



The Dignity Digest

Issue # 71

January 7, 2021

The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Friday.

*May require registration before accessing article.

Quotes of the Week

“From a macro perspective, it feels like we are always fighting yesterday’s crisis and not necessarily thinking what needs to be done today to prepare us for what comes next.”

Dr. Luciana Borio, former acting chief scientist at the Food and Drug Administration, *Some health advisers to Biden’s transition team call for a new Covid strategy in the U.S.*, ***New York Times**, January 6, 2022, <https://tinyurl.com/CallForNewCovidStrategy>

It is imperative for public health, economic, and social functioning that US leaders establish and communicate specific goals for COVID-19 management, benchmarks for the imposition or relaxation of public health restrictions, investments and reforms needed to prepare for future SARS-CoV-2 variants and other novel viruses, and clear strategies to accomplish all of this.

A National Strategy for the “New Normal” of Life With COVID, **JAMA Network**, January 6, 2022, <https://tinyurl.com/NewNormalLife>

To reduce COVID-19 transmission, achieve and sustain a “new normal,” and preempt future emergencies, the nation needs to build and sustain a greatly improved public health infrastructure, including a comprehensive, permanently funded system for testing, surveillance, and mitigation measures that does not currently exist.

A National Strategy for COVID-19 Testing, Surveillance, and Mitigation Strategies, **JAMA Network**, January 6, 2022, <https://tinyurl.com/NationalStrategyTesting>

There has been tremendous progress in rapidly creating novel COVID-19 vaccines and therapeutics. Nevertheless,

these efforts have been insufficient to achieve a “new normal,” in which the combined risk of all viral respiratory illnesses, including COVID-19, does not exceed the risk during pre–COVID-19 years. The US needs investment in variant-specific vaccines, alternative vaccine administration mechanisms, and research into the optimal vaccination strategies. Having effective vaccines are of real value in reducing the spread of COVID-19 and serious illness, but their benefits will be limited without near universal coverage.

*A National Strategy for COVID-19 Medical Countermeasures Vaccines and Therapeutics, JAMA Network, January 6, 2022,
<https://tinyurl.com/NationalStrategyVaccines>*

The likelihood of even more challenging future scenarios should create urgency to invest in and maintain resilient health systems, testing and surveillance, public trust, equity, and strong global institutions. Failure to address clearly observed weaknesses in the COVID-19 response will have preventable adverse health, social, and economic consequences when the next novel outbreak occurs.

*The First 2 Years of COVID-19 Lessons to Improve Preparedness for the Next Pandemic, JAMA Network, January 6, 2022,
<https://tinyurl.com/First2YearsCovid>*

“The history of mental health is almost always told by psychiatrists and hardly ever by patients or through patients’ lives. A lot of these folks happened to be in the wrong place at the wrong time and said the wrong thing to the wrong person.”

*Darby Penney, advocate for better psychiatric care, Darby Penney, Who Crusaded for Better Psychiatric Care, Dies at 68, *New York Times, December 22, 2021 (updated), <https://tinyurl.com/DarbyPenney>*

“You can’t throw any more money into this institutional model [of long-term care]. It’s the model that’s broken and needs to be changed.”

Fiona Whittington-Walsh, a disability studies scholar at Kwantlen Polytechnic University in Canada and the president of the board of directors for Inclusion

BC, an organization that has fought the institutionalization of people with developmental disabilities in British Columbia, **Quartz**, June 25, 2020, *Coronavirus is renewing a call to abolish nursing homes*, <https://tinyurl.com/CallToAbolishNursingHomes>

“Nursing homes are such deadly places. They always have been. You don’t hear the stories so much in other times. You’re just hearing it with Covid because it’s off the charts.”

Anita Cameron, an organizer with the advocacy group Adapt in Rochester, New York, **Quartz**, June 25, 2020, *Coronavirus is renewing a call to abolish nursing homes*, <https://tinyurl.com/CallToAbolishNursingHomes>

“I am not absent, I am not on vacation, I am part of my community.”

Anne Emerman, a New York City activist for the civil rights of people with disabilities, when asked why, if she couldn’t get to her polling place, she couldn’t just vote by absentee ballot, ***New York Times**, December 24, 2021, *Anne Emerman, Champion of Disability Rights, Dies at 84*, <https://tinyurl.com/AnneEmerman>

There is no better example of that sad fact than the hijacking of an important Beverly Board of Health meeting by online trolls earlier this week. The board was attempting to hold a meeting to discuss the possibility of instituting mask and vaccine mandates in the city in response to a holiday and omicron-fueled surge in positive cases. The meeting had yet to be called to order when it was taken over by mask and vaccine opponents — many of them from outside the city — hell bent on keeping a vote from being taken.

Speaking up for science, **Salem News**, December 31, 2021, <https://tinyurl.com/SpeakingUpForScience>

“We need to stand up and stand tall. We need to be proud of who we are and look people in the eye.”

Chinese-American man addressing issue of anti-Asian prejudice, *The Power of Reclaiming My Asian Name*, ***Washington Post Magazine**, January 5, 2021, <https://tinyurl.com/ReclaimingAsianName>

Perhaps Americans’ trust in their own physicians will outweigh attitudes towards the larger health care system in

making vaccine decisions. But without underlying fixes to the health care system that create a recognized, legitimate public good, broad vaccine messages about protecting our hospitals and health care system may continue to give Americans little reason to act.

'Protect our hospitals' might convince Britons to get Covid-19 vaccines, but it won't work in the U.S., STAT Daily Recap, January 5, 2022, <https://tinyurl.com/ProtectOurHospitals>

"I think it's incredibly frustrating for consumers to find the right and appropriate care for their loved ones when the time comes."

State Rep. Thomas Stanley, D-Waltham, Fixing Massachusetts' nursing homes is a complex problem; here are some of the ways lawmakers are trying to do it, Berkshire Eagle, January 5, 2022, <https://tinyurl.com/NursingHomesComplexProblems>

"Fear of death is not one of my problems ... only of the dying. The how, not the when of it. Getting there is not half the fun, and the fear of doing it badly could be of concern if I wanted to waste time thinking about it. I don't."

*Betty White's fans feared her death for years. But the 'Golden Girls' actress wasn't afraid of dying., *Washington Post, January 1, 2022, <https://tinyurl.com/BettyWhiteNotAfraidOfDying>*

"Patients with the most complex needs for post-acute care are waiting an average of up to to 24 days."

*Dr. Ron Walls, Mass General Brigham's chief operating officer, Nursing homes at a tipping point: Many are forced to freeze admissions, stranding patients in hospitals for weeks, *Boston Globe, January 5, 2022, <https://tinyurl.com/NursingHomesAtTippingPoint>*

Featured News Article

1. *Boston Globe

January 5, 2022

Nursing homes at a tipping point: Many are forced to freeze admissions, stranding patients in hospitals for weeks

Already crowded hospitals across Massachusetts are being forced to keep patients on their wards for weeks after they would otherwise be discharged for rehabilitation or long-term care because there are so few available spaces at nursing homes struggling to stay open amid the Omicron surge. . .

Nursing home industry leaders say they are verging on a crisis. Acutely short-staffed even before the surge, they are facing growing numbers of workers sidelined by infections, spot shortages of rapid test kits, and a state rule many say is outdated that forces them to intermittently freeze admissions. As a result,

	<p>hospitals across the state, slammed with record numbers of severely ill patients sick with COVID and other conditions, are facing critical bottlenecks at a time when their capacity is at peak levels.</p> <p>https://tinyurl.com/NursingHomesAtTippingPoint</p> <p>2. Berkshire Eagle January 5, 2022 <i>Fixing Massachusetts' nursing homes is a complex problem; here are some of the ways lawmakers are trying to do it</i></p> <p>Better wages for workers, improved reimbursements for facilities and increased support for nursing home alternatives are all pieces of the complicated puzzle that is nursing home reform</p> <p>Massachusetts needed nursing home reform even before the pandemic, people say. Now, the stakes are higher.</p> <p>State Sen. Patricia Jehlen, a Somerville Democrat who co-chairs the Joint Committee on Elder Affairs, said she believes the pandemic has moved legislative leaders to pursue changes.</p> <p>Even so, addressing long-term care problems in Berkshire County — and across the state — demands different solutions.</p> <p>Better wages for workers, improved reimbursements for facilities and increased support for nursing home alternatives are all on the table, Jehlen said. . .</p> <p>The elder affairs committee is weighing the association's testimony along with the support that the Dignity Alliance and its member organizations have provided for the bill, said state Rep. Thomas Stanley, D-Waltham, who co-chairs the committee with Jehlen. . .</p> <p>A "nursing home quality jobs initiative" would require MassHealth to fund a "living wage rate add-on" for care workers, and another bill seeks to stabilize nursing facilities' finances.</p> <p>Former state Sen. Richard Moore, who serves as Dignity Alliance's legislative chair, said the coalition has reviewed those proposals and declined to support them due to the potential for "cost-shifting" that would increase profits for facility operators. "If MassHealth picked up the cost, are the savings going to be passed on as a profit to the owners?" Moore asked. "We've been working with some folks from the SEIU that represent some of the workers in nursing homes, and I think they tend to have the interests of the workers in mind more than management does." . . .</p> <p>Even before the pandemic, Massachusetts residents had been showing greater interest in alternatives to nursing homes.</p> <p>More older adults are choosing to "age in community" or "age in place" rather than seek institutional care in nursing homes, the Executive Office of Health and Human Services reported in 2019. One in six nursing homes in the state, it found, had low occupancy, defined as filling below 80 percent of available beds.</p> <p>Still, some regulations and restrictions prevent people who may not need nursing care from accessing more independent alternatives, Jehlen said.</p> <p>"There are people in nursing homes who don't need to be there if we strengthen the rest of the continuum," she said. "In order to pay adequate rates for people who need that care, we need to strengthen the less expensive and less restrictive services."</p> <p>https://tinyurl.com/NursingHomesComplexProblems</p>
Featured Essays	<p>3. Quartz June 25, 2020 <i>Coronavirus is renewing a call to abolish nursing homes</i></p>

	<p>“There’s been a very interesting divide between disability rights groups and, for want of a better expression, elder rights groups, because the elder rights groups seem to be okay with some form of institutionalization,” said Gerard Quinn, an Irish legal scholar who helped draft a landmark United Nations convention on disability rights, and who has recently argued for the gradual abolition of nursing homes. But since Covid-19, Quinn added, “a lot of the elders rights groups now are turning completely around and beginning to understand the importance of living well in the community with adequate supports.”</p> <p>In the US, such ambitions have run up against the challenges of remaking the nursing home industry, largely funded by billions of dollars in federal Medicare and Medicaid payouts. . .</p> <p>[T]he stakes of reform, advocates agree, are high — and have only become clearer during the current pandemic. “We have, since Covid began, received a lot of calls from people desperate to leave facilities,” said Dooha. Through calls from residents and staff, she added, her organization has “learned that conditions in facilities are utterly deplorable.” Those conditions, Dooha says, should cause more people to question a system that, in the US alone, houses around 1.3 million people. . .</p> <p>A major 2018 survey from AARP, the aging-advocacy organization, reported that close to four in five Americans aged 50 and above prefer to age at home. “Most older people are anxious about the prospect of moving into a nursing home,” a recent analysis of studies in high-income countries reported, and studies consistently show high rates of depression in facilities. . .</p> <p>For years before Covid-19, researchers have warned that norovirus, influenza, and other infections can spread rapidly in nursing facilities. Those risks have increased in recent years, as nursing homes take in more short-term residents who are getting rehabilitation after hospital visits, and who potentially bring infections into the building with them. . .</p> <p>Advocates say that these and other problems have only intensified as large companies began buying and consolidating nursing home franchises. Around 70% of nursing homes in the US are under for-profit ownership, and, since the 2000s, private equity firms have purchased many facilities, hoping to cut costs and increase profits. One recent analysis, published by the New York University Stern School of Business, found “robust evidence” that private equity buyouts were linked to “declines in patient health and compliance with care standards.” . . .</p> <p>What a new system may look like is unclear, and some advocates argue that the structural problems that plague nursing homes won’t be solved by increased regulation or funding. “You can’t throw any more money into this institutional model.” . . .</p> <p>And experts and advocates agree that obstacles to deinstitutionalizing elder care abound. Cameron, the Adapt organizer, points out that it would be difficult to close nursing homes without offering more affordable housing options in the community. Another limiting factor is labor. Transition to home-based care would require more home health care workers—many of whom work for lower pay, and with fewer labor protections, than their counterparts in facilities. In some places, there are already too few people willing to fill those roles.</p> <p>https://tinyurl.com/CallToAbolishNursingHomes</p>
Life Well Lived	<p>4. *Washington Post January 1, 2022 <i>Betty White’s fans feared her death for years. But the ‘Golden Girls’ actress wasn’t afraid of dying.</i></p>

	<p>Death became a popular topic for White, who found new generations of fans on social media that defended her from viral Internet hoaxes regarding her alleged passing and worried about her any time her name trended on Twitter in the past decade. But White, who died Friday at 99, maintained for years to anyone who asked that she was “not at all” afraid of dying.</p> <p>“My mother had the most wonderful outlook on death,” she told Katie Couric on CBS “Sunday Morning” in 2011. “She would always say, ‘Nobody knows. People think they do — you can believe whatever you want to believe what happens at that last moment — but nobody ever knows until it happens.’ ... Growing up, whenever we’d lose somebody, she’d always say, ‘Now they know the secret.’” . . .</p> <p>As she morphed into one of the most endearing and enduring faces on television, White acknowledged in her 1987 autobiography that her “list of fears keeps growing until I begin to wonder if I have always been chicken.” Among her deepest individual fears at that time was dying, a topic, she wrote, that was handled gracefully by her parents. The way her parents first handled the loss of White’s pet made the death of her grandmother “a little easier to comprehend,” she wrote in “Betty White in Person.”</p> <p>https://tinyurl.com/BettyWhiteNotAfraidOfDying</p> <p>5. *New York Times December 24, 2021 <i>Anne Emerman, Champion of Disability Rights, Dies at 84</i> Insisting that buildings be wheelchair accessible, she never backed down, not even to Mother Teresa. She also founded a musical group called Disabled in Action. https://tinyurl.com/AnneEmerman</p> <p>6. *New York Times December 22, 2021 (updated) <i>Darby Penney, Who Crusaded for Better Psychiatric Care, Dies at 68</i> She shed light on marginalized people’s lives by examining the contents of suitcases left in the attic of a psychiatric hospital. She went on to become a prominent activist. . .</p> <p>To Ms. Penney, the contents of these suitcases were a portal into the lives of those who had been cruelly marginalized by the early-20th-century mental health care system — people who, perhaps because of an off-key outburst at the wrong place or the wrong time, ended up involuntarily at places like the now-abandoned Willard. . .</p> <p>In 2004, the efforts of Ms. Penney and her team resulted in an immersive show at the New York State Museum called “Lost Cases, Recovered Lives: Suitcases From a State Hospital Attic.” Objects from the Willard trunks were presented with portraits and information that vividly told the stories of the patients who once owned them. Its success led to a traveling exhibition as well as a book, “The Lives They Left Behind,” and the show later found a home at the Museum of Disability History in Buffalo. https://tinyurl.com/DarbyPenney</p>
Survey	<p>7. The Consumer Voice <i>Survey regarding Nursing Home Visitation Experiences</i> On November 12, 2021, the Centers for Medicare & Medicaid Services issued new guidance lifting all restrictions on visitation in nursing homes. After a year and a half of separation, residents and their loved ones are now able to visit inside facilities without restrictions on the length and frequency of visits. Read Consumer Voice's summary of the new guidance and advocacy tips to help you visit with your</p>

	<p>loved one. Recently, some have requested that the federal government allow facilities to again shut down visitation. It is now more important than ever that your voice be heard.</p> <p>The Consumer Voice wants to hear from you about your current experience with visitation and about being reunited with your loved ones.</p> <p>Please respond to the brief survey.</p>
Public Policies	<p>8. Westminster Foundation for Democracy September 2021 <i>Leadership for Inclusion: What skills and qualities do parliamentarians need to be able to promote inclusive change?</i> Executive Summary</p> <p>Strong democracies need legislation and policies which recognise, measure and plan for the specific needs of, and impacts on, all citizens. In particular for people who have been, and are minoritised and marginalised, legislation and policy are needed that improves and secures their rights. However, political leadership is essential for inclusive legislative change to be successfully realised. We define inclusive legislative change as legislation and policy which has explicitly recognised, measured and planned for the specific needs of, or impacts on marginalised groups, and improves and/or secures the rights for these groups. Whilst the scope of inclusive legislation is broad, in this report we look at gender, LGBTQ+ and disability related legislation and rights. Research has demonstrated the structural barriers to progress for inclusive change at the institutional level (e.g., evidence, resources, etc).</p> <p>However, there is far less evidence on the skills and qualities that political leaders utilise to support inclusive legislative change, particularly at the parliamentary level.</p> <p>https://tinyurl.com/LeadershipForInclusion</p>
Biden / Federal Policies	<p>9. *New York Times January 6, 2022 <i>Some health advisers to Biden’s transition team call for a new Covid strategy in the U.S.</i></p> <p>On the day President Biden was inaugurated, the advisory board of health experts who counseled him during the presidential transition officially ceased to exist. But its members have quietly continued to meet regularly over Zoom, their conversations often turning to frustration with Mr. Biden’s coronavirus response. Now, six of these former advisers have gone public with an extraordinary, albeit polite, critique — and a plea to be heard. In three opinion articles published on Thursday in the Journal of the American Medical Association, they are calling for Mr. Biden to adopt an entirely new domestic pandemic strategy — one that is geared to the “new normal” of living with the virus indefinitely, not to wiping it out. . . In the three articles — one proposing a new national plan, the others suggesting improvements to testing, surveillance, vaccines, and therapeutics — the authors also make more specific suggestions.</p> <p>They call for every person in the United States to have access to low-cost testing, saying the Biden administration’s purchase of 500 million rapid tests is not enough; for next-generation Covid vaccines that would target new variants or perhaps take new forms, like nasal sprays or skin patches; for a “universal coronavirus vaccine” that would combat all known coronaviruses, and for major upgrades to public health infrastructure.</p>

The authors also said that vaccine mandates should be imposed more broadly, including for schoolchildren, and that N95 masks should be made free and readily available to all Americans, as should oral treatments for Covid. (Mr. Biden has ordered several vaccine mandates on workers, but they are tied up in court.) The authors called, as well, for a broad “electronic vaccine certification platform,” which Mr. Biden has resisted. . .

The most surprising thing about the articles is that they were written at all, and that the authors are airing their criticisms so publicly. Several said in interviews they were dismayed that the administration seemed caught off guard by the Delta and Omicron variants. Dr. Bright recalled the warning he issued when the advisory board had its last meeting on Jan. 20, 2021.

<https://tinyurl.com/CallForNewCovidStrategy>

10. JAMA Network

January 6, 2022

A National Strategy for the “New Normal” of Life With COVID

Rebuilding Public Health

First, the US needs a comprehensive, digital, real-time, integrated data infrastructure for public health.

Second, the US needs a permanent public health implementation workforce that has the flexibility and surge capacity to manage persistent problems while simultaneously responding to emergencies.

Third, because respiratory infections ebb and flow, institutionalizing telemedicine waivers, licensure to practice and enable billing across state lines, and other measures that allow the flow of medical services to severely affected regions should be a priority.

Fourth, it is essential to rebuild trust in public health institutions and a belief in collective action in service of public health.

Conclusions

After previous infectious disease threats, the US quickly forgot and failed to institute necessary reforms. That pattern must change with the COVID-19 pandemic. Without a strategic plan for the “new normal” with endemic COVID-19, more people in the US will unnecessarily experience morbidity and mortality, health inequities will widen, and trillions will be lost from the US economy. This time, the nation must learn and prepare effectively for the future.

The resources necessary to build and sustain an effective public health infrastructure will be substantial. Policy makers should weigh not only the costs but also the benefits, including fewer deaths and lost productivity from COVID-19 and all viral respiratory illnesses. Indeed, after more than 800 000 deaths from COVID-19, and a projected loss of \$8 trillion in gross domestic product through 2030,⁸ these interventions will be immensely valuable.

<https://tinyurl.com/NewNormalLife>

11. JAMA Network

January 6, 2022

A National Strategy for COVID-19 Testing, Surveillance, and Mitigation Strategies

Testing: The CDC needs to collect and disseminate accurate real-time, population-based incidence data on COVID-19 and all viral respiratory illnesses.

Surveillance: The recent emergence of the Omicron variant has highlighted the need for a comprehensive, nationwide environmental surveillance system that includes wastewater and air sampling to monitor for potential outbreaks of viral and bacterial illnesses. In addition, a comprehensive genomic surveillance system

for variants is needed to provide early indications of immunity escape and emergence of new variants. The US needs to establish a real-time, opt-out digital surveillance system to monitor all vaccinated individuals for the frequency and severity of adverse effects, postvaccination infections, and waning immunity. Mitigation Strategies: Well-established public health mitigation strategies can reduce risks and complications from viral respiratory infections including SARS-CoV-2. Mitigation strategies should be implemented, including new enforceable Occupational Safety and Health Administration standards, especially requiring workplace masking, distancing, and ventilation.

Conclusions

To reduce COVID-19 transmission, achieve and sustain a “new normal,” and preempt future emergencies, the nation needs to build and sustain a greatly improved public health infrastructure, including a comprehensive, permanently funded system for testing, surveillance, and mitigation measures that does not currently exist.

<https://tinyurl.com/NationalStrategyTesting>

12. JAMA Network

January 6, 2022

A National Strategy for COVID-19 Medical Countermeasures Vaccines and Therapeutics

The US needs a strategy for a “new normal” of living that includes COVID-19. This “new normal” will occur when total respiratory viral infections, hospitalizations, and deaths inclusive of those from COVID-19 are no higher than what typically occurred in the most severe influenza years before the current pandemic. Integral to achieving and sustaining this “new normal” are both faster development and more efficient deployment of vaccines and therapeutics. While COVID-19 has ushered in new vaccine platforms, repurposed existing therapies, and stimulated rapid development of monoclonal antibody and oral antiviral treatments in record time, much remains to be done to ensure these life-saving medicines are accessible to all.

Conclusions

There has been tremendous progress in rapidly creating novel COVID-19 vaccines and therapeutics. Nevertheless, these efforts have been insufficient to achieve a “new normal,” in which the combined risk of all viral respiratory illnesses, including COVID-19, does not exceed the risk during pre-COVID-19 years. The US needs investment in variant-specific vaccines, alternative vaccine administration mechanisms, and research into the optimal vaccination strategies. Having effective vaccines are of real value in reducing the spread of COVID-19 and serious illness, but their benefits will be limited without near universal coverage. This coverage can be augmented through additional vaccination requirements. Finally, research needs to be expedited to develop and use effective COVID-19 oral therapeutics. The short window for administration requires a much closer linkage between COVID-19 testing and treatment.

<https://tinyurl.com/NationalStrategyVaccines>

13. JAMA Network

January 6, 2022

The First 2 Years of COVID-19 Lessons to Improve Preparedness for the Next Pandemic

- Health Systems Should Become the Bedrock of Pandemic Preparedness
- Testing Capacity Is Vital to Detect, Characterize, and Manage Crises

	<ul style="list-style-type: none"> • Building Public Trust and Fostering Risk-Mitigation Behaviors • Redressing Social Vulnerabilities and Inequities • Global Cooperation and Robust Institutions • Pandemic Threats Are the New Normal <p>https://tinyurl.com/First2YearsCovid</p> <p>14. JAMA Network January 6, 2022 <i>The Pandemic Preparedness Program Reimagining Public Health</i> Addressing vaccines, the pandemic preparedness proposal seeks the “ability to rapidly make effective vaccines against any virus family.”¹ To realize this goal, the proposal calls for the design, testing, and authorization of vaccines “within 100 days after the recognition of a potential emerging pandemic threat” and vaccine production for the “entire United States population within 130 days.” Commensurate advances in vaccine distribution (e.g., eliminating the need for cold storage) is to follow suit. Simplified, rapid, large-scale vaccine administration is to be addressed as well. Replacing the need for sterile injection with skin patches or nasal sprays is to be explored. Efforts must also be directed at replacing “the need for multiple doses with time-released formulation.” The all-important capacity “to rapidly adapt, test, and review modified vaccines to keep pace with changes in the virus” is similarly emphasized. https://tinyurl.com/PandemicPublicHealth</p>
Funding Opportunities	<p>15. Massachusetts Department of Public Health <i>Specialized Health and Safety Projects Provided by Organizations</i> The Massachusetts Department of Public Health seeks organizations to provide expert professional consultation, evaluation, and coordination of services to address specialized health care and health safety related issues. Eligible organizations include health care and safety quality improvement organizations, health advocacy organizations, hospitals, medical centers, provider advocacy organizations, health care or related membership organizations, schools of public health, medical schools, and organizations with specialized expertise in emergency preparedness or public health. Health care consulting firms are not eligible for this contract. Bids opened on Tuesday, February 1, 2022 at 4:00 p.m. Solicitation details: https://tinyurl.com/OrganizationHealthAndSafetyRFR</p> <p>16. Massachusetts Department of Public Health <i>Specialized Health and Safety Projects Provided by Individuals</i> The Massachusetts Department of Public Health seeks specialized health care and health safety related professional consulting services. Health care and safety specialist individuals and single member LLCs are eligible to apply. Bids opened on Tuesday, February 1, 2022 at 4:00 p.m. Solicitation details: https://tinyurl.com/IndividualHealthSafetyRFR</p>
Webinar and online sessions	<p>17. Encore Boston Tuesday, January 11, 2022, 10:00 to 11:00 a.m. <i>Housing Options as We Age</i> Thinking about downsizing or moving? Wondering about your options? Many of us think about where we -- or our parents, other family members or friends -- will be living as we grow older. We wonder about community, amenities, nearness to essential services and quality of life. And as our needs and circumstances change, we wonder if we should age in place, seek a new community, or explore other options.</p>

To help find answers to these questions, join our guest speakers to learn about the alternatives and innovations in housing for people over 50. What are the emerging ideas and options? How have these changed over the years? What about affordability?

Guests:

- Emily Cooper, Chief Housing Officer at the Massachusetts Executive Office of Elder Affairs
- Elise Selinger, Real Estate Innovation Manager at 2Life Communities

Registration: <https://tinyurl.com/HousingOptionsAge>

18. Disability Employment Technical Assistance Center

Tuesday, January 11, 2022, 3:00 to 4:30 p.m.

Employment First 2.0: Developing a Foundation for Excelling Systems Change Efforts Through Legislative Action

Learn how a Center for Independent Living, Able South Carolina, has worked with stakeholders to advance legislation supporting the phase-out of 14(c) sheltered work options for individuals with disabilities. Additionally, hear from a self-advocate that was formerly in a sheltered workshop for over ten years and how competitive, integrated employment has provided meaning and purpose to her life. The California State Council on Developmental Disabilities will also share their experience around proposing and passing legislation to fully abolish the use of 14(c) sheltered work in California. In addition, they will share how they have been collaborating with Disability Rights California, a DD Network Partner, to advance the legislative efforts to end sheltered work and increase competitive, integrated employment.

Presenters:

Able South Carolina

- Kimberly Tissot: President and Chief Executive Officer
- Sandy Jordan: Director of Employment Programs
- Angela Greene: Self-Advocate

California State Council on Developmental Disabilities

- Tania Morawiec: Deputy Director of Planning & Regional Office Operations
Disability Rights California
- Vivian Huan: Senior Attorney Intellectual and Developmental Practice Group

Registration: <https://tinyurl.com/EmploymentFirst2>

19. Mathematica's Center for Studying Disability Policy

Wednesday, January 19, 2022, from 12:30 to 1:45 p.m.

How Former Beneficiaries Fare After Leaving Social Security Disability Insurance

Over the last two decades, federal policy has focused on reducing reliance on federal disability benefits and enhancing the employment opportunities for many people with disabilities who want to be self-sufficient. In recent years, the Social Security Administration terminated the benefits of about 100,000 Social Security Disability Insurance beneficiaries annually, either because the agency determined that the beneficiary's medical condition improved or because beneficiaries sustained earnings above substantial gainful activity over many months. Yet little is known about the path of these beneficiaries after they no longer receive benefits. Do their health and functioning remain at a level that means they do not need benefits? Do they sustain work, and, if so, what are their earnings? Do those who earn enough to leave benefits later return to benefits and, if so, why?

Mathematica Senior Researcher Michael Anderson and Research Analyst Marisa Shenk will present findings from the recent research. They will be joined by Jarnee Riley, an associate director at Westat. Westat is conducting a study for the Social Security Administration on the service, medical, and employment needs of people leaving disability programs because of medical improvement. Stephanie Desrochers, a benefits counseling services coordinator with Maine Medical Center, will offer context for the research findings based on her work with beneficiaries and service providers.

Registration: <https://tinyurl.com/LeavingSSDI>

National Council on Aging

Tuesday, January 25, 2022, 12:00 p.m.

"Grand Rounds" Webinars on Remote Implementation

This workgroup Zoom call will offer participants an opportunity to learn how the Administration for Community Living (ACL) grantees are offering evidence-based programs during the COVID-19 pandemic. In 'grand rounds' style, each month, an ACL grantee will share how they are delivering evidence-based programs in the virtual/remote environment, successes of their work, and lessons learned. Participants will be able to learn about virtual delivery of evidence-based programs, collaborate with others across the country, and ask questions to help your organization work towards offering and/or improving your evidence-based program virtual delivery.

Registration: <https://tinyurl.com/RemoteImplementation>

20. American Society on Aging

Tuesday, January 25, 2022, 1:00 p.m.

Primary Care at Home—How one Area Agency on Aging Is Bringing Back the House Call

This webinar will explore how to integrate medical care with home- and community-based programs and leverage new billing opportunities to provide case management services. This webinar will outline the following components required to create and/or consider a new program and a new line of business:

- Create better outcomes for patients/participants while reducing utilization of costly hospitalizations and emergency room visits through close patient monitoring and rapid medical response.
- Address provider shortages and health disparities using non-physician providers in the home setting to create relationships and bring healthcare to the patient.
- Utilize community health workers, social workers, and registered nurses along with pharmacists, nurse practitioners and medical director to implement care plans with patients to stabilize their health and support aging in place.

Presenters:

- **Pam Curtis**, CEO for Senior Resources of West Michigan
- **Kim Vazquez**, Senior Resources of West Michigan

Register: <https://tinyurl.com/PrimaryCareAtHome>

21. engAGED

Thursday, January 27, 2022, 2:00 p.m.

Developing Volunteer Opportunities to Help Older Adults Stay Engaged

This webinar will focus on volunteerism as a form of social engagement. During the webinar, engAGED will highlight ways the Aging Network can foster civic engagement through volunteerism and how volunteerism benefits older adults. Erie County Department of Senior Services and Area Agency on Aging, Region One will share how they created and sustained volunteer opportunities that help older

	<p>adults remain engaged and connected. All speakers will share tips and strategies for Aging Network organizations looking to develop similar opportunities for older adult volunteers.</p> <p>https://tinyurl.com/OlderAdultsStayEngaged</p> <p>22. National Academy State Health Policy</p> <p>Tuesday, February 8, 2022, 1:00-2:00 p.m.</p> <p><i>State Policies to Strengthen the Direct Care Workforce</i></p> <p>Funded by The John A. Hartford Foundation and the RRF Foundation for Aging, NASHP’s RAISE Family Caregiver Resource and Dissemination Center is hosting a webinar to discuss state policies to improve the quality and supply of the direct care workforce, which are featured in its RAISE State Policy Roadmap for Family Caregivers. The webinar will provide an overview of these policies and will feature a national leader as well as leaders from Arizona and Colorado who will share their policies and innovations to strengthen the home and community-based services workforce.</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Moderator: Wendy Fox-Grage, NASHP Project Director, RAISE Family Caregiver Resource and Dissemination Center • Robert Espinoza, Vice President of Policy, PHI, RAISE Center Faculty Member • Bill Kennard, Administrator, Office of Healthcare Workforce Development, Arizona Healthcare Cost Containment System • Dr. Hayley Gleason, Division Director, Strategic Outcomes Division, Colorado Office of Community Living <p>Registration: https://tinyurl.com/StrengthenDirectCareWorkforce</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at:</p> <p>https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>23. Frontiers in Public Health</p> <p>December 9, 2021</p> <p><i>Video Calls for Older Adults: A Narrative Review of Experiments Involving Older Adults in Elderly Care Institutions</i></p> <p>Social isolation in geriatric institutions is a real threat to older adults’ (OAs) well-being. Visits from family members, when they are not impacted by geographical distance or illness, sometimes fail to provide sufficient opportunities for social connectedness and interaction to prevent and/or combat OAs’ loneliness and social isolation.</p> <p>Information and Communication Technologies (ICTs) offer promising solutions to this problem. Video calls provide a quick and convenient way for remote communication between OAs and their families, and a complement to face-to-face visits in geriatric settings. Over the last months, during the several confinements imposed to stop the transmission of COVID-19 over the world, several care homes and long-care facilities have equipped themselves with laptops, tablets, and video call applications to help OAs remain in contact with their relatives. However, numerous technical and human-related factors may hinder the use of video calls in these settings. The complexity of technological devices, as well as OAs limited digital skills, low confidence, and experience in the use of technology are some examples. Furthermore, the specific context of use and the required implication of multiple actors (care professionals, family members) should also be considered when examining the use and implementation of video calls in geriatric institutions. We conducted a narrative review of literature describing the use of video calls in geriatric institutions between 2000 and 2021, especially because of the little</p>

	<p>information related to OAs’ use of video calls in geriatric settings. 1197 references were screened and 15 studies focusing on the usability, acceptability and effectiveness of video calls were included. A qualitative, deductive thematic analysis inspired by a Health Technology Assessment (HTA) multidimensional model was used to identify barriers, enablers, and solutions to video calls implementation in geriatric institutions.</p> <p>The results from the HTA-based analysis provide encouraging evidence for the feasibility of video call use in geriatric settings, and its efficacy on reducing social isolation among residents. However, numerous technical, human-related, ethical, and organizational barriers persist and should be addressed in future works. The present analysis has also allowed the identification of potential solutions to overcome these barriers, which are discussed in this publication.</p> <p>https://tinyurl.com/VideoCallsOlderAdults</p>
Home and Community Based Services	<p>24. Home Health Care News January 5, 2022 <i>Growing Home-Based Primary Care Market Creating Risk-Sharing Opportunities for In-Home Care Providers</i></p> <p>Home-focused primary care providers have proved to be the next emerging faction of an ever-expanding home-based care ecosystem in the U.S.</p> <p>Unlike other emerging trends such as hospital-at-home and SNF-at-home models, which have largely been driven by traditional home health players or health systems, these providers are emerging on their own.</p> <p>https://tinyurl.com/HomeBasedPrimaryCare</p>
Housing	<p>25. Wall Street Journal December 25, 2022 <i>New Local Laws Aim to Stop Rising Evictions</i></p> <p>States and cities are proposing more bills now that the federal eviction ban is over. Dozens of cities and states are enacting new laws to protect tenants facing eviction, aiming to stem a tide of new cases and offer renters more ways to settle conflicts with property owners.</p> <p>Eviction filings nationwide started ticking up in September after a yearlong national eviction moratorium ended. By October, the more than 48,000 filings represented a 24% increase over those registered in August, according to Eviction Lab, a research group at Princeton University that tracks filings in 31 cities and six states. . . To ease pressure on renters, 21 states and the District of Columbia passed eviction-related legislation in 2021, and a total of 40 states have proposed such laws, according to research from the Pew Charitable Trusts. The 195 proposed eviction laws nationwide this year is 65% more than legislators introduced in 2019. The new laws include measures that change how evictions are filed to ensure due process and laws that provide tenants the right to legal counsel or mediation services.</p> <p>https://tinyurl.com/LocalLawsStopEvictions</p> <p>26. Age Friendly Public Health Systems August 2021 <i>Aligning Public Health Interventions with Older Adult Housing Needs and Challenges</i></p> <p>To explore potential public health roles in aging, the Trust for America’s Health convened stakeholders from public health, aging services, and healthcare and developed a framework that delineates the roles public health can play to promote older adult health and well-being.¹ The framework organizes these roles as:</p> <ol style="list-style-type: none"> 1. Connecting and convening multiple sectors and professions that provide the

	<p>supports, services, and infrastructure to promote healthy aging.</p> <p>2. Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.</p> <p>3. Collecting data to assess community health status (including inequities) and aging population needs to inform the development of interventions.</p> <p>4. Conducting, communicating, and disseminating research findings and best practices to support healthy aging.</p> <p>5. Complementing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches.</p> <p>Conclusion</p> <p>There is a wide universe of housing options for older adults that can fit their needs at specific life stages. Approximately 42% of older adults in 2050 will be Black, Indigenous or a person of color (BIPOC). Given this increase in expected diversity among older adults, it is important to consider the diverse needs of this population. Older adults from racial/ethnic minority backgrounds often experience significant disparities in several areas of their lives, including housing. Due to a history of structural racism and limited access to resources, many older adults from underrepresented communities routinely encounter challenges when attempting to access support services and may face outright discrimination and neglect from the aging and healthcare systems. More broadly, the research literature on these issues is thin and few programmatic interventions exist that explicitly serve elders of color and LGBTQ+ elders.</p> <p>Policies meant to support aging, health and wellness often ignore, underfund, or discriminate against elders of color, Indigenous elders, and LGBTQ+ elders across distinct populations. Navigating the multitude of existing housing options to determine the right option at the right time may be challenging for older individuals, their families, and care partners. Moreover, limited housing stock and prohibitive costs of housing and care compound the challenge of accessing appropriate shelter. Public health is well-positioned to play a critical role in providing resources to older adults as they navigate their housing needs and options, as well as working to advocate for and create community partnerships to expand the availability of older adult appropriate housing.</p> <p>https://tinyurl.com/PublicHealthAndHousing</p>
Covid-19	<p>27. STAT Daily Recap</p> <p>January 5, 2021</p> <p><i>Study raises doubts about rapid Covid tests' reliability in early days after infection</i></p> <p>A new study raises significant doubts about whether at-home rapid antigen tests can detect the Omicron variant before infected people can transmit the virus to others.</p> <p>The study looks at 30 people from settings including Broadway theaters and offices in New York and San Francisco where some workers were not only being tested daily but were, because of rules at their workplaces, receiving both the antigen tests and a daily test that used the polymerase chain reaction, or PCR, which is believed to be more reliable.</p> <p>https://tinyurl.com/CovideTestsReliability</p> <p>28. STAT Daily Recap</p> <p>January 5, 2022</p> <p><i>'Protect our hospitals' might convince Britons to get Covid-19 vaccines, but it won't work in the U.S.</i></p> <p>The resurgence of Covid-19 is again leading health care systems across the globe to</p>

brace themselves. And with deep scars from early in the pandemic, leaders are again calling on people to get vaccinated. One prominent reason they cite for vaccination is to protect hospitals and health care workers.

In the U.S., this message is not working. . .

In the U.S., we [like our doctors](#) but are not loyal to the health care system. Many Americans valorize the doctors and nurses working on the frontlines of Covid-19, but you would be hard pressed to find someone who wants to protect the medical groups, HMOs, and other complex insurance convolutions undergirding our system. In fact, just [19% of the public](#) believes the health care system works at least “pretty well,” less than in every other country studied.

<https://tinyurl.com/ProtectOurHospitals>

29. *Boston Globe

January 2, 2021

As Omicron surges, fear and frustration do too for people at high risk

As word spreads that the Omicron variant appears to cause only mild illness in most people, doctors have cautioned that this soothing notion does not apply to the estimated 7 million with weakened immune systems, who do not respond to vaccines as robustly as healthy people. They include transplant recipients like [John] Nucci, as well as [cancer patients](#) and people with certain chronic illnesses and autoimmune disorders. . . The pandemic has sent immunocompromised folks on an especially jagged roller-coaster ride – hope for a vaccine, soon dashed by the discovery that vaccines don’t adequately protect them; then hope for preventive treatment, dashed by the news that the treatment is in short supply. . . Patients have to make risk-benefit calculations, taking into account the mental health consequences of isolation. If gathering with your family is important, then do it as carefully as possible, and forgo other risky situations, she advised.

<https://tinyurl.com/FearAndFrustration>

30. Salem News

December 31, 2021

Speaking up for science

When the virus first broke out, we had the resolve to deal with it, but not the tools. We were left washing our hands, our doorknobs, our groceries. We worked from makeshift offices in our bedrooms and ordered out for dinner, making sure to overtip the delivery driver.

It is now becoming increasingly clear that we need to rally the same way in support of vaccines, testing and masking, or we may find ourselves entering 2023 still waiting for a return to “normal.”

We have the tools — vaccines, rapid tests, and masks — to beat back the virus but seem to have lost our resolve. That has opened the door for those looking to block or unravel whatever progress has been made against COVID-19 over the past several months.

<https://tinyurl.com/SpeakingUpForScience>

31. Trust for America’s Health

May 2021

Ensuring Access to COVID-19 Vaccines for Older Adults and People with Disabilities Who Are Homebound

The number of homebound older adults in the United States is estimated to be 2 to 12 million. Compared to other older adults, this population is more likely to suffer from chronic health conditions, be female, have lower incomes, and be from racial minority groups. 1,2 Due to their health conditions, people who are homebound

are at greater risk of serious impacts if infected by the COVID-19 virus. Public health agencies and their partners who allocate and distribute vaccines bear the responsibility for safeguarding the health of people who are homebound by ensuring equity in vaccine distribution and administration. The infrastructure to ensure vaccine access to this population must be created in many jurisdictions. In other places, it must be leveraged from existing resources. In either case, these infrastructures will better safeguard the health of homebound people during the COVID-19 pandemic and provide needed response capacity during future public health emergencies.

The federal government must continue to provide guidance; embrace an ongoing oversight role for monitoring and evaluating progress addressing the challenges outlined in this brief; and should conduct a national review of vaccine uptake to ensure that those who are homebound are not left unprotected.

Based on stakeholder interviews, a grey literature review, a peer-reviewed literature review, and virtual convenings with public health and aging sector leaders, Trust for America’s Health (TFAH) proposes the following recommendations for enhancing access to COVID-19 vaccines for older adults who are homebound and people with a disability who are homebound:

#1 Prioritize the administration of the COVID-19 vaccine to people who are homebound — especially older adults and those with disabilities — and their caregivers, providing sufficient vaccines and the necessary resources to administer them to protect all homebound persons in the shortest time possible.

#2 Develop a standardized operational definition of “people who are homebound” that can be used to prioritize and provide COVID-19 vaccination for this population and their paid and unpaid caregivers.

#3 Guarantee equitable vaccine access to homebound persons and ensure that none are under-served or overlooked due to race, ethnicity, age, socioeconomic status, urban or rural location, or other factors.

#4 Work with public and private sector partners to select a range of data sources to identify the homebound population while respecting privacy rights. Adapt existing data use and sharing agreements to rapidly assess vaccination patterns, identify pockets of under-vaccination, and assist in ensuring equitable vaccine resource allocation.

#5 Develop and actively promote multiple communication channels for vaccine registration and scheduling, to ensure ease of interaction with those who are homebound and/or their caregivers, including the use of channels that minimize reliance on computers and internet access.

#6 While prioritizing safety, encourage and allow flexibility and creativity in ways to reach people who are homebound, determine which vaccines to offer, engage all parties involved in the vaccination process — from planners, administrators, and vaccinators to people being vaccinated and their caregivers, and utilize effective means of ensuring access.

#7 Leverage partnerships and establish new ones with public and private sector organizations that already serve the homebound to ensure equitable and efficient vaccine distribution, promote vaccine messaging by trusted community leaders, and potentially expand the pool of skilled vaccinators.

#8 Ensure that, to the greatest degree possible, in-home vaccination teams include people who are trusted by those being vaccinated and represent the diversity of the population being served.

#9 Ensure coverage of all homebound vaccination costs, including administrative

	<p>costs and the costs associated with transportation and observational time. https://tinyurl.com/EnsuringAccessCovidVaccination</p>
Disability	<p>32. *Boston Globe December 22, 2021 <i>New commuter rail station celebrated in Chelsea</i> Unlike the now demolished old station, the new facility is fully accessible to people with disabilities, with high-level platforms for level boarding. It also features canopies and benches, new sidewalks, security cameras, and passenger assistance phones. https://tinyurl.com/CommuterRailChelsea</p>
Other	<p>33. *Washington Post Magazine January 5, 2021 <i>The Power of Reclaiming My Asian Name</i> https://tinyurl.com/ReclaimingAsianName</p> <p>34. Frontiers in Public Health April 12, 2021 <i>COVID-19 and Quarantine, a Catalyst for Ageism</i> In February 2021, France had more than 76,000 deaths due to COVID-19 and older adults were heavily affected. Most measures taken to reduce the impact of COVID-19 (quarantine, visit ban in nursing home, etc.) significantly influenced the lives of older adults. Yet they were rarely consulted about their implementation. Exclusion of and discrimination against older adults has been accentuated during the COVID-19 pandemic. While many articles discussing COVID-19 also mention ageism, few actually incorporate the perspectives and opinions of older adults. Our research aims to assess the ageism experienced by older adults during the COVID-19 pandemic. We conducted interviews with older adults (63–92 years, mean age = 76 years) in an urban area of France. Participants reported experiencing more ageism during the COVID-19 pandemic, including hostile and benevolent ageism from older adults' families. Despite reports of experiencing ageist attitudes and behaviors from others, however, older adults also identified positive signs of intergenerational solidarity during this COVID-19 crisis.</p> <p>Conclusion During the first wave of the COVID-19 pandemic in France, there was an increase in ageist narratives in the media. Media, policy briefs, and commentaries during the early phase of the COVID-19 pandemic and age-specific quarantine measures suggest that ageist attitudes exist and are being shared through public forums. Age-based discrimination and ageist attitudes were experienced by older people in France during the first period of quarantine in 2020. This discrimination was present in formal measures and public narratives as well as more informally within family networks. For older adults in this study, concerns about the impacts of social isolation were more troubling than experiences of ageism in the COVID-19 pandemic. Older adult participants in this study were less concerned about dying from COVID-19 and policies put in place related to the care of the elderly than they were about the effects of social isolation. In future quarantine periods in France during subsequent waves of the COVID-19 pandemic, research should continue to examine the evolution of ageism in responding to the COVID-19 pandemic, policy recommendations and whether older adults continue to have similar experiences of age-based discriminations as reported during the first quarantine period. https://tinyurl.com/CatalystForAgeism</p>
	*May require registration before accessing article.

<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
<p>Websites</p>	<p>Age Friendly Public Health Systems https://afphs.org/ TFAH is prioritizing healthy aging and is working to encourage and incentivize state and local health departments to embrace older adult health as a core function. Partnering with state and local health departments and national stakeholders, TFAH is working to implement a public health framework as part of the Age-Friendly Ecosystem that is essential to improve the health and well-being of older adults.</p> <p>Encore Boston https://www.encorebostonnetwork.org/ Mission & Vision Encore Boston inspires and assists people over 50 to make a difference through work, service, and social action. As a diverse community, Encore Boston bring together a variety of interests and expertise to end ageism and advance opportunities. With improved health, strength of purpose and longer lives, people over 50 will, with Encore Boston’s help, continue to contribute real value to the economy, communities, and society.</p> <p>Mathematica’s Center for Studying Disability Policy (CSDP) https://mathematica.org/focus-areas/health/disability Dedicated to advancing disability policy and programs is embodied in our Center for Studying Disability Policy, established in 2007. Multidisciplinary teams understand the complexities facing public- and private-sector leaders in designing and operating programs that serve people with disabilities, as well as the challenges faced by people with disabilities in interacting with those programs.</p>
<p>Previously recommended websites</p>	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Tuesday Digest</i>.</p>
<p>Previously posted funding opportunities</p>	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
<p>Nursing Home Closures</p>	<p>Heathwood Healthcare 188 Florence St. Chestnut Hill, MA 02467 Scheduled to be closed by January 5, 2022</p> <ul style="list-style-type: none"> • Notice of Intent to Close (Word) • Draft of Relocation Plan (Word) <p>Stonehedge Rehabilitation and Skilled Care Center 5 Redlands Road West Roxbury, MA, 02132</p> <ul style="list-style-type: none"> • Scheduled to be closed by February 10, 2022 Notice of Intent to Close and Draft of Closure Plan (PDF) (DOC) • DPH Comments on Draft of Closure Plan (PDF) (DOC) • Stonehedge Response to DPH Comments on Draft of Closure Plan

	<p align="center">(PDF) (DOC)</p> <ul style="list-style-type: none"> • DPH Approval of Closure Plan (PDF) (DOC) <p>Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures</p>		
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org</p> <p>Facebook: https://www.facebook.com/DignityAllianceMA/</p> <p>Instagram: https://www.instagram.com/dignityalliance/</p> <p>LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts</p> <p>Twitter: https://twitter.com/dignity_ma?s=21</p> <p>Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Workgroup	Workgroup lead	Email
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<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/</p> <p>Editor: Paul Lanzikos</p> <p>Primary contributor: Sandy Novack, MBA, MSW, LICSW, ACSW, CSW-G</p> <p>MailChimp Specialist: Sue Rorke, MetroWest Center for Independent Living</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Charlie Carr • Arlene Germain • Chris Hoeh • Dick Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.</p> <p><i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/the-tuesday-digest/</i></p>			

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.