



The Dignity Digest

Issue # 82

March 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

Establish professional standards for the superintendent. Clarify the chain of command from the veterans' facility to Beacon Hill. Consolidate authority to hire and fire a superintendent in a Cabinet-level position, with direct report to the governor.

That is key to reform. Anything that stands in the way of those simple goals disrespects the veterans who died of COVID-19 in Holyoke.

Concluding recommendations, Editorial Board, *Two years after COVID-19 deaths, still no systemic reform at the Soldiers' Home in Holyoke* ***Boston Globe**, March 22, 2022 (updated), <https://tinyurl.com/NoSystemicReform>

"No one wants to talk about dying, but we all die. We need to plan for it."

Tess Clarkson, an End-of-Life Doula, *What a Death Doula Wants You to Know*, **The Ethel (AARP)**, March 23, 2022, <https://tinyurl.com/DeathDoula>

"When a machine is disabled, it's broken. But you're not broken. You're changing. It's a matter of embracing the change and then transforming into what you will become."

Jon Kreamelmeyer, paralympic coach whose leg was amputated at age 75 years last year and is now a paraplegic skier, *Former Paralympic Coach Comes 'Full Circle' After Losing a Leg*, ***New York Times**, March 20, 2022, <https://tinyurl.com/ParalympicCoachFullCircle>

Given the expertise available, a decision [about the need for future Covid-19 vaccinations] grounded in science and facts is likely to be the right decision.

Covid-19 vaccine policy should be made by public health experts, not company executives, **STAT**, March 22, 2022, <https://tinyurl.com/Covid19VaccinePolicy>

“Just imagine how much [Boris Romanchenko, a 96-year-old Ukrainian who was a survivor of Nazi concentration camps] went through! He survived Buchenwald, Dora, Peenemuende and Bergen-Belson, the conveyors of death created by the Nazis. And he was killed by a Russian shell that hit an ordinary Kharkiv high-rise. With every day of this war, it becomes more and more obvious what they (Russians) mean by ‘de-Nazification.’”

Ukrainian President Volodymyr Zelenskyy, *Germany honors survivor of Nazi camps, 96, killed in Ukraine*, **AP News**, March 22, 2022, <https://tinyurl.com/GermanyHonorsCampSurvivor>

“Congress created [[caregiver support programs](#)] to assist caregivers like me whose spouses need substantial care. It should have been a blessing. However, the program[s] [have] become unpredictable, stressful and, frankly, dehumanizing.”

Caira Benson, a full-time caregiver to her veteran husband, Eric, *VA caregiver program needs total overhaul as problems mount, advocates say*, **Military Times**, March 23, 2022, <https://tinyurl.com/VAProgramIOVerhaul>

“I am already feeling the emotional burnout of caring for patients who, despite some being the sickest they’ve ever been, are unable to have their loved ones by them. What do you say to someone who is facing death and can’t have their loved ones with them?”

Michael Odell, an intensive care nurse who committed suicide, *‘I fear the long-term effects’: Before his death, a nurse warned of the pandemic’s toll on health care workers*, **STAT**, March 23, 2022, <https://tinyurl.com/PandemicToll>

“People with disabilities deserve to have an equal opportunity to access the services, goods and programs provided by government and businesses, including when offered or communicated through websites.”

Assistant Attorney General Kristen Clarke, Justice Department’s Civil Rights Division, *US Department of Justice Issues Web Accessibility Guidance Under the Americans with Disabilities Act*, **U. S. Department of Justice**, <https://tinyurl.com/USDOJADAWeb>

“To see their faces light up when they held the kittens was really heartwarming. There was one resident in particular who was suffering from PTSD and depression, but when she picked up a kitten, she instantly changed. She was smiling and calm for the first time in a long time.”

Lori Irby, Meridian at Anaheim Hills business manager, *She brought tiny foster cats into her office at a retirement home. Residents found out — and kitten therapy began*, **Washington Post (free access)**, November 9, 2021, <https://wapo.st/358EwwB>

“We must ensure those at greatest risk of serious illness from Covid are protected, and spring boosters will top up people’s immunity.”

Maggie Throup, Great Britain’s vaccine minister, *England’s health service starts offering a second booster to vulnerable adults*, ***New York Times**, March 22, 2022, <https://tinyurl.com/EnglandSecondBooster>

“It’s about equity, and as our veterans age, it becomes harder and harder for them to travel and keeping these services in their community gives them that access to care.”


Cape Ann Director of Veterans Services Adam Curcuru, *Consolidate local clinics into new Salem VA site*, **Salem News / Gloucester Times**, March 22, 2022, <https://tinyurl.com/ConsolidateLocalClinics>

“My goal is to make sure the voices of our veterans are heard in this process. They have earned the care they receive from the VA and the VA must understand how these veterans will be affected by the proposed changes.”

U.S. Rep. Seth Moulton, D-Salem, *Consolidate local clinics into new Salem VA site*, **Salem News / Gloucester Times**, March 22, 2022, <https://tinyurl.com/ConsolidateLocalClinics>

“Veterans deserve quality health care at VA facilities in their communities, and I’m deeply concerned that the VA has not been thoroughly engaging and communicating with veterans in Massachusetts about decisions impacting their health and their families.”

	<p>U.S. Sen. Elizabeth Warren, <i>Consolidate local clinics into new Salem VA site</i>, Salem News / Gloucester Times, March 22, 2022, https://tinyurl.com/ConsolidateLocalClinics</p> <p><i>Public-health decisions need to be informed by the best available data. Cutting the ability to track and respond to the virus while most of the world remains unvaccinated makes these decisions less reliable. It will also reduce people’s ability make decisions about their own safety.</i></p> <p><i>This is no time to stop tracking COVID-19</i>, Nature, March 23, 2022, https://tinyurl.com/NoTimeToStopTracking</p> <p><i>This demographic risk [i.e., too few working-age adults to support a growing population of aging baby boomers] “is just deadly. We’re not building enough housing to keep our own kids.”</i></p> <p>Professor Dowell Myers, a demography and urban planning expert at the University of Southern California, <i>Cities Lost Population in 2021, Leading to the Slowest Year of Growth in U.S. History</i>, *New York Times, March 24, 2022, https://tinyurl.com/CitiesLostPopulation</p>
<p>Dignity Alliance Massachusetts in the News</p>	<p>1. * Boston Globe March 22, 2022 <i>Response by former Senator Dick Moore, Dignity Alliance Massachusetts member, to Boston Globe editorial</i></p> <p>The need for professional leadership at the Holyoke and Chelsea Soldiers Homes is vital for our aging veterans and that need existed even before the tragedy of COVID. While that leadership should have a grounding in geriatrics as well as health care administration, leadership from the traditional nursing home background will not be sufficient. The new leadership needs vision for creating and sustaining a care model that is person (veteran) centered, treats those it serves with dignity and respect, and includes input from the veterans and their families. Unfortunately, the politics of the situation resulted in a plan \$400 million for new facilities that, so far, has failed to provide the kind of facility that even the US Veterans Administration, now builds - the small house model. The rebuilding proposal that was advanced in the wake of the crisis needs to be reconsidered based on proposals advanced by Dignity Alliance Massachusetts and representatives of the Disabled American Veterans. Another key to reform, which has behind it an authorized \$200 million for small house model veterans homes located around the state, primarily in regions where many aging veterans now live. Where is the plan to spend that \$200 million to better serve aging veterans closer to their families, friends, and communities? Why isn't there an effort to find publicly owned land in those communities where these small veterans homes could be located? When the state constructed elderly housing in years past, it was in partnership with the host</p>

	<p>communities who provided the site. That model could also work in locating small house veterans homes. Our veterans deserve a new and effective vision of long-term care! Plans that are based on outdated care models and outdated governance structures fall far short of Lincoln's goal of "caring for him who has borne the battle and his widow and orphan." Of course, today, our efforts must also address caring for women veterans as well!</p> <p>https://tinyurl.com/ReGlobeMarch22Editorial</p>
Inspiration	<p>2. Washington Post (free access) November 9, 2021 <i>She brought tiny foster cats into her office at a retirement home. Residents found out — and kitten therapy began.</i> [Meridian at Anaheim Hills business manager Lori] Irby was a new ASPCA foster caregiver for kittens that were abandoned at animal shelters near her home in Orange County, and she set up a playpen in her office to make it easier to feed the kittens every few hours, she said. When several residents found out she was caring for the fuzzy kittens, the cat was out of the bag, so to speak. They began stopping by and asking if they could see them.</p>  <p>https://wapo.st/358EwwB</p>
Lives Well Lived	<p>3. AP News March 22, 2022 <i>Germany honors survivor of Nazi camps, 96, killed in Ukraine</i> Germany's parliament on Tuesday paid tribute to Boris Romanchenko, who survived several Nazi concentration camps during World War II but was killed last week during an attack in the Ukrainian city of Kharkiv. He was 96. The Buchenwald concentration camp memorial said on Monday that Romanchenko, who survived Buchenwald as well as camps at Peenemuende, Dora and Bergen-Belsen, was killed on Friday. https://tinyurl.com/GermanyHonorsCampSurvivor</p>
Essay Series	<p>4. Stanford Social Innovation Review <i>Meeting the Multigenerational Moment</i></p>

The United States began the 20th century as one of the most age-integrated societies in the world and ended it as one of the most age-segregated. This restructuring has left the country ill-prepared for a world with more Americans living longer lives and more generations living at the same time. It has also yielded a range of social problems, including wasted human resources, rampant ageism, and an epidemic of loneliness. Younger and older people are the most isolated groups in society—a reality made all the more evident by the COVID-19 pandemic.

As the United States crosses a demographic Rubicon—with [more individuals over 60 than under 18](#) for the first time in history—it’s time to turn the situation around in ways that both alleviate the problems created by age segregation, and help realize the benefits of greater cross-generational engagement and interdependence. The social sector must be as creative about bringing people of different ages together as previous innovators were about splitting them apart.

Fortunately, a vibrant, if fledgling, movement to bridge generational divides is already underway. This essay series, presented in partnership with [Encore.org](#) and [The Eisner Foundation](#), explores some of the most promising innovations, shining a light on the breakthroughs, lessons, and barriers to both success and scale. Written by a mix of social entrepreneurs, academic researchers, and philanthropic leaders, the series aims to demonstrate how fresh thinking and new social arrangements hold the potential to make the most of an increasingly multigenerational society.

<https://tinyurl.com/MultigenerationalMoment>

5. **Stanford Social Innovation Review**

Rebuilding an Age-Integrated Society

Social innovation separated old from young, sowing disconnection and discontent.

Here’s how we can come together again.

If social innovation is going to help deliver us from a state of what Andrew Scott, author of [The Hundred-Year Life](#), calls “age-apartheid,” it will need to subsist on more than creativity, pluck, and promise. In this concluding essay, we reflect on four ingredients necessary for making innovative, intergenerational strategies a part of every solution.

1. A New Mindset

For too long, the idea of bringing older and younger people together has started—and stopped—with a single intergenerational activity or program. How many of us were part of a youth group, scouting troop, or service club that visited a nursing home once a year to drop off Valentine’s Day cards or sing Christmas carols?

To catalyze large-scale change, we need to move on from starting points and establish routine, embedded ways of doing business—and living life.

2. More Money

Social innovators bringing older and younger people together to solve multiple problems often find themselves in a no-man’s land when it comes to funding. Their work intentionally crosses boundaries, making funding streams intended to help a single population or solve a single problem an awkward fit at best.

3. A Supportive Policy Environment

Intergenerational funding strategies can breathe new life into the field, but for social innovations to take root in everyday life and achieve scale, we need policies that incentivize intergenerational connection.

4. A Research Agenda

Innovators piloting new intergenerational models need research that can drive improvements in practice and help make the case for expansion and investment.

[Generation Xchange](#), a partnership between the [Los Angeles Unified School District](#) and

	<p>UCLA’s Department of Geriatrics, engages volunteers over age 50 as tutors and mentors to elementary school students in South Los Angeles, benefiting both groups.</p> <p>Imagine a Different Future</p> <p>These ideas could help realize something that’s more than the sum of its parts: a modern-day village, a kampong for all ages. And we don’t have to imagine that anew: Something close to that vision is still alive and well in many Indigenous cultures, immigrant communities, and communities of color, although even they face the corrosive impact of age segregation.</p> <p>We must learn from proven intergenerational traditions and practices, and remix them for modern times, creating a vibrant new social contract that reflects the multigenerational and multicultural reality that is already reshaping the American landscape, and that will be a hallmark of the 21st century. A new social contract built around the idea of interdependence and generational solidarity. One that makes respect and dignity for all people regardless of age, race, or background a centerpiece. And one that is rooted in a sense of the wholeness of life, recognizing that aging is the one thing we all truly have in common.</p> <p>https://tinyurl.com/AgeIntegratedSociety</p> <p>6. Stanford Social Innovation Review</p> <p><i>The Power of Multigenerational Teams in the Social Sector</i></p> <p>Many experienced professionals want to continue working in the years and even decades that follow the traditional retirement age. They want to stay engaged and productive and, in many cases, need to keep earning income. Many also want to apply their skills to new roles that have greater personal meaning and social impact. Indeed, Stanford researchers discovered that 31 percent of adults between the ages of 50 and 92—some 34 million people—“identify, prioritize, adopt and actively pursue goals that are both personally meaningful and contribute to the greater good.”</p> <p>At the same time, nonprofits need workers with experience in areas like technology, marketing, strategic planning, and fundraising, but often struggle to find or afford suitable candidates. They also stand to benefit from workers who have resilience, judgment, communication, and problem-solving skills—traits that studies show older employees can bring. Given the prevalence of younger nonprofit employees (48.4 percent are under 40) and staff new to leadership roles in the sector, experienced professionals can also serve as mentors.</p> <p>https://tinyurl.com/PowerMultigenerationalTeams</p>
Public Policies	<p>7. STAT News</p> <p>March 24, 2022</p> <p><i>Private equity, health care, and profits: It’s time to protect patients</i></p> <p>In his State of the Union address, President Biden expressed concern with the growing — and troubling — trend of private equity ownership and operation of nursing homes and the inherent risk it presents to care of their residents. Between 2010 and 2019, such equity deals in health care nearly tripled in value, from \$42 billion to \$120 billion, totaling \$750 billion over the last decade.</p> <p>That staggering number represents thousands of hospitals, nursing homes, travel nurse companies, behavioral health programs, and other health care settings in every state. The profit-making goals of private equity are, in many ways, at odds with the needs of patients and the rules of government-financed health care programs. In fact, since 2013, private equity-owned health care companies have paid more than \$500 million to settle claims of overcharging government health care programs. . .</p> <p>Private equity firms are asset managers that raise capital from institutional and accredited investors and use that capital to obtain significant, often controlling, equity</p>

interests in private operating companies. Using the influence granted by their equity interest to direct the major business decisions of these companies, these firms seek to improve their financial condition and business prospects with the ultimate goal of selling the companies to the public through an IPO or to a strategic buyer at a profit that generates above-market returns to the firm and its investors.

A fundamental aspect of private equity is that, unlike traditional asset managers, they play active roles in the governance of their portfolio companies, a feature reflected in the considerable fees that private equity firms obtain from their investors. While equity-focused mutual funds have management fees that generally hover around 1% of assets under management, private equity funds commonly charge [“2 and 20,”](#) referring to a 2% management fee and 20% of profits above an agreed-upon threshold. Investors pay these high fees because these firms do not merely identify companies in which to invest, but also manage the operations of those companies for their own financial benefit.

At least four additional attributes of the private equity business model are relevant to understanding the incentives that tilt these firms toward emphasizing short term profits:

- Private equity firms do not acquire portfolio companies for the long haul.
- Individuals employed by private equity firms are typically appointed to sit on the boards of portfolio companies and to fill in as, or hand pick, the CEO.
- Private equity investments often involve raising substantial amounts of debt financing to obtain a controlling interest in a company, secured by that company’s assets.
- The combination of leveraged investments in companies with the one-sided performance fee that rewards private equity firms for profitable investments but does not penalize them for unprofitable ones creates a distorted structure that incentivizes these firms to select risky investments and to operate them in a risky fashion.

When private equity buys a health care company, patients often pay the price. [A 2021 study](#) concluded that private equity ownership increases the short-term mortality of nursing home residents by 10%, which represents more than 20,000 lives lost during a 12-year period, likely due to lowered nursing-staff-to-resident ratios and the diversion of patient care funding to private equity owners.

The Department of Justice and attorneys general in many states have begun to police the actions of private equity firms that cause portfolio companies to submit false claims to the government health care programs, and the False Claims Act has been their chosen enforcement tool. **For example, in October 2021, the Massachusetts attorney general used the state’s False Claims Act to obtain a [\\$25 million settlement](#) from the private equity owners of a health care company following an earlier 2018 settlement with the company itself for \$4 million. The government claimed that South Bay Mental Health Center submitted claims to Medicaid for mental health care services that were provided to patients by unlicensed, unqualified, and improperly supervised staff. The allegations directed at its private equity owners were that they knew of the company’s fraudulent scheme, held a majority of the seats on the company’s board, and yet failed to take the necessary steps to correct it.**

Several effective strategies exist for deterring private equity from putting profits ahead of patients. First, the Securities and Exchange Commission can impose enhanced disclosure requirements on the investments and activities of private equity funds, a concept in which it has recently [expressed interest](#). As Supreme Court Justice Louis Brandeis observed more than 100 years ago, [“Sunlight is said to be the best of disinfectants.”](#) Stronger disclosure requirements would increase transparency and bring more wrongdoing to light.

	<p>Second, the False Claims Act can be an effective tool in policing the actions of private equity firms that cause portfolio companies to submit false claims for payment to Medicare and Medicaid. It is increasingly being successfully used by the government and whistleblowers, who are often company insiders. This trend reflects the reality that private equity can both control and be complicit in fraudulent conduct.</p> <p>Third, during the investigation phase of a false claims matter in which the health care company being targeted is owned by private equity, discovery directed at the private equity firm — and not just the health care company — should be encouraged.</p> <p>https://tinyurl.com/TimeToProtectPatients</p>
Funding Opportunities	<p>8. National Institute of Health <i>Small Business Funding for Innovations in Alzheimer's Disease and Aging</i> The National Institute on Aging (NIA) offers early-stage funding opportunities to small businesses and researchers looking to commercialize innovative treatments or technologies to help people enjoy healthier lives as they age. The NIA Small Business Program is accepting applications for Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) funding. Learn more about these open opportunities. The next deadline to apply is April 5, 2022. https://tinyurl.com/NIAFundingOpportunities</p>
Biden / Federal Policies	<p>9. Federal Communication Commission <i>Video Programming Accessibility Public Forum</i> Monday, March 28, 2022, 1:00 - 3:45 p.m. The Federal Communications Committee's (FCC's) Media Bureau and Consumer and Governmental Affairs Bureau will co-host this second accessibility-related Forum focused on issues surrounding audio description.</p> <p>Consumers currently watch a large volume of video programming online, but the availability of audio description online is inconsistent, even for video programming for which an audio description track already exists. The Video Programming Accessibility Forum – Online Audio Description will explore the state of audio description availability for online video programming, including current best practices and technical issues to overcome. The Forum also will explore ways to enhance accessibility, such as voluntary actions to promote online audio description.</p> <p>The Forum will include two panels that will feature speakers such as television, cable, and online video programming distributors, as well as consumer advocates. Please see the Public Notice for the full agenda.</p> <p>This is a public event and will be streamed live on fcc.gov/live and the FCC's YouTube channel. We encourage the public and interested stakeholders to engage in this discussion by sending questions during the event to livequestions@fcc.gov. Commission staff will enter information about the panel, including all relevant public notices, the agenda, and a link to a video recording of the event, into the public record for this proceeding.</p> <p>The meeting will be webcast with open captioning and sign language interpreters at www.fcc.gov/live. Watch the public forum.</p>
Ukraine	<p>10. World Health Organization <i>Weekly updates on the current situation in Ukraine and refugee-receiving countries</i> Current report: https://tinyurl.com/WHOCurrentReport Subscribe: https://confirmsubscription.com/h/d/243A24C440D70777</p> <p>11. AP News March 22, 2022 <i>Germany honors survivor of Nazi camps, 96, killed in Ukraine</i></p>

	<p>Germany’s parliament on Tuesday paid tribute to Boris Romanchenko, who survived several Nazi concentration camps during World War II but was killed last week during an attack in the Ukrainian city of Kharkiv. He was 96.</p> <p>The Buchenwald concentration camp memorial said on Monday that Romanchenko, who survived Buchenwald as well as camps at Peenemuende, Dora and Bergen-Belsen, was killed on Friday.</p> <p>https://tinyurl.com/GermanyHonorsCampSurvivor</p>
<p>Webinar and online sessions</p>	<p>12. Administration on Community Living Wednesday, March 30, 2022, 1:00 to 3:30 p.m. <i>Joint Meeting: National Advisory Committee on Seniors and Disasters and National Advisory Committee on Individuals with Disabilities and Disasters</i> The Committees evaluate issues and programs and provide findings, advice, and recommendations to the Secretary of the Department of Health and Human Services (HHS) to support and enhance public health and medical preparedness, response, and recovery. The NACSD provides focus on the unique needs of older adults, while the NACIDD focuses on helping HHS meet the needs of people with disabilities. During the meeting, newly appointed members of the committees will discuss challenges, opportunities, and priorities for national public health and medical preparedness, response, and recovery specific to the needs of older adults and people with disabilities in disasters. Agenda and meeting registration: https://tinyurl.com/March302022JointMeeting</p> <p>13. MASILC and the Independent Living Centers of Massachusetts for Independent Living Thursday, April 14, 2022, 11:00 a.m. to 12:30 p.m. <i>IL Education Day: Housing Matters</i> Join MASILC and the Independent Living Centers of Massachusetts for Independent Living Education Day 2022. This year’s event will focus on housing. Safe, accessible, affordable, available housing is a foundation for community living. This year we will share stories of success, the barriers that still exist and opportunities for the future.</p> <ul style="list-style-type: none"> • Speaker list coming soon. <p>Opportunities for audience participation REGISTER HERE</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>14. WHEC.com March 21, 2022 (updated) <i>[New York] Attorney General calls for stronger protections for nursing home workers</i> New York State Attorney General Letitia James Monday evening called for stronger protections for nursing home workers. . . The Attorney General's office released a scathing report showing that former Gov. Andrew Cuomo and his administration had drastically under-counted the number of COVID nursing home deaths. https://tinyurl.com/StrongerProtectionsNYWorkers</p> <p>15. U. S. Department of Labor March 7, 2022 <i>US Department of Labor announces enforcement, effort for focused inspections in hospitals, nursing care facilities treating COVID-19 patients</i> The Department’s Occupational Safety and Health Administration today announced an enforcement memorandum for a short-term increase in highly focused inspections</p>

	<p>directed at hospitals and skilled nursing care facilities that treat or handle COVID-19 patients.</p> <p>OSHA’s goal is to expand its presence to ensure continued mitigation to control the spread of COVID-19 and future variants of the SARS-CoV-2 virus and protect the health and safety of healthcare workers at heightened risk for contracting the virus.</p> <p>The agency will be initiating focused inspections to emphasize monitoring for current and future readiness to protect workers from COVID-19. Follow-up inspections will be conducted at sites that were previously issued citations, as well as where complaints were received but the agency did not conduct in-person inspections.</p> <p>OSHA intends to expand its presence in targeted high-hazard healthcare facilities during a three-month period from March 9, 2022 to June 9, 2022. Through this focused enforcement initiative, the agency will verify and assess hospital and skilled nursing care employers’ compliance actions taken, including their readiness to address any ongoing or future COVID-19 surges.</p> <p>This initiative supplements OSHA’s targeted enforcement under the Revised COVID-19 National Emphasis Program [DIR 2021-03 (CPL 03)] by conducting focused follow-up and monitoring inspections of previously inspected or investigated hospitals and skilled nursing care facilities within four North American Industry Classification System codes listed in the memorandum where COVID-19 citations or Hazard Alert Letters were issued, including remote-only inspections where COVID-19-related citations were issued. https://tinyurl.com/OSHAInspectionsCovid19</p>
<p>Home and Community Based Services</p>	<p>16. The National Consumer Voice for Long Term Care March 2022 <i>Telehealth Was Critical for Providing Services to Medicare Beneficiaries During the First Year of the COVID-19 Pandemic</i></p> <p>As policymakers grapple over the fate of telehealth provisions put in place during the pandemic, data on usage and costs over the last two years will be critical. A new report from the Office of the Inspector General shows that telehealth use among Medicare beneficiaries mirrors that of the broader population, with a spike in the early days of the pandemic leveling out at a significantly increased level. Medicare paid out \$5.1 billion for that care — 76 times the prior year’s expenditures — for fee-for-service enrollees in the pandemic’s first year, but overall health care usage plummeted.</p> <p>Notably, 25% of all virtual care services that year, over 28 million cases, were provided over the phone, emphasizing the value of Medicare’s audio-only telehealth reimbursement during the period.</p> <p>https://tinyurl.com/TelehealthCritical</p>
<p>Behavioral Health / Substance Use Disorder</p>	<p>17. Leonard Davis Institute of Health Economics February 23, 2022 <i>Overcoming Barriers to Treatment for Opioid Use Disorder</i></p> <p>Research Shows That Emergency Departments Can Be a Gateway to MOUDs</p> <p>Two new studies offer evidence about how to increase effective OUD treatment, focusing on emergency departments (EDs). Patients come to EDs following an overdose, for complications of substance use, or simply looking for help, and EDs are poised to offer low-threshold treatment by starting medications during the ED visit. This is supported by strong evidence showing that initiation of buprenorphine in the ED more than doubles treatment engagement at 30 days after the ED visit.</p> <p>The first study, published in Annals of Emergency Medicine, describes the implementation of a multi-component strategy to increase ED-initiated buprenorphine at Penn Medicine.</p> <p>The second study, published in <i>NEJM Catalyst</i>, details the participatory design approach.</p>

	<p>https://tinyurl.com/OvercomingBarriersOUDRx</p> <p>18. The Ethel (AARP) March 23, 2022 <i>How Separate Bedrooms Can Improve Sleep — AND Mental Fitness</i> According to a 2017 National Sleep Foundation survey, 1 in 4 married couples sleep in separate beds on some nights. . . If you are struggling with sleep and no longer enjoy sharing a bed, try these tips. 1) Take an honest look at the impact of your sleep issues. Health, happiness, and relationships often take a hit when we are deprived of shut-eye. 2) Start the conversation. Both of the books mentioned above offer suggestions for broaching this delicate topic. 3) Be open-minded and creative. Sleeping apart doesn't have to mean loss of intimacy. Better sleep might just bring you closer as a couple. https://tinyurl.com/SeparateBedrooms</p> <p>19. Leonard Davis Institute of Health Economics (Recorded webinar) March 10, 2022 <i>Why Does the Opioid Mortality Rate Continue to Rise?</i> Penn LDI Convenes Four Top Experts to Discuss What Works and What's Needed From April 2020 through April 2021, there were 100,300 drug overdose deaths across the country according to the CDC — a 28.5% increase over the previous year. Some 75% of these were opioid-related overdoses that killed an average of nine users an hour around the clock throughout the year. Looking forward, the just-published Stanford-Lancet Commission on the North American Opioid Crisis predicts that 1.2 million more opioid users will die of overdoses by 2029. Against this background, the University of Pennsylvania's Leonard Davis Institute of Health Economics (Penn LDI) convened a March 4, 2022, panel of four top experts to discuss the current efforts to address this rapidly growing public health crisis. The panel included the head of the Stanford-Lancet Commission as well as the former Acting Director of the Office of National Drug Control Policy, the Associate Dean for Social Justice at the University of Southern California's School of Medicine, and moderator Shoshana Aronowitz, PhD, MSHP, LDI Senior Fellow, and Penn School of Nursing researcher whose work is focused on equitable access to substance use treatment and harm reduction services. https://tinyurl.com/ActionPlanReducingOUDDeaths</p>
Social Isolation	<p>20. Leonard Davis Institute of Health Economics March 1, 2022 <i>Social Isolation and Anxiety in Older Adults with Cognitive Impairment</i> New Findings Reveal Anxiety is Linked to Lack of Connections In our study, we analyzed 1,343 community-residing older adults with cognitive impairment using a national dataset to assess the relationship between social isolation and anxiety. We found that people with cognitive impairment also experienced social isolation and anxiety, just like the general population. In addition, anxiety was related to higher levels of loneliness, which contributed to feelings of greater social isolation, including feeling a lack of companionship and feeling left out. Going forward, paying more attention to the emotional needs of people with cognitive impairment could provide a better opportunity for successful aging in this previously overlooked population. Non-pharmacological intervention programs such as group activities or shared activities are known to be effective to improve loneliness and social isolation among older adults with intact cognition. Similar interventions should be</p>

	<p>tailored for older adults with cognitive impairment to lessen their loneliness and social isolation. https://tinyurl.com/SocialIsolationAnxiety</p>
<p>Alzheimer's / Dementia</p>	<p>21. NIH Research Matters March 22, 2022 <i>Blocking hormone improves Alzheimer's symptoms in mice</i> At a Glance</p> <ul style="list-style-type: none"> • Researchers found that a hormone called FSH can act on neurons in the brain and increase the production of proteins implicated in Alzheimer's disease. • Blocking FSH reduced Alzheimer's symptoms in mice, suggesting a new approach to developing treatments for the disease. <p>https://tinyurl.com/BlockingHormone</p>
<p>Covid-19</p>	<p>22. nature March 23, 2022 <i>This is no time to stop tracking COVID-19</i> To live with the coronavirus, we cannot be blind to its movements. The pandemic might have taken upwards of 18 million lives, disabled many more than that and gut-punched the global economy, yet surveillance and reporting of the virus's movements are starting to slow just at a time when a highly infectious subvariant of Omicron, BA.2, is spilling out across the world and case rates and hospitalizations are creeping back up. These cutbacks are not based on evidence. They are political, and they could have disastrous consequences for the world. Maria Van Kerkhove, technical lead for COVID-19 at the World Health Organization (WHO), says it's crucial that "the systems that have been put in place for surveillance, for testing, for sequencing right now be reinforced, that they are not taken apart". https://tinyurl.com/NoTimeToStopTracking</p> <p>23. STAT March 22, 2022 <i>Covid-19 vaccine policy should be made by public health experts, not company executives</i> Covid-19 vaccine policy should never be made by company executives via media outlets and press releases. At the very least, there is the perception of a lack of objectivity — it is in the best financial interest of any company to sell more of its product. National vaccine policy is, and should remain, a deliberate, data-driven process led by the federal government. Federal advisory committees — the Vaccines and Related Biological Products Advisory Committee (VRBPAC) for the Food and Drug Administration, the Advisory Committee on Immunization Practices for the Centers for Disease Control and Prevention, and the National Vaccine Program Office for Department of Health and Human Services — play essential roles by evaluating data objectively and assessing what is best for public health. . . To answer . . . questions, the federal government first needs to clearly establish and communicate the goals of its national Covid-19 vaccination program. Second, it needs reliable data to understand the extent to which both vaccine and infection-derived immunity are waning over time, and what this means for protection against severe disease, hospitalization, and death. This information should be collected for the young and old as well as for healthy, ill, and immunocompromised individuals. And vaccine policy cannot be evaluated in a vacuum: Vaccines are not the only solution to the pandemic; excellent therapies are now available are an important complementary tool. https://tinyurl.com/Covid19VaccinePolicy</p> <p>24. *New York Times</p>

March 22, 2022

U.S. vaccination rates have stalled with another potential uptick coming.

Experts said there should be renewed urgency for people to get vaccinated now as the United States braces for another potential surge, driven by BA.2, which is sweeping through some European countries. Scientists say it does not appear to cause more severe disease than the Omicron subvariant BA.1.

In the United States, BA.2 accounted for 23 percent of new cases from March 6 to March 12, according to the [C.D.C.](#)

<https://tinyurl.com/VaccinationRatesStalled>

25. *New York Times

March 22, 2022

England's health service starts offering a second booster to vulnerable adults.

The National Health Service in England began offering a second Covid-19 vaccine booster on Monday to around five million people who are considered especially vulnerable to the disease.

Anyone in England over 75 years old, anyone over 12 who has a suppressed immune system, and anyone residing in a nursing home, can now receive a second booster dose, preferably about six months after their first one, [the health service said](#), referring to the new dose as a “[spring booster](#).”

<https://tinyurl.com/EnglandSecondBooster>

26. NPR

March 20, 2022

Having schizophrenia is the second biggest risk factor for dying from COVID-19

Having schizophrenia has emerged as the second biggest risk factor for dying from COVID-19, after advanced age. This finding could help drive new research about mental illness and the immune system.

<https://tinyurl.com/SchizophreniaCovidRiskFactor>

27. Mathematica (blog)

March 17, 2022

User-Friendly Resources Can Help Improve COVID-19 Vaccination Equity

The public health battle to promote vaccination to mitigate sickness, death, and economic impact from COVID-19 is largely waged at the individual level, due to the United States' culture of individualism, independence, and autonomy. While we all have a critical stake in the pandemic's impacts, Black, Indigenous and People of Color (BIPOC) communities' historical distrust and lower uptake of vaccines, as well as lower access to health services, have contributed to [higher rates of hospitalization and deaths from COVID-19](#). There is also some indication that widespread misinformation and disinformation about COVID has [penetrated BIPOC communities](#) as well as others, contributing to these problems.

To help community-based organizations (CBOs) build vaccine confidence in their communities through information campaigns, we've been working with the [Partnering for Vaccine Equity Program](#) (P4VE) on its [Vaccine Resource Hub](#) (VRH). The VRH offers social media graphics and videos and other resources such as flyers and talking points to those working to increase COVID-19 or flu vaccination. There is a specific emphasis on materials that are culturally appropriate to people who are BIPOC, and many of these assets are unbranded, so the CBOs can tailor them with their own branding and design. All resources are reviewed for clarity, accuracy, and consistency with best practices, and the VRH is reviewed regularly to remove outdated material and update the “[Trending Topics](#)” section.

<https://tinyurl.com/UserFriendlyCovidVaccination>

Long Covid	<p>28. Prevention March 24, 2022 <i>Bob Saget Suffered From “Long COVID” Symptoms Prior to Death</i> Saget said his body was taking “a long time to get over” COVID-19 infection. New information reveals that Saget wasn’t feeling well prior to his death during a comedy show the night before. Saget died on January 9th and was found in his hotel room the next day in Orlando, Fl. The cause of death was not revealed immediately but was eventually ruled to be related to a traumatic head injury. https://tinyurl.com/BobSagetLongCovid</p>
Veteran Services	<p>29. Military Times March 23, 2022 <i>VA caregiver program needs total overhaul as problems mount, advocates say</i> Veterans Affairs’ caregiver support programs need a significant overhaul to correct deep-seated flaws within current operations, veterans advocates told lawmakers Wednesday. https://tinyurl.com/VAProgramIOVerhaul</p> <p>30. *Boston Globe March 22, 2022 <i>Two years after COVID-19 deaths, still no systemic reform at the Soldiers’ Home in Holyoke</i> The Legislature has done nothing to upgrade professional requirements for the superintendent’s job, or to address the deep structural chain-of-command problems between the facility and Beacon Hill. Message to Beacon Hill: Stop squabbling over how to reform the Soldiers’ Home in Holyoke, site of one of the coronavirus pandemic’s worst tragedies, and make meaningful reform happen. The best way to accomplish that is to adopt oversight legislation passed earlier this month in the Senate. In March 2020 — two years ago — an outbreak of COVID-19 struck the Holyoke Soldiers’ Home with devastating consequences. By the time it was over, at least 77 veterans had died of the virus. The findings of one investigation done at the behest of Governor Charlie Baker, and another one conducted by a special joint legislative oversight committee, boil down to this: A politically connected superintendent who was not qualified to lead a long-term care facility was put in charge of it. . . Why has nothing happened? Because there are competing visions for what reform should look like. And, as usual on Beacon Hill, those competing visions involve power and control — including, in this case, who should have the power to fire and hire the superintendent. The Senate bill builds on recommendations made by the special legislative committee that investigated the COVID-19 outbreak at the Soldiers’ Home. That’s the right template for change. However, it runs up against a bill passed by the House, that sets up a governance structure so convoluted that the state inspector general, Glenn Cunha, warned in a letter that it “creates a risk of gaps in reporting and knowledge, and increases the likelihood of poor oversight and management.” Establish professional standards for the superintendent. Clarify the chain of command from the veterans’ facility to Beacon Hill. Consolidate authority to hire and fire a superintendent in a Cabinet-level position, with direct report to the governor. That is key to reform. Anything that stands in the way of those simple goals disrespects the veterans who died of COVID-19 in Holyoke. https://tinyurl.com/NoSystemicReform</p> <p>31. *Boston Globe March 22, 2022</p>

Response by former Senator Dick Moore, Dignity Alliance Massachusetts member, to Boston Globe editorial

The need for professional leadership at the Holyoke and Chelsea Soldiers Homes is vital for our aging veterans and that need existed even before the tragedy of COVID. While that leadership should have a grounding in geriatrics as well as health care administration, leadership from the traditional nursing home background will not be sufficient. The new leadership needs vision for creating and sustaining a care model that is person (veteran) centered, treats those it serves with dignity and respect, and includes input from the veterans and their families. Unfortunately, the politics of the situation resulted in a plan \$400 million for new facilities that, so far, has failed to provide the kind of facility that even the US Veterans Administration, now builds - the small house model. The rebuilding proposal that was advanced in the wake of the crisis needs to be reconsidered based on proposals advanced by Dignity Alliance Massachusetts and representatives of the Disabled American Veterans. Another key to reform, which has behind it an authorized \$200 million for small house model veterans homes located around the state, primarily in regions where many aging veterans now live. Where is the plan to spend that \$200 million to better serve aging veterans closer to their families, friends, and communities? Why isn't there an effort to find publicly owned land in those communities where these small veterans homes could be located? When the state constructed elderly housing in years past, it was in partnership with the host communities who provided the site. That model could also work in locating small house veterans homes. Our veterans deserve a new and effective vision of long-term care! Plans that are based on outdated care models and outdated governance structures fall far short of Lincoln's goal of "caring for him who has borne the battle and his widow and orphan." Of course, today, our efforts must also address caring for women veterans as well!

<https://tinyurl.com/ReGlobeMarch22Editorial>

32. *Boston Globe

March 22, 2022

Response by John Paradis, a member of the Holyoke Soldiers' Home Coalition, to former Senator Dick Moore's commentary

Dear Mr. Moore,

Here you go again.

Once again you let your own special interests frame the context of your comments. Are you getting paid to be a lobbyist?

DAV was in the minority in its opposition to the \$400 million bond bill that was unanimously passed and signed by the governor and that had and has the support of every other major veterans group in our state. Why did the DAV come out against the bond bill? Well, the perception by the veteran community is that it's because DAV wants the money for itself to build small congregate housing in other locations in our state. DAV didn't even canvass its own DAV chapters across the state or listened to DAV advocates in western Massachusetts and doesn't even have the support of its own members.

You are correct in asking for how the additional \$200 million passed with the bond bill in the name of "regional equity" will be spent. That time will come - the legislature has already said emphatically that there will be discussions and hearings and public dialogue

on how to best spend that money for OTHER facilities across our state. But today's editorial is about rightful governance and oversight of the veterans' homes to improve the chain of command of the veterans' homes. Once again you are trying to change the subject to future construction and you are off topic.

If you're such a policy expert as you purport to be, could you explain how building small congregate housing units in multiple locations is going to care for the number of veterans in our state who need skilled nursing home care? The models you describe are in the assisted living realm or are more like group homes, not SNFs with highly specialized care for veterans who require 24/7 help with their ADLs, behavioral health, etc. This takes an economy of scale with a wealth of specialists and programs under one roof, not small facilities scattered across the state. Tell me how your model would actually work and what it would cost? Perhaps that's what your Dignity Alliance should be working on...

You continue to bring up the federal Department of Veterans Affairs. The federal Veterans Health Administration and its VA's community living center (nursing home) model works because it's under the umbrella of the entire Veterans Health Administration medical center structure where veterans in their nursing homes have access to VA care.

Finally, you continue to spew false information that the state design for the new building doesn't embrace the VA small house design guide or principles or the intent for a new Home that takes into account the very best trends for our Veterans. The state construction design for the new Soldiers' Home in Holyoke absolutely does adhere to VA standards and policies -- the VA doesn't help fund construction for state veterans' homes without ensuring compliance with VA requirements. And the state (DCAMM) did, in fact, talk with VA experts and continues to talk with VA experts and IS using the small house design guide, which is clear to anyone who looks at the DCAMM briefings, which are publicly available here: <https://www.mass.gov/reimagining-the-future-of-the-soldiers-home-in-holyoke>

Here is a summary of what is being proposed, which is excellent:

- 234 long-term care beds -- Mostly private beds with private baths
 - Community spaces, nursing support, and kitchen in each floor
 - Dedicated 32-bed memory-care floor
 - 40-50 person Adult Day Health Program
 - Upgraded clinical spaces for dental care
 - Variety of outdoor spaces – Dementia Garden, Barbeque Terrace, Memorial Garden and reflective pool, Green House
- As a veteran who may someday require such care, that's what we need in Holyoke for our veterans and I am grateful for the legislature's overwhelming and unanimous support.
- <https://tinyurl.com/ReGlobeMarch22Editorial>
- 33. Salem News / Gloucester Times**
 March 22, 2022
Consolidate local clinics into new Salem VA site
 The Gloucester Veterans Affairs clinic at 199 Main St., along with a separate outpatient clinic in Lynn, could be replaced with one in Salem in a few years, according to a Department of Veterans Affairs report making recommendations on ways to modernize the VA system. . .

	<p>“Relocating services from the Gloucester (outpatient services site) to the proposed new Salem (multi-specialty, community- based outpatient clinic) places the care in a better market location for veteran access,” the report states. The report states there were 1,371 “core uniques” at the Gloucester clinic. https://tinyurl.com/ConsolidateLocalClinics</p>
<p>Workforce / Caregiving</p>	<p>34. STAT March 23, 2022 <i>‘I fear the long-term effects’: Before his death, a nurse warned of the pandemic’s toll on health care workers</i> In early 2020, Michael Odell sensed that Covid-19 would hit hard. A young intensive care nurse who traveled to hospitals needing an extra hand, he told his family that demand for people like him was surging. . . The country is approaching 1 million documented Covid-19 deaths, a once unimaginable milestone that invites us to take stock of the manifold harms inflicted by the pandemic. This includes the mental health battering that nurses, in particular, have endured with little attention even as they poured attention on others. . . Before the pandemic, when someone was approaching death, “as much family as you could fit in the room” would be there, LeBlanc said. They brought in blankets and pictures. Faith leaders could come, and people would sing and share memories. It made the process somehow positive, not just for families, but for the nurses, too. Covid made it lonely. Nurses might spend hours by themselves in a room with a sedated patient, picking up the work of a nutritionist, physical therapist, or respiratory therapist to minimize people going in and out. Doctors only arrived for certain procedures. Chaplains didn’t come around. https://tinyurl.com/PandemicToll</p> <p>35. The Career Development Quarterly <i>Women’s Experiences Navigating Paid Work and Caregiving During the COVID-19 Pandemic</i> Abstract During the COVID-19 pandemic, many women lost their jobs or chose to leave the workforce because of increased caregiving demands. Of women who remained employed, many faced increased complexity in negotiating their roles as employees and caregivers. On the basis of existing theory and research on the impact of women’s caregiving responsibilities on their careers, we developed a model of the relationships among women’s caregiving hours for children and adults, work-family, and family-work conflict, perceived social support, and career satisfaction during the pandemic. We collected data from 475 university staff members and tested our model using a path analysis. Results suggested that caregiving hours for children directly influenced work-family and family-work conflict and that social support partially mediated the relationship between family-work conflict and career satisfaction. We discuss how counselors might best work with women who are navigating multiple life roles during a period of family, community, and global challenges. https://tinyurl.com/NavigatingPaidWork</p>
<p>Disability Rights / Disability Topics</p>	<p>36. U. S. Department of Justice <i>US Department of Justice Issues Web Accessibility Guidance Under the Americans with Disabilities Act</i> The Department of Justice recently published guidance on web accessibility and the Americans with Disabilities Act (ADA). It explains how state and local governments (entities covered by ADA Title II) and businesses open to the public (entities covered by</p>

	<p>ADA Title III) can make sure their websites are accessible to people with disabilities in line with the ADA’s requirements.</p> <p>The guidance discusses a range of topics, including the importance of web accessibility, barriers that inaccessible websites create for some people with disabilities, when the ADA requires web content to be accessible, tips on making web content accessible and other information and resources. The guidance offers plain language and user-friendly explanations to ensure that it can be followed by people without a legal or technical background.</p> <p>“We have heard the calls from the public on the need for more guidance on web accessibility, particularly as our economy and society become increasingly digitized,” said Assistant Attorney General Kristen Clarke for the Justice Department’s Civil Rights Division. “This guidance will assist the public in understanding how to ensure that websites are accessible to people with disabilities. People with disabilities deserve to have an equal opportunity to access the services, goods and programs provided by government and businesses, including when offered or communicated through websites.”</p> <p>Finally, the guidance reviews the department’s ongoing work to advance website accessibility for people with disabilities through statements of interest and enforcement matters. For example, the department recently entered into numerous settlements with businesses — including Hy-Vee, Inc., The Kroger Co., Meijer, Inc., and Rite Aid Corporation to ensure that websites for scheduling vaccine appointments are accessible.</p> <p>https://tinyurl.com/DOJADAWebGuidance</p>
Paralympics	<p>37. *New York Times March 20, 2022 <i>Former Paralympic Coach Comes ‘Full Circle’ After Losing a Leg</i> Jon Kreamelmeyer, whose right leg was amputated last year, prefers to see it as a transformation rather than a disability. Having coached athletes with various leg amputations — he began his Paralympic career as a sighted guide for the blind skier Michele Drolet, winning a bronze medal in 1994 — Kreamelmeyer realized right away that preserving at least a part of the limb would increase his chances of continuing the sports he loved and give him more options in general for getting around.</p> <p>https://tinyurl.com/ParalympicCoachFullCircle</p>
End of Life	<p>38. The Ethel (AARP) March 23, 2022 <i>What a Death Doula Wants You to Know</i> As a certified end-of-life doula, I’m trained in how to give nonmedical holistic support and comfort to the dying and their families. A death doula can be the bridge between the hospice team and the family. A death doula can help a dying person prepare for their final exit. Death, however, doesn’t need to be imminent for you to engage the assistance of an end-of-life doula. From my training and experience, I have seen that to make a final exit smoother, preparation is important. So, I urge you to be like my parents: plan. Document, too. Here are five tips for making your finale better for your family.</p> <ul style="list-style-type: none"> • Do your paperwork • Visualize your final days • Define your wake, funeral, burial • Memorialize yourself to your loved ones • Plan – The best gift you can give to your family

	<p>https://tinyurl.com/DeathDoula</p>
Medical care	<p>39. *STAT+ March 22, 2022 <i>An ALS therapy sets up a crucial test of the FDA's independence</i> The drug, from Amylyx Pharmaceuticals, has been the subject of an immense pressure campaign from ALS patients and advocacy organizations — one with roots in the broader “right-to-try” movement’s successful efforts to weaken the agency’s ability to limit patients’ access to drugs to treat deadly diseases. ALS advocates charge that the FDA has stubbornly blocked access to therapies that might add even a glimmer of hope to a diagnosis that is otherwise a death sentence — an argument that the FDA has worked hard to counter. https://tinyurl.com/ALSTherapyCrucialTest</p> <p>40. The Pioneer Institute (recorded session) March 23, 2022 <i>Virtual Policy Briefing: "340B Program - Examining Patient Access to Affordable Medicines"</i> The speakers reviewed the 340B Program’s background, its ongoing challenges, and recent developments from a new study published by the Institute, “340B Drug Discounts: An Increasingly Dysfunctional Program.” Speakers:</p> <ul style="list-style-type: none"> • Host: Pioneer's Dr. William Smith • Terry Wilcox, Executive Director of Patients Rising • Robert Popovian, Vice President of Health Economics and Policy for Equideum Health <p>https://tinyurl.com/403BProgramWebinar</p>
Other	<p>41. *New York Times March 24, 2022 <i>Cities Lost Population in 2021, Leading to the Slowest Year of Growth in U.S. History</i> Although some of the fastest growing regions in the country continued to grow, the gains were nearly erased by stark losses in New York, Los Angeles, and San Francisco. Substantial population loss in some of the nation’s largest and most vibrant cities was the primary reason 2021 was the slowest year of population growth in U.S. history, new Census data shows. . . The pandemic played a role, as the number of people dying rose substantially and many Americans left cities for smaller places. But experts say that skyrocketing housing costs were also to blame, and that some of the changes are a continuation of fundamental shifts in American demographics that began before the pandemic, such as the steadily falling birthrate and steep drop in immigration. . . Regions where state and local governments do not make it easier to build affordable housing will face a troubled future, according to Dowell Myers, a demography and urban planning expert at the University of Southern California. There will be too few working-age adults to support a growing population of aging baby boomers. Jobs in nursing, utilities and other fields will go unfilled. https://tinyurl.com/CitiesLostPopulation</p> <p>42. Social Security Matters March 24, 2022 <i>The Affordable Connectivity Program Can Help SSI Recipients Get Internet Access</i> The Affordable Connectivity Program (ACP) provides a discount of up to:</p> <ul style="list-style-type: none"> • \$30 per month toward internet service for eligible households. • \$75 per month for households on qualifying Tribal lands.

Eligible households can also receive a one-time discount of up to \$100 toward purchasing a laptop, desktop computer, or tablet from participating providers. To qualify for this one-time discount, households must contribute more than \$10 and less than \$50 toward the purchase price.

Eligibility, if the household participates in other assistance programs, such as:

- Supplemental Nutrition Assistance Program (SNAP).
- Medicaid.
- Federal Public Housing Assistance.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Lifeline.

As of February 2022, [more than 10 million households have already enrolled](#) in the ACP program.
<https://tinyurl.com/AffordableConnectivity>

State Budget

Commonwealth of Massachusetts
Governor’s Proposed Budget for FY 2023
 January 26, 2022

The annual budget process begins each year when the Governor files recommendations as a bill with the House of Representatives. Under the state Constitution, the Governor must submit a proposal by the 4th Wednesday of January or, in the event of a new term, within five weeks later. This bill is called House 1 or "House 2" depending on the year.
<https://malegislature.gov/Budget>

Nursing homes with admission freezes

Massachusetts Department of Public Health
Temporary admissions freeze

On November 6, the state [announced](#) that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission.

Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.

There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:

- Number of new COVID-19 cases within the facility
- Staffing levels
- Failure to report a lack of adequate PPE, supplies, or staff
- Infection control survey results
- Surveillance testing non-compliance

Facilities are required to notify residents’ designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as needed when the Department of Public of Health determines a facility can be removed from the list.
 Updated on March 17, 2022

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
West Side House LTC Facility	Worcester	3/3/22	Infection Control

Blue Hills Health and Rehabilitation Center	Stoughton	3/3/22	Infection Control
Labelle's Rest Home	Shelburne	3/3/22	Noncompliance Testing
Vero Health and Rehab of Watertown	Watertown	3/3/22	Noncompliance Testing
Wingate at Needham	Needham	2/16/22	Infection Control
Caldwell Home Extended Care	Fitchburg	2/9/22	Noncompliance Testing
Sixteen Acres Healthcare Center	Springfield	1/20/22	New Cases
South Dennis Healthcare	Dennis	1/20/22	New Cases
Oosterman's Melrose Rest Home	Melrose	12/18/21	Noncompliance Testing
Plymouth Rehabilitation & Healthcare Center	Plymouth	10/27/21	New Cases
Sea View Convalescent and Nursing Home	Rowley	8/17/21	Noncompliance Testing

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<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?

- 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.

Massachusetts facilities listed (updated February 23, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

- Attleboro Healthcare, Attleboro
<https://tinyurl.com/AttleboroHealthcare>
- Marlborough Hills Rehabilitation and Health Care Center, Marlborough

	<p>https://tinyurl.com/MarlboroughHills</p> <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 • Braintree Manor Healthcare https://www.nextstephc.com/braintree • Hathaway Manor Extended Care https://hathawaymanor.org/ <p>https://tinyurl.com/SpecialFocusFacilityProgram</p>
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the Care Compare website that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of 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.</p> <p>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>

	Table of Contents <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.		
Dignity Alliance Massachusetts Legislative Endorsements	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 .		
Websites			
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/		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content. 		
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	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

<p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	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
	Resident Rights	Richard Moore	rmoore8743@charter.net
	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Dick Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: https://dignityalliancema.org/the-tuesday-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			