



The Dignity Digest

Issue # 78

February 25, 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

Since 1988, The World Health Organization has had a goal to eradicate polio and that goal continues today, with efforts to reach the most remote areas. The eradication of COVID-19 should be a goal for all of us. We have the means to do it. How fortunate we are. The ongoing history of the near eradication of polio is inspiring. When history is written about our time, what will it say about us?

Valerie Splaine, polio survivor, *Lessons from Dr. Salk*, Salem News, February 18, 2022, <https://tinyurl.com/LessonsFromDrSalk>

In the Boston metro area, for example, we saw neighborhood affordability disappearing between 2000 and 2019 in nearly all tracts within neighborhoods of Boston like South Boston, as well as in neighboring cities and towns such as Cambridge, Somerville, Newton, Watertown, and Brookline (Figure 3). We see how the neighborhoods with affordable rents become fewer and more isolated across the area.

As Low-Cost Units Become Increasingly Scarce, Low- and Moderate-Income Renters Are Losing Access to Many Neighborhoods, Joint Center for Housing Studies of Harvard University, February 22, 2022, <https://tinyurl.com/LowCostUnitsScarce>

The need for a permanent, fully funded housing safety net is more urgent than ever.

America's Rental Housing 2022, Joint Center for Housing Studies of Harvard University, <https://tinyurl.com/AmericasRentalHousing2022>

An underrecognized medium for improving the quality of care for patients with disabilities is the electronic health

record (EHR). . . EHRs should be required to contain structure to document a patient’s type of disability, history of disability, accommodations required in the health care setting, autonomy in activities of daily living (ADLs), and preferred language surrounding disability. All disability information that is documented should come from patients themselves. . . Ableism and the explicit prioritization of certain types of bodies and minds over others are roadblocks to progress.

*The Need for Disability Documentation in The Electronic Health Record, Health Affairs Forefront, February 14, 2022,
<https://tinyurl.com/DisabilityDocumentationInEHR>*

There are always surprising and interesting data points that emerge as we work on our reports, but [America’s Rental Housing 2022](#) was stunning in the sheer number of record-breaking conditions in the rental market.

*The Record-Breaking Rental Market, Joint Center for Housing Studies of Harvard University, February 1, 2022,
<https://tinyurl.com/RecordBreakingRentalMarket>*

[I]f we “move health care home,” without appropriate solutions (human and digital) for service coordination, we’re going to turn family caregivers and patients into switchboard operators. . . We are happy to perform medical tasks if it means avoiding a hospital admission. But what seems easy to clinicians is not easy to the many caregivers who are older adults themselves. . . Without the appropriate assistance, training, and oversight, [my mother would] have been completely overwhelmed. . . Policy makers have been so confused about the purpose of the home health benefit and so consumed with concerns about fraud and abuse to the point that it’s not much help. . . Much of my dad’s health care occurs in medical offices. It would be great if more of it came to him, but not if, because of problematic payment incentives, it means sacrificing access to benefits to which he is entitled. I worry that policy makers lack the payment

*reform and quality improvement tools necessary to ensure access and meet individual patient medical needs at home. . . . **Based on my personal and professional experiences, I do not think an “episode of care” should serve as the basis of payment for health care at home, as it does today for home health. . . . Good people will figure out a way, but we need to help them by designing benefits and payment systems to better support well-coordinated care for vulnerable individuals.***

*What I Learned from My Family’s Home Health Experience, **Health Affairs Forefront**, February 16, 2022, *What I Learned from My Family’s Home Health Experience*, <https://tinyurl.com/FamilyHomeHealth>*

“I am a caregiving expert. How did I end up in bankruptcy?. . . I made my choices and did my best for my parents. If it can happen to me, it could happen to anyone.”

*Amy Goyer, AARP’s family and caregiving expert, *Caring for Older Relatives Is So Expensive That Even AARP’s Expert Filed for Bankruptcy*, **Wall Street Journal**, February 20, 2022, <https://tinyurl.com/CaringForOlderRelatives>*

“I don’t think people understand how expensive caregiving is.”

*Jean Chatzky, founder of HerMoney.com, *Caring for Older Relatives Is So Expensive That Even AARP’s Expert Filed for Bankruptcy*, **Wall Street Journal**, February 20, 2022, <https://tinyurl.com/CaringForOlderRelatives>*

One [widely cited proposal](#) for increasing hospital capacity calls for the creation of a standing government corps of public health personnel to manage surge capacity while simultaneously responding to emergencies. We admire this idea, but with the [pressing shortage](#) of medical personnel, who would staff this corps?

***Health Affairs Forefront**, *Transparency as A Solution For COVID-19-Related Hospital Capacity Issues*, February 18, 2022, <https://tinyurl.com/TransparencyAsSolution>*

“These filings reveal that top IBM executives were explicitly plotting with one another to oust older workers from IBM’s work force in order to make room for millennial employees.”

Shannon Liss-Riordan, plaintiff’s lawyer representing fired IBM workers,

Making 'Dinobabies' Extinct: IBM's Push for a Younger Work Force, **New York Times (free access)**, February 12, 2022,
<https://tinyurl.com/IBMDinobabiesExtinct>

"[New York] state has recently heard from numerous stakeholders about how enforcement of the booster mandate could exacerbate New York's health care staffing shortage, which is the subject of a declared emergency."

Kenneth Raske, Greater New York Hospital Association President, *NY won't enforce booster mandate for health care workers*, **Associated Press**, February 18, 2022, <https://tinyurl.com/NYWontEnforceBooster>

One of the most striking things about being in community with caregivers all over the country is just how similar the emotional and tactical experiences are.

Daughterhood in a Time of COVID: Our History and Our Future, **Daughterhood.org**, January 20, 2021,
<https://tinyurl.com/DaughterhoodInTimeOfCovid>

Values around men and caregiving are evolving, and more change may be on the horizon. Key policy and workplace changes—including a significant investment in the care economy—can help break generational barriers, advance gender equality, and better support men who care for their children and relatives with disabilities, as well as for others in their jobs. . . Now more than ever, the need for more egalitarianism in care work is imperative. Men's attitudes and experiences toward caregiving outweigh the traditional gendered beliefs that America has set. Despite the structural barriers they face, men have proven themselves as active contributors to the care economy, which has equally benefitted families and communities.

Normalizing Men as Caregivers Helps Families and Society, **Robert Wood Johnson Foundation**, April 8, 2021,
<https://tinyurl.com/NormalizingMenAsCaregivers>

"My adventurous spirit never died because my disability increased. I still want to go out and challenge myself as much as possible."

Georgena Moran, 64-year-old former canoe racer and scuba diver who now has with multiple sclerosis, *'I Wanted That Self-Reliance Back': Disabled Hikers Forge a New Path*, **New York Times (free access)**, February 20, 2022 (updated), <https://tinyurl.com/SelfRelianceBack>

"I wouldn't want a bunch of able-bodied folks to carry me up to the top of a mountain. I don't see a whole lot of freedom in that."

Dustin Berg, the founder and executive director of [Global Opportunities Unlimited](#) who is a 37 year-old paraplegic, *'I Wanted That Self-Reliance Back': Disabled Hikers Forge a New Path*, **New York Times (free access)**, February 20, 2022 (updated), <https://tinyurl.com/SelfRelianceBack>

"It's definitely time for people to spring back to action."

Bill McKibben, 61-year-old author and environmentalist, *Facing climate and social justice crises, older people are getting back into the protest battle*, ***Boston Globe**, February 23, 2022 (updated), <https://tinyurl.com/SocialJusticeOlderPeople>

"Your immune system is probably doing a reasonable job of keeping EBV [[reactivated Epstein-Barr virus](#)] in check and with a SARS-CoV-2 infection you lose that break. It seems to happen very early in an infection."

Jim Heath, president and professor of the Institute for Systems Biology, *The New Clues About Who Will Develop Long Covid*, **Wall Street Journal**, January 31, 2021, <https://tinyurl.com/CluesLongCovid>

"COVID-19 is associated with increased risk of acute ischemic stroke in the first 3 days after diagnosis among Medicare fee-for-service beneficiaries at least 65 years of age."

Quanhe Yang, PhD, senior scientist, CDC's Division for Heart Disease and Stroke Prevention, *In older adults with COVID-19, stroke risk highest in first 3 days after diagnosis*, **Helios**, February 13, 2022, <https://tinyurl.com/StrokeRiskHighest>

"Everybody's head turned when [the food service robots] first came out. It was like [the residents] saw a ghost. They [had] never seen something like it before, and then the smiles started happening and they began clapping and it was pretty funny. They accepted it really quick."

Dining General Manager Shawn Fontaine, Wesley Enhanced Living Main Line, Media, PA, *Struggling to hire, this senior-living dining room turned to robots*,

Restaurant Business, February 11, 2022,

<https://tinyurl.com/DiningRoomRobots>

This particular dust-up won't be a decisive battle in the struggle for a better America and a better planet; in fact, there may not be any decisive battles, just a long series of skirmishes that must be engaged by the young but also by the old. We may be nearer the exit than the entrance, but we're in this fight for the long haul.

[Bill McKibben](#), founder of the new progressive group Third Act, *Call It 'Codger Power.' We're Older and Fighting for a Better America*, ***New York Times**, February 7, 2022, <https://tinyurl.com/CodgerPower>

"The way we've set up employment is on Friday you're at 100% and on Monday, after you retire, you're at 0%. That's not good for the person, and it's not good for the company. Why not create a staircase that allows people to ramp down over time?"

Chip Conley, founder and CEO, Modern Elder Academy, Baja California Sur, Mexico, *The New Post-60 Career Paths*, **Wall Street Journal**, February 6, 2022, <https://tinyurl.com/NewPost60CareerPaths>

"Purpose is crucial for older workers. Younger workers will learn something new because they are told to, but older workers need to know, 'Why should I take the time to do this?' "

Alice Milivinti, demographer, *The New Post-60 Career Paths*, **Wall Street Journal**, February 6, 2022, <https://tinyurl.com/NewPost60CareerPaths>

"I don't know how much longer I can do this. There's a terrible fear that I'll never get back my normal life. And there's an awful sense of purposelessness."

Jonathan Coffino, 78-year-old married man, *As Covid Slogs On, Seniors Find Fortitude Waning and Malaise Growing*, **Kaiser Health News**, February 18, 2022, <https://tinyurl.com/FortitudeWaningMalaiseGrowing>

Our findings indicate that the financial impacts of the pandemic are likely deeper than the estimates of rent arrears alone might suggest. The impacts extend beyond households who lost income and into the communities of

	<p><i>those immediately impacted. As a result, broad-based cash-assistance programs like expanded unemployment insurance and SNAP benefits not only provide critical support for impacted renters but mitigate some of the broader financial harms.</i></p> <p><i>What Financial Resources Have Renters Tapped During the Pandemic?, Joint Center for Housing Studies of Harvard University, January 27, 2022, https://tinyurl.com/RentersTapped</i></p> <p><i>“It’s almost too much effort to reach out to people and try to pull myself out of that place,” admitting she’s watching too much TV and drinking too much alcohol. “It’s just like I want to mellow out and go numb, instead of bucking up and trying to pull myself together.”</i></p> <p><i>Kathleen Tate, 74-year-old retired nurse who has late-onset post-polio syndrome and severe osteoarthritis, As Covid Slogs On, Seniors Find Fortitude Waning and Malaise Growing, Kaiser Health News, February 18, 2022, https://tinyurl.com/FortitudeWaningMalaiseGrowing</i></p>
<p>Featured Essay</p>	<p>1. Salem News February 18, 2022 <i>Lessons from Dr. Salk</i></p> <p>There are still millions of polio survivors in the United States and around the world. But I am not writing about us today. I am writing about the near eradication of polio, a virus that particularly struck infants and adolescents. The polio virus was very contagious and was a crippling and a killing disease that attacked the central nervous system, sometimes causing paralysis, with the most serious cases requiring what was called the “iron lung” to breathe. This was a feared disease, with parents guarding their children, and making efforts to keep them from areas where they thought they might “catch it”. . .</p> <p>I believe that the parents of the 1950s courageously brought their children to be vaccinated against the dreaded poliovirus. They knew they had to do it to protect them. I do not remember, nor ever heard of stories of any parents refusing to have their children vaccinated, and we, as children (yes, even those of us who had already had polio), dutifully lined up to be vaccinated. and still I remember clearly a boy who fainted right in front of me after having just received his shot. That gave me pause for a second or two, and then I stepped right up with a little hesitation and took my turn. . .</p> <p>Vaccines are safe and effective. Researchers have worked on vaccines for a few hundred years.</p> <p>Receiving the COVID-19 vaccine has nothing to do with your own personal right not to take the vaccine. There really should be no question about taking it. Taking the vaccine is about protecting you, your children, your parents, your friends, and neighbors. But it is more than that. Taking the vaccine is for the common good, for humanity. This really is a responsibility that we all share.</p>

<p>Reports</p>	<p style="text-align: right;">https://tinyurl.com/LessonsFromDrSalk</p> <p>2. *Health Affairs February 16, 2022 <i>The Effectiveness of Government Masking Mandates On COVID-19 County-Level Case Incidence Across the United States, 2020</i> Abstract Evidence for the effectiveness of masking on SARS-CoV-2 transmission at the individual level has accumulated, but the additional benefit of community-level mandates is less certain. In this observational study of matched cohorts from 394 US counties between March 21 and October 20, 2020, we estimated the association between county-level public masking mandates and daily COVID-19 case incidence. On average, the daily case incidence per 100,000 people in masked counties compared with unmasked counties declined by 23 percent at four weeks, 33 percent at six weeks, and 16 percent across six weeks postintervention. The beneficial effect varied across regions of different population densities and political leanings. The most concentrated effects of masking mandates were seen in urban counties; the benefit of the mandates was potentially stronger within Republican-leaning counties. Although benefits were not equally distributed in all regions, masking mandates conferred benefit in reducing community case incidence during an early period of the COVID-19 pandemic. https://tinyurl.com/EffectivenessOfMaskMandates</p> <p>3. Health Affairs Forefront February 16, 2022 <i>What I Learned from My Family’s Home Health Experience</i> COVID-19 has opened the floodgates for health care at home options. Public health emergency waivers are fast-tracking telehealth and hospital at home—which provides hospital-level care in patients’ homes—while infection concerns have driven more patients to home health following a hospitalization. These services and models are part of a growing list of home-based medical care models that also includes in-home primary or palliative care, in-home dialysis, and paramedicine. Some are covered through traditional Medicare, and others are available only through Medicare Advantage plans. . . Before we can migrate more health care into the home, we need to take a hard look at our performance with the current Medicare home-based benefits: home health and hospice. . .</p> <p>The Future of Health Care at Home The Medicare home health and hospice benefits are not the same as primary care at home or hospital at home models. But as the latter two increasingly become included as plan benefits, and as we work to improve the former, policy makers should keep in mind that organizing and delivering services at home can create challenges for patients and their families. The home setting, more than any other, requires that we:</p> <ul style="list-style-type: none"> • Fund and value good coordination and accountability for service delivery; • Equip patients and family members to perform medical tasks, according to their preferences and abilities; and • Ensure that the varied services and supports are delivered in the appropriate amount, mix, and cadence to meet the needs of all patients. <p>As we move forward in designing new payment systems for health care at home, there must be an entity—such as a primary care organization, for example—with annualized accountability for delivering high-value care in the home, even if the</p>
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care is delivered and financed episodically. And furthermore, these accountable entities must have some flexibility in determining the types, mix, and cadence of services. They must also be accountable for care coordination and integration across services and providers.

<https://tinyurl.com/FamilyHomeHealth>

4. Health Affairs Forefront

February 14, 2022

The Need for Disability Documentation in The Electronic Health Record

An underrecognized medium for improving the quality of care for patients with disabilities is the electronic health record (EHR). . .

In February 2014, the Department of Health and Human Services (HHS) proposed a [rule](#) in “Electronic Health Record (EHR) Certification Criteria; Interoperability Updates and Regulatory Improvements” that required EHRs to include the capability to record disability status. Informed by [Section 4302 of the Affordable Care Act](#), this report also proposed seven questions to be asked to patients surrounding disability and sought input on these. Later, a 2020 study that interviewed patients with disabilities about proposed changes in the health care system identified that almost [all](#) patients preferred for data about their disability to be in the EHR and available to all their care teams. In 2022, there remains significant variability in recording of disability and accommodations—while these data are largely absent in EHRs, they are sometimes buried in charts or documented in a [limited](#) way that care teams cannot easily [reference](#).

EHRs should be required to contain structure to document a patient’s type of disability, history of disability, accommodations required in the health care setting, autonomy in activities of daily living (ADLs), and preferred language surrounding disability. All disability information that is documented should come from patients themselves—questions asked should be [patient-centered](#) and inclusive of the diversity of ways in which patients may identify. There should also be a capacity to document changes in these metrics over time. Standardized EHR structure, in addition to facilitating documentation, ensures that we consistently address and accommodate the full spectrum of disabilities that patients may have, including disabilities that are invisible.

After standardizing the incorporation of the disability status of patients into EHRs, it is critical for these additions to be communicated to all members of patient care teams. Changes in system capabilities will not meaningfully improve disability documentation if health care professionals, staff, and trainees are not educated on appropriately documenting information based on their clinical encounters. Federal policies that mandate the standardized completion of this information and tie completion to hospital incentives over time would also globally improve input of disability data in the EHR. This could take the form of including disability in [meaningful use](#) criteria for EHRs produced by the Office of the National Coordinator for Health Information Technology in HHS. . .

Ableism and the explicit prioritization of certain types of bodies and minds over others are roadblocks to progress in these sectors.

Amidst necessary and ongoing reform, all members of the health care team who interface with patients with disabilities have the shared experience of referencing their EHRs. Implementing standard documentation of disability in the EHR can thus centralize our efforts to better our care for patients with disabilities—it will prompt regular clinical conversations with all patients about their disabilities, help us recognize what accommodations patients may need and invest in these, and

	<p>facilitate research that furthers our understanding of inequities experienced by patients with disabilities and how to address them. https://tinyurl.com/DisabilityDocumentationInEHR</p> <p>5. Joint Center for Housing Studies of Harvard University <i>America's Rental Housing 2022</i> Rental housing demand came roaring back in the second year of the pandemic, reducing vacancy rates and driving up rents. However, lower-income households that took the brunt of job losses still struggle to make rent, reinforcing the stark divide between higher- and lower-income households. The need for a permanent, fully funded housing safety net is more urgent than ever, and a key element of that support must be to protect existing rental housing from the threat of climate change. Download the report: https://tinyurl.com/AmericasRentalHousing2022</p> <p>6. Joint Center for Housing Studies of Harvard University January 27, 2022 <i>Making the Rent: Household Spending Strategies During the COVID-19 Pandemic</i> As has been well documented, the financial impact of the pandemic has disproportionately impacted renters, leading to high shares who have fallen behind on rent. Less well recognized are the many ways that renters tapped a range of financial resources to make rent even in the face of income lost due to the pandemic. To fill this gap in what is known about the financial impacts of the pandemic, this paper analyzes data from the Census Bureau's Household Pulse Survey to identify the financial resources utilized by renters to meet their expenses after losing income. The results indicate that renters relied on numerous and varied financial resources, in many possible combinations, in response to a financial shock. Lower-income renters and renters of color, in particular, have relied on both a range of government supports as well as drawn from a broad spectrum of personal resources, including savings and credit. Lower-income renters and renters of color are also much more likely to rely on borrowing from family and friends to pay their expenses. The findings indicate that the financial impacts of the pandemic are deeper than estimates of rent arrears alone would suggest and extend beyond the households who lost income, given those households' reliance on social networks to provide financial support. https://tinyurl.com/MakingTheRent</p>
<p>May Is Older Americans Month</p>	<p>7. Administration on Community Living <i>Older Americans Month</i> Every May, ACL leads the nation's observance of Older Americans Month (OAM). In 2022, ACL will be focusing on aging in place – how older adults can plan to stay in their homes and live independently in their communities for as long as possible. The 2022 theme is Age My Way, an opportunity for all of us to explore the many ways older adults can remain in and be involved with their communities. The 2022 posters, social media cover images, masthead artwork, and templates for a community proclamation and sample article are available now. Stay tuned for social feed graphics, activity ideas, and more that you can use to celebrate OAM in your community. Don't forget to follow #OlderAmericansMonth for the latest from ACL, and to see what others are planning https://tinyurl.com/ACLOlderAmericansMonth</p>
<p>Biden / Federal Policies</p>	<p>8. ATI Advisory February 16, 2022</p>

	<p><i>What We Didn't Hear During the Senate Hearing on Dual Eligible Beneficiaries</i></p> <p>The Senate Special Committee on Aging held a Hearing on Medicare-Medicaid integration last week, sponsored by Senators Casey (D., PA) and Scott (R., SC). . . The lack of coordination between Medicare and Medicaid creates barriers to access, poor health outcomes, and cost-shifting between the payers. It also creates considerable stress for dual eligible beneficiaries and their caregivers. Policymakers have sought to address this fragmentation for several decades, but solutions have resulted in a patchwork of policies that fall short of meaningful integration. . . [W]hile the Hearing highlighted some important points about barriers (yes, we need more data), a lot of important points weren't made.</p> <ul style="list-style-type: none"> • As long as we have misaligned financing, there won't be an integrated experience. . . [M]isaligned financing is the single biggest contributing factor to fragmented experiences. . . Medicaid dollars pay for Medicaid services and Medicare dollars pay for Medicare services, even if the same organization is administering both sets of benefits. The consequence is cost-shifting between programs and utilization controls to maximize the dollar under each program. . . <i>[B]ifurcated funding creates perverse incentives that result in hospitalizations, long-stays in a nursing facility, and emergency department utilization that could be avoided.</i> • State flexibility matters unless it's more about politics than the person. [W]hat no one acknowledged during the Hearing was that this flexibility has contributed to many states not pursuing integrated programs <i>at all</i>. As of January 2022, 48% of dual eligible beneficiaries live in counties or states without an integrated option. Are we okay with these inequities between states when more than half the costs flow through federal spending? Perhaps Senator Casey's proposed expansion of PACE starts to chip away at this, but we have a long way to go. • Medicaid regulations don't address Medicare. States pursue (and CMS approves) HCBS waivers and related managed care programs without any required discussion of the integration of HCBS with Medicare, despite more than half of Medicaid HCBS users being dually eligible for Medicare. You first need to have HCBS to integrate with HCBS. • Plan choice is out of control, and no one wants to tackle the elephant in the room: passive enrollment. In 2021, a dual eligible beneficiary had to choose from an average of 26 different Medicare Advantage plans in their county. . . And unsurprisingly, most of these "choices" aren't integrated at all. Medicare choice is a third rail in policy circles, but is this much choice really choice at all? "[P]assive enrollment" wasn't discussed during the Hearing, and this deserves real policy attention. Passive and auto-enrollment happen across our healthcare system – including for low-income subsidy Medicare Part D plans, employer-sponsored health plans, and Medicaid plans. A state can passively enroll a dual eligible beneficiary into a Medicaid program or specific health plan, but on the Medicare side, this authority is extremely limited and surprisingly controversial. Coupled with appropriate beneficiary education, passive enrollment can be a strong tool to increase dual eligible beneficiary participation in integrated programs with enhanced beneficiary protections. Importantly, it can simplify their choices. <p>https://tinyurl.com/ATIAdvisoryFeb2022SenHearing</p>
Learning Opportunities for	9. Creating Accessible, Powerful Social Media Content

<p>Dignity Alliance Massachusetts Participants and Supporters</p>	<p><i>Engaging Everyone: Creating Accessible, Powerful Social Media Content</i> <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 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’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. 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>10. AARP Legislative Training for Advocates Wednesday, March 9, 2022, 12:00 to 1:00 p.m. Please join us for an informative session designed to bolster our understanding of the Massachusetts Legislature and improve our advocacy efforts on behalf of older adults, people with disabilities, and those who care for them. This session will include an overview of the legislative process, including the processes by which bills become laws and budgets are determined; timely tips and tactics; and ways that we can turn our passion into action. Let’s work together to make 2022 the year when true transformation begins.</p> <p>GOALS</p> <ol style="list-style-type: none"> 1. To educate Dignity Alliance volunteers and partner organizations on the legislative process so that they can more effectively advocate on behalf of Massachusetts’ older adults, people with disabilities, and their caregivers. 2. To launch a call to action to ramp up advocacy efforts for legislative priorities beginning in 2022. <p>Presented by Jessica Constantino, Massachusetts Director of Advocacy, AARP with Senator Richard T. Moore, Co-chair, Dignity Alliance’s Legislative Workgroup Please contact Rachel Chartier with registration questions or accommodation requests at rchartier@bostoncil.org or 617-338-6665 x 203. Registration: https://bit.ly/3JPvKIM</p>
<p>Webinar and online sessions</p>	<p>11. National Adult Protective Services Association Thursday, March 3, 2022, 2:00 to 3:00 p.m. <i>High Prevalence of Elder Abuse during the COVID-19 Pandemic: Risk and Resilience</i></p>

Factors

Prior to the COVID-19 pandemic, elder abuse affected one in 10 older adults annually in the U.S. It has been assumed that the pandemic has brought with it a surge in elder abuse due to individuals ordered to stay at home combined with increased interpersonal, social, and financial stressors. However, empirical evidence is lacking. This webinar will present data from the first investigation of self-reported elder abuse victimization in a relatively large and diverse sample of older persons. The presenter will describe elder abuse prevalence and risk and resilience factors for abuse victimization during the ongoing pandemic. The findings will be discussed in relation to practice, policy, and implications for prevention programming.

Presenter:

E-Shien (Iggy) Chang, Ph.D., Postdoctoral Fellow in Behavioral Geriatrics at Weill Cornell Medicine's Division of Geriatrics and Palliative Medicine

[Click here](#) for the study article.

Link to join webinar: <https://tinyurl.com/NAPSAMar3Webinar>

12. Alzheimer's Association of Massachusetts and New Hampshire

Friday, March 4, 2022, 9:30 a.m. to 1:30 p.m.

Saturday, March 5, 2022, 10:30 a.m. to 4:00 p.m.

Saturday, March 5, 2022, 9:30 to 10:30 a.m. SPECIAL SESSION IN SPANISH

Viviendo con Alzheimer: Experiencias del Cuidado Familiar. En esta sesión podrá escuchar las experiencias de personas que están cuidando a su ser querido con Alzheimer, seguido por una charla sobre los cuidados en la etapa intermedia de la enfermedad.

Alzheimer's Association New England Family Conference

Free, virtual conference for those living with Alzheimer's and dementia and their families. Featuring several notable guest speakers, and sessions such as a panel of persons living with early-stage dementia, Legal & Financial Matters, flourishing as a caregiver, and processing grief throughout a caregiver's journey.

Friday

9:30 - 9:45 a.m. Opening Remarks

9:45 - 10:30 a.m. Life After a Diagnosis:

Panel of Individuals Living with Alzheimer's

This session will highlight what it is like to live with Alzheimer's disease. Panelists will discuss the stigma associated with Alzheimer's, challenges specific to Early-Stage Alzheimer's, and strategies to reduce stigma and improve cultural sensitivity surrounding dementia diagnosis. Coping strategies will be discussed including the role of social engagement, disease education and the importance of advocating and having a voice in dementia care.

10:45 - 11:45 a.m. Living with Alzheimer's Part One

Part 1 of 2. For individuals living with Alzheimer's: The diagnosis of Alzheimer's disease is life-changing and leads to many questions. In this two-part program, you will hear from others who have been where you are and will learn what you need to know to navigate this chapter of your life.

12:15 - 1:30 p.m. Living with Alzheimer's Part Two

Part 2 of 2. For individuals living with Alzheimer's: The diagnosis of Alzheimer's disease is life-changing and leads to many questions. In this two-part program, you will hear from others who have been where you are and will learn what you need to know to navigate this chapter of your life.

Saturday

10:30 - 10:45 a.m. Opening Remarks

10:45 - 11:30 a.m. Keynote - Caregiver Conversations: Journey of Hope, Panel of Caregivers

Caring for someone with dementia is an important, yet complex role. Caregivers may provide help with personal care, paying bills and coordinating medical care while also providing emotional support for the person living with dementia and the extended family. Join us for a panel discussion with caregivers as they share tips, strategies and lessons learned throughout their journey.

11:45 a.m. - 1:00 p.m. Legal & Financial Issues to Consider with Alzheimer's Disease

The diagnosis of Alzheimer's makes planning for the future more important than ever. Through this program, you will learn about important legal and financial issues, how to put plans in place, and how to access resources near you.

1:30 - 2:30 p.m. Caregiving, Ambiguity and Finding the Tools to Thrive and Flourish

This presentation will highlight the degree to which the uncertainty and ambiguity of caregiving contributes to significant neurobiological stress for caregivers. Neurobiological stress leads to many caregivers experiencing high rates of anxiety and/or depression. Notwithstanding, as this presentation will demonstrate, when caregivers can use neuroscience strategies, such as, practicing gratitude, novelty, goal setting, and using micro moments they can begin to thrive and flourish even in the light of experiencing significant stress.

2:45 - 4:00 p.m. The Journey of Grief Throughout Caregiving: It Begins with the Diagnosis

Anticipatory grief begins once any diagnosis of life limiting illness is made. Alzheimer's disease and related dementias are no exception. This presentation offers a breakdown of the levels of grief that affect caregivers of persons living with dementia. We will discuss how to identify the area of stress that is most challenging to each particular caregiver and ways to lessen the grief associated with it in order to help that caregiver continue to provide optimal care.

Free registration: <https://tinyurl.com/ALZConerenceMarch4to5>

13. Administration on Community

Thursday, March 10, 2022, 2:00 to 3:00 p.m.

Money Mule Scams: Tips for Prevention, Identification, and Trauma-Informed Assistance

Hosted by ACL's elder justice resource centers:

- Adult Protective Services Technical Assistance Resource Center (APS-TARC)
- National Adult Protective Services Training Center (NATC)
- National Center on Elder Abuse (NCEA)
- National Center on Law & Elder Rights (NCLER)
- National Long-Term Care Ombudsman Resource Center (NORC)
- National Pension Assistance Resource Center (NPARC)
- National Resource Center on Women & Retirement (NRCWR)

Join us for an important discussion about money mule scams. "Money mules" are individuals who receive and move money that came from victims of fraud. Some money mules know they are participating in a crime, but others are not aware that they are assisting in a crime.

Attendees will learn the basics about money mule scams, including examples of

these scams, tips for prevention and identification, how individuals can seek help, and available consumer education materials.

The Department of Justice (DOJ) will provide an overview of these scams and share their work to identify and address money mule activities.

The National Center on Law and Elder Rights (NCLER) and Indiana Legal Services will share tips elder justice advocates can use to assist individuals with a trauma-informed approach and examples of assistance provided to older adults impacted by this scam.

Additionally, attendees will learn about the ACL-funded Elder Justice Resource Centers hosting this webinar, the aging network professionals they support, and how to contact them for applicable assistance.

Speakers:

- Hilary Dalin, Director, Office of Elder Justice and Adult Protective Services, Administration for Community Living
- Jacqueline Blaes-Freed, Assistant Director, Consumer Protection Branch, United States Department of Justice
- Sarah Galvan, Directing Attorney, Elder Rights, National Center on Law and Elder Rights, Justice in Aging
- Jane Handley, Staff Attorney, LAVA Project (Legal Assistance to Victimized Adults), Indiana Legal Services

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

14. National Paralysis Resource Center

Saturday, March 12, 2022, 10:00 a.m. to 5:30 p.m.

Saturday, March 19, 2022, 10:00 a.m. to 5:30 p.m.

Saturday, March 26, 2022, 10:00 a.m. to 5:30 p.m.

Mindfulness Training for Healthcare Professionals

Sponsored by the National Paralysis Resource Center of the Christopher & Dana Reeve Foundation, this virtual 3-part series equips health professionals who serve persons who use wheelchairs with sets of 1–5-minute mindfulness and yoga techniques (capsules) to foster resilience in the body, breath, and mind. This is especially critical during times of change, challenge, and uncertainty.

Each science-smart interactive session is provided live and online using Zoom on a Saturday from 10:00 a.m. – 5:30 p.m. Eastern Time as follows:

3/12/2022 – The Body:

The focus is on mindfulness and seated yoga as a way to build awareness, manage fatigue, languishing, body tension and chronic disease, as well as build overall physical resilience. Includes a care package with an "RxRelax Seated Therapeutic Yoga" DVD.

3/19/2022 - The Breath:

The focus is on mindfulness and seated yoga as a way to enhance pulmonary function, emotional regulation, and emotional resilience. Includes a care package with a "Relaxation Capsules" CD.

3/26/2022 - The Mind:

The focus is on the role of mindfulness and seated yoga in reduced attention/memory fatigue, immune modulation, restorative functions like rest and sleep, trauma, and gene changes that build mental resilience. Includes a care package with an "RxRelax for Insomnia" 2-CD set.

Each session provides 6.0 continuing education credits (18.0 total) for a range of health workers, including physicians (AMA PRA category 1 CME), nurses (NE-MSD/ANCCC), certified recreation specialists, and some social workers and mental

	<p>health counselors. The program is free to qualified healthcare professionals that directly serve people with paralysis as part of their job responsibilities. Chief of Faculty, Jay Gupta, RPh, MS, MTM Specialist, C-IAYT for a powerfully restorative educational experience! He is recognized by Cardinal Health, the National Alliance of State Pharmacy Associations and Next Generation Pharmacists/Pharmacy Times for excellence in integrative methods and reducing problematic polypharmacy.</p> <p>Register by 2/22/2022. Space is limited to maintain a quality experience, so please don't delay in enrolling! You will be notified as soon as possible and will establish a waiting list if/as needed. Email RxRelax@live.com or call 603-674-3770 for more information or with any questions.</p> <p>https://tinyurl.com/ReevesFoundationMindfulness</p> <p>15. Third Act Wednesday, March 30, 2022 <i>Letters to the Editor</i> Workshop on writing Letters to the Editor If you are interested in participating, make sure to <i>watch the recording of a previous workshop</i>: January Teach-In: Letter to The Editor https://thirdact.org/events/co-working-party-letters-to-the-editor/</p>
<p>Previously posted webinars and online sessions</p>	<p>16. Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>17. Kaiser Family Foundation February 17, 2022 <i>Nursing Home Staff Vaccination Rates Vary Widely by State as Vaccination Mandates Take Effect</i> Nearly one in four COVID-19 deaths has been in a long-term care facility since the start of the pandemic. Due to the disproportionate impact of COVID-19 on this population, nursing home residents and staff were prioritized to receive the vaccine when the vaccine rollout began in Winter 2020-2021. Since then, CMS has implemented a health care worker vaccination mandate for providers that participate in Medicare and/or Medicaid. Although some states have sued to challenge this rule, it was recently allowed to take effect by the Supreme Court. In part due to the litigation, facilities in different states have different deadlines to comply with the new rule. CMS guidance requires staff to have received their first vaccine dose or have a pending or approved exemption by January 27th in 26 states (25 states plus D.C.), including 25 that did not sue to challenge the rule, and Florida, where courts refused to block the rule. Additional CMS guidance sets a February 14th deadline for staff to have received their first vaccine dose or have a pending or approved exemption request after the Supreme Court allowed the rule to take effect in 24 other states that challenged the rule. Finally, CMS guidance sets a February 21 deadline for Texas, where a lawsuit was dismissed after the Supreme Court's decision. All guidance specifies that if by the dose one deadline, a facility is above 80%, and has a plan to achieve a 100% single-dose staff vaccination rate within 60 days of the deadline, they will not be subject to additional enforcement action. . . [S]cheduling home visits is a lot of work. And to manage that work, home health agencies commonly ask their clinical staff to "self-schedule," a practice through which each individual clinical staff person gets in touch with the patient or caregiver directly to set up the visit. It seems practical, but it also leaves the patient or caregiver to serve a centralizing function among many different service providers.</p>

<p>Housing</p>	<p>https://tinyurl.com/NHStaffingVariesWidely</p> <p>18. *Health Affairs February 16, 2022 <i>The Effectiveness of Government Masking Mandates On COVID-19 County-Level Case Incidence Across the United States, 2020</i> Abstract Evidence for the effectiveness of masking on SARS-CoV-2 transmission at the individual level has accumulated, but the additional benefit of community-level mandates is less certain. In this observational study of matched cohorts from 394 US counties between March 21 and October 20, 2020, we estimated the association between county-level public masking mandates and daily COVID-19 case incidence. On average, the daily case incidence per 100,000 people in masked counties compared with unmasked counties declined by 23 percent at four weeks, 33 percent at six weeks, and 16 percent across six weeks postintervention. The beneficial effect varied across regions of different population densities and political leanings. The most concentrated effects of masking mandates were seen in urban counties; the benefit of the mandates was potentially stronger within Republican-leaning counties. Although benefits were not equally distributed in all regions, masking mandates conferred benefit in reducing community case incidence during an early period of the COVID-19 pandemic. https://tinyurl.com/EffectivenessOfMaskMandates</p> <p>19. Health Affairs Forefront February 16, 2022 <i>What I Learned from My Family’s Home Health Experience</i> COVID-19 has opened the floodgates for health care at home options. Public health emergency waivers are fast-tracking telehealth and hospital at home—which provides hospital-level care in patients’ homes—while infection concerns have driven more patients to home health following a hospitalization. These services and models are part of a growing list of home-based medical care models that also includes in-home primary or palliative care, in-home dialysis, and paramedicine. Some are covered through traditional Medicare, and others are available only through Medicare Advantage plans. . . . Before we can migrate more health care into the home, we need to take a hard look at our performance with the current Medicare home-based benefits: home health and hospice. . . .</p> <p>The Future of Health Care at Home The Medicare home health and hospice benefits are not the same as primary care at home or hospital at home models. But as the latter two increasingly become included as plan benefits, and as we work to improve the former, policy makers should keep in mind that organizing and delivering services at home can create challenges for patients and their families. The home setting, more than any other, requires that we:</p> <ul style="list-style-type: none"> • Fund and value good coordination and accountability for service delivery; • Equip patients and family members to perform medical tasks, according to their preferences and abilities; and • Ensure that the varied services and supports are delivered in the appropriate amount, mix, and cadence to meet the needs of all patients. <p>As we move forward in designing new payment systems for health care at home, there must be an entity—such as a primary care organization, for example—with annualized accountability for delivering high-value care in the home, even if the</p>
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care is delivered and financed episodically. And furthermore, these accountable entities must have some flexibility in determining the types, mix, and cadence of services. They must also be accountable for care coordination and integration across services and providers.

<https://tinyurl.com/FamilyHomeHealth>

20. Health Affairs Forefront

February 14, 2022

The Need for Disability Documentation in The Electronic Health Record

An underrecognized medium for improving the quality of care for patients with disabilities is the electronic health record (EHR). . .

In February 2014, the Department of Health and Human Services (HHS) proposed a [rule](#) in “Electronic Health Record (EHR) Certification Criteria; Interoperability Updates and Regulatory Improvements” that required EHRs to include the capability to record disability status. Informed by [Section 4302 of the Affordable Care Act](#), this report also proposed seven questions to be asked to patients surrounding disability and sought input on these. Later, a 2020 study that interviewed patients with disabilities about proposed changes in the health care system identified that almost [all](#) patients preferred for data about their disability to be in the EHR and available to all their care teams. In 2022, there remains significant variability in recording of disability and accommodations—while these data are largely absent in EHRs, they are sometimes buried in charts or documented in a [limited](#) way that care teams cannot easily [reference](#).

EHRs should be required to contain structure to document a patient’s type of disability, history of disability, accommodations required in the health care setting, autonomy in activities of daily living (ADLs), and preferred language surrounding disability. All disability information that is documented should come from patients themselves—questions asked should be [patient-centered](#) and inclusive of the diversity of ways in which patients may identify. There should also be a capacity to document changes in these metrics over time. Standardized EHR structure, in addition to facilitating documentation, ensures that we consistently address and accommodate the full spectrum of disabilities that patients may have, including disabilities that are invisible.

After standardizing the incorporation of the disability status of patients into EHRs, it is critical for these additions to be communicated to all members of patient care teams. Changes in system capabilities will not meaningfully improve disability documentation if health care professionals, staff, and trainees are not educated on appropriately documenting information based on their clinical encounters. Federal policies that mandate the standardized completion of this information and tie completion to hospital incentives over time would also globally improve input of disability data in the EHR. This could take the form of including disability in [meaningful use](#) criteria for EHRs produced by the Office of the National Coordinator for Health Information Technology in HHS. . .

Ableism and the explicit prioritization of certain types of bodies and minds over others are roadblocks to progress in these sectors.

Amidst necessary and ongoing reform, all members of the health care team who interface with patients with disabilities have the shared experience of referencing their EHRs. Implementing standard documentation of disability in the EHR can thus centralize our efforts to better our care for patients with disabilities—it will prompt regular clinical conversations with all patients about their disabilities, help us recognize what accommodations patients may need and invest in these, and

	<p>facilitate research that furthers our understanding of inequities experienced by patients with disabilities and how to address them. https://tinyurl.com/DisabilityDocumentationInEHR</p> <p>21. Joint Center for Housing Studies of Harvard University <i>America's Rental Housing 2022</i> Rental housing demand came roaring back in the second year of the pandemic, reducing vacancy rates and driving up rents. However, lower-income households that took the brunt of job losses still struggle to make rent, reinforcing the stark divide between higher- and lower-income households. The need for a permanent, fully funded housing safety net is more urgent than ever, and a key element of that support must be to protect existing rental housing from the threat of climate change. Download the report: https://tinyurl.com/AmericasRentalHousing2022</p> <p>22. Joint Center for Housing Studies of Harvard University January 27, 2022 <i>Making the Rent: Household Spending Strategies During the COVID-19 Pandemic</i> As has been well documented, the financial impact of the pandemic has disproportionately impacted renters, leading to high shares who have fallen behind on rent. Less well recognized are the many ways that renters tapped a range of financial resources to make rent even in the face of income lost due to the pandemic. To fill this gap in what is known about the financial impacts of the pandemic, this paper analyzes data from the Census Bureau's Household Pulse Survey to identify the financial resources utilized by renters to meet their expenses after losing income. The results indicate that renters relied on numerous and varied financial resources, in many possible combinations, in response to a financial shock. Lower-income renters and renters of color, in particular, have relied on both a range of government supports as well as drawn from a broad spectrum of personal resources, including savings and credit. Lower-income renters and renters of color are also much more likely to rely on borrowing from family and friends to pay their expenses. The findings indicate that the financial impacts of the pandemic are deeper than estimates of rent arrears alone would suggest and extend beyond the households who lost income, given those households' reliance on social networks to provide financial support. https://tinyurl.com/MakingTheRent</p>
Home Health	<p>23. Health Affairs Forefront February 16, 2022 <i>What I Learned from My Family's Home Health Experience</i> COVID-19 has opened the floodgates for health care at home options. Public health emergency waivers are fast-tracking telehealth and hospital at home—which provides hospital-level care in patients' homes—while infection concerns have driven more patients to home health following a hospitalization. These services and models are part of a growing list of home-based medical care models that also includes in-home primary or palliative care, in-home dialysis, and paramedicine. Some are covered through traditional Medicare, and others are available only through Medicare Advantage plans. . . Before we can migrate more health care into the home, we need to take a hard look at our performance with the current Medicare home-based benefits: home health and hospice. . .</p> <p>The Future of Health Care at Home The Medicare home health and hospice benefits are not the same as primary care</p>

	<p>at home or hospital at home models. But as the latter two increasingly become included as plan benefits, and as we work to improve the former, policy makers should keep in mind that organizing and delivering services at home can create challenges for patients and their families. The home setting, more than any other, requires that we:</p> <ul style="list-style-type: none"> • Fund and value good coordination and accountability for service delivery; • Equip patients and family members to perform medical tasks, according to their preferences and abilities; and • Ensure that the varied services and supports are delivered in the appropriate amount, mix, and cadence to meet the needs of all patients. <p>As we move forward in designing new payment systems for health care at home, there must be an entity—such as a primary care organization, for example—with annualized accountability for delivering high-value care in the home, even if the care is delivered and financed episodically. And furthermore, these accountable entities must have some flexibility in determining the types, mix, and cadence of services. They must also be accountable for care coordination and integration across services and providers.</p> <p>https://tinyurl.com/FamilyHomeHealth</p> <p>24. Senior Matters <i>How can I best prepare my home for an older adult to move in?</i> So much of caregiving is about adapting aspects of your normal life to the new normal you’re facing as you assist the senior in your life. https://tinyurl.com/PrepareHomeOlderMoveIn</p>
Assisted Living	<p>25. Restaurant Business February 11, 2022 <i>Struggling to hire, this senior-living dining room turned to robots</i> Wesley Enhanced Living bought two robotic food runners after discovering that they cost about the same as human workers. https://tinyurl.com/DiningRoomRobots</p>
Covid-19	<p>26. *Health Affairs February 16, 2022 <i>The Effectiveness of Government Masking Mandates On COVID-19 County-Level Case Incidence Across the United States, 2020</i> Abstract Evidence for the effectiveness of masking on SARS-CoV-2 transmission at the individual level has accumulated, but the additional benefit of community-level mandates is less certain. In this observational study of matched cohorts from 394 US counties between March 21 and October 20, 2020, we estimated the association between county-level public masking mandates and daily COVID-19 case incidence. On average, the daily case incidence per 100,000 people in masked counties compared with unmasked counties declined by 23 percent at four weeks, 33 percent at six weeks, and 16 percent across six weeks postintervention. The beneficial effect varied across regions of different population densities and political leanings. The most concentrated effects of masking mandates were seen in urban counties; the benefit of the mandates was potentially stronger within Republican-leaning counties. Although benefits were not equally distributed in all regions, masking mandates conferred benefit in reducing community case incidence during an early period of the COVID-19 pandemic. https://tinyurl.com/EffectivenessOfMaskMandates</p> <p>27. Helios</p>

	<p>February 13, 2022 <i>In older adults with COVID-19, stroke risk highest in first 3 days after diagnosis</i> In older adults with COVID-19, ischemic stroke risk was much higher in the first 3 days after diagnosis than at points thereafter, researchers reported at the International Stroke Conference. https://tinyurl.com/StrokeRiskHighest</p> <p>28. Wall Street Journal January 31, 2021 <i>The New Clues About Who Will Develop Long Covid</i> Research is homing in on risk factors for developing long Covid, offering clues for potential treatments. Asthma. Unhealthy gut bacteria. The presence of autoantibodies, usually associated with autoimmune conditions. These are among the risk factors identified in new studies as potentially making someone at greater risk of developing long Covid, a condition in which wide-ranging symptoms such as fatigue, brain fog and racing heart rate persist months after an initial Covid-19 infection. The studies help advance scientists' understanding of the biology behind long Covid, and provide clues to potential treatments. . . In a study published in the journal Cell, scientists identified four risk factors, for which scientists tested upon a patient's initial diagnosis. The most prevalent one was the presence of certain autoantibodies, which are antibodies that mistakenly attack the body in autoimmune conditions such as lupus. . . A second risk factor was reactivated Epstein-Barr virus. . . Two other risk factors were Type 2 diabetes and the detection of genetic material from SARS-CoV-2 in the blood, which means the virus escaped the lungs and is spreading to other parts of the body. https://tinyurl.com/CluesLongCovid</p>
Health Care	<p>29. Health Affairs Forefront February 18, 2022 <i>Transparency As a Solution For COVID-19-Related Hospital Capacity Issues</i> One way to assure that independent hospitals expend the resources to create the plans for these networks is to require them to delineate their surge capacity plans using a new accounting standard, as specified by the Financial Accountings Standards Board (FASB). . . Transparency as a solution often fails because of a lack of enforcement or overly complex regulations. . . In contrast to approaches that rely on HHS, our recommended solution for building hospital capacity is more likely to work because it uses the power of the SEC, which for nearly a century has been widely emulated for its success as a transparency agency. Standards for hospitals surge capacity plans that follow typical SEC requirements should include the following four essential elements: Uniformity And Relevance First, a standard of disclosure should be designed so that the plans for surge capacity of different hospitals can be readily compared. Trustworthiness The auditors test whether the financial statements and related disclosures comply with generally accepted accounting principles, including the FASB standards. Accessibility Third, the plans for surge capacity transparency data should be readily accessible for consumers. Understandability</p>

	<p>Fourth, an expert outside audience should analyze plan data and frame them so they are understandable to a general audience.</p> <p>https://tinyurl.com/TransparencyAsSolution</p>
Social isolation	<p>30. Kaiser Family Foundation February 23, 2022 <i>Web Video: The Gift of Experience vs. the Stress of Isolation: Older People Share How They've Made It Through the Pandemic</i> Older adults have suffered more illness and death from covid-19 than any other group. How are they faring as the pandemic enters its third year? KFF's Kaiser Health News (KHN) and The John A. Hartford Foundation explored that question in depth in a 90-minute interactive web event on Feb. 23, 2022. Judith Graham, KHN's Navigating Aging columnist, moderated the discussion among a panel of nine older adults from diverse backgrounds, bringing to light their experiences in their own words. Too often, voices like theirs are not featured prominently in stories about the pandemic. Rani Snyder, Vice President, Program at The John A. Hartford Foundation, made introductory remarks. Questions included: How have people handled the persistent stress? How have their lives changed? What are their most significant challenges? What needs are not being met? What sources of strength and comfort help sustain them? What are their hopes for the year ahead? The panel included African American, Latino, White, and LGBTQ+ older adults. Among them was a nursing home resident in Maryland, a couple living in a retirement community in Pennsylvania, a man with Alzheimer's disease in Nevada, a divorced couple who live together and help each other in North Carolina, a single woman living alone in Minnesota, an activist who cares for his bedbound wife in Dallas, and a woman who lives in affordable housing in New York City. https://tinyurl.com/GiftOfExperience</p> <p>31. Kaiser Health News February 18, 2022 <i>As Covid Slogs On, Seniors Find Fortitude Waning and Malaise Growing</i> Despite recent signals that covid's grip on the country may be easing, many older adults are struggling with persistent malaise, heightened by the spread of the highly contagious omicron variant. Even those who adapted well initially are saying their fortitude is waning or wearing thin. . . To be sure, older adults have cause for concern. Throughout the pandemic, they've been at much higher risk of becoming seriously ill and dying than other age groups. Even seniors who are fully vaccinated and boosted remain vulnerable: More than two-thirds of vaccinated people hospitalized from June through September with breakthrough infections were 65 or older. . . Most at risk are older adults who are isolated and frail, who were vulnerable to depression and anxiety even before the pandemic, or who have suffered serious losses and acute grief. https://tinyurl.com/FortitudeWaningMalaiseGrowing</p>
Workforce / Caregivers	<p>32. Wall Street Journal February 20, 2022 <i>Caring for Older Relatives Is So Expensive That Even AARP's Expert Filed for Bankruptcy</i> Unexpected costs can accumulate over time and overwhelm even most</p>

experienced of nation's 53 million family caregivers. Family caregivers are the backbone of the nation's long-term care system and provide an estimated \$470 billion worth of free care—often [at great personal cost](#). On average, caregivers spend 26% of their personal income on caregiving expenses, according to [a 2021 AARP study](#), with most personal spending going to housing, including home modifications. A third of caregivers dip into their personal savings, like bank accounts, to cover costs, and 12% take out a loan or borrow from family or friends. . .

[Caregiving is becoming more expensive](#) because people are living longer with more complicated medical needs and hiring help costs more. The median annual cost of in-home care rose to \$54,912 in 2020, an 18.5% increase from 2016, according to Genworth, a long-term-care insurance company. The financial strain is widespread. Although the average caregiver is 49, about 23% percent are millennials, who have had less time in the workforce to build financial security. Concerns about the toll on family caregivers led to a recently introduced bipartisan Credit for Caring Act that would provide a tax credit of up to \$5,000 to eligible working caregivers.

<https://tinyurl.com/CaringForOlderRelatives>

33. Associated Press

February 18, 2022

NY won't enforce booster mandate for health care workers

[New York] state health commissioner Mary Bassett said Friday that the decision to drop enforcement of the mandate reflects the reality that booster rates remain far below 100% in nursing homes and hospitals.

Nursing homes and hospitals in New York have vaccinated nearly all employees, but health experts worry that booster rates are too low to protect against future surges as a vaccination's efficacy wanes over time. COVID-19 vaccine booster shots provide 90% protection against hospitalization, according to data published by the U.S. Centers for Disease Control and Prevention last month.

About 43% of roughly 146,000 nursing home staffers across New York were fully vaccinated with a booster shot, according to The Associated Press' analysis of the latest state Department of Health data released Wednesday.

That's up from about 20% as of early January, when Hochul first announced the booster mandate.

Still, several dozen nursing homes reported as few as 0% of workers with booster shots, with rates lowest in Brooklyn as well as upstate counties in the Finger Lakes, central and northern New York.

<https://tinyurl.com/NYWontEnforceBooster>

34. Robert Wood Johnson Foundation

April 8, 2021

40 million Americans care for a loved one. 16 million of them are men.

Normalizing Men as Caregivers Helps Families and Society

Busting the stereotype of men as breadwinners and women as caregivers benefits families and our economy. New research reveals conditions and supports needed for men to fulfill their caregiver roles.

A series of reports produced by the New America Foundation and funded by the Robert Wood Johnson Foundation examine caregiving experiences of nearly 3,000 men as fathers, as caregivers to relatives, and in their professional careers. The goal is to understand men's attitudes, beliefs, behaviors, desires, and motivations around caregiving. The most recent reports are:

- [Providing Care Changes Men](#)

- [A Portrait of Caring Black Men](#)
- [Professional Caregiving Men find Meaning and Pride in their Work, But Face Stigma](#)

Key findings reveal the importance of creating necessary conditions and supports that allow men to fulfill their roles as caregivers for their families. The findings also demonstrate the need for debunking societal stereotypes within caregiving professions—typically occupied by women—and significant policy and systems change such as expanding paid leave and eliminating traditional cultural norms related to men’s role in society.

<https://tinyurl.com/NormalizingMenAsCaregivers>

35. Daughterhood.org

January 20, 2021

Daughterhood in a Time of COVID: Our History and Our Future

For a movement to have momentum, the participants need to have a) passion and b) a shared set of experiences. One of the most striking things about being in community with caregivers all over the country is just how similar the emotional and tactical experiences are. Regardless of socio-demographics, political orientation, or geography, we are all unified in our challenges and in our suffering.

- We all worry about making the right decisions
- We all struggle to manage ancient, primal, and fraught family relationships
- We all struggle to balance our loved ones’ desire for independence with our concern for their safety
- We all feel – at some point – completely overwhelmed by the situation we’re in and what it demands of us
- We all feel like nothing we do is enough; that we’re failing
- We all experience so much frustration trying to navigate bureaucracies of healthcare, insurance
- We all wonder – in the beginning – where do I start? What do I do?
- We all worry about money – in some way, shape, or form. Are we going to have enough? Are our parents going to have enough? Who’s going to get it? How do we protect it from the government? How much will be left? I’ve come to believe that money is the root of so much of our worries.
- We all want to take better care of ourselves, but we don’t know how, and we feel guilty for how bad we are at it. We all worry about what all of this stress means for our old age
- We can all recite the Medicare alphabet Parts A, B, C, and D
- We all miss our friends
- We worry about how our caregiving is affecting our kids, our work, or our marriage.
- We all feel guilty. All.The.Time. We really want to be able to say “no” without feeling guilty
- We struggle to set priorities and stick to them.
- We all want to quit.
- We don’t have enough help.
- We hate trying to figure out home care, assisted living and nursing homes.
- We’re all challenged and frightened by the many faces of Dementia
- Most of all, and very paradoxically, we’re all united in our feeling of being all alone. As Jessica Ravitz wrote in her article for the Washington Post, *“While new mothers are showered with love and often share a path well-lit by friends and neighbors, the road is often dark and hard to navigate when it comes time*

<p>Disabilities / Disability Rights</p>	<p style="text-align: center;"><i>to mother their own mothers, or any relative for that matter.”</i> https://tinyurl.com/DaughterhoodInTimeOfCovid</p> <p>36. New York Times (free access) February 20, 2022 (updated) <i>‘I Wanted That Self-Reliance Back’: Disabled Hikers Forge a New Path</i> Outdoor enthusiasts with disabilities are pushing to encounter nature on their own terms, with self-written guides, better equipment and even guide dogs trained for the backcountry. As a result of the pandemic, more people nationwide have turned to outdoor recreation. A March 2021 report commissioned by the Outdoor Industry Association found that 53 percent of Americans over the age of six participated in outdoor recreation in 2020 — the highest rate on record. Last April, several disability activists testified at a hearing on Capitol Hill, in front of members of the House Natural Resources Committee, which oversees the Park Service, to push for greater accessibility in outdoor spaces and call attention to barriers in public parks. . . Mr. Buzzell said that parks across the country are receiving increased requests for more accessibility information, and the demand prompted the agency to form an Accessibility Task Force and launch a five-year strategy in 2015 to improve accessibility. More national parks are partnering with local disability organizations to get accessibility. . . Some trail guides are already available for free on the Disabled Hikers website. https://tinyurl.com/SelfRelianceBack</p> <p>37. Health Affairs Forefront February 14, 2022 <i>The Need for Disability Documentation in The Electronic Health Record</i> An underrecognized medium for improving the quality of care for patients with disabilities is the electronic health record (EHR). . . In February 2014, the Department of Health and Human Services (HHS) proposed a rule in “Electronic Health Record (EHR) Certification Criteria; Interoperability Updates and Regulatory Improvements” that required EHRs to include the capability to record disability status. Informed by Section 4302 of the Affordable Care Act, this report also proposed seven questions to be asked to patients surrounding disability and sought input on these. Later, a 2020 study that interviewed patients with disabilities about proposed changes in the health care system identified that almost all patients preferred for data about their disability to be in the EHR and available to all their care teams. In 2022, there remains significant variability in recording of disability and accommodations—while these data are largely absent in EHRs, they are sometimes buried in charts or documented in a limited way that care teams cannot easily reference. EHRs should be required to contain structure to document a patient’s type of disability, history of disability, accommodations required in the health care setting, autonomy in activities of daily living (ADLs), and preferred language surrounding disability. All disability information that is documented should come from patients themselves—questions asked should be patient-centered and inclusive of the diversity of ways in which patients may identify. There should also be a capacity to document changes in these metrics over time. Standardized EHR structure, in addition to facilitating documentation, ensures that we consistently address and accommodate the full spectrum of disabilities that patients may have, including disabilities that are invisible.</p>
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	<p>After standardizing the incorporation of the disability status of patients into EHRs, it is critical for these additions to be communicated to all members of patient care teams. Changes in system capabilities will not meaningfully improve disability documentation if health care professionals, staff, and trainees are not educated on appropriately documenting information based on their clinical encounters. Federal policies that mandate the standardized completion of this information and tie completion to hospital incentives over time would also globally improve input of disability data in the EHR. This could take the form of including disability in meaningful use criteria for EHRs produced by the Office of the National Coordinator for Health Information Technology in HHS. . .</p> <p>Ableism and the explicit prioritization of certain types of bodies and minds over others are roadblocks to progress in these sectors.</p> <p>Amidst necessary and ongoing reform, all members of the health care team who interface with patients with disabilities have the shared experience of referencing their EHRs. Implementing standard documentation of disability in the EHR can thus centralize our efforts to better our care for patients with disabilities—it will prompt regular clinical conversations with all patients about their disabilities, help us recognize what accommodations patients may need and invest in these, and facilitate research that furthers our understanding of inequities experienced by patients with disabilities and how to address them.</p> <p>https://tinyurl.com/DisabilityDocumentationInEHR</p> <p>38. Administration on Community Living February 14, 2022 <i>ACL Announces Jill Jacobs as Commissioner for the Administration on Disabilities</i> ACL is pleased to announce Jill Jacobs as the Commissioner of ACL’s Administration on Disabilities.</p> <p>Jill brings to ACL more than two decades of professional experience managing disability services organizations, analyzing policy, and working toward improved health and disability programs and services at local, state, and federal levels. In addition, she has worked with disability justice groups, disaster relief organizations, and advocates to organize healthcare, human rights, and disaster relief initiatives in support of the most marginalized communities. Jill also brings to the role extensive lived experience, both as a person with a disability and as the mother of two disabled adults.</p> <p>https://tinyurl.com/JillJacobsNamed</p>
Older Workers	<p>39. *Boston Globe February 22, 2022 (updated) <i>IBM e-mails about making ‘dinobabies’ extinct confirm what older workers already know</i></p> <p>Still, it’s startling to see so much contempt expressed so candidly — and in writing. . . The e-mails that top IBM executives sent to one another about their aging workforce confirm what older workers already know is true. [I]t’s startling to see so much contempt for older workers expressed so candidly — and in writing. One e-mail addresses a strategy to “accelerate change by inviting the ‘dinobabies’ (new species) to leave” and become an “extinct species.” Another alludes to IBM’s “dated maternal workforce” — an apparent reference to older women — and says: “This is what must change. They really don’t understand social or engagement. Not digital natives. A real threat for us. . . The federal Age Discrimination in Employment Act, passed in 1967, prohibits employers from treating workers age 40</p>

and over any differently when it comes to hiring, promotion, and firing. But in practice, age discrimination “is rampant.” . . .
At IBM, it’s a documented problem. In 2018, [ProPublica reported](#) on IBM’s strategy of replacing older workers with younger ones. Two years later, [an EEOC investigation confirmed a pattern of age discrimination](#), finding there was “top-down messaging from [IBM’s] highest ranks directing managers to engage in an aggressive approach to significantly reduce the headcount of older workers.” However, the agency didn’t release any evidence to back up that conclusion. <https://tinyurl.com/MakingDinobabiesExtinct>

40. New York Times (free access)

February 12, 2022

Making ‘Dinobabies’ Extinct: IBM’s Push for a Younger Work Force

Documents released in an age-discrimination case appear to show high-level discussion about paring the ranks of older employees.

In recent years, former IBM employees have accused the company of age discrimination in a variety of legal filings and press accounts, arguing that IBM sought to replace thousands of older workers with younger ones to keep pace with corporate rivals.

Now it appears that top IBM executives were directly involved in discussions about the need to reduce the portion of older employees at the company, sometimes disparaging them with terms of art like “dinobabies.” . . . In 2020, the Equal Employment Opportunity Commission released a summary of an investigation into these practices at IBM, which found that there was “top-down messaging from IBM’s highest ranks directing managers to engage in an aggressive approach to significantly reduce the head count of older workers.” . . .

Both earlier legal filings and the newly unsealed documents contend that IBM sought to hire about 25,000 workers who typically had little experience during the 2010s. At the same time, “a comparable number of older, non-Millennial workers needed to be let go,” concluded a passage in one of the newly unsealed documents, a ruling in a private arbitration initiated by a former IBM employee. . . . The particular legal matter that prompted the release of the documents in federal court was a motion by one of the plaintiffs whose late husband had signed an agreement requiring arbitration, and whose arbitration proceeding IBM then sought to block.

<https://tinyurl.com/IBMDinobabiesExtinct>

41. Wall Street Journal

February 6, 2022

The New Post-60 Career Paths

People in their 60s, 70s and beyond still want stimulating jobs. Researchers and workplace experts are figuring out what late-in-life careers could look like. . .

[M]ore people over 60 plan to continue working in the future—the share of workers 65 and over in the U.S. is expected to increase faster than any other age group between now and 2030—but no clear roadmap exists for how to do it. . .

As life spans [now extend toward 100](#), demographers, gerontologists, neuroscientists and employment experts are studying how to overhaul the workplace for the future to encourage people to work into the later stages of life. Companies are devising ways to taper down and deconstruct jobs by task, role or project to offer more options to [older workers looking for more meaningful and flexible work](#). . .

	<p>Despite years of discussion about accommodating an aging workforce, the topic is still taboo for many. “People don’t want to self-identify as older. They don’t want to be stigmatized as slowing down,” Dr. Christensen says. A 2020 AARP survey of 5,598 employers in 36 OECD countries found 53% of global executives don’t include age in their diversity and inclusion policies. . .</p> <p>Evidence continues to grow that working longer is better for mental, physical, and financial health. Postponing retirement until at least age 67 resulted in a one-third reduction in cognitive decline compared with those who retired at ages 61-67, with positive effects lasting until age 74, according to a study published in September in the journal SSM-Population Health.</p> <p>https://tinyurl.com/NewPost60CareerPaths</p>
Advocacy	<p>42. *Boston Globe February 23, 2022 (updated) <i>Facing climate and social justice crises, older people are getting back into the protest battle</i> Older activists seek to draw on ‘generational DNA’ to redeem legacy. Environmental and social justice champions are seeking to activate, or reactivate, older folks as a potent force for change. Many seniors are at a juncture, after decades of finding their way and chasing their dreams, where they begin to rethink their purpose. And they have more time on their hands, networks of contacts, and with luck, wealth to deploy. https://tinyurl.com/SocialJusticeOlderPeople</p> <p>43. *New York Times February 7, 2022 <i>Call It ‘Codger Power.’ We’re Older and Fighting for a Better America.</i> But the daily business of politics — the inside game — is very different from the sort of political movements that helped change the world in the ’60s. Those we traditionally leave to the young, and indeed at the moment it’s young people who are making most of the difference, from the new civil rights movement exemplified by Black Lives Matter to the teenage ranks of the climate strikers. But we can’t assign tasks this large to high school students as extra homework; that’s neither fair nor practical. Instead, we need older people returning to the movement politics they helped invent. . . Reminding one another of the early years of our lives is, we think, key. If our first act was pretty fascinating, the second act for too many of our generations focused harder on consumerism than on citizenship; we drifted into an individualism that fit easily with the Reagan ethos of looking out for oneself. But if it worked for us, it clearly isn’t working for the planet or the society as a whole — younger people realized that, which is why they took up the “OK, boomer,” cry, and we’ve begun to realize it too. Older voters began drifting back to Mr. Biden in the last election, but we think that drift needs to grow into a wave if we’re going to defuse the challenges facing us. And it can. Plenty of people don’t take older Americans seriously as political actors. . . Since we’ve begun organizing Third Act, it’s been amazing to watch people come in out of the cold to help. https://tinyurl.com/CodgerPower</p>
State Budget	<p>Commonwealth of Massachusetts <i>Governor’s Proposed Budget for FY 2023</i> January 26, 2022 The annual budget process begins each year when the Governor files</p>

	<p>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. https://malegislature.gov/Budget</p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram 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. 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. 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. • 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 https://tinyurl.com/SpecialFocusFacilityProgram
Nursing Home Compare	<p>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.</p> <p>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 administrators who have stopped working at a nursing home over the past 12-month period. • 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. https://tinyurl.com/NursingHomeCompareWebsite</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <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>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
	*May require registration before accessing article.

<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
<p>Websites</p>	<p>Access Recreation https://www.accessrecreation.org/ Access Recreation is a Portland, Oregon ad hoc committee that had developed guidelines for minimum information that should be provided about hiking trails and outdoor facilities, that would benefit hikers with disabilities, and which should be applied to agency websites, printed materials and at trail sites.</p> <p>Daughterhood https://www.daughterhood.org/ Daughterhood is a community of people supporting each other in the joys and challenges of caring for aging parents, other family members and friends. This community lives online through the Daughterhood blog and newsletter, podcast, Daughterhood Conversations webinar series, website, and social media platforms. But most importantly, it lives in the Daughterhood Circle program, through which caregivers come together to share information, support, and resources. Daughterhood circles aim the power of community and friendship directly at the challenges that come with caregiving. Daughterhood.org’s mission is to support and build confidence in women who are managing their parents’ care.</p> <p>Global Opportunities Unlimited https://www.gounlimited.org/ GO Unlimited is a nonprofit organization that creates adaptive sporting and outdoor adventure opportunities so that people experience freedom from their disabilities</p> <p>Third Act https://thirdact.org/ Statement of purpose: <i>Third Act is people over the age of 60 — “experienced Americans” — determined to change the world for the better. We muster political and economic power to move Washington and Wall Street in the name of a fairer, more sustainable society and planet. We back up the great work of younger people, and we make good trouble of our own.</i> Operating principles: 1) Be kind We work for progressive change with conviction and vigor, but without aggression or bitterness. That means all of our work is nonviolent (the nonviolence pioneered by people like Gandhi, King, and the suffragists is one of the great gifts from the 20th century). And that nonviolence extends to the ways we communicate and, hopefully, to the ways we think. In the words of those campaigners who stood up for civil rights in Birmingham in 1963, we will refrain from “violence of the fist, tongue, or heart.” We don’t need to be nice, but we do need to be kind. 2) Be humble (a little) We work confidently, but with a certain humility: the partisan and ideological hatreds of recent years are making our country ugly in unfamiliar ways, and we don’t want to add to them. In particular, while we make use of the internet and</p>

social media to spread our message, we try to do it in ways that don't damage what's left of the social fabric. And if we have conflicts with each other, we'll try to approach them directly, but not aggressively, confident that we're all still capable of change.

3) Be inclusive—really!

We know that there are unhealthy and unjust patterns in our society, and that history may make them especially powerful in our generations—so we strive to make sure that as we do our work, differences of race, gender, or other markers of identity make us stronger. When we find ourselves falling into those old patterns, we make a real effort to get out of them, allowing people of every kind to lead and guide.

4) Boost others!

We hope we're past the point where ego and ambition guide our work, but since we're human we guard against them as best we can. We know it's not healthy to have the loudest voices dominate our efforts; we try to spread responsibility and leadership.

5) Take care of yourself

We know, better than those who are younger, that there's no time to waste. But we also know that there are limits to our effectiveness. Sometimes we'll have to work harder and deal with more stress than is healthy—so we will look for opportunities to relax and take care of our health. And we will watch our colleagues to make sure they have the help they need. We need to keep learning, and to educate ourselves—that's part of the pleasure of this work, and we'll try to provide those opportunities. But part of our work is simply to enjoy the world around us—and so we celebrate victories, lift up effort, offer support.

6) Back up the youths!

We understand that our generations, taken as a whole, have helped create some of the troubles we now face. We think we have important roles to play in dealing with those troubles—but we also know that one of our big and joyful jobs is to support younger people leading movements for environmental and social justice. They often ask for support, not direction, and that's what we should provide.

7) Be generous, but not to a fault!

We know that it takes financial resources to help power this work, but we also know that many of us live on fixed incomes. No one should give money they can't afford; everyone should understand that most of all we need volunteer support.

8) Be accountable

We are all capable people—but we know our effectiveness is multiplied when we work together. We acknowledge that local groups and affinity chapters have a superior sense of what messages will work in their communities, but we also agree to take guidance from the central office of Third Act on campaigns and themes, and to supply that central office with feedback on what works best.

9) Be creative!

We work, as best we can, in good humor, good faith, and good cheer, recognizing that art and music have a serious role to play in making change. We realize that the problems we work on may not be solved in our lifetimes, but we know that our lives can help move us in the right direction.

	<p>10) We're all in this together We know that absolutely everyone has a role to play, all the way through their lives. That's how a movement works, and it's what a movement means.</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	Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures		
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	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 Lachan Forrow	prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu
	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
	Veteran Services	James Lomastro	jimlomastro@comcast.net
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ 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"> • Shannon Liss-Riordan • Dick Moore • Valerie Splaine 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>		

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.