



The Dignity Digest

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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.

Spotlight

An Act relative to supported decision-making agreements for certain adults with disabilities (S.2848, H.4725)

Take Action:

Dignity Alliance Massachusetts has endorsed An Act relative to supported decision-making agreements for certain adults with disabilities (S.2848, H.4725)

<https://malegislature.gov/Bills/192/S2848>

<https://malegislature.gov/Bills/192/H4725>

Summary:

With supported decision-making, a person with a disability or adult with a cognitive impairment chooses a group of trusted supporters to help with making and communicating decisions. The supported decision-making arrangement is documented in a written agreement making clear the roles and responsibilities of all involved. This allows people who need some support with decision-making, but do not need a full guardianship, to get the support that they need to remain independent and direct their own lives. Supporters can assist with matters including health care, finances, housing, or other issues of importance and the agreement is often accompanied by a power of attorney and/or health care proxy.

Passing these measures would allow more people in Massachusetts to use supported decision-making as an alternative to guardianship. Some families are hesitant to use a model until a law has been passed. Further, passing these measures would make it easier for people using supported decision-making when making decisions involving third parties (such as health care providers) and that there would be important safeguards to protect the model from being misused. Additionally, Senate Bill 2848 and House Bill

	<p>4725 do not take away guardianship as an option. They add supported decision-making as an additional option for those who want it, but guardianship remains available for others.</p> <p><u>Take Action:</u></p> <p>Help pass S.2848 / H.4725 into law! Contact Senate President Karen Spilka [(617) 722-1500 / Karen.Spilka@masenate.gov] and House Speaker Ronald Mariano [(617) 722-2500 / Ronald.Mariano@mahouse.gov]. Urge them to enact the legislation this session.</p>
<p>Quotes of the Week</p>	<p><i>“So, BA.5 is just the next chapter in the story. And it’s not as good as it would be if BA.5 did not exist, but there isn’t reason, at the moment, to think that it’s really turning the page in a serious way when it comes to hospitalizations and deaths.”</i></p> <p>Bill Hanage, associate professor of epidemiology in the Center for Communicable Disease Dynamics at Harvard’s T.H. Chan School of Public Health, <i>Contagious omicron subvariants BA.4 and BA.5 now make up majority of New England cases</i>, WGBH, July 7, 2022, https://tinyurl.com/OmicromSubvariants</p> <p><i>“People have such fears of developing dementia, losing your memory, your personality, your independence,” Dr. [Gill] Livingston [a psychiatrist at University College London and chair of the Lancet Commission on Dementia Prevention, Intervention and Care] said. “The idea that you can do a lot about it is powerful.”</i></p> <p><i>Even delaying its onset can have a great effect. “If, instead of getting it at 80, you get it at 90, that’s a huge thing,” she said.</i></p> <p><i>Eye and hearing exams, exercise, weight control, stopping smoking, blood pressure medications, diabetes care — “we’re not talking about expensive interventions or fancy surgery or seeing specialists who are hours away,” Dr. [Joshua] Ehrlich [an ophthalmologist and population health</i></p>

researcher at the University of Michigan] added. “These are things people can do in the communities where they live.”

*New Dementia Prevention Method May Be Behavioral, Not Prescribed, *New York Times, July 3, 2022, <https://tinyurl.com/DementiaPreventionBehavioral>*

I kept getting nowhere until one day I woke up and I was somewhere. It turns out that constant failure is a great learning opportunity.

Annie Korzen, How I Made My Career Dreams Come True — in My 80s It ain't over till it's over. The Ethel – AARP, July 1, 2022, <https://tinyurl.com/DreamsComeThrough>

“Older women’s experience of work is unrelenting, physically and emotionally challenging, and underpaid or unremunerated.

“Gender inequalities continue into older age and are compounded by age-based inequalities.

“The voices of older women are often absent, and their concerns neglected.”

Older women: the hidden workforce - Access to economic justice, Age International, July 4, 2022, <https://tinyurl.com/OlderWomenHiddenWorkforce>

“This is a behavioral health crisis. The behavioral health needs of the general population have just increased significantly. That volume has increased and it’s also been difficult for people to access care because of that volume and because of workforce challenges.”

Leigh Simons Youmans, Senior Director of Healthcare Policy for the Massachusetts Health and Hospital Association, Solutions to Massachusetts mental health crisis in hospitals face critical deadline, WCVB, July 7, 2022, <https://tinyurl.com/SolutionsMentalHealth>

“I think that mistrust in government and politicians, and even to a certain extent science, started well before the pandemic, and it just was exacerbated.”

*Dr. Yvonne Maldonado, pediatric infectious disease physician at Stanford Medicine who chairs the American Academy of Pediatrics’ committee on infectious diseases, The pandemic has eroded Americans’ trust in experts and elected leaders alike, a survey finds, *New York Times, July 7, 2022, <https://tinyurl.com/PandemicErodedTrust>*

	<p><i>“I think there’s an underappreciation of what it’s going to do to the country, and it already is exerting its effect.”</i></p> <p>Eric Topol, professor of molecular medicine at Scripps Research, <i>What the BA.5 Subvariant Could Mean for the United States</i>, *New York Times, July 7, 2022, https://tinyurl.com/BA5SubvariantUS</p> <p><i>“Whether you’re in the United States or Canada, there are still pockets of people who do not have good access to care (a)nd this technology, this mobile technology, really is allowing people to take it closer to home.</i></p> <p>Brian Westerberg, a neurologist at Providence Health Care in Canada, <i>Scientists design a cheap device that can detect ear problems with the help of a smartphone</i>, STAT News, July 7, 2022, https://tinyurl.com/CheapDeviceDetectEarProblems</p>
<p>Dignity Votes 2022</p>	<p>Candidates for State Auditor: questionnaires and interviews</p> <p>Candidates for constitutional office have been invited to participate in individual interviews with a panel of Dignity Alliance Massachusetts members as well as to respond in writing to a set of questions pertinent to the office sought. Candidates for the office of state auditor were the first to be invited. The candidates are:</p> <ul style="list-style-type: none"> • Arthur Amore (R) • Chris Dempsey (D) • Diana DiZoglio (D) <p>They were interviewed by a panel consisting of</p> <ul style="list-style-type: none"> • Richard Moore, former Massachusetts Senate President Pro Tempore and Senate Chair, Joint Health Care Finance Committee • Arlene Germain, Executive Director, Massachusetts Advocates for Nursing Home Reform • Sandy Alissa Novack, MBA, MSW <p>Charles Carr, former Commissioner of the Massachusetts Rehabilitation Commission, served as moderator.</p> <p>The recorded Interviews and the written responses to the questionnaire can be found at: https://dignityalliancema.org/2022/06/27/state-auditor-q-and-a/</p> <p>Candidates for Governor, Lieutenant Governor, Attorney General, and Secretary State</p> <p>Questionnaires for these offices are in the process of being prepared and will be distributed in July. Invitations for an interview with a panel of Dignity Alliance Massachusetts will be extended.</p> <p>Congressional office candidates</p> <p>Questionnaires for congressional candidates are in the process of being prepared and will be distributed in July.</p> <p>State legislative candidates</p> <p>Questionnaires for selective legislative office candidates are in the process of being prepared and will be distributed in July and August.</p> <p>Fact Sheets and Issue Briefs</p>

	<p>Prepared by Dignity Alliance Massachusetts Workgroups</p> <p>Nursing Homes</p> <ul style="list-style-type: none"> • Nursing Home Fact Sheet • Nursing Home Staffing Issues • Pandemic Issues in Nursing Homes • Nursing Homes – Financial Responsibility • Nursing Homes – Oversight, Licensures, Closures • Nursing Homes – Small Home Model <p>Home and Community Based Services</p> <ul style="list-style-type: none"> • HCBS Fact Sheet • HCBS Staffing Issues • HCBS Care Coordination Issues <p>Behavioral Health</p> <ul style="list-style-type: none"> • Behavioral Health Fact Sheet • BH Elder Mental Health Outreach Teams (EMHOT) Issues • BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues • Social Work Staffing Issues <p>Housing</p> <ul style="list-style-type: none"> • Housing Issues <p>Veterans</p> <ul style="list-style-type: none"> • Veterans Issues <p>https://dignityalliancema.org/2022-facts-and-issues/</p> <p>Disability Voting Rights Week September 12-16, 2022 What is Disability Voting Rights Week? Every year, the REV UP Campaign coordinates Disability Voting Rights Week (formerly National Disability Voter Registration Week) to increase the political power of people with disabilities. We do this by getting disabled people registered and ready to vote and engaging our candidates and communities on issues impacting people with disabilities. This year, Disability Voting Rights Week is September 12-16, 2022. In 2020, an estimated 38 million people with disabilities were eligible to vote, and we invite national, state, and local organizations and advocates to participate in this national initiative in order to continue to raise the disability voice and civic participation across the country in 2022 and beyond. https://www.aapd.com/advocacy/voting/dvrw/ Sign up as a partner: https://www.surveymonkey.com/r/dvrw2022</p>
Call for Advocacy	<p>1. <u>An Act relative to supported decision-making agreements for certain adults with disabilities (S.2848, H.4725)</u> With supported decision-making, a person with a disability or adult with a cognitive impairment chooses a group of trusted supporters to help with making and communicating decisions. The supported decision-making arrangement is documented in a written agreement making clear the roles and responsibilities of all involved. This allows people who need some support with decision-making, but do not need a full guardianship, to get the support that they need to remain independent and direct their own lives. Supporters can assist with matters including health care, finances, housing, or other issues of importance and the agreement is often accompanied by a power of attorney and/or health care proxy.</p>

These measures are currently being considered by House and Senate Committees Ways and Means. **Promoters of the legislation are requesting advocates to contact legislators who are not currently sponsors and request that they add their names as legislative sponsors.** Current sponsors include:

- Representatives Cassidy; Cutler; Duffy; Higgins; Howard; Keefe; LaNatra; Lewis; Linsky; Murphy; Orrall; Owens; Sabadosa; Sena; Stanley; Tucker; Vitolo;
- Senators Brady; Comerford; Feeney; Gobi; Lovely; Moore; Moran; O'Connor; Timilty

Contact information for legislators can be found at

<https://malegislature.gov/Search/FindMyLegislator>

Text and other information about the bills are located at:

<https://malegislature.gov/Bills/192/S2848>

<https://malegislature.gov/Bills/192/H4725>

2. **An Act expanding wheelchair warranty protections for consumers with disabilities (S.2567)**

Boston Center for Independent Living (BCIL), Disability Policy Consortium (DPC) and Disability Law Center (DLC) have worked together on S.2567 to improve warranty protections for wheelchairs. We are asking everyone, especially wheelchair users who have current or past issues with repairing their wheelchairs, to take action and highlight the need for this legislation. The bill is currently in Senate Ways & Means and still needs to pass several more hurdles before the legislative session ends on July 31.

ABOUT THE BILL:

SPONSORS: Representative James O'Day, Senator John Cronin

THE PROBLEM: Durable medical equipment devices are often **prone to defects and sudden failure**. It is commonplace for consumers to be **left stranded or isolated in their homes for weeks, or even months, awaiting repairs**, unable to get to work, school, medical appointments, the grocery store, and in some cases to move around their own home.

Our laws must be reformed to strengthen warranty protections for MA residents with disabilities. We need to: 1) **level the playing field for consumers**, 2) **shorten repair wait times**, 3) **prevent harm to our economy**, 4) **save taxpayer money** that MassHealth currently spends fixing these defective wheelchairs, and 5) ensure that we are **all** treated with **dignity and respect**.

THE SOLUTION: The Warranty Protections for Consumers with Disabilities Act.

This act draws upon legislation already adopted in other states to ensure stronger warranty protections for consumers with disabilities here in MA. These reforms include:

- Expanding the warranty to cover all wheelchairs for two years;
- Protecting wheelchair users' right to reasonable repair;
- Reimbursement of costs incurred by consumers as a result of their defective chair;
- Providing loaner chairs while a consumers' chair is inoperable;
- and more

Passing this bill would protect the **health, autonomy, time, and money** of consumers with disabilities who rely on wheelchairs every day.

Call your senator today and tell them to ask the Senate Ways and Means committee to prioritize S.2567!

You can find your senator at <https://malegislature.gov/search/findmylegislator>.

	<p>If you have questions about the bill, or want to be more involved or stay up to date on its progress, contact Kay S. of the Boston Center for Independent Living (BCIL) 617-338-6665; kays@bostoncil.org</p> <p>Text and other information about the bill are located at: https://malegislature.gov/Bills/192/S2567</p>
Call for submissions	<p>3. Health Affairs</p> <p><i>Call For Submissions: Narrative Matters Poetry Contest on Disability and Health</i></p> <p>In conjunction with the October issue of <i>Health Affairs</i>, which will focus on disability and health, the Narrative Matters section of <i>Health Affairs</i> is holding a poetry contest.</p> <p>The poetry contest will be open from June 24 to July 25. We are looking for well-crafted poems that touch on topics related to disability and health, by writers with lived experience of disability. (Note: This includes family members or caregivers of people with disabilities). The winning poet will receive a \$500 prize and publication in the October issue of <i>Health Affairs</i>.</p> <p>All entries will be read by <i>Health Affairs</i> staff and a winning poem will be selected by a guest judge with lived experience of disability.</p> <p>The contest guidelines are</p> <ul style="list-style-type: none"> • Limit 3 poems submitted per person. • Each poem should be submitted as a separate entry through our submission portal here: https://healthaffairs.submittable.com/submit/707cb7e9-ed81-49ea-8695-568657fff799/narrative-matters-poetry-contest-on-disability-and-health • Poems can be submitted in written, audio or video format (for sign language/ASL poetry). • Written poems should be submitted in pdf or word doc format. No longer than a single-spaced page, with a font size no smaller than 11 point, and must be written in English. • Audio format poems should be submitted as an audio file (please use mp3 format). No longer than 4 minutes and must also be in English. • Video format poems in sign language/ASL should be submitted as a video file with either captioning or spoken interpretation (please use mp4 format). No longer than 4 minutes. • Format type will not be a factor in the judges' evaluation; all format types will be considered objectively. • Poems must be previously unpublished. • Poems themselves should not contain the poet's name. <p>You can read some earlier poems published by <i>Health Affairs</i>, including the winners of the 2015 and 2019 Narrative Matters poetry contests, poems by patients and consumers, poems on vulnerable populations, and poems on the cancer experience.</p> <p>As part of <i>Health Affairs'</i> commitment to supporting and raising awareness of disabilities and health, they will launch a video component, as well as unique artwork and digital assets, alongside the research to set the foundation of the issue. They invite participants to submit their responses to the proposals for video production and artwork and digital assets by July 15.</p> <p>https://tinyurl.com/HealthAffairsPoetryContest</p>
Dignity Massachusetts endorsement	<p>4. H.4361 State Tax Cut Proposal Endorsement</p> <p><i>Summary of budget components endorsed by Dignity Alliance Massachusetts members – Sections 1,3-14</i></p>

	<p>https://malegislature.gov/Bills/192/H4361</p> <ul style="list-style-type: none"> • Double the maximum Senior Circuit Breaker Credit to lower the overall tax burden for more than 100,000 lower-income homeowners aged 65+, resulting in \$60 million in annual savings for low-income seniors. • Increase the rental deduction cap from \$3,000 to \$5,000, allowing approximately 881,000 Massachusetts renters to keep approximately \$77 million more annually • Double the dependent care credit to \$480 for one qualifying individual and \$960 for two or more, and double the household dependent care credit to \$360 for one qualifying individual and \$720 for two or more to benefit more than 700,000 families, resulting in \$167 million in annualized savings for eligible taxpayers • Increase the Massachusetts adjusted gross income (AGI) thresholds for “no tax status” to \$12,400 for single filers, \$24,800 for joint filers, and \$18,650 for head of households, which will eliminate the income tax for more than 234,000 low-income filers • Double the estate tax threshold and eliminate the current “cliff effect” that taxes the full amount below the threshold <p>Endorsed by 40 members of Dignity Alliance Massachusetts including:</p> <ul style="list-style-type: none"> • Boston Center for Independent Living • Jennifer Burton • Center for Living & Working, Inc. • COP Amputee Association, Inc. -COPAA • Judi Fonsh, MSW • Chris Hoeh • Wynn Gerhard • Arlene Germain, Former Executive Director, Massachusetts Advocates for Nursing Home Reform • Sandy Hovey • Michael J. Kendrick, PhD • Paul J. Lanzikos • Susan Markowitz • Former Senate President Pro Tempore Richard T. Moore • Naomi Myrvaagnes • Judy Norsigian • Sandy Alissa Novack, MSW, MBA • Daniel O’Leary • Andrea Petersen • Lauren Petit • Paul Spooner, MetroWest Center for Independent Living • Samantha VanSchoick, Corporation for Independent Living
REV UP Massachusetts	<p>5. REV UP Massachusetts</p> <p>Dignity Alliance MA voted to endorse and support the upcoming REV UP conference.</p> <p>REV UP Mass (Register! Educate! Vote! Use your Power!) is a local coalition that is part of the larger national REV UP network that exists to build the power of the disability vote. That means making sure that voters with disabilities are registered to vote and that they have equal access to democracy.</p> <p>REV UP Mass is holding the (free) virtual REV UP Mass Conference on July 21, 2022! The conference is currently planned for 10 a.m. – 3:15 p.m. with a break for lunch. The conference planning committee is hard at work finding Speakers and determining an Agenda that will highlight barriers to accessible voting in Mass, how to get out the disability vote, and why the disability vote is so important for the 2022 elections.</p> <p>If you have questions please do not hesitate to reach out to Amelia Fowler, Voting Rights Advocate at DLC, at afowler@dlc-ma.org OR 671-221-8451. Sign up for REV UP emails or check the REV UP website for more information.</p> <p>The 2022 REV UP MA Conference Thursday, July 21, 2022, 10:00 a.m. to 3:00 p.m.</p>

	<p>Speakers, agenda, and location to be announced Agenda will highlight barriers to accessible voting in Massachusetts, how to get out the disability vote, and why the disability vote is so important for the 2022 elections. Coalition partners:</p> <ul style="list-style-type: none"> • Disability Law Center • Disability Policy Consortium • Mass. Developmental Disabilities Council • Mass. Advocates Standing Strong • MASS Rainbow • MetroWest Center for Independent Living • The Arc of Massachusetts <p>Free registration; registration information forthcoming https://tinyurl.com/REVUpMAE2022Conference https://revupma.org/wp/</p>
<p>Reports</p>	<p>6. Age International July 4, 2022 <i>Older women: the hidden workforce - Access to economic justice</i> Globally, older women in all their diversity are contributing unrecognised yet critical support to their families, communities, and economies through their paid and unpaid work. . . Older women have a human right to live in dignity and to achieve their own aspirations – this includes the fulfilment of their economic rights alongside recognition of and support for the paid and unpaid work they do. While older women’s unpaid care and other work is a positive force that underpins the economy and development, many older women’s experience of work is unrelenting, physically, and emotionally challenging, and underpaid or unremunerated. Ten-point action plan</p> <ul style="list-style-type: none"> • Include older women in development and gender equality policy • Ensure older women’s access to decent work • Promote social protection, including universal social pensions • Ensure financial inclusion • Ensure older women’s access to appropriate and affordable healthcare • Invest in informal support systems • Disaggregate data by sex, age, and disability • Create meaningful consultation with older women • Include older women and men in targeted community level schemes • Protect the rights of all older persons <p>https://tinyurl.com/OlderWomenHiddenWorkforce</p>
<p>Resident Rights Month: October 2022</p>	<p>7. National Consumer Voice for Quality Long-Term Care <i>Residents' Rights Month (October 1 through 31, 2022)</i> October is Residents’ Rights Month, an annual event designated by Consumer Voice to honor residents living in all long-term care facilities and those receiving care in their home or community. It is an opportunity to focus on and celebrate the dignity and rights of every individual receiving long-term services and supports. Being a part of a community is essential to our well-being. Throughout the pandemic, residents of long-term care facilities were disconnected from the</p>

	<p>resident and staff communities within their facilities when activities and group dining were limited. Residents were disconnected from the broader local community when visitation was restricted and many residents were unable to leave their facilities to participate in outside activities. This year's Residents' Rights Month theme - Inspiring Unity within Our Community - emphasizes the importance of fostering meaningful community within the facility and encouraging residents' connection to their local community.</p> <p>Promotional Materials Resident's Voice Challenge Activity Suggestions https://theconsumervoice.org/events/2022-residents-rights-month</p>
<p>Webinars and online sessions</p>	<p>8. Encore Boston Network Wednesday, July 13, 2022, 11:00 a.m. to 12:00 p.m. <i>Is Homesharing Right For You?</i> Do you have an extra room in your home? Have you thought about the possibility of renting it out? You're not alone. Homesharing is a growing trend that addresses a range of housing needs. For older adults, it offers financial, social and other benefits for those who want to stay in their homes. For others, often younger, it provides a solution to affordability as well as social and other needs. Join us to learn more about homesharing, how it works, it's benefits for individuals as well as communities, and how it might work for you. The panel of presenters includes: > Noelle Marcus, Founder & CEO of Nesterly, an innovative homesharing platform designed to easily and safely match home sharers with renters. She will describe the growing and evolving homeshare market as well as her experience bringing together sharers and renters. > Brenda Atchison (pictured above with one of her renters), homesharer and EBN Board member, will talk about her personal experience a in renting to students in the Boston area. > Phyllis Segal, homesharer and EBN board member, who helped develop a homeshare program to address housing affordability for nonprofit workers on Martha's Vineyard. Registration: https://tinyurl.com/HomesharingRightForYou</p> <p>9. Encore Network Thursday, July 14, 2022, 12:00 to 1:00 p.m. <i>Ken Dychtwald presents: The Coming New Era of Giving in Retirement: Unleashing America's Longevity Bonus</i> Too often, population aging is viewed as a burden to society – a “silver tsunami” destined to wreak terrible havoc. The problem may not be our growing legions of older adults. Instead, it may be our absence of imagination and creativity regarding what wonderful purpose all this longevity and maturity might serve. The population of people over 65 is projected to grow to over 100 million over the next two decades as the baby boom becomes an age wave, and the potential “upside” of aging will multiply. Join Dr. Ken Dychtwald on July 14, 2022, from 12:00 p.m. – 1:00 p.m. ET to examine how older adults are redefining success in later life in terms of the potential for “generosity,” and seeing giving back as the key to not only being useful, but youthful as well. Attendees will gain insights to understand how</p>

giving benefits the giver and understand the individual, organizational and community implications.

Ken Dychtwald's Profile:

Over the past 40+ years, Dr. Ken Dychtwald has emerged as North America's foremost visionary and original thinker regarding the lifestyle, marketing, health care, economic, leisure, and workforce implications of the age wave. Ken is a psychologist, gerontologist, and best-selling author of 18 books on aging-related issues. Since 1986, Ken has been the Founder and CEO of Age Wave, an acclaimed think tank and consultancy focused on the social and business implications and opportunities of global aging and rising longevity. His client list has included over half the Fortune 500.

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

10. High Level Political Forum on Sustainable Development

Thursday, July 14, 2022, 7:30 a.m.

"Older women in crises: Invisible among the most vulnerable"

This event will seek to explore the multiple and intersecting forms of discriminations faced by older women in emergencies and put forward ideas on how to address such challenges and ensure that their needs are met. Sponsored by the Stakeholder Group on Ageing (SGA) and co-sponsored by the UN Programme on Ageing (Un DESA), UN Women and the Special Procedures Office of the Independent Expert on the Rights of Older Persons, the event will consist of a moderator-driven, interactive panel discussion among high level speakers. Participants will have the opportunity to raise questions and share comments on the specific interventions made by panelists or to the theme of the event.

[Register here](#)

[Concept Note](#)

[Bios of Speakers](#)

[Flyer of the event](#)

11. Office of Nutrition and Health Promotion Programs (Administration on Community Living)

Thursday, July 21, 2022, 3:00 to 4:00 p.m.

Combating Food Insecurity with Collaboration

Participants of this webinar will learn how food insecurity affects older adults, how federal programs – including ACL's National Senior Nutrition Program – are addressing food insecurity in communities, and how to identify and engage potential collaborators among community stakeholders to ensure older adults can access nutritious foods.

Presenters:

- Kathryn Tucker, MS, RD, LD, Contractor, ACL
- Tim Getty, Regional Nutrition Coordinator, Heritage Area Agency on Aging

Registration: <https://tinyurl.com/FoodInsecurityJuly21>

12. National Bureau of Economic Research

Thursday, August 4, 2022, 12:00 to 4:00 p.m.

Friday, August 5, 2022, 12:00 to 4:00 p.m.

24th Annual Social Security Administration Research Consortium

The Social Security Administration will hold its 24th annual SSA Research Consortium virtually on August 4-5, 2022. The agenda features the latest disability research, including findings from Mathematica's Amal Harrati, Marisa Shenk, and Bernadette Hicks on racial disparities in COVID-19 experiences among older adults with disabling conditions.

	Check out the agenda and register here .
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Behavioral Health	<p>13. WCVB July 7, 2022 <i>Solutions to Massachusetts mental health crisis in hospitals face critical deadline</i> Hundreds of people remain stuck in hospital emergency departments across Massachusetts, waiting for psychiatric inpatient beds. . . Now potential solutions are facing a critical deadline on Beacon Hill. Both the House and Senate have passed bills that would address what’s called “ED Boarding.” That’s when patients in need of mental health help are forced to wait in Emergency Departments until a psychiatric bed is available. But, if lawmakers don’t agree on a compromise bill before the legislative session ends, solutions will once again be out of reach. . . On Beacon Hill last year, the Senate passed the Mental Health ABC Act 2.0 aimed at addressing barriers to care. The House passed its own version last month. Both would create an online portal to help find open beds, require a behavioral health clinician on site at all times and create a review team to help make sure children with complex needs get care quickly. But there are differences that need to be worked out. The Senate plan would require an annual report from the Office of the Child Advocate specifically on this issue. The House plan adds a separate Advisory Council and addresses rates charged to patients who are forced to board in emergency departments. If a conference committee doesn’t work out those difference before the legislative session ends on July 31, neither plan will move forward. Separately, a Behavioral Health Trust Fund that includes nearly \$200 million to address the mental health crisis is now out of legislative limbo on Beacon Hill. But, the money won’t be spent until the Trust Fund Commission meets and makes recommendations. Appointments are still being made to that panel before their work can get underway. https://tinyurl.com/SolutionsMentalHealth</p>
Alzheimer’s / Dementia	<p>14. *New York Times July 3, 2022 <i>New Dementia Prevention Method May Be Behavioral, Not Prescribed</i> As experimental drugs prove ineffective against increasing dementia cases in the U.S., researchers argue that improving eyesight can have an effect. Dementia cases are climbing along with an aging world population, and yet another much-anticipated Alzheimer’s medication, crenezumab, has proved ineffective in clinical trials — the latest of many disappointments. Public health experts and researchers argue that it is past time to turn our attention to a different approach — focusing on eliminating a dozen or so already known risk factors, like untreated high blood pressure, hearing loss and smoking, rather than on an exorbitantly priced, whiz-bang new drug. . . Emphasizing modifiable risks — things we know how to change — represents “a drastic change in concept,” said Dr. Julio Rojas, a neurologist at the University of California, San Francisco. By focusing on behaviors and interventions that are already widely available and for which there is strong evidence, “we are changing how we understand the way dementia develops,” he said. . . The latest modifiable risk factor was identified in a study of vision impairment in the United States that was published recently in JAMA Neurology. Using data</p>

	<p>from the Health and Retirement Study, the researchers estimated that about 62 percent of current dementia cases could have been prevented across risk factors and that 1.8 percent — about 100,000 cases — could have been prevented through healthy vision. . .</p> <p>The link between dementia and hearing loss, the single most important factor the Lancet Commission cited as a modifiable risk, has been well established. . .</p> <p>Expanding traditional Medicare to include hearing, vision and dental benefits was part of the Biden administration’s Build Back Better Act. But after the House passed it in November, Republicans and Senator Joe Manchin III, a Democrat, scuttled it in the Senate.</p> <p>Still, despite the caveats and cautions, reducing modifiable risk factors for dementia could have enormous payoff, and the Centers for Disease Control and Prevention has incorporated that approach into its National Plan to Address Alzheimer’s Disease. https://tinyurl.com/DementiaPreventionBehavioral</p>
Covid	<p>15. WGBH July 9, 2022 <i>Massachusetts switches to weekly reporting of COVID-19 data</i> Friday (July 8) was the last day that the Department of Public Health provided a daily update on COVID-19 metrics in Massachusetts. The agency announced Friday that it is moving to once-a-week reporting of coronavirus cases, hospitalizations, deaths and more.</p> <p>When the pandemic began, DPH started out providing fresh counts of infected residents, hospitalized patients, and COVID-19 deaths seven days a week, allowing residents to track the virus's spread and make informed decisions to protect themselves. A year ago, DPH cut back to providing updates on weekdays only and next week will start updating its COVID-19 Interactive Data Dashboard once a week on Thursdays.</p> <p>Also starting next week, DPH said it will publish its weekly COVID-19 Vaccination Report on Wednesdays rather than Thursdays.</p> <p>As of Wednesday, there were more than 1.77 million cases of COVID-19 confirmed in Massachusetts since Feb. 2020 and the virus has killed an estimated 21,000 people. The seven-day average positivity rate stands at 7.29 percent, which does not count most of the increasingly popular at-home rapid tests. https://tinyurl.com/WeeklyCovidReporting</p> <p>16. *New York Times July 7, 2022 <i>The pandemic has eroded Americans’ trust in experts and elected leaders alike, a survey finds.</i></p> <p>The survey, conducted in May, also found that people were growing less worried than before about catching or spreading the virus. . .</p> <p>As the coronavirus pandemic entered its third year, the American public had lost much of its trust both in public health experts and in government leaders, and was less worried than before about Covid-19, according to a survey conducted in early May and released Thursday by the Pew Research Center.</p> <p>Confidence ratings for public health officials, like those at the Centers for Disease Control and Prevention; for state and local elected officials; and for President Biden fell in a range from 43 percent to 54 percent in the survey — much lower than during the early stages of the pandemic. . .</p>

Public confidence in medical centers and hospitals remained high: Eight out of ten respondents said those institutions were continuing to manage the pandemic well, a small decline from 88 percent two years ago.

<https://tinyurl.com/PandemicErodedTrust>

17. WGBH

July 7, 2022

Contagious omicron subvariants BA.4 and BA.5 now make up majority of New England cases

The newer and most contagious omicron subvariants of the SARS-COV-2 virus, known as BA.4 and BA.5, now make up the majority of infections in New England, according to [data released by the CDC](#) this week.

Public health experts in Massachusetts say the subvariants are more contagious but their severity is still unclear. They stressed it bears watching in the summer months and that current public health tools are still very effective against BA.4 and BA.5, including masking indoors, avoiding crowds and close contact with strangers and getting a first or second booster shot.

<https://tinyurl.com/OmicromSubvariants>

18. *New York Times

July 7, 2022

What the BA.5 Subvariant Could Mean for the United States

The most transmissible variant yet of the coronavirus is threatening a fresh wave of infections in the United States, even among those who have recovered from the virus fairly recently.

The subvariant of Omicron known as [BA.5 is now dominant](#), according to federal estimates released Tuesday, and together with BA.4, another subvariant, it is fueling an outbreak of cases and hospitalizations. . .

BA.5 and BA.4, both subvariants of the Omicron variant that swept the world during the winter, are the most capable versions of the virus yet at evading immunity from previous infections and vaccines. Both variants have mutations in their spike proteins that are different enough from earlier versions of the virus that they are able to dodge some antibodies.

<https://tinyurl.com/BA5SubvariantUS>

19. *New York Times

July 6, 2022

U.S. pharmacists receive permission from the F.D.A. to prescribe Pfizer's Covid pills.

Previously, only doctors, nurses or physician assistants were allowed to prescribe the treatment, known as Paxlovid.

The Food and Drug Administration [added pharmacists](#) to the list of health care professionals who are allowed to prescribe Pfizer's pills for treating Covid-19.

The move, aimed at making it easier for patients to get the drug, will significantly increase the number of prescribers who can order the treatment, known as Paxlovid. There are more than 300,000 licensed pharmacists across the United States. . .

[The complexity of obtaining Paxlovid](#) has contributed [to inequities in who is getting it](#). Dispensing rates for Paxlovid and a similar treatment from Merck were lowest in the country's poorest ZIP codes over the first five months when the treatments were available, [according to a recent analysis](#) from the Centers for Disease Control and Prevention.

<https://tinyurl.com/PharmacistsPrescribeCovidPills>

<p>Long Covid</p>	<p>20. Mathematica June 30, 2022 <i>COVID Long-Haulers Will Require Better Coordinated Support</i> The number of working-age people affected by long COVID and at risk of long-term work disability is far from certain, but it could be large. According to survey data collected in the first two weeks of June, 7.5 percent of adults currently have long COVID symptoms, which are symptoms that they did not have before their COVID-19 infection lasting three or more months after first contracting the virus. The percentage with long COVID is higher for working-age adults than it is for those age 70 and older. . . Mathematica is in the midst of evaluating how well RETAIN is meeting its goals, but evidence from a similar program in Washington State suggests there is a good chance that programs promoting coordinated care and use of best practices could prevent many COVID long-haulers from relying on long-term disability benefits. Although RETAIN does not specifically focus on COVID long-haulers, the initiative does focus on identifying workers at risk of exiting the labor force and becoming reliant on long-term disability programs. We expect many long-haulers residing in states with RETAIN grants would qualify for RETAIN services. Many prominent medical institutions, such as Johns Hopkins Medicine and Mount Sinai, have already established multidisciplinary clinical programs to tackle long COVID. But long-haulers and their doctors are largely unaware of these programs. And even if these programs prove successful in restoring function, close coordination with employment services, as is done in RETAIN, might improve workers’ outcomes substantially. https://tinyurl.com/LongHaulersCoordinatedSupport</p>
<p>Health Care</p>	<p>21. STAT News July 7, 2022 <i>Scientists design a cheap device that can detect ear problems with the help of a smartphone</i> (A) group of engineers and hearing specialists are working . . . tympanometers that are cheap enough and small enough to find their way into the hands of nearly any provider who needs one. In a preliminary new study, published last month in Communications Medicine, the researchers report that their smartphone-based device performed nearly as well as commercially available tympanometers that can cost thousands of dollars. https://tinyurl.com/CheapDeviceDetectEarProblems</p> <p>22. *New York Times July 6, 2022 <i>A Neurologist’s Tips to Protect Your Memory</i> A new book by a renowned brain expert says there are a few simple things we can do to prevent memory decline as we age. As we age, our memory declines. This is an ingrained assumption for many of us; however, according to neuroscientist Dr. Richard Restak, a neurologist and clinical professor at George Washington Hospital University School of Medicine and Health, decline is not inevitable. . . Memory decline is not inevitable with aging, Dr. Restak argues in the book. Instead, he points to 10 “sins,” or “stumbling blocks that can lead to lost or distorted memories.” Seven were first described by the psychologist and memory specialist Daniel Lawrence Schacter — “sins of omission,” such as</p>

	<p>absent-mindedness, and “sins of commission,” such as distorted memories. To those Dr. Restak added three of his own: technological distortion, technological distraction, and depression. . .</p> <p>Here are some of Dr. Restak’s tips for developing and maintaining a healthy memory.</p> <ul style="list-style-type: none"> • Pay more attention. • Find regular everyday memory challenges. • Play games. • Read more novels. • Beware of technology. • Work with a mental health professional if you need to. • Determine whether there is cause for concern. <p>https://tinyurl.com/ProtectYourMemory</p>
Medicare	<p>23. *New York Times July 7, 2022</p> <p><i>Democrats Propose Raising Taxes on Some High Earners to Bolster Medicare</i></p> <p>The draft plan, which is expected to be unveiled in the coming days, is part of talks over how to salvage pieces of President Biden’s domestic agenda. Senate Democrats will push to raise taxes on some high-earning Americans and steer the money to improving the solvency of Medicare, according to officials briefed on the plan, as they cobble together a modest version of President Biden’s stalled tax and spending package.</p> <p>The proposal is projected to raise \$203 billion over a decade by imposing an additional 3.8 percent tax on income earned from owning a piece of what is known as a pass-through business, such as a law firm or medical practice. The money that would be generated by the change is estimated to be enough to extend the solvency of the Medicare trust fund that pays for hospital care — currently set to begin running out of money in 2028 — until 2031. . .</p> <p>The portion of Medicare that pays for hospital bills is funded through a special trust fund, largely financed by payroll taxes. But with escalating health care costs and an aging population, current revenues won’t be enough to pay all of Medicare’s hospital bills forever. According to the most recent report from Medicare’s trustees, the fund will be depleted in 2028 without new revenues or spending cuts. . .</p> <p>The Democrats’ plan would extend an existing 3.8 percent net investment income tax to so-called pass-through income, earned from businesses that distribute profits to their owners. Many people who work at such firms — such as law partners and hedge fund managers — earn high incomes, but avoid the 3.8 percent tax on the bulk of it.</p> <p>The new proposal would apply only to people earning more than \$400,000 a year, and joint filers, trusts and estates bringing in more than \$500,000, in accordance with Mr. Biden’s pledge that he would not raise taxes for people who make less than \$400,000 a year. The proposal is similar to a tax increase Mr. Biden proposed in 2021 to help offset the cost of a set of new spending programs meant to help workers and families, like home health care and child care. . .</p> <p>Imposing the new tax on pass-through income would raise about \$202.6 billion over a decade, according to an estimate from the Joint Committee on Taxation provided to Senate Democrats and reviewed by The New York Times. Those</p>

	<p>funds would be funneled directly into the Hospital Insurance Trust Fund, which covers inpatient hospital care, some home health care and hospice care. https://tinyurl.com/BolsterMedicare</p>
Aging Topics	<p>24. Age International July 4, 2022 <i>Older women: the hidden workforce - Access to economic justice</i> Globally, older women in all their diversity are contributing unrecognised yet critical support to their families, communities, and economies through their paid and unpaid work. . . Older women have a human right to live in dignity and to achieve their own aspirations – this includes the fulfilment of their economic rights alongside recognition of and support for the paid and unpaid work they do. While older women’s unpaid care and other work is a positive force that underpins the economy and development, many older women’s experience of work is unrelenting, physically, and emotionally challenging, and underpaid or unremunerated. Ten-point action plan</p> <ul style="list-style-type: none"> • Include older women in development and gender equality policy • Ensure older women’s access to decent work • Promote social protection, including universal social pensions • Ensure financial inclusion • Ensure older women’s access to appropriate and affordable healthcare • Invest in informal support systems • Disaggregate data by sex, age, and disability • Create meaningful consultation with older women • Include older women and men in targeted community level schemes • Protect the rights of all older persons <p>https://tinyurl.com/OlderWomenHiddenWorkforce</p> <p>25. The Ethel – AARP July 1, 2022 <i>How I Made My Career Dreams Come True — in My 80s</i> <i>It ain’t over till it’s over.</i> https://tinyurl.com/DreamsComeThrough</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	<p>Age International https://www.ageinternational.org.uk/ Based in the United Kingdom, Age International help older people living in some of the world's poorest places to have improved wellbeing and be treated with dignity.</p>
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Tuesday Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>

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/
State Budget FY 2023	<p>Commonwealth of Massachusetts</p> <p>The Governor has submitted his proposed budget for FY 2023. The budget has been considered, amended, and voted on by the House of Representatives.</p> <p>The results of the debate in the Senate and outcome of proposed amendments can be viewed at: https://malegislature.gov/Budget/FY2023/SenateDebate</p> <p>The Senate adopted the following amendment:</p> <p><i>Transparency and Accountability for Assisted Living Residences</i></p> <p>“SECTION 56A. Notwithstanding any general or special law to the contrary, there shall be an assisted living commission to study and recommend policies to ensure assisted living residences adequately meet the health and safety needs of residents. The study shall examine: (i) the current statutory and regulatory oversight of assisted living residences; (ii) assisted living best practices in other states; (iii) the benefits and disadvantages of licensing or certifying residences; (iv) marketing information communicated by residences to potential residents and families; (v) regulatory procedures for opening, closing or changing ownership of a residence including determination of need processes and clustering of facilities; (vi) trends in incident reports made to the executive office of elder affairs and the long term care ombudsman’s office and resolutions of such incidents; (vii) methods to provide transparency of information for potential consumers and family members researching and comparing residences; (viii) safety standards; (ix) existing consumer protections in statute and regulation; and (x) the provision of health care services in residences.</p> <p>The commission shall consist of: the secretary of elder affairs or a designee, who shall serve as chair; the commissioner of public health or a designee; the assistant secretary of MassHealth or a designee; the long term care ombudsman or a designee; the chairs of the joint committee on elder affairs or designees; and 8 members to be appointed by the governor, 1 of whom shall be a representative of the Massachusetts chapter of the National Academy of Elder Law Attorneys, 1 of whom shall be a representative of LeadingAge Massachusetts, Inc., 1 of whom shall be a representative of the Massachusetts Assisted Living Association, Inc., 1 of whom shall be a representative of AARP Massachusetts, 1 of whom shall be a representative of the New England chapter of the Gerontological Advanced Practice Nurses Association, 1 of whom shall be a representative of the Massachusetts chapter of the Alzheimer’s Association and 2 of whom shall be residents or family members of residents at an assisted living residence.</p> <p>The commission shall meet not less than 6 times, including at least 1 public hearing, and shall produce a report detailing recommendations, which shall be published online by the executive office of elder affairs.</p> <p>The commission shall file its report and recommendations, including proposed drafts of any necessary legislation or regulations, to the clerks of the senate and house of representatives, the joint committee on elder affairs and the house and senate committees on ways and means not more than 1 year following the effective date of this act.”.</p>

The Senate budget included \$75 million in funding for nursing homes of which \$56.25 million would go for an add-on for direct care staffing costs, \$18.75 million for supplemental payments for quality improvement, and \$10 million in funding for rest home rate increases as well as language setting the asset limit at \$2,000 for eligibility for EAEDC for rest home residents, fixing a change that had been made in the FY22 budget that had eliminated the asset limit.

On May 26, 2022, the Senate passed the budget to be engrossed. It is now numbered [H4701](#).

The budget will now be considered by a Conference Committee consisting of three Senators (Sen. Rodrigues of Westport, Sen. Friedman of Arlington, and Sen. O'Connor of Weymouth) and three Representatives (Rep. Michlewitz of Boston, Rep, Ferrante of Gloucester, and Rep. Smola of Sturbridge).

<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 July 6, 2022. Red font added this report.

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Beaven Kelly Home	Holyoke	7/6/2022	Noncompliance Testing
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Norwood Healthcare	Norwood	6/28/2022	New cases
Oosterman's Melrose Rest Home	Melrose	12/18/2021	Noncompliance Testing
Overlook Masonic He6althcare	Charlton	6/28/2022	New cases
Regalcare at Worcester	Worcester	7/6/2022	Infection control
Rivercrest Long Term Care	Concord	6/28/2022	Noncompliance Testing

	Royal of Cotuit	Mashpee	6/28/2002	New cases
	Savoy Nursing and Rehab Center	New Bedford	4/19/2022	Infection control
	Sudbury Pines Extended Care	Sudbury	7/6/2022	New cases
	Vantage at Wilbraham	Wilbraham	7/6/2022	Noncompliance Testing

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated June 29, 2022

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 April 27, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

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

Massachusetts facilities which showed improvement

- Attleboro Healthcare, Attleboro
<https://tinyurl.com/AttleboroHealthcare>

Massachusetts facilities which have graduated from the program

- None

Massachusetts facilities that are candidates for listing

	<ul style="list-style-type: none"> • Highview of Northampton (added in June) https://highviewnorthampton.com/ • Parkway Health and Rehabilitation Center https://tinyurl.com/ParkwayHealthCenter • Plymouth Rehabilitation and Health Care Center (added in May) https://plymouthrehab.com/ • Revolution Charwell https://tinyurl.com/RevolutionCharwell • Savoy Nursing and Rehabilitation Center, New Bedford (added in June) No website • Tremont Health Care Center, Wareham (added in May) https://thetremontrehabcare.com/ • Vantage at South Hadley No website • Vero Health and Rehabilitation Center of Amesbury https://tinyurl.com/VeroAmesbury • Vero Health and Rehabilitation Center of Revere https://tinyurl.com/VeroRevere • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website https://tinyurl.com/SpecialFocusFacilityProgram 																				
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2021 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr><td>233</td><td>B</td></tr> <tr><td>70</td><td>C</td></tr> <tr><td>6,739</td><td>D</td></tr> <tr><td>1,754</td><td>E</td></tr> <tr><td>452</td><td>F</td></tr> <tr><td>517</td><td>G</td></tr> <tr><td>23</td><td>H</td></tr> <tr><td>59</td><td>J</td></tr> <tr><td>22</td><td>K</td></tr> </tbody> </table>	# reported	Deficiency Tag	233	B	70	C	6,739	D	1,754	E	452	F	517	G	23	H	59	J	22	K
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<p>Nursing Home Compare</p>	<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 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> <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 		
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	<p>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</p>		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom.	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 Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu

Please contact workgroup lead for more information	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
	Legal Issues	Clarence Richardson	Clarence@massnaela.com
	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"> • Dick Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.</p> <p><i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			