



# The Dignity Digest

Issue # 77

February 18, 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.

*“Social Security goes up a couple of dollars, but the rent goes up, too. And the blade steak is \$10 for three little pieces. It used to be \$4.”*

Beatriz Negron, 74-year-old Boston resident, *‘Everything’s going up’: Seniors struggle with the prices of food, fuel, and medicine*, \***Boston Globe**, February 14, 2022 (updated), <https://tinyurl.com/EverythingsGoingUp>

*“Everyone who dies, dies of cardiopulmonary arrest. The critical question is: Why did this happen? Let’s say someone dies of a stomach hemorrhage. What caused it? Stomach cancer, an ulcer or what?”*

Dr. James Gill, chief medical examiner for the state of Connecticut, *When the Death Certificate Omits the True Cause of Death*, \***New York Times**, February 16, 2022 (updated), <https://tinyurl.com/DeathCertificatesOmit>

*“The implicit and explicit biases of society, including around age, are often replicated in AI technologies. To ensure that AI technologies play a beneficial role, ageism must be identified and eliminated from their design, development, use and evaluation. This new policy brief shows how.”*

Alana Officer, Unit Head, Demographic Change and Healthy Ageing, WHO, *Ensuring artificial intelligence (AI) technologies for health benefit older people*, **World Health Organization**, February 9, 2022, <https://tinyurl.com/AITechnologiesOlderPersons>

*“We would have been broken [without a Covid-19 vaccine]. Right now, we have a death toll of around 2,500 people a day. ... Imagine what we would have with no vaccination.”*

Eric Topol, founder and director of the Scripps Research Translational Institute, *Why Covid-19 vaccines are a freaking miracle*, **STAT News**, February 14, 2022, <https://tinyurl.com/Covid19VaccineFreakingMiracle>

*“We’ve demonstrated that, given the resources, you can develop, evaluate, produce, and distribute a totally novel vaccine to hundreds of millions, if not billions of people, given a huge effort and extensive financial resources.”*

Anna Durbin, director of the Center for Immunization Research at Johns Hopkins Bloomberg School of Public Health, *Why Covid-19 vaccines are a freaking miracle*, **STAT News**, February 14, 2022, <https://tinyurl.com/Covid19VaccineFreakingMiracle>

*“The truth is that we all have more pain than the world typically knows.”*

Betsy Stevenson, Council of Economic Advisers, commenting on the suicide of economist Alan Krueger, *One Day, I Couldn’t See Right. My Life Hasn’t Been the Same Since*, **\*New York Times**, February 15, 2022, <https://tinyurl.com/MyLifeHasntBeenSame>

*“To feel sorry for yourself is to ignore that everyone is vulnerable to intense pain and that almost everyone has worked or is working through some version of it.”*

Frank Bruni, **New York Times** opinion writer, *One Day, I Couldn’t See Right. My Life Hasn’t Been the Same Since*, **\*New York Times**, February 15, 2022, <https://tinyurl.com/MyLifeHasntBeenSame>

*“High and rising costs of prescription drugs impede the ability of physicians to provide the best quality of medical care possible to patients. The COVID-19 pandemic has made clearer the importance of access to affordable medications — from inhalers to insulin — to protect those with chronic conditions at highest risk for complications from the virus.”*

Massachusetts Medical Society policy statement, *Capping insulin co-pays at \$25, and other overdue measures in Mass.*, **\*Boston Globe**, February 12, 2022, <https://tinyurl.com/CappingInsulinCosts>

*“We did not handle it well. That’s glaringly obvious. The other countries got hit by the same virus, but no country has experienced the number of deaths we have, and even if you adjust for population, we are among the highest in the world.”*

Steven H. Woolf, director emeritus of the Center on Society and Health at Virginia Commonwealth University, *U.S. ‘excess deaths’ during pandemic surpassed 1 million, with covid killing most but other diseases adding to the toll*,

CDC says, **\*Washington Post**, February 15, 2022, <https://tinyurl.com/USExcessDeathsSurpassed1M>

*“The bulk of the excess deaths were a direct result of covid-19 infections, but pandemics have major cascading impacts on all aspects of society.”*

Amesh Adalja, senior scholar at the Johns Hopkins Center for Health Security, U.S. ‘excess deaths’ during pandemic surpassed 1 million, with covid killing most but other diseases adding to the toll, CDC says, **\*Washington Post**, February 15, 2022, <https://tinyurl.com/USExcessDeathsSurpassed1M>

*“I am optimistic even if we have a surge in summer, cases will go up, but hospitalizations and deaths will not.”*

Ali Mokdad, professor of health metrics sciences at the University of Washington and Institute for Health Metrics and Evaluation, *Estimated 73% of US now immune to omicron: Is that enough?*, **Associated Press**, February 17, 2022, <https://tinyurl.com/73PercentImmune>

*“The diseases that we’re talking about as a result of Covid-19 in the long term are chronic diseases that really will scar people for a lifetime. Anxiety is not something that just goes away all of a sudden; it requires care and attention. Public health authorities, governments and health systems around the world should really start paying attention, before it’s too late, to the aftermath of the pandemic.”*

Ziyad Al-Aly, chief of research and development at the VA St. Louis Health Care System and clinical epidemiologist at Washington University in Missouri, *Mental-Health Scars Stay With Survivors Long After Covid Battle*, **Bloomberg**, February 16, 2022, <https://tinyurl.com/MentalHealthScars>

Featured Essay

**1. \*New York Times**

February 15, 2022

*One Day, I Couldn’t See Right. My Life Hasn’t Been the Same Since.*

by Frank Bruni

The paradox of my own situation — I was outwardly unchanged but roiling inside — made me newly alert to a fundamental truth: There’s almost always a discrepancy between how people appear to us and what they’re actually experiencing; between their public gloss and private mess; between their tally of accomplishments — measured in money, rankings, ratings, and awards — and a hidden, more consequential accounting. I’d long known that. We all do. But I’m not sure how keenly we register it, how steadily we remember it.

And that truth helped me reframe the silly question “Why me?” into the smarter “Why not me?” It was a guard against anger, an antidote to self-pity, so much of which hinges on the conviction, usually a delusion, that you’re grinding out your days while the people around you glide through theirs, that you’ve landed in the

	<p>bramble to their clover. To feel sorry for yourself is to ignore that everyone is vulnerable to intense pain and that almost everyone has worked or is working through some version of it.</p> <p><a href="https://tinyurl.com/MyLifeHasntBeenSame">https://tinyurl.com/MyLifeHasntBeenSame</a></p>
Featured Video	<p><b>2. Transformation Tuesdays - Gray Panthers of New York City</b>  <i>Ageism and Nursing Homes: Does Anyone Care?</i>  Panelists:</p> <ul style="list-style-type: none"> <li>• <b>Margaret Gullette, Writer &amp; Lecturer; Age Critic; Resident Scholar Women’s Studies Research Center, Brandeis University</b>  <b>[Member: Dignity Alliance Massachusetts]</b></li> <li>• Beth Finkel, State Director, AARP New York</li> <li>• Lori Porter, Cofounder &amp; CEO, National Association of Health Care Assistants</li> </ul> <p><a href="https://youtu.be/wxVnGfZ2_Ws">https://youtu.be/wxVnGfZ2_Ws</a></p>
Reports	<p><b>3. World Health Organization</b>  <i>Ageism in Artificial Intelligence for Health</i>  Ageism refers to stereotypes, prejudice and discrimination directed towards others or ourselves on the basis of age. As reflected in the Global report on ageism (1), this issue affects people throughout their lives and pervades many institutions and sectors of society, including health and social care. Tackling ageism is critical to human well-being and human rights. Specifically for older people, ageism is associated with a shorter lifespan, poorer physical and mental health and decreased quality of life. It also contributes to poverty and financial insecurity in older age and can limit the quality and quantity of health care provided to older people (1). The following eight considerations could ensure that AI technologies for health address ageism and that older people are fully involved in the processes, systems, technologies, and services that affect them.</p> <ul style="list-style-type: none"> <li>• Participatory design of AI technologies by and with older people</li> <li>• Age-diverse data science teams</li> <li>• Age-inclusive data collection</li> <li>• Investments in digital infrastructure and digital literacy for older people and their health-care providers and caregivers</li> <li>• Rights of older people to consent and contest</li> <li>• Governance frameworks and regulations to empower and work with older people</li> <li>• Increased research</li> <li>• Robust ethics processes</li> </ul> <p><a href="#">Download the new policy brief here</a></p>
Input Solicited	<p><b>4. Centers for Medicare &amp; Medicaid Services (CMS)</b>  <i>CMS’ 2023 Medicare Advantage and Part D Advance Notice</i>  The Centers for Medicare &amp; Medicaid Services (CMS) is seeking input on <a href="#">proposed changes to its payment policies</a>, particularly provisions intended to advance health equity, for Medicare Advantage and Part D drug programs. Changes would take effect in 2023.  This <a href="#">CMS fact sheet</a> summarizes the proposed changes. Changes that are of particular importance to ACL’s networks and about which the networks may want to comment include:</p> <ul style="list-style-type: none"> <li>• The development of a health equity index to enhance Star Ratings of Medicare Advantage and Part D plans, which would include data on disability,</li> </ul>

	<p>beneficiaries receiving low-income subsidies that assist with Part D premiums and cost-sharing, and the dual eligible population;</p> <ul style="list-style-type: none"> <li>• Whether enhancements can be made to the CMS-HCC risk adjustment model (which adjusts payments based on populations enrolled in a plan) to address the impacts of social determinants of health on beneficiary health status, including what data CMS should focus on collecting and how data collection could be improved;</li> <li>• Whether a new measure related to COVID-19 vaccinations would be useful or feasible;</li> <li>• Changes to medication adherence measures to account for sociodemographic status, including age, gender, dual eligibility/low-income subsidy (LIS) status, and disability status;</li> <li>• Whether to include an additional measure addressing marketing misrepresentation complaints; and</li> <li>• The development of a measure that would ensure plans are screening enrollees for unmet food, housing, and transportation needs.</li> </ul> <p>Comments can be <a href="#">submitted online</a> until March 4 at 6:00 PM (Eastern), and CMS will finalize the changes by April 4.</p> <p><b>5. National Institutes of Health (NIH)</b>  <i>NIH invites comments and suggestions on a framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility</i>  The National Institutes of Health (NIH) <a href="#">published a request for information</a> on its framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility (DEIA). The plan will include activities NIH will undertake with the goal of embracing, integrating, and strengthening DEIA throughout the agency. NIH seeks comments regarding the priorities outlined in the framework’s three main objectives, along with other priority areas for consideration. The framework’s three main objectives are:</p> <ul style="list-style-type: none"> <li>• Implement Organizational Practices to Center and Prioritize DEIA in the Workforce</li> <li>• Grow and Sustain DEIA through Structural and Cultural Change</li> <li>• Advance DEIA Through Research</li> </ul> <p>Comments on the framework can be <a href="#">submitted online</a> until April 3.</p>
Request for Study Participants	<p><b>6. Rehabilitation Research and Training Center on Home and Community-Based Services Outcome Measures (RTC OM)</b>  <i>Study to Test Measures to Improve HCBS</i>  The NIDILRR-funded <a href="#">Rehabilitation Research and Training Center on Home and Community-Based Services Outcome Measures (RTC OM)</a> seeks <a href="#">guardians of people with disabilities and other adults who know an adult with a disability</a> to test measures to improve home- and community-based services (HCBS) outcomes for people with disabilities. Participants must be at least 18 years old and know well someone who has a disability and receives services or supports for their disability. Participants will take part in a 60- to 90-minute interview over video and will receive a \$20 gift card for their time. For more information or to participate in the study, contact Matt Roberts at <a href="mailto:robe0290@umn.edu">robe0290@umn.edu</a> or 612/624-1489.</p>

<p>Biden / Federal Policies</p>	<p><b>7. Office of Civil Rights – U.S. Department of Health and Human Services</b>  <i>FAQs for Healthcare Providers during the COVID-19 Public Health Emergency: Federal Civil Rights Protections for Individuals with Disabilities under Section 504 and Section 1557</i>  The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) has made clear that <a href="#">civil rights protections remain in full force and effect during disasters or emergencies, including the COVID-19 pandemic - PDF</a>. These laws include Section 504 of the Rehabilitation Act (Section 504) and Section 1557 of the Affordable Care Act (Section 1557) which prohibit discrimination on the basis of disability.<sup>1</sup> OCR is providing this FAQ guidance<sup>2</sup> on Federal civil rights obligations under Section 504 and Section 1557 in light of the <a href="#">continuing public health and national emergency</a> concerning the <a href="#">Coronavirus Disease 2019 (COVID-19)</a>.  <a href="https://tinyurl.com/Section505Section1557">https://tinyurl.com/Section505Section1557</a></p> <p><b>8. Politico</b>  <i>Trump-Era Medicare Program Under Increased Scrutiny</i>  The Biden administration is debating whether to overhaul a major Trump-era program tied to Medicare as soon as this week in the face of rising pressure from prominent progressive Democrats, more than a half-dozen people familiar with the matter told POLITICO. The Trump program — known as a direct contracting model — allows private companies to participate in Medicare as part of a broader health department effort to improve care while limiting the government’s costs.  <a href="https://tinyurl.com/MedicareProgramUnderScrutiny">https://tinyurl.com/MedicareProgramUnderScrutiny</a></p>
<p>Learning Opportunities for Dignity Alliance Massachusetts Participants and Supporters</p>	<p><b>9. Creating Accessible, Powerful Social Media Content</b>  <i>Engaging Everyone: Creating Accessible, Powerful Social Media Content 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: <a href="https://tinyurl.com/PartTwoMessaging">https://tinyurl.com/PartTwoMessaging</a>  Meet the Presenters  <b>Jules Good</b> (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’s in public policy from the University of New 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.  <b>Samantha VanSchoick</b> (she/her) spends most of her time passionately &amp; 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>

Webinar and online sessions	<p><b>10. National Council on Disability (NCD)</b>  Wednesday, February 23, 2022, 2:00 p.m.  <i>Health Equity Framework for People with Disabilities</i>  The National Council on Disability (NCD) invites disability community stakeholders to join a conversation about NCD’s recently released <a href="#">Health Equity Framework</a>, which is a blueprint for policymakers to address systemic barriers and health disparities to achieve health equity for people with disabilities.</p> <p><b>Speakers:</b>  Andrés Gallegos, Chairman, NCD  Rick Rader, MD, Council Member, NCD  Lisa Iezzoni, MD, Harvard School of Medicine  Neil Romano, Council Member, NCD  <i>Moderated by:</i> Jim Brett, Vice Chair, NCD</p> <p><b>Background:</b>  In February 2021, NCD Chairman, Andrés Gallegos, published his <a href="#">Vision and Priority Statement</a> declaring his commitment to address the decades of neglect experienced by people with disabilities in healthcare due to systemic and pervasive barriers. In a culmination of meetings, outreach, and consultation with a multi-disciplinary team of advisors (academics, medical professionals, and others who have dedicated their lives to addressing the health disparities of people with disabilities), a year later, NCD released its Health Equity Framework, offering a roadmap for policymakers in Congress and the Administration.  NCD began research on health disparities of people with disabilities as far back as <a href="#">2009</a>, and the body of substantiating evidence has only burgeoned since that time. The pandemic has shone a light on these disparities and the lack of a cohesive federal response to date. As a federal government, NCD believes we are more than amply equipped with the evidentiary base to act, which is what NCD is advising the Administration and Congress to do.</p> <p><b>Accommodations:</b> CART and ASL interpreters will be provided. If other accommodations are required, please notify Anthony Simpson as soon as possible at <a href="mailto:asimpson.cnt@ncd.gov">asimpson.cnt@ncd.gov</a>.  <a href="#">Register for the call.</a></p>
Previously posted webinars and online sessions	<p><b>11. Previously posted webinars and online sessions can be viewed at:</b>  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
Podcast	<p><b>12. Adult Protective Service Center Technical Assistance Resource Center</b>  <i>Improving APS Financial Exploitation Investigations Through Innovative Multi-Disciplinary Partnerships</i>  The inaugural podcast, with Jennifer Spoeri, APS TARC Subject Matter Expert, and Angela Medina, APS Director of Policy and Performance Management at the Texas Department of Family and Protective Services, focuses on how the Texas Department of Family and Protective Services is improving financial exploitation investigations and client services through multi-disciplinary partnerships and the use of high-level forensic accounting.  <a href="https://tinyurl.com/APSTARCPodcastFeb2022">https://tinyurl.com/APSTARCPodcastFeb2022</a></p>
Nursing Homes	<p><b>13. * New Orleans Times-Picayune</b>  February 17, 2022  <i>Nursing home owner Bob Dean claims dementia, memory loss amid legal battles</i>  Notorious nursing home operator Bob Dean has “significant dementia and cognitive impairment” and should not be forced to sit for depositions in the various lawsuits targeting him, according to letters recently penned by two Georgia</p>

	<p>doctors. The letters from a neurologist and hematologist were filed last month under seal in federal court, where Dean faces a slew of lawsuits over his decision to evacuate seven nursing homes for Hurricane Ida and warehouse their 843 residents in squalid conditions in Tangipahoa Parish.</p> <p><a href="https://tinyurl.com/LALHOwnerDementia">https://tinyurl.com/LALHOwnerDementia</a></p>
Housing	<p><b>14. *Washington Post</b> February 16, 2022 <i>Home buyers in Black neighborhoods were disproportionately squeezed as investors bought record share of homes in metro areas in 2021</i> Last year investors bought nearly 1 in 7 homes sold in America’s top metropolitan areas, the most in at least two decades. An analysis of 40 major metro areas reveals unequal levels of investor activity, with Southern cities and Black neighborhoods disproportionately affected.</p> <p><a href="https://tinyurl.com/InvestorsRecordShare">https://tinyurl.com/InvestorsRecordShare</a></p>
Home Health	<p><b>15. Home Health Care News</b> February 16, 2022 <i>Why Home Health Providers Are Producing High Referral Rejection Rates</i> Home health “rejection rates,” or providers’ tendency to “say no” to new patients recently discharged from the hospital, has become a key data point for the industry since early 2021. That’s largely due to the public health emergency (PHE), which has exacerbated staffing problems while boosting the demand for home-based care. In January, the home health industry’s rejection rate was 58%.</p> <p><a href="https://tinyurl.com/HighReferralRejection">https://tinyurl.com/HighReferralRejection</a></p>
Behavioral Health	<p><b>16. USA Today</b> February 16, 2022 Young people’s mental health is in such bad shape that several of the country’s leading pediatric groups called it a national emergency last fall. U.S. Surgeon General Vivek Murthy even issued an advisory – a move reserved for the most urgent public health challenges – highlighting the COVID-19 pandemic’s devastating impact on the already-dire state of children’s mental health. “It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place,” Murthy wrote, outlining recommendations on how agencies such as schools can take action. <i>US schools failing in fight against youth mental health crisis, new report card finds</i> Story highlights:</p> <ul style="list-style-type: none"> <li>• The first-of-its-kind “America’s School Mental Health Report Card,” released Wednesday, found that all 50 states are struggling to empower schools amid the country’s worsening crisis.</li> <li>• Nearly 1 in 3 parents say their children’s mental health is worse now than it was before the COVID-19 pandemic, according to a Kaiser Family Foundation poll.</li> <li>• Only Idaho and Washington, D.C., exceed the nationally recommended ratio of one school psychologist for every 500 students, the report card shows.</li> </ul> <p><a href="https://tinyurl.com/YouthMentalHealthCrisis">https://tinyurl.com/YouthMentalHealthCrisis</a></p> <p><b>17. NPR Shots</b> February 16, 2022 <i>State by state, here's how well schools are doing at supporting kids' mental health</i> There's a growing consensus that the pandemic has taken a big emotional toll on young people. Among other troubling signs, children's hospitals across the country have seen more kids showing up in their emergency rooms for mental health reasons, seeking care for everything from severe anxiety and eating disorders to</p>



	<p>suicide attempts. The vast majority of Americans – 87% – are concerned about the wellbeing of the next generation, according to a new poll. In response to the crisis, a group of 17 national mental health organizations are calling for a new investment in school-based mental health support for kids. The group published a new report this week rating states based on how well they are addressing the crisis through programs and services in schools.</p> <p><a href="https://tinyurl.com/StateByStateMentalHealth">https://tinyurl.com/StateByStateMentalHealth</a></p> <p><b>18. Bloomberg</b> February 16, 2022 <i>Mental-Health Scars Stay with Survivors Long After Covid Battle</i> Early Covid-19 survivors were at higher risk of anxiety, depression and a raft of other mental health problems up to a year after their infections, according to a <a href="#">large U.S. study</a> that widens the scope of the pandemic’s economic and societal impact. Even patients who were never sick enough to be hospitalized for Covid were still 68% more likely than their non-infected counterparts to be diagnosed with a sleep disorder, 69% more likely to have an anxiety disorder, and 77% more likely to have a depressive disorder. The relative risk of developing the conditions was significantly higher still in patients hospitalized for Covid and translates into dozens of additional mental health conditions for every 1,000 coronavirus cases.</p> <p><a href="https://tinyurl.com/MentalHealthScars">https://tinyurl.com/MentalHealthScars</a></p>
Assisted Living	<p><b>19. Senior Housing News</b> February 16, 2022 <i>Assisted Living Rates Grew 4.65% in 2021 as Operators Grappled with Expenses</i> The cost of assisted living for a resident increased 4.65% in the past year, with a median of about \$4,500 per month or \$54,000 annually for a private, one-bedroom unit, according to the latest <u>Cost of Care Survey</u> from insurer Genworth Financial (NYSE: GNW). Monthly rates for care in an assisted living community ranged from about \$3,000 in Missouri to nearly \$7,000 in the District of Columbia. . . For comparison, the national median cost of adult day services rose 5.41% in 2021 to a median daily rate of \$78. The national median cost of home health aide services rose 12.5% last year to \$27 per hour, and the national median cost of homemaker services grew 10.64% to \$26 per hour.</p> <p><a href="https://tinyurl.com/ALRRatesGrew">https://tinyurl.com/ALRRatesGrew</a></p>

**20. Centers for Disease Control and Prevention**

*Guidance for COVID-19 vaccination for people who are moderately or severely immunocompromised*

CDC has updated its [guidance for extra doses and boosters](#) of the COVID-19 vaccine for people who are moderately or severely immunocompromised – boosters are now recommended three months after completing the primary series of mRNA vaccines and two months after completing the initial series of the J&J/Janssen vaccine, and additional doses are now also recommended for people who got the J&J/Janssen vaccine initially.

<https://tinyurl.com/CDCUpdatedCovidGuidance>

**21. Administration on Community Living**

*New ACL Fact Sheet: Insurance coverage of at-home COVID-19 tests*

Along with vaccinations and sensible individual measures such as wearing masks, maintaining physical distance, and handwashing, at-home COVID-19 tests are an important tool for stopping the spread of the virus. There now are several no-cost ways to get tested and to obtain at-home test kits to have on hand in case they're needed. For people who need to purchase additional tests, health insurance may cover the cost (and assistance may be available for those who do not have insurance). We've pulled together the basic details in [this fact sheet](#).

**22. Administration on Community Living**

*Coming soon: Medicare coverage of at-home COVID-19 tests*

On February 3, the Centers for Medicare & Medicaid (CMS) [announced](#) a groundbreaking new program to allow Medicare beneficiaries to get up to eight at-home COVID-19 test kits at no cost to them. The program will launch early this spring and will provide critical support to help slow the spread of COVID-19 among older people and people with disabilities, who face higher risks from COVID. This program is one of the things included in [our new fact sheet](#).

**23. Associated Press**

February 17, 2022

*Estimated 73% of US now immune to omicron: Is that enough?*

About half of eligible Americans have received booster shots, there have been nearly 80 million confirmed infections overall and many more infections have never been reported. One influential model uses those factors and others to estimate that 73% of Americans are, for now, immune to omicron, the dominant variant, and that could rise to 80% by mid-March.

This will prevent or shorten new illnesses in protected people and reduce the amount of virus circulating overall, likely tamping down new waves. Hospitals will get a break from overwhelmed ICUs, experts agree. . . Scientists at Johns Hopkins University Bloomberg School of Public Health estimate that about three out of four people in the United States will have been infected by [omicron](#) by the end of the surge. . . Still, while the population is better protected, many individuals are not. Even by the most optimistic estimates for population immunity, 80 million or so Americans are still vulnerable. That's about the same as the total number of confirmed infections in the U.S. during the pandemic.

<https://tinyurl.com/73PercentImmune>

**24. \*Washington Post**

February 15, 2022

*U.S. 'excess deaths' during pandemic surpassed 1 million, with covid killing most but other diseases adding to the toll, CDC says*

Total Massachusetts deaths recorded: 134,987; excess rate: 10.8%

Deaths above the United States' normal rate were mostly related to covid-19 but included increased fatalities from drug overdoses, heart attacks, hypertension, and Alzheimer's disease. . . In 2019, before the pandemic, the CDC recorded 2.8 million deaths. But in 2020 and 2021, as the virus spread through the population, the country recorded roughly a half-million deaths each year in excess of the norm. . . The CDC documented 13 other types of non-covid causes of death that were inflated during the pandemic compared with historical trends starting in 2013. For example, since the start of the pandemic, the category of ischemic heart disease has recorded an additional 30,000 deaths beyond what would be expected. Deaths from hypertensive disease were nearly 62,000 higher than expected. . . The CDC's analysis estimates 208,431 excess deaths from all the non-covid causes since the start of the pandemic. At first glance, that number plus the 911,000 covid-19 deaths would suggest the excess deaths were greater than 1.1 million. But Anderson notes that many of the people who died of covid-19 were elderly, sick or very frail, and, even without a pandemic, some might not have survived across the two-year span of the pandemic. "Some of those covid deaths are not, strictly speaking, excess deaths," he said. . . The CDC has found that 74 percent of covid-19 deaths occurred among people aged 65 and older. Anderson noted that many elderly and frail people found themselves isolated because of precautions against viral spread. During the initial wave of infections, when the country largely shut down, the quality of care for the most vulnerable populations probably suffered, Anderson said. Deaths from Alzheimer's disease exceeded the expected total by 66,000 during the course of two years, he said. . . The pandemic exacerbated existing health disparities and led to much higher mortality among Black and Hispanic people, particularly early in the crisis, research has shown. A [Washington Post analysis](#) last year found that at the time, in the 40-to-64 age bracket, 1 in 480 Black people, 1 in 390 Hispanic people and 1 in 240 Native Americans had died during the pandemic, compared with 1 in 1,300 White people and Asian people. The United States on the whole has an unusually high rate of [chronic health conditions](#), such as obesity, diabetes and heart disease, and has a long-recognized "health disadvantage" compared with other wealthy nations. That disadvantage was exacerbated by a [weak and scattershot response](#) to the pandemic, Woolf said. Other countries that reacted more quickly or took more aggressive postures to control viral spread early on were able to limit their death toll as well as long-term economic impacts, he said.

<https://tinyurl.com/USExcessDeathsSurpassed1M>

**25. Administration on Community Living**

February 15, 2022

*Policy Round Up: Updated CDC guidance on boosters, fact sheet on insurance coverage of tests, input needed, and more*

**In this issue:**

COVID-19 Updates:

- New vaccination guidance for people who are immunocompromised
- ICYMI: HHS guidance for health care providers on civil rights protections for people with disabilities
- ACL Fact Sheet: Insurance coverage for at-home COVID-19 tests
- Coming soon: Medicare coverage for at-home COVID-19 tests
- CMS' Updated toolkit for coverage and reimbursement of COVID-19 vaccines, vaccine administration and cost sharing under Medicaid, the Children's Health Insurance Program, and the Basic Health Program

	<p><a href="https://tinyurl.com/ACLPolicyRoundUpFeb152022">https://tinyurl.com/ACLPolicyRoundUpFeb152022</a></p> <p><b>26. The Lancet Health Longevity</b> February 14, 2022 <i>Geriatric risk factors for serious COVID-19 outcomes among older adults with cancer: a cohort study from the COVID-19 and Cancer Consortium</i> Older age is associated with poorer outcomes of SARS-CoV-2 infection, although the heterogeneity of ageing results in some older adults being at greater risk than others. The objective of this study was to quantify the association of a novel geriatric risk index, comprising age, modified Charlson comorbidity index, and Eastern Cooperative Oncology Group performance status, with COVID-19 severity and 30-day mortality among older adults with cancer. <a href="https://tinyurl.com/LanvetCovidGeriatricRisk">https://tinyurl.com/LanvetCovidGeriatricRisk</a></p> <p><b>27. STAT News</b> February 14, 2022 <i>Why Covid-19 vaccines are a freaking miracle</i> You have witnessed — and you are a beneficiary of — a freaking miracle. That miracle is the development, testing, manufacturing, and global distribution of Covid vaccines. . . But at least 55% of the people inhabiting this planet have been fully vaccinated against Covid-19. In affluent parts of the world, anybody who believes in the protective powers of vaccines has had the opportunity to be vaccinated for months now. . . Consider for a moment what might have happened without these vaccines. According to modeling conducted by the Commonwealth Fund, <a href="#">1.1 million additional Americans would have died</a> from Covid — and that estimate was made based on data from <i>before</i> the massive Omicron wave that has swept across the country in past two months. <a href="https://tinyurl.com/Covid19VaccineFreakingMiracle">https://tinyurl.com/Covid19VaccineFreakingMiracle</a></p> <p><b>28. STAT News</b> December 28, 2022 <i>10 lessons I've learned from the Covid-19 pandemic</i></p> <ul style="list-style-type: none"> <li>• You gotta act fast</li> <li>• Simplicity rules</li> <li>• The calculus for kids is just different</li> <li>• Even in the face of a deadly pandemic, politics override public health</li> <li>• Most people have no clue how science works. And that's a problem</li> <li>• Downplaying what lies ahead helps no one</li> <li>• Winning the vaccine race really does matter. So, does experience</li> <li>• In a pandemic, it's pretty much every country for itself</li> <li>• Conducting clinical trials during a pandemic is doable, but it takes coordination</li> <li>• Americans are willing to put up with a lot of death</li> </ul> <p><a href="https://tinyurl.com/10LessonsCovid19">https://tinyurl.com/10LessonsCovid19</a></p>
Health Care	<p><b>29. *Boston Globe</b> February 12, 2022 <i>Capping insulin co-pays at \$25, and other overdue measures in Mass.</i> A Massachusetts Senate bill aims for better access and a healthy dose of transparency. The Massachusetts Senate made a third attempt this week to solve a piece of that puzzle, <a href="#">passing a bill</a> that increases access to prescription drugs and adding some much-needed transparency and oversight to the pharmaceutical industry and to drug pricing. . . the needs of a person with diabetes — and that's <a href="#">1 in 10 people</a> in</p>

this state who have actually been diagnosed with the disease and for whom the rising cost of insulin is a matter of life and death. And so the Senate [PACT \(Pharmaceutical Access, Cost and Transparency\) Act](#) goes directly at that issue, by capping co-pays for insulin at \$25 per 30-day supply. At least [19 other states](#) have already capped co-payments specifically for insulin.

<https://tinyurl.com/CappingInsulinCosts>

### 30. World Health Organization

February 9, 2022

*Ensuring artificial intelligence (AI) technologies for health benefit older people*

Artificial intelligence (AI) technologies have the potential to improve older people's health and well-being, but only if ageism is eliminated from their design, implementation, and use. A new policy brief, [Ageism in artificial intelligence for health](#), released today by the World Health Organization (WHO) presents legal, non-legal and technical measures that can be used to minimize the risk of exacerbating or introducing ageism through these technologies. . .

The following eight considerations could ensure that AI technologies for health address ageism and that older people are fully involved in the processes, systems, technologies, and services that affect them.

- Participatory design of AI technologies by and with older people
- Age-diverse data science teams
- Age-inclusive data collection
- Investments in digital infrastructure and digital literacy for older people and their health-care providers and caregivers
- Rights of older people to consent and contest
- Governance frameworks and regulations to empower and work with older people
- Increased research to understand new uses of AI and how to avoid bias
- Robust ethics processes in the development and application of AI

[Download the new policy brief here.](#)

<https://tinyurl.com/AITechnologiesOlderPersons>

### 31. STAT News

December 22, 2021

*3 issues to watch in global health in 2022*

#### **Whither Covid?**

Will 2022 be the year Covid starts to settle down, to show signs of being more endemic, less pandemic? Some experts think so — especially if the [Omicron variant](#) infects huge swaths of people worldwide.

#### **Whither the World Health Organization?**

The WHO has been in a challenging position for years. Its member countries have repeatedly refused to increase their assessed contributions — the dues they pay to sustain the global health agency.

#### **Whither vaccination rates?**

In lower-income countries, the pandemic has had a devastating impact on efforts to deliver important disease-preventing vaccines to children. The WHO and UNICEF — the United Nations Children's Fund — [estimated](#) that in 2020, 23 million children didn't get essential vaccines; of them, 17 million may not have gotten a single shot. Making up that ground will be, at the very least, hugely challenging.

<https://tinyurl.com/3HealthIssuesIn2022>

Social isolation	<p><b>32. National Institute on Disability, Independent Living, and Rehabilitation Research</b>  <i>NIDILRR Social Isolation and Loneliness Webinar Series</i>  NIDILRR hosted a national series on research related to social isolation and loneliness for people with disabilities.</p> <ul style="list-style-type: none"> <li>• October 2021: Social Isolation and Loneliness Among Caregivers During the COVID-19 Pandemic</li> <li>• September 2021: Using the National Survey on Health and Disability (NSHD) to Explore the Experience of Social Isolation and Loneliness Among Rural and Urban People with Disabilities</li> <li>• August 2021: Never Being Sought After by Anyone for Anything - Social Isolation and Loneliness Among Adults with Serious Mental Illnesses</li> <li>• July 2021: Social Isolation and Spinal Cord Injury (SCI)—Findings from the 50-year SCI Longitudinal Aging Study</li> </ul> <p><a href="https://tinyurl.com/NIDILRRSocialIsolationWebinars">https://tinyurl.com/NIDILRRSocialIsolationWebinars</a></p>
Disabilities	<p><b>33. National Paralysis Resource Center</b>  <i>National Paralysis Resource Center Launches Virtual Support Group Program</i>  The National Paralysis Resource Center (operated by the Christopher and Dana Reeve Foundation) recently launched a virtual support group program for people living with paralysis and their family members or caregivers.</p> <p>The support groups provide an opportunity for members to connect with others who understand what they are going through and to gain support, insight, and guidance. The meetings are an open forum for members to raise and discuss whatever issues or concerns they are experiencing and topics they want to learn about from other members. The group meetings are led by a mental health professional and a peer with lived experience.</p> <p>Two meetings are offered every month for the following groups:</p> <ul style="list-style-type: none"> <li>• People living with paraplegia;</li> <li>• People living with quadriplegia; and</li> <li>• Family members or caregivers.</li> </ul> <p><a href="#">Learn more about and register for one of the support groups.</a></p> <p>If you have any questions, please email <a href="mailto:Peer@ChristopherReeve.org">Peer@ChristopherReeve.org</a>.</p> <p><b>34. Neurorehabilitation</b>  <i>Highlighting gaps in spinal cord injury research in activity-based interventions for the upper extremity: A scoping review.</i>  This NIDILRR-funded scoping review examined the high-intensity, activity-based interventions used in neurological conditions for their current and potential application to subacute and chronic spinal cord injury (SCI). Among 172 studies identified, there were 7 studies with SCI, all in adults. Activity-based interventions in SCI included task-specific training and gaming, with and without electrical stimulation, and a robotic exoskeleton while 34 different interventions were reported in stroke, cerebral palsy, and multiple sclerosis. These included high-intensity interventions using virtual reality, brain stimulation, rehabilitation devices, and applications to the home and telerehab settings, none of which were available for the SCI population. The results highlight critical gaps within upper extremity high-intensity activity-based research in SCI.</p> <p><a href="#">Access the full abstract and ordering information in REHABDATA.</a></p> <p><b>35. Institute on Community Integration</b>  <i>Impact: Retirement and Aging for People with Intellectual, Developmental, and Other Disabilities</i></p>

	<p>This issue of Impact explores aging and retirement and urges policymakers, researchers, and others to create healthy, integrated retirement opportunities for this population. Individual articles discuss advocacy and equality during and after retirement, critical needs and unanswered questions during retirement, a conversation on aging and disability, and more.</p> <p><a href="#">Impact: Feature Issue on Retirement and Aging for People with Intellectual, Developmental, and Other Disabilities.</a></p> <p><b>36. Center for American Progress</b>  <i>Black Women and Girls with Disabilities</i>  This series examines the impacts of structural racism, sexism, and ableism on the education, health outcomes, and economic security of Black women and girls with disabilities in the United States.  Included reports:</p> <ul style="list-style-type: none"> <li>• <i>Expanding Educational Access for Black Girls with Disabilities</i></li> <li>• <i>How to Make Policies Work for Black Women with Disabilities</i></li> <li>• <i>10 Policies to Improve Economic Security for Black Women with Disabilities</i></li> <li>• <i>Improving Health Outcomes for Black Women and Girls with Disabilities</i></li> </ul> <p><a href="https://tinyurl.com/BlackWomenWithDisabilities">https://tinyurl.com/BlackWomenWithDisabilities</a></p>
Economy	<p><b>37. *Boston Globe</b>  February 14, 2022 (updated)  <i>'Everything's going up': Seniors struggle with the prices of food, fuel, and medicine</i>  A key inflation measure grew at the fastest pace in 40 years . . . Higher rents and heating bills and steeper gas and prescription drug prices are pinching almost everyone. But older folks on fixed incomes are being squeezed hardest. . . The cost-of-living adjustment for Social Security, the primary income source for many lower-income seniors, was 5.9 percent for 2022, the biggest annual bump in years. But that was more than offset by increases in what people often pay for bread-and-butter needs.</p> <p><a href="https://tinyurl.com/EverythingsGoingUp">https://tinyurl.com/EverythingsGoingUp</a></p>
Guardianship	<p><b>38. Center on Youth Voice, Youth Choice</b>  <i>New Website Launched for Youth Alternatives to Guardianship</i>  The Center on Youth Voice, Youth Choice (CYVYC) has launched a new website! CYVYC is a national youth resource center on alternatives to guardianship. It promotes the use of alternatives to guardianship nationally through research, self-advocacy, outreach, coalition building and education.  The new website features:</p> <ul style="list-style-type: none"> <li>• <a href="#">a US map with information about alternatives to guardianship in different states;</a></li> <li>• photos and bios of our <a href="#">Youth Ambassadors</a> and a <a href="#">Youth Ambassador Training Curriculum;</a></li> <li>• <a href="#">resources for many different audiences including ones written in plain language;</a></li> <li>• <a href="#">stories about youth;</a> and</li> <li>• information on <a href="#">State Teams</a> that are part of a national Community of Practice.</li> </ul> <p>Visit the new CYVYC website to learn more at <a href="http://www.youth-voice.org">www.youth-voice.org</a>.</p>

Other	<p><b>39. *New York Times</b>  February 16, 2022 (updated)  <i>When the Death Certificate Omits the True Cause of Death</i>  Having accurate death records saves lives. . .  “Having accurate death certificates saves lives. It enables us to identify new and trending diseases and take appropriate action.” If someone is living or working in a building with a poorly installed or maintained furnace, for instance, they may be exposed to toxic levels of carbon monoxide that could eventually cause fatal cardiac and respiratory failure. The cause of death might be recorded as cardiac arrest, but in fact was a result of carbon monoxide poisoning, and the presence of the faulty appliance would likely be missed and could result in further casualties. . .  The <a href="#">C.D.C. has estimated</a> that 20 to 30 percent of death certificates, though not necessarily inaccurate, “have issues with completeness.” The agency stated that heavy workloads, insufficient information about a death or inadequate training can result in death certificates that are incomplete or inaccurate. . .  In a <a href="#">research review published in the magazine Today’s Geriatric Medicine</a>, Dr. Emily Carter, a geriatrician affiliated with the Maine Medical Center, and co-authors noted that the data submitted on death certificates can affect families with regard to life insurance, estate settlement, genetic risk factors and finding closure. They estimate that major errors, like incorrect cause or manner of death, occur in 33 to 40 percent of death certificates that are completed at academic institutions like their own in the United States.  <a href="https://tinyurl.com/DeathCertificatesOmit">https://tinyurl.com/DeathCertificatesOmit</a></p>
State Budget	<p><b>Commonwealth of Massachusetts</b>  <i>Governor’s Proposed Budget for FY 2023</i>  January 26, 2022  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.  <a href="https://malegislature.gov/Budget">https://malegislature.gov/Budget</a></p>
List of Special Focus Facilities	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  CMS has published a new list of <a href="#">Special Focus Facilities</a> (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.  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.  This is important information for consumers – particularly as they consider a nursing home.  <b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• Include the list of facilities in your area/state when providing information to</li> </ul>



	<p>consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</p> <ul style="list-style-type: none"> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed</b></p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a></li> </ul> <p><b>Massachusetts facilities not improved</b></p> <ul style="list-style-type: none"> <li>• Attleboro Healthcare, Attleboro <a href="https://tinyurl.com/AttleboroHealthcare">https://tinyurl.com/AttleboroHealthcare</a></li> </ul> <p><b>Massachusetts facilities which showed improvement</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• Oxford Rehabilitation and Health Care Center , Haverhill <a href="https://tinyurl.com/OxfordRehab">https://tinyurl.com/OxfordRehab</a></li> </ul> <p><b>Massachusetts facilities that are candidates for listing</b></p> <ul style="list-style-type: none"> <li>• Hillcrest Commons Nursing and Rehabilitation Center, Pittsfield <a href="https://tinyurl.com/HillcrestCommons">https://tinyurl.com/HillcrestCommons</a></li> <li>• Medway Country Manor Skilled Nursing and Rehabilitation <a href="https://tinyurl.com/MedwayManor">https://tinyurl.com/MedwayManor</a></li> <li>• Parkway Health and Rehabilitation Center <a href="https://tinyurl.com/ParkwayHealthCenter">https://tinyurl.com/ParkwayHealthCenter</a></li> <li>• Revolution Charwell <a href="https://tinyurl.com/RevolutionCharwell">https://tinyurl.com/RevolutionCharwell</a></li> <li>• Vero Health and Rehabilitation Center of Amesbury <a href="https://tinyurl.com/VeroAmesbury">https://tinyurl.com/VeroAmesbury</a></li> <li>• Vero Health and Rehabilitation Center of Revere <a href="https://tinyurl.com/VeroRevere">https://tinyurl.com/VeroRevere</a></li> <li>• Vero Health and Rehabilitation Center of Watertown <a href="https://tinyurl.com/VeroWatertown">https://tinyurl.com/VeroWatertown</a></li> <li>• Vero Health and Rehabilitation Center of Worcester <a href="https://tinyurl.com/VeroWorcester">https://tinyurl.com/VeroWorcester</a></li> <li>• Wareham Healthcare <a href="https://tinyurl.com/WarehamHealthcare">https://tinyurl.com/WarehamHealthcare</a></li> <li>• Worcester Rehabilitation and Health Care Center, Worcester <a href="https://tinyurl.com/WorcesterHealthcare">https://tinyurl.com/WorcesterHealthcare</a></li> <li><a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>
Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <i>Nursing Home Compare Website</i></p>

	<p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the <a href="#">Care Compare website</a> 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> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>
<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>  <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>
	<p>*May require registration before accessing article.</p>
<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:  <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
<p>Websites</p>	<p><b>Center on Youth Voice, Youth Choice</b>  <a href="http://www.youth-voice.org">www.youth-voice.org</a></p> <p>The Center on Youth Voice, Youth Choice (CYVYC) has launched a new website! CYVYC is a national youth resource center on alternatives to guardianship. It promotes the use of alternatives to guardianship nationally through research, self-advocacy, outreach, coalition building and education.</p> <p><b>National Rehabilitation Information Center</b>  <a href="https://www.naric.com/">https://www.naric.com/</a></p> <p>The National Rehabilitation Information Center (NARIC) is the library of the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). We collect, catalog, and disseminate the articles, reports, curricula, guides, and other publications and products of the research projects funded by NIDILRR. NIDILRR funds more than 250 projects each year that conduct research on a wide range of issues including technology, health and function, independent living, and capacity building.</p> <p><b>Rehabilitation Research and Training Center on Community Living and Participation</b>  University of Minnesota  <a href="https://ici.umn.edu/program-areas/community-living-and-employment">https://ici.umn.edu/program-areas/community-living-and-employment</a></p>

	<p>CI is a designated University Center for Excellence in Developmental Disabilities, part of a <a href="#">national network</a> of similar programs in major universities and teaching hospitals across the country. The Institute is home to over 70 projects and six Affiliated Centers, addressing disability issues across the lifespan.</p> <p><b>Mission</b> ICI improves policies and practices to ensure that all children, youth, and adults with disabilities, and those receiving educational supports, are valued by and contribute to their communities of choice.</p> <p><b>Vision</b> ICI’s work results in communities that are inclusive and where persons with disabilities, and those receiving educational supports, are included, belong, and have valued roles throughout their lives.</p> <p><b>Values</b></p> <ul style="list-style-type: none"> <li>• <b>Inclusion</b> – We recognize that all humans have the inalienable right to be included in all aspects of community life.</li> <li>• <b>Diversity</b> – We honor the wide range of human differences, including but not limited to race, ethnicity, culture, language, physical or cognitive ability, gender identity and expression, sexual orientation, age, social class, religious or ethical values system, national origin, and political beliefs.</li> <li>• <b>Equity</b> – We believe deeply in social justice that guarantees equal economic, political, and social rights and opportunities for all people and that dismantles systemic disparities and unjust policies and practices that unfairly disadvantage individuals with disabilities and their families and English Learners and their families.</li> <li>• <b>Self-determination</b> – We believe that all people should have the degree of control they desire over those things in life that are important to them.</li> <li>• <b>Data-informed practice and policy</b> – We believe our work must be grounded in data to ensure maximum outcomes and use of public investments in programs and services for persons with disabilities, their families, and our communities.</li> </ul>		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . 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 <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .		
Nursing Home Closures	Closure Notices and Relocation Plans available at: <a href="https://tinyurl.com/MANursingHomeClosures">https://tinyurl.com/MANursingHomeClosures</a>		
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a></p> <p>Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a></p> <p>Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a></p> <p>LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a></p> <p>Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a></p> <p>Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
Participation opportunities with Dignity Alliance	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>

<b>Massachusetts</b>  Most workgroups meet bi-weekly via Zoom.  Please contact workgroup lead for more information	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Pricilla O'Reilly Samantha VanSchoick Lachan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Housing	Shaya French	<a href="mailto:sfrench@bostoncil.org">sfrench@bostoncil.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
<b>The Dignity Digest</b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> <li>• Margaret Gullette</li> </ul> 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 <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>.</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.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: <a href="https://dignityalliancema.org/the-tuesday-digest/">https://dignityalliancema.org/the-tuesday-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			