



The Dignity Digest

Issue # 74

January 28, 2022

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

We can't tell if this informal care is provided based on preferences of the elder and family members or due to needs of the residents being too great for the staff to meet alone. If it is the latter, it raises concerns about adequacy of staffing levels in nursing homes. It also raises questions about how needs are met among people who don't have informal caregivers. Are their needs going unmet, or do staff spend more time with these residents, creating an implicit cross-subsidization between residents with and without family helpers?

Family and Friends are the Invisible Workforce in Long-term Care, Leonard Davis Institute of Health Economics (blog), January 4, 2022, <https://tinyurl.com/InvisibleWorkforceLTC>

"Politics is a pervasive and largely unavoidable source of chronic stress that exacted significant health costs for large numbers of American adults between 2017 and 2020. The 2020 election did little to alleviate those effects and quite likely exacerbated them. . . It is essentially a permanent part of the background noise of our lives."

Kevin B. Smith, chair of the political science department at the University of Nebraska, Lincoln in "Politics Is Making Us Sick: The Negative Impact of Political Engagement on Public Health During the Trump Administration.", *The Mental Health Toll of Trump-Era Politics*, *New York Times, January 22, 2022, <https://tinyurl.com/MentalHealthTollTrumpEra>

"At the end of the day, it all begins and ends with your patient. Your care begins with that person, and it ends with that person, and they should be at the center of the decision

making.”

Dr. Mary Groll, professor, health sciences, North Central College, Naperville, IL, *Court Battle Over a Ventilator Takes a Patient from Minnesota to Texas*, ***New York Times**, January 22, 2022, <https://tinyurl.com/BattleOverVentilator>

“It’s death all around you all the time. It drains you. . . Emotionally, it is a lot. . . I feel like we’re not winning. I feel like we’re losing. Two years later, we’re still losing this fight.”

Nikki Saranathan, a Houston [TX] Methodist Hospital nurse, *In Hospital Strained by Omicron, Weary Nurses Treat Too Many Patients*, ***Wall Street Journal**, January 23, 2022, <https://tinyurl.com/HospitalStrained>

“In my own worst seasons, I’ve come back from the colorless world of despair by forcing myself to look hard, for a long time, at a single glorious thing: a flame of red geranium outside my bedroom window. And then another . . . [a]nd another . . . [u]ntil I learned to be in love with my life again. Like a stroke victim retraining new parts of the brain to grasp lost skills, I have taught myself joy, over and over again.”

Novelist Barbara Kingsolver, *How I found joy in life during difficult times*, ***Washington Post**, January 22, 2022, <https://tinyurl.com/JoyDuringDifficultTimes>

“We would like to see staff vaccinated. We think that it’s the safest option for residents, which is our biggest concern. But not having staff is also a really big concern, because the neglect that happens as a result of that is severe and very scary.”

Marjorie Moore, executive director of VOYCE, a St. Louis County, Missouri, nonprofit that works on behalf of nursing home residents, *Vaccine mandate to kick in for first wave of health workers*, **Associated Press**, January 26, 2022, <https://tinyurl.com/FisrtWaveHealthWorkers>

The emphasis on community settings reflects the [established need](#) for community-based solutions to trust challenges.

Trust In Health Care: Insights from Ongoing Research, **Health Affairs Forefront**,

January 11, 2022, <https://tinyurl.com/TrustInHealthCare>

The United States incarcerates [more people](#) than any other country in the world, having more than two million adults behind bars at an estimated annual cost of [\\$182 billion](#). A [500 percent increase](#) in incarceration in the US during the last forty years was not merely a result of rising crime but also a result of the increasing criminalization of behaviors, exemplified by the “[War on Drugs](#),” incarceration of [people with serious mental illness](#), and [increased sentencing](#) for disadvantaged populations. Black and Brown people [are substantially overrepresented](#) among incarcerated people.

Prison And Jail Reentry and Health, Health Affairs Policy Brief, October 21, 2022, <https://tinyurl.com/JailReentryAndHealth>

“When I design a space, I like to follow the L.O.V.E. method, which stands for light, optimize, visual, ease.”

*Senior living designer Lisa M. Cini, How to prevent falls and provide comfort in a new home for seniors, *Washington Post, January 25, 2022, <https://tinyurl.com/PreventFallsProvideComfort>*

She was in the highest priority group, one doctor wrote, but there were “over 3,000 patients in this category and less than 100 doses distributed from the state so far, and it is a closed lottery, so I do not know where you are on the list.”

Patchwork system for rationing a Covid drug sends immunocompromised patients on a ‘Hunger Games hunt’, STAT News, January 27, 2022, <https://tinyurl.com/PatchworkSystem>

And we must ensure that aging survivors have access to the services they need to live out their lives in dignity.

President Joseph Biden, Statement by President Biden on International Holocaust Remembrance Day, The White House, January 27, 2022, <https://tinyurl.com/PresBidenHolocaustRemembrance>

Featured News Article

1. Associated Press

January 27, 2022

Hospital patient without COVID shot denied heart transplant

[Brigham and Women’s Hospital] is defending itself after a man’s family claimed he was denied a new heart for refusing to be vaccinated against COVID-19, saying most transplant programs around the country set similar requirements to improve patients’ chances of survival. . . The hospital said research has shown that

	<p>transplant recipients are at higher risk than non-transplant patients of dying from COVID-19, and that its policies are in line with the recommendations of the American Society of Transplantation and other health organizations.</p> <p>https://tinyurl.com/APDeniedHeartTransplant</p>
State Budget	<p>2. Commonwealth of Massachusetts <i>Governor's Proposed Budget for FY 2023</i> January 26, 2022</p> <p>The annual budget process begins each year when the Governor files recommendations as a bill with the House of Representatives. Under the state Constitution, the Governor must submit a proposal by the 4th Wednesday of January or, in the event of a new term, within five weeks later. This bill is called House 1 or "House 2" depending on the year.</p> <p>https://malegislature.gov/Budget</p>
Inspiration	<p>3. *Washington Post January 22, 2022 <i>How I found joy in life during difficult times</i></p> <p>The past 22 months haven't registered high on what I'd call the joy-o-meter. Poll after poll confirm what we all know about these pandemic years: We're not feeling a lot of joy or happiness. A Kaiser Family Foundation study reported that 4 in 10 U.S. adults had symptoms of anxiety or depression during the coronavirus pandemic, up from 1 in 10 in 2019.</p> <p>That's a huge increase. And why not? We've been mired in lockdowns and shutdowns; facing mutants named beta, delta and now omicron; and dragging our sorry rear-ends through nearly two years of masking, distancing and handwashing. There is very little joy in Mudville, right?</p> <p>Guess again. I was shocked to read a new National Poll on Healthy Aging, published by the University of Michigan, called "Joy and Stress During the COVID-19 Pandemic." It reports that 83 percent of adults over 50 had felt "some" or "a lot" of joy since March 2020. . .</p> <p>More surprising was the realization that I could feel both joy and grief, not either/or. To this point, the University of Michigan poll reported high levels of stress among its respondents, with nearly two-thirds saying they felt "some" or "a lot" of stress — and these were the same folks who also reported experiencing joy in overwhelming numbers. . .</p> <p>Video services such as Zoom and Skype often take a bad rap for increasing our feelings of loneliness and isolation. Think "Zoomie apocalypse." But again, things may not be quite as black and white as they first appear. The University of Michigan poll found that 83 percent of respondents said they found joy by connecting in person, while a surprising 79 percent also found joy by phone or virtually. Finlay pointed out that virtual connection — through phone calls, Zoom get-togethers and direct messaging — is very different from scrolling through Facebook or Instagram. "We can achieve a lot of the benefit perhaps of in-person contact, even if it's through a screen format."</p> <p>https://tinyurl.com/JoyDuringDifficultTimes</p>
Funding Opportunities	<p>4. The Center on Youth Voice, Youth Choice <i>Apply for a Community of Practice on Alternatives to Guardianship for Youth with Intellectual and Developmental Disabilities</i></p> <p>This state Community of Practice will foster a rich dialogue around best practices, support long-term change, and center the voices of youth leaders in this work. Community of Practice member states will work together to create lasting systemic</p>

Public Policy	<p>change in their states. Apply by February 10, 2022: https://tinyurl.com/AlternativesGuardianshipYouth</p> <p>5. Health Affairs Forefront January 11, 2022 <i>Trust In Health Care: Insights from Ongoing Research</i> Trust is a central aspect of improving health care, and its importance in the health care arena is becoming increasingly recognized. The COVID-19 pandemic, along with renewed calls for racial justice, have highlighted the critical role that trust plays in our interactions in health care and beyond. To be effective, it is crucial that relationships between patients, clinicians, and health care organizations be grounded in trust, as trust impacts key health behaviors and outcomes, such as vaccine acceptance, treatment adherence, and patient satisfaction. However, we have seen and continue to see an erosion of trust as the national discourse around issues of health, policy, science, and information is becoming increasingly polarized. . . The emphasis on community settings reflects the established need for community-based solutions to trust challenges. Indeed, many of the projects that focused on gaining patient trust built upon patients’ relationships with parties that were already trusted in the community, such as community health workers, church leaders, or social networks. Leveraging such relationships with trusted parties presents a promising strategy for achieving patient trust, and lessons from these nonmedical relationships may also be informative for building greater trust within the medical establishment. . . Given their unique role in shaping health care delivery, health care organizations have the potential to serve as a key locus of change. Such organizations have the ability to make structural changes to create health care environments that foster trust among leadership, staff, clinicians, and patients/caregivers. https://tinyurl.com/TrustInHealthCare</p> <p>6. Health Affairs Policy Brief October 21, 2022 <i>Prison And Jail Reentry and Health</i> People reentering communities after incarceration are sicker than the general population and face barriers to accessing health care and other supports. Along with criminal justice reform, policy makers must work to improve evidence-based reentry programming that supports healthy people and communities. KEY POINTS:</p> <ul style="list-style-type: none"> • Mass incarceration in the United States is a public health crisis that disproportionately affects Black and Brown people and their communities. Incarceration can exacerbate health conditions and complicate health and justice outcomes for both reentering people and the communities to which they return. • Disproportionate rates of mental health issues, suicide, substance use disorders, disabilities, and physical disorders plague the reentry population. • The reentry population faces complex barriers to health care access and often experiences homelessness, unemployment, and a lack of social and family support. • Justice-based interventions for the reentry population generally focus on life skills or individual deficits. Compared with approaches that focus on health and well-being, these programs are unlikely to achieve identity transformation and self-efficacy in managing health and other needs.
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	<ul style="list-style-type: none"> • Savings from reform of the criminal justice system could be reinvested to make successful reentry achievable. • Public officials should include health care as a key component of community reentry programming by supporting access to Medicaid prerelease and seamless coordination of health care in communities post release. <p>Experts have pointed to incarceration as a public health crisis. Adding to its many other negative health effects, incarceration is often associated with coerced mobility, as it forces the relocation of people away from their communities. This creates challenges related to public health, housing, education, and employment for reentering people, families, and the communities hit hard by mass incarceration. . .</p> <p>Rates of mental health problems, substance use disorders, lifetime suicide attempts, opioid use, and pain medication dependence are dramatically elevated for justice-involved populations compared with the general population. Reentering citizens experience higher rates of overdose, suicide, disabilities and physical disorders, homelessness, and death compared with the general population. . .</p> <p>[O]ne-half of men (49 percent) and two-thirds of women (67 percent) who have been incarcerated report a chronic physical health condition in need of treatment. Cardiovascular disease disproportionately affects formerly incarcerated people, with stroke and myocardial infarction contributing to a high risk for death post release. . .</p> <p>To date, justice-based interventions for the millions of people released from prisons and jails into US communities each year have focused on life skills or individual deficits. Compared with approaches that focus on health and well-being, these programs are unlikely to improve identity transformation and self-efficacy in managing physical and behavioral health or to improve social and justice outcomes. New challenges posed by COVID-19 to the reentry population must be grappled with as well.</p> <p>https://tinyurl.com/JailReentryAndHealth</p>
List of Special Focus Facilities	<p>7. Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.

	<ul style="list-style-type: none"> • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed Newly added to the listing</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • Oxford Rehabilitation and Health Care Center , Haverhill https://tinyurl.com/OxfordRehab <p>Massachusetts facilities that are candidates for listing</p> <ul style="list-style-type: none"> • Hillcrest Commons Nursing and Rehabilitation Center, Pittsfield https://tinyurl.com/HillcrestCommons • Medway Country Manor Skilled Nursing and Rehabilitation https://tinyurl.com/MedwayManor • Parkway Health and Rehabilitation Center https://tinyurl.com/ParkwayHealthCenter • Revolution Charwell https://tinyurl.com/RevolutionCharwell • Vero Health and Rehabilitation Center of Amesbury https://tinyurl.com/VeroAmesbury • Vero Health and Rehabilitation Center of Revere https://tinyurl.com/VeroRevere • Vero Health and Rehabilitation Center of Watertown https://tinyurl.com/VeroWatertown • Vero Health and Rehabilitation Center of Worcester https://tinyurl.com/VeroWorcester • Wareham Healthcare https://tinyurl.com/WarehamHealthcare • Worcester Rehabilitation and Health Care Center, Worcester https://tinyurl.com/WorcesterHealthcare <p>https://tinyurl.com/SpecialFocusFacilityProgram</p>
Call for Proposals	<p>8. LGBT Elders in an Ever-Changing World Conference <i>11th Annual (Virtual) Conference Call for Proposals</i> Friday, June 22, 2022, 8:30 a.m. to 4:00 p.m. The 11th Annual LGBTQ+ Elders in an Ever-Changing World conference is a</p>

	<p>collaborative effort of the following:</p> <ul style="list-style-type: none"> • The LGBTQIA+ Aging Project, a program of Fenway Health in Boston, Massachusetts • AgeSpan, formerly Elder Services of Merrimack Valley and North Shore and Over the Rainbow LGBTQ+ Coalition, and Senior Social Connection • Salem State University School of Social Work in Salem, Massachusetts • Care Dimensions, a non-profit hospice & palliative care organization serving Eastern Massachusetts • Good Shepherd Community Care, A not-for-profit hospice and palliative care organization serving Greater Boston since 1978 <p>The conference presentations address the issues of older persons and caregivers of Lesbian, Gay, Bisexual, Transgender, Queer/ Questioning and + (LGBTQ+) communities and their allies. The conference strives to create an open and welcoming forum as well as a convening of community. LGBTQ+ Elders in an Ever-Changing World conference is intended for consumers, social services, educators, researchers, and public policy makers as well as service and healthcare professionals who support and work with LGBTQ+ older adults and caregivers. This year the Keynote speaker is Stu Maddux, award winning filmmaker of Gen Silent. He will present on “Social Isolation, Loneliness, and Resilience in LGBTQ Older Adults” featuring his new and timely documentary film All The Lonely People, which tells the story of the troubling increase of chronic loneliness and social isolation affecting people of all ages and backgrounds across the world. Deadline for proposed workshop presentations is Friday, February 4, 2022. For details about submission requirements including suggested presentation topics, contact conference sponsors at lgbtqelderconference@gmail.com .</p>
<p>Learning Opportunities for Dignity Alliance Massachusetts Participants and Supporters</p>	<p>9. Creating Accessible, Powerful Social Media Content</p> <p><i>Engaging Everyone: Creating Accessible, Powerful Social Media Content</i> <i>Part One: The Basics</i> February 16, 12:00 to 1:00 p.m. Learn how to create accessible, powerful social media content to drive your advocacy efforts in this two-part interactive workshop. Part one is designed for beginners: people who are new to using social media or have a very basic understanding of Facebook, Instagram, and Twitter. Presenters will cover the key features of each platform, the best type of content for each, how to make your content accessible, and how to post on each platform. Register for Part One: https://tinyurl.com/EngagingEveryone</p> <p><i>Part Two: Messaging</i> March 2, 12:00 to 1:00 p.m. In part one, we covered the basics of how to create accessible posts for Facebook, Instagram, and Twitter. In part two, learn about the parts of an effective social media campaign. Presenters will walk through the parts of a campaign, how to define your message, how to influence and target your message, and how to measure your impact. Presenters will discuss different strategies and walk through campaign examples. Register for Part Two: https://tinyurl.com/PartTwoMessaging Meet the Presenters</p> <p>Jules Good (they/them) is the founder and consulting lead at Neighborhood Access. Jules is a multiply-disabled entrepreneur with a passion for leveraging design, community, and intersectional justice principles to create more accessible neighborhoods. They hold a Master in Public Policy from the University of New</p>

	<p>Hampshire. Jules has worked with nonprofits, state agencies, and private businesses to aid in making their practices and processes more accessible to the disabled community. They are deeply involved in disability justice work both locally in their current home state of New Hampshire, and nationally.</p> <p>Samantha VanSchoick (she/her) spends most of her time passionately & meticulously infusing creative energy into high-impact marketing campaigns. As Director of Strategic Partnerships at CIL, a nonprofit real estate developer, Sam seeks out opportunities to create a world where all people have access to quality, accessible housing in neighborhoods of their choice. Sam serves as the Communications Workgroup Co-chair for Dignity Alliance Massachusetts, a coalition of orgs and advocates across MA that believe in dignity, choice, and determination for aging and disabled persons.</p>
<p>Webinar and online sessions</p>	<p>10. Leonard Davis Institute of Health Economics Friday, February 4, 2022, 12:00 to 1:00 p.m. <i>Reforming Primary Care for a 21st Century Health Care System</i> Plagued by an overreliance on fee-for-service reimbursement and chronic financial underinvestment as compared to other countries, the primary care sector in the United States has been a target of reform for decades. We’ve seen an undervaluing of the primary care workforce, slow adoption of primary care alternative payment models, and a continued focus on and bias toward use of specialty care. How can we reform primary care to be a sustainable, efficient, and equitable system? Join our panel of experts as they discuss the path toward transforming this critical piece of our health care system.</p> <p>Speakers:</p> <ul style="list-style-type: none"> • Linda A. McCauley, PhD, RN, Professor and Dean, Nell Hodgson Woodruff School of Nursing, Emory University • J. Nwando Olayiwola, MD, MPH, Chief Health Equity Officer and Senior Vice President, Humana • Ellen-Marie Whelan, PhD, Chief Population Health Officer, Center for Medicaid and CHIP Services (CMCS); Senior Advisor, Center for Medicare and Medicaid Innovation (CMMI) • Ishani Ganguli, MD, MPH, Assistant Professor of Medicine, Harvard Medical School and Primary Care Physician, Brigham and Women’s Hospital Division of General Internal Medicine and Primary Care • Patrick Conway, MD, CEO of Care Solutions, Optum • Rachel M. Werner, MD, PhD (moderator), Executive Director, Penn LDI; Robert D. Eilers Professor, Medicine and Health Care Management, Perelman School of Medicine and The Wharton School <p>Access information: https://tinyurl.com/ReformingPrimaryCare</p> <p>11. Disability Employment Technical Assistance Center Tuesday, February 8, 2022, 3:00 to 4:30 p.m. <i>Advancing Competitive Integrated Employment Through Managed Long-Term Services & Supports</i> In this webinar, you will learn about effective practices being implemented from both emerging and long-standing state MLTSS programs. From these examples, you will see how the proactive partnerships formed helped create effective payment methodologies to advance CIE opportunities and outcomes for people with disabilities receiving MLTSS. AoD grantees play a key role for the creation of sustainable partnerships to design and implement value, performance, and outcome-based payment methodologies to advance CIE for individuals with</p>

	<p>disabilities. Webinar presenters will include representatives from Includa Inc., Moving to a Different Drum LLC, and Michigan Developmental Disabilities Council. And, a self-advocate will share his experience with MLTSS to achieve meaningful employment. Presenters: - Lisa Mills, PhD: Owner/Subject Matter Expert: Moving to a Different Drum LLC - Yasmina Bouraoui, Deputy Director, Michigan Developmental Disabilities Council - Kris Kubnick, Chief Member Experience Officer, Includa Inc. - Daniel Strutz, Self-advocate Registration: https://tinyurl.com/CompetitiveIntergratedEmploy</p> <p>12. Leonard Davis Institute of Health Economics Friday, March 4, 2022, 12:00 to 1:00 p.m. <i>An Action Plan for Reducing Opioid Overdose Deaths</i> Alongside the devastating loss of life due to COVID-19, more than 75,000 people died from an opioid overdose in the first year of the pandemic, an increase of 35 percent over the prior year. At the same time, policymakers worked to lower barriers to life-saving treatment, creating more opportunities for flexible telehealth and harm reduction approaches. But, looking ahead, will that be enough? Please join our panel of experts as they discuss the impact of the pandemic on the opioid epidemic and outline innovative approaches for reducing the toll of the opioid epidemic. Speakers:</p> <ul style="list-style-type: none"> • Keith Humphreys, PhD, Esther Ting Memorial Professor, Department of Psychiatry and Behavioral Sciences, Stanford University • Ricky Bluthenthal, PhD, Professor, Department of Populations and Public Health Sciences (DPPHS); Vice Chair, Diversity, Equity and Inclusion in DPPHS; Associate Dean for Social Justice, University of Southern California • Regina LaBelle, JD, Director, Addiction and Public Policy Initiative, O’Neill Institute for National and Global Health Law at Georgetown Law, and Former Acting Director, Office of National Drug Control Policy • Shoshana Aronowitz, PhD, FNP-BC, MSHP (moderator), Assistant Professor, Family and Community Health, Penn Nursing <p>Access information: https://tinyurl.com/ReducingOverdoseDeaths</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>13. Health Affairs January 2022 <i>Informal Caregivers Provide Considerable Front-Line Support in Residential Care Facilities and Nursing Homes</i> Informal care, or care provided by family and friends, is the most common form of care received by community-dwelling older adults with functional limitations. However, less is known about informal care provision within residential care settings including residential care facilities (for example, assisted living) and nursing homes. Using data from the Health and Retirement Study (2016) and the National Health and Aging Trends Study (2015), we found that informal care was common among older adults with functional limitations, whether they lived in the community, a residential care facility, or a nursing home. The hours of informal care provided were also nontrivial across all settings. This evidence suggests that informal caregiving and some of the associated burdens do not end when a person</p>

	<p>transitions from the community to residential care or a nursing home setting. It also points to the large role that families play in the care and well-being of these residents, which is especially important considering the recent visitor bans during the COVID-19 epidemic. Family members are an invisible workforce in nursing homes and residential care facilities, providing considerable front-line work for their loved ones. Providers and policy makers could improve the lives of both the residents and their caregivers by acknowledging, incorporating, and supporting this workforce.</p> <p>https://tinyurl.com/InformalCaregivers</p> <p>14. Leonard Davis Institute of Health Economics (blog) January 4, 2022 <i>Family and Friends are the Invisible Workforce in Long-term Care</i> It has long been known that family and friends, sometimes referred to as informal caregivers, are the backbone of long-term care in the U.S. among community-dwelling individuals with functional limitations. However, this caregiving does not stop at the front door of residential care facilities. Not surprisingly, individuals living in these locations are more likely to need care than their community-dwelling counterparts. What is perhaps surprising is the extent to which unpaid family and friends are still helping to address those needs, despite the assumption that facilities have staff paid to do just that. Across a variety of types of care needs – household activities, mobility needs, and self-care – a higher percentage of individuals in residential care communities and nursing homes are getting assistance with these needs by informal care providers compared to their community-dwelling counterparts.</p> <p>https://tinyurl.com/InvisibleWorkforceLTC</p>
Home and Community Based Services	<p>15. Health Affairs Forefront January 25, 2022 <i>The Potential of The Home Hospital Model to Transform Acute Care Delivery</i> During the early months of the COVID-19 pandemic and later during the surge of the Omicron variant, hospitals around the country were at risk of running out of inpatient beds. In March 2020 the Centers for Medicare and Medicaid Services (CMS) announced a Hospitals Without Walls program, giving hospitals broad regulatory flexibility to provide services in locations beyond their facilities. In November 2020 CMS further expanded these efforts by announcing an Acute Hospital Care at Home waiver program, allowing authorized hospitals unprecedented flexibilities to treat eligible patients in their homes. The waiver program was developed to support models of at-home hospital care throughout the country. Given the right protocols, more than 60 acute conditions such as asthma, congestive heart failure, and pneumonia could be treated safely at home. The CMS waiver broadened uptake of the Home Hospital model across the nation. After identifying a need for protocols and peer learning, The Duke Endowment began exploring ways to accelerate the adoption of the Home Hospital model in North and South Carolina. . .</p> <p>In September 2021 CaroNova partnered and contracted with Ariadne Labs, a joint center for health systems innovation at Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health, to formally launch the Home Hospital Early Adopters Accelerator Program. The program is helping health care systems develop their own Home Hospital models by providing coaching and expertise in designing and managing home hospital programs via a network of hospitals that learn, create, and implement together as a team.</p>

<https://tinyurl.com/HomeHospitalModel>

16. *Washington Post

January 25, 2022

How to prevent falls and provide comfort in a new home for seniors

Here is advice for setting up a safe living situation in your twilight years.

Doors and floors. Switch out round doorknobs (they are difficult to grip if you have arthritis) for handles with levers and opt for sliding and pocket doors rather than barn or swinging doors, which consume space.

Place rugs with nonskid mats on polished floor surfaces and invest in anti-slip tiles for bathrooms and kitchens. If you get carpet, it should be flat and dense, not fluffy, which can lead to tripping.

Lighting. [As we age, less light reaches our retinas](#), so we need more light in our surroundings to avoid falls and other accidents. Ideally, lighting in closets, hallways and under the bed should be on motion sensors. To make stairs more visible, use a different paint color on the top and bottom steps, and make sure there is a handrail and motion-sensor lighting.

Bathroom. Install handrails or grab bars by the toilet and by shower controls to help with stability. Cini also recommends having a [bidet toilet](#) with a night light, because they save on toilet paper, aren't abrasive on the skin and do a better job cleaning, especially considering many seniors suffer from arthritis or shoulder injuries that make reaching around difficult. Paint the wall the toilet is on an accent color, such as green in a semi-gloss, to separate it from everything else.

To avoid feeling a chill when you exit the shower (we lose body fat with age, Cini says), get a heat lamp, heated floor or ceiling heat fan. The shower should include a seat, so you can sit if your blood pressure drops. Avoid showers with steps (no matter how small), include a hand sprayer to control the water and make sure there is enough light.

Living room. Look into adjustable chairs. If you have an electric recliner, make sure there is a battery backup in case the power goes out.

As we age, we have a tendency to bruise more easily in tight layouts. Optimize your space with coffee tables that have built-in TV trays and chargers. Get an extension cord with a surge protector, and use double-stick tape to attach it to the side of an end table, so you don't have to bend down to plug items in.

Avoid glass tables, because it's harder to see the edges and pointy corners (also called hip gougers). Cini suggests covering them with clear silicone rubber.

Kitchen. Get rid of heavy cast-iron skillets, and invest in lighter pots and pans, as well as plates with divided sections for food. Avoid the need to bend down by having a microwave oven at eye level. Another option: under-cabinet lighting with outlets built in, so you don't clutter up the countertop. Some upper cabinets can have adjustable shelves or mechanisms that lower them. As a safety precaution, install an automatic shut-off for the stove to prevent a fire.

Bedroom. The days of climbing onto high beds are over. The proper height, Cini says, is 21 inches, the same as the ideal seat height. Some beds have drawers underneath for storage. Get rid of footboards or anything that sticks up that you can bump into. If you have a bench at the end of the bed, make sure it has side arms, so it's easier to get up from.

The nightstand should be large enough to hold glasses, medications and a drink. There should also be a reading lamp or sconce, as well as an easily accessible charging station. The curtains or shades should be room-darkening, and it's a bonus if you can lift and lower them via remote control. Avoid clutter on the floor

	<p>that you can slip on, especially if you get up in the middle of the night and your blood pressure drops, a key cause of falls.</p> <p>High-tech and personal connections. Make sure all the technology in the home is up to date: high-speed Internet service, working smartphones or tablets, and access to social media or messaging services. A Fitbit or a voice assistant that uses a smart speaker, such as Alexa, can help with medication reminders, grocery lists and tracking the weather. And, for added security, the Ring video doorbell system allows you to monitor who is at your door.</p> <p>https://tinyurl.com/PreventFallsProvideComfort</p>
Behavioral Health	<p>17. Health Affairs Forefront January 25, 2022 <i>Strengthening Patient-Centered Addiction and Mental Health Care in The United States</i></p> <p>The United States is facing an unprecedented need for mental health and substance use disorder (SUD) services that has been worsened by the COVID-19 pandemic. More than 1 million Americans lost their lives to drugs, alcohol, or suicide between 2010 and 2019, and those numbers have been increasing during the current decade. After years of overdose deaths predominantly increasing among Whites, deaths have been increasing more sharply among Black people. The sliver of good news amidst this loss of life is that there increasingly are highly effective treatment options available for people with SUD. Medications are available to treat opioid and alcohol use disorders. Therapeutic approaches work for many people with SUD, especially when addiction is treated as the chronic, recurring disease that it is. And promising practices are being put into place to address the rise in deaths among those who use methamphetamine and other stimulants.</p> <p>Too often, though, people do not receive the right care, leaving a sharp gap between "what is" and "what should be" when they seek help for their addiction and related mental health disorders. Without a stronger structure that connects people to highly effective treatment, the well-meaning initiatives launched by governments and philanthropic partners may prove ineffective.</p> <p>To help ensure that resources dedicated to the SUD crisis are used well, Manatt Health, the American Society of Addiction Medicine (ASAM), and Well Being Trust collaborated on Speaking the Same Language: A Toolkit for Strengthening Patient-Centered Addiction Care in the United States. At its core, the toolkit outlines pathways to help ensure that payers, providers, patients, and families are "speaking the same language." This means working from a shared and comprehensive framework of SUD treatment rooted in evidence-based practice and standards. . .</p> <p>The worsening mental health and SUD crisis makes it clear that more work is needed to ensure that people are directed to the right level and type of care. More medical providers must be equipped to assess people for SUD and other mental health needs, and to deploy evidence-based standards when treating people with these conditions or refer them to providers who can. Insurers can be required to use the same framework as providers to determine when care should be covered for people based on their individual circumstances consistent with evidence-based standards. States can play a key role by ensuring that there is a strong regulatory and oversight framework that supports the consistent delivery and coverage of high-quality and integrated addiction care that meets the needs of each person.</p> <p>https://tinyurl.com/PatientCenteredAddictionMHCare</p>

	<p>18. *New York Times January 22, 2022 <i>The Mental Health Toll of Trump-Era Politics</i> But I'm also interested in the role politics plays in the disastrous state of American mental health, which is one of the overarching stories in the country right now. For all our division, there's a pretty broad consensus that the country is, psychologically, in an awful place. According to a recent USA Today/Suffolk University poll, almost nine in 10 registered voters believe there's a mental health crisis in the United States. The crisis expresses itself in all sorts of ways: in rising rates of youth suicide, record overdoses, random acts of street violence, monthslong waiting lists for children's therapists, mask meltdowns, QAnon. https://tinyurl.com/MentalHealthTollTrumpEra</p> <p>19. Leonard Davis Institute of Health Economics January 18, 2022 <i>Lowering the Barriers to Medication Treatment for People with Opioid Use Disorder</i> Overdose deaths have reached unprecedented levels in the U.S., despite effective medications to treat opioid use disorders (OUDs). Because the regulatory and administrative barriers to treatment are high, only about 11% of people with OUD receive effective medications, which include buprenorphine, methadone, and naltrexone. In response, clinicians and advocates have looked to a "low-threshold" approach that reduces the stigma surrounding effective medications and facilitates their use. This brief summarizes the barriers to treatment, the evidence on the low-threshold approach, and areas for future research. The evidence suggests that low-threshold approaches can increase access to treatment, with outcomes comparable to high-barrier, standard care. Policymakers, providers, and payers should lower the barriers to medication treatment through regulatory flexibility (including telehealth prescribing), and harm reduction strategies that de-emphasize abstinence and place a priority on initiating or re-initiating treatment whenever and wherever individuals are ready to do so. https://tinyurl.com/LoweringBarriersToTreatment</p>
Workforce / Caregiving	<p>20. Associated Press January 26, 2022 <i>Vaccine mandate to kick in for first wave of health workers</i> Health care workers in about half the states face a Thursday deadline to get their first dose of the COVID-19 vaccine under a Biden administration mandate that will be rolled out across the rest of the country in the coming weeks. . . The mandate affects a wide swath of the health care industry, covering doctors, nurses, technicians, aides and even volunteers at hospitals, nursing homes, home-health agencies and other providers that participate in the federal Medicare or Medicaid programs. . . Nationwide, about 81% of nursing home staff members already were fully vaccinated as of earlier this month, ranging from a high of 98% in Rhode Island to a low of 67% in Missouri, according to the federal Centers for Medicare & Medicaid Services. . . The states affected on Thursday are California, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Washington and Wisconsin, along with the District of Columbia and U.S. territories. https://tinyurl.com/FisrtWaveHealthWorkers</p> <p>21. *Wall Street Journal January 23, 2022</p>

	<p><i>In Hospital Strained by Omicron, Weary Nurses Treat Too Many Patients</i> The fast-moving Omicron variant is straining U.S. hospitals on a scale not seen before in the two-year-old pandemic. The facilities are confronting record or near-record levels of patients while staff struggle with burnout and call in sick in large numbers due to the virus. Even hospitals in regions where the Omicron wave has begun easing say they couldn't keep up, forcing them to make agonizing decisions about which desperate patients they can admit and which must wait, risking more severe illness.</p> <p>https://tinyurl.com/HospitalStrained</p> <p>22. NPR – The Indicator from Planet Money January 6, 2022 <i>Nurses and the never-ending shifts</i> Burnout among nurses is a huge issue for the hospitals right now. But the conditions for that burnout were in place well before the pandemic.</p> <p>https://tinyurl.com/NursesNeverEndingShifts</p>
Alzheimer's / Dementia	<p>23. *Wall Street Journal January 24, 2022 <i>The Alzheimer's Death Panel</i> Aduhelm's critics, largely on the public-health left, claim that the successful trial was likely a false positive since other experimental monoclonal antibodies have failed to show an effect on amyloid or disease progression. Some neurologists also believe clearing amyloid is ineffective because Alzheimer's has other causes. Nobody disputes that many factors probably contribute to Alzheimer's. But Aduhelm is the first drug to show a meaningful effect on disease progression in early-stage patients. It has the potential to extend the time that patients can live independently and spend with their loved ones, while researchers work on other therapies that target different disease pathways. . . . After losing at the FDA, Aduhelm's critics lobbied CMS to restrict Medicare coverage. CMS has almost always covered FDA-approved drugs. But now it says Medicare will only pay for Aduhelm and any future Alzheimer's amyloid-targeting monoclonals approved by the FDA if patients enroll in a randomized controlled trial. CMS is overruling the FDA and doctors who may wish to prescribe the drugs.</p> <p>https://tinyurl.com/AlzheimersDeathPanel</p>
Covid-19	<p>24. STAT News January 27, 2022 <i>Patchwork system for rationing a Covid drug sends immunocompromised patients on a 'Hunger Games hunt'</i> The decision is unenviable — no one wants to be the person denying someone care — and it's often made tacitly, by virtue of who does or does not have insurance, who does or does not have the time and know-how to navigate the murk of medical bureaucracy. For ethicists, those structural inequities will shape the distribution of something scarce like Evusheld unless institutions actively work against them. "Do not base your decisions on a first-come, first-served basis. That's something that is really clear," said Faith Fletcher, a bioethicist at Baylor College of Medicine. . . . Even the medical categories aren't always clear cut. A framework might start with those whose cancers or life-saving medications deplete their B cells, for instance, making them unable to produce antibodies, and then proceed to those who are less immunocompromised. But, this being the immune system, the variables can get complex fast. Patients who look similar in their medical history can look</p>

	<p>different in their blood tests. . . The ethical questions cut right to the heart of American medicine. https://tinyurl.com/PatchworkSystem</p> <p>25. *Wall Street Journal January 23, 2022 <i>Exercise Is Good for You, even if You Have a Mild Case of Covid</i> Exercise has been found to protect people from other viral infections, including flu, herpes, Epstein-Barr and the common cold, and improve the immune response to vaccinations. Each workout mobilizes billions of immune cells, especially the T-cells that circulate, identify, and kill virus-infected cells. Exercise also reduces levels of the stress hormone cortisol, which impairs white blood cells and increases inflammation. As people learn to live with Covid, there’s no reason they shouldn’t work out with it too. https://tinyurl.com/WSJExerciselsGoodForYou</p>
End of Life	<p>26. *New York Times January 22, 2022 (updated) <i>Court Battle Over a Ventilator Takes a Patient from Minnesota to Texas</i> Scott Quiner, who was unvaccinated and hospitalized with Covid-19, had been on a ventilator for weeks when doctors told his wife they would be taking him off the machine. What followed was a legal case that raised questions over who has the right to make wrenching life-or-death decisions when patients cannot speak for themselves. It also underscored the tensions between people who refuse the coronavirus vaccine and the hospitals that have been filled with patients sick with the virus, a majority of them unvaccinated. . . Mr. Quiner was flown to a hospital in Texas, where, Ms. Holsten said, his condition has improved significantly. . . On Saturday, he died. https://tinyurl.com/BattleOverVentilator</p>
Other	<p>27. *Boston Globe January 26, 2022 (updated) <i>Minor soot levels linked to older American deaths, study finds</i> Older Americans who regularly breathe even low levels of pollution from smokestacks, automobile exhaust, wildfires, and other sources face a greater chance of dying early, according to a major study made public Wednesday. Researchers at the Health Effects Institute, a group that is funded by the Environmental Protection Agency as well as automakers and fossil fuel companies, examined health data from 68.5 million Medicare recipients across the United States. They found that if the federal rules for allowable levels of fine soot had been slightly lower, as many as 143,000 deaths could have been prevented over the course of a decade. https://tinyurl.com/MinorSootLevels</p>
Nursing Home Compare	<p>28. Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the Care Compare website that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of

	<p>administrators who have stopped working at a nursing home over the past 12-month period.</p> <ul style="list-style-type: none"> • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<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</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> https://www.medicare.gov/care-compare/#search</p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the Care Compare website that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p> <p>This information will be posted for each facility and includes:</p> <p>Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</p> <p>Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</p> <p>The Center on Youth Voice, Youth Choice https://youth-voice.org/</p> <p>The Center on Youth Voice, Youth Choice is a resource center for youth with disabilities. The Center on Youth Voice, Youth Choice does research, advocacy, and education about alternatives to guardianship. We also support youth with disabilities by talking about alternatives to guardianship and working together. The Center on Youth Voice, Youth Choice works with youth with intellectual and developmental disabilities, families, supporters, and researchers from a variety of backgrounds</p>
Previously recommended websites	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> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .
Nursing Home Closures	<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)

	<ul style="list-style-type: none"> • DPH Comments on Draft of Closure Plan (PDF) (DOC) • Stonehedge Response to DPH Comments on Draft of Closure Plan (PDF) (DOC) • 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	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org																														
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Please contact workgroup lead for more information	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Pricilla O'Reilly Samantha VanSchoick</td> <td>prisoreilly@gmail.com svanschoick@cil.org</td> </tr> <tr> <td>Facilities (Nursing homes, rest homes, assisted living)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Housing</td> <td>Shaya French</td> <td>sfrench@bostoncil.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Topical Conversations</td> <td>Lachan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Pricilla O'Reilly Samantha VanSchoick	prisoreilly@gmail.com svanschoick@cil.org	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org	Housing	Shaya French	sfrench@bostoncil.org	Legislative	Richard Moore	rmoore8743@charter.net	Topical Conversations	Lachan Forrow	lforrow@bidmc.harvard.edu	Veteran Services	James Lomastro	jimlomastro@comcast.net
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Note of thanks Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Dick Moore 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> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i>																															
<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/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>																															

