day care); Chore services; Community health worker; Community living supports; Community transportation; Counseling; Environmental accessibility adaptations; Fiscal intermediary; Goods and services; Home delivered meals; Nursing services; Personal emergency response systems (PERS); Private duty nursing/respiratory care; Respite services; Specialized medical equipment and supplies; Training in a variety of independent living skills.
Berrien, Cass and Van Buren	Southwest MI PACE	Provides care needed to keep patients safely at home. Mission is to uniquely bridge health and social supports to preserve independence and dignity.

Berrien, Cass and Van Buren	MI Health Link	A new health care option for Michigan adults in Southwest Michigan, ages 21 or over, who are enrolled in both Medicare and full Medicaid. The goal of MI Health Link is to provide seamless access to high quality care that reduces costs for those who are eligible. MI Health Link offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing facility care, all in a single program.
Berrien, Cass and Van Buren	The Assistive Technology Loan Fund	This program provides low-cost financing to persons with disabilities to purchase assistive technology devices that allow for greater access, increased mobility, enhanced communication and job opportunities. Examples of devices people have purchased through this loan fund are motorized scooters, vehicle adaptations, ramps, hearing aids, and more.
Berrien, Cass and Van Buren	ATXchange	This Michigan-based website will allow you to post items you have to sell or give away AND to search for items you need. It also includes used vehicles that have a variety of adaptations and modifications.
Berrien, Cass and Van Buren	Great Lakes Loan Closets	To find resources in your area, simply click on your county below. Local programs will appear first, followed by state and national programs that you may qualify for.
Berrien, Cass and Van Buren	Lending Hands	A non-profit in Southwest Michigan that provides free medical equipment on a temporary basis.
Berrien	Berrien Bus	A non-urban transit system that operates outside of the three dial-a-ride transit areas. It operates both dial-a-ride and semi-fixed route service.
Berrien	TCATA/Benton Harbor Dial A Ride	Operates fixed routes and dial-a-ride service to the cities of Benton Harbor & St. Joseph and Benton Township & St. Joseph Township.
Berrien	Buchanan Dial-A-Ride	Serves all of the City of Buchanan and Buchanan Township.
Berrien	Niles Dial-A-Ride	Serves all of the City of Niles and parts of Niles Charter Township. The service consists of demand response service and one line-haul route.
Cass	Cass County Transit	Provides dial-a-ride and semi-fixed route service throughout the county.
Cass	Dowagiac Dial-A-Ride Transit	Serves the Dowagiac community with service to Southwest Michigan College.
Van Buren	Van Buren Public Transit	Provides service throughout the county; specific services vary by area.

Van Buren	Van Buren STAR Public Transit	Available to anyone of any age, capable of traveling.

Appendix C

Appendix C. Care giver resources and programs by county.

Berrien

Name: Caring Circle of Lakeland Health (They also provide services in **Van Buren** County) What they do: Caring Circle provides support groups for caregivers and those looking for grief healing and bereavement care. How many can serve/capacity: No information provided How many they do serve: No information provided Link: https://www.spectrumhealthlakeland.org/caring-circle/get-help/support-groups
Name: Disability network area peer support groups (this is mostly linking out to groups provided by others, such as Caring Circle above) What they do: Alzheimer's Caregiver Support Group, Caregiver Support Group (This is a duplicate of the Caring Circle of Lakeland Health above) How many can serve/capacity: No information provided How many they do serve: No information provided Link: http://www.dnswm.org/services_menu/peer-support/area-support-groups/
Name: PACE of Southwest Michigan (also provide services in **Cass** and **Van Buren** Counties) What they do: Caregiver education; adult day services; caregiver support – assists with coordinating medical appointments, prescriptions, transportation, and social supports for loved one to reduce burden on caregiver; Senior Companion Program (volunteers ages 55+ provide companionship) How many can serve/capacity: No information provided How many they do serve: No information provided Link: https://www.paceswmi.org/caregiver-support/

Name: Region IV Area Agency on Aging (also provide services in **Cass** and **Van Buren** Counties) What they do: Caregiver education How many can serve/capacity: No information provided How many they do serve: No information provided Link: https://areaagencyonaging.org/
Name: The Alzheimer's Association – Michigan Great Lakes (South West Region; also provide services in **Cass** and **Van Buren** Counties) What they do: Caregiver support groups, online education, Down Syndrome and dementia family caregiver telephone support group, online training and education center, virtual library (currently all groups are virtual) How many can serve/capacity: No information provided. Some virtual groups were full, but you can join an online group that is not local if desired. How many do they serve: No information provided Link: https://alz.org/mglc

Cass

Name: Cass County Council on Aging What they do: Dementia Caregivers Support Group (they also offer adult day services for their loved ones if they arrange it prior to the support group), Caregivers of those Living with Ongoing Health Problems How many can serve/capacity: No information provided specifically, but they have 220 volunteers and have provided 23,462 volunteer hours over the past year Link: https://casscoa.org/

Van Buren

Name: Van Buren County Services and Information Center (resource below housed by the library) What they do: Caregiver resource library – must have a library card to access How many can serve/capacity: No information provided How many they do serve: No information provided Link: https://www.vbco.org/geneva_seniors.asp

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