



# The Dignity Digest

Issue # 100

August 1, 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.

## Spotlight:

This is the 100<sup>th</sup> issue of *The Dignity Digest*. In recognition of this milestone, we asked our readers three questions about the notion of dignity and their involvement with Dignity Alliance Massachusetts which we are sharing in this issue.

Submissions are still welcome and will be published in future issues of *The Digest*.

To make a submission:

<https://tinyurl.com/DignityMeansToMe>

## What does "dignity" mean to me?

Jerry Halberstadt, Stop Bullying Coalition:

*Treating all humans with respect and decency*

*Dignity is the ability to make your own choices and determine the course of your own life. Achieving dignity requires having the necessary supports to make those choices real.*

Colin Killick, Disability Policy Consortium:

*Dignity is the ability to make your own choices and determine the course of your own life. Achieving dignity requires having the necessary supports to make those choices real.*

## Why the advocacy promoted by Dignity Alliance Massachusetts is important to transform long-term care in facilities and in the community.

Sandy Alissa Novack, MBA, MSW, LICSW, ACSW, CSW-G

*My name is Sandy Alissa Novack, and I have been a contributor to Dignity Digest since the first issue. I grew up in a family of readers with relatives who regularly kept up-to-date with the news and liked sharing information. My mom used to draw me pictures and also clip interesting scenes from magazines or stories and put them in my Peanuts lunchbox along with my packed lunch as a child, and in college my parents would mail me all kinds of interesting articles they had read they either thought would be useful for me, make me chuckle, or be inspirational. I grew up liking to do the same thing for others; in Dignity Alliance's case, sharing articles of importance on aging and disability, long-term care, and community living, and of course the pandemic. I draw on the practical, inspirational and the items that tug at the heart. One of my "finds" you may have already listened to, but I feel it has more depth the more I listen to it; it is country singer Brett Eldredge's song called Raymond, about a man working in a long-term care facility where an elder with dementia mistakes him for her son, and he gladly takes it upon himself to fill in as lovingly as if he were her son. At the intersection of aging, disability, military service, family and caregiving, the song moves me every time I listen to it*

<https://tinyurl.com/RaymondByBrettEldridge>

*By the way, everyone is invited to share articles, webinar registration information, and more for the weekly Dignity Digest. If something interests you, you can bet it may interest many of the hundreds of other readers of the Dignity Digest, so send it along to us to consider, as space allows, for publication to [paul.lanzikos@gmail.com](mailto:paul.lanzikos@gmail.com).*

Margaret Morganroth Gullette, Ph.D. The writer is the author of *Ending Ageism, or How Not to Shoot Old People*:

*Since March 2020, I have been writing a book titled American Eldercide, about the tragic and unnecessary deaths in the nursing homes. The "Eldercide" came about because of the abandonment of the 1.4 million residents (as of 2019) living in the 15,400 facilities, a failure of the federal government under Trump but also of state governments that had never taken seriously their part of the responsibility to provide safety, health, and dignity to some of the most vulnerable older adults in the nation. All too many died, and they deserve a monument that signals our regret for the losses. Many survived: in 437 facilities, no one died in 2020. The 150,000+ could have been protected. Others of us in the general population will need to join the survivors or will want similar services that can be provided best in their local communities. No one could doubt in the COVID Era that reforms are needed. . The stories of malfeasance and ageist ableism I discovered and reveal in this book might well have led me to despair of reform. And then I watched in horror as a federal government under a new administration proposed a valuable and targeted package of reforms that then was stymied by people in Congress who also, again, did not care enough. And then I discovered Dignity Alliance MA, dedicated advocates from all walks of life, who collectively know more about conditions and causes and needed improvements than any group in the Commonwealth. They have been tireless and efficient in the two years of the operation. They have wisely and gently guided the legislators on Beacon Hill--some of them also concerned and knowledgeable--toward ameliorating the causes of suffering and improving life for those, most of them in later life, who find themselves in the "care" of bureaucracies. By the time the 100th issue of Dignity Digest is published, the Legislature may or may not have proved itself worthy of this sacred trust.*

Jerry Halberstadt, Stop Bullying Coalition:

*The Commonwealth fails to adequately fund the services and to oversee and hold caregivers accountable, and no one else is trying to do what DAM is doing. Terrible things happen to vulnerable people and I applaud the efforts of DAM to advocate for remedies.*

Colin Killick, Disability Policy Consortium:

*Nursing homes as traditionally constituted deprive people of both dignity and safety based on disability and age. They are the largest remaining vestige of the system of institutionalization that used to segregate people with disabilities away from the rest of society and*

*deprive them of agency. DAM's work represents major progress in moving away from that archaic model.*

Judi Fonsh MSW

*I had the pleasure of having members of Dignity Alliance support me ( a retired Director of Social Work at the facility)and several others who were very concerned, in trying to prevent the closure of Farren Care Center. Farren, a non profit nursing home where the specialty care was for those who suffered from a persistent mental illness as well as medical illness and ADL needs or neurological issues and were rejected by at least 5 other nursing homes due to their care needs. The mission of caring was truly the focus at Farren. Many Alliance members met weekly and sometimes twice a week as we worked to at least prevent tragedies from occurring during the transfer. The plan that unfortunately came to fruition was that a for profit nursing home company took over the care and in the process many things changed and sadly the transition led to many residents dying. I was so impressed with the knowledge and skills the members of Dignity brought to the work!!*

Jim Wessler, Alzheimer's Association, Massachusetts/New Hampshire Chapter

*I wanted to thank you and the Dignity Alliance for your support of the successful budget amendment that provided initial funding for expansion of our Dementia Care Coordination (DCC) program. This will enable us to expand access to this successful program that links family caregivers to immediate support, via their health care providers. You have been an important partner and we do appreciate it.*

**This is my vision for the future of services, support, and care for older adults and persons with disabilities.**

Sandy Alissa Novack, MBA, MSW, LICSW, ACSW, CSW-G

*This is part of my vision for the future of services, support and care for older adults and people with disabilities:*

*In many cases, it will begin when a person needs hospital care for an acute situation. Instead of the too-automatic thought that a person needs to be discharged to a short-term rehabilitation unit or even immediately discharged from the hospital to a long-term care facility, discharge planners will first try to discharge patients back to their house, apartment, or other community-based setting. This includes the chronically homeless or acutely homeless; they may not have a home to return to, but hospitals will learn to work with community agencies to get these folks housed when they are discharged, too, so they don't unnecessarily get discharged to long-term care.*

*Because many may need supportive services to be discharged home, I envision a more robust homecare and home health care network in*

Massachusetts, where many more types of care are funded to provide companionship if needed to settle back into one's routine at home post-surgery, post-pneumonia, post-anything, and one's own doctors come to check on you because our new, lifelong, guaranteed health insurance for every citizen in the country sees the value in the home visits, like doctors used to do decades ago, to continue those relationships with providers who know you best. Respite care will be more generous in coverage, so that family caregivers do not risk losing their own careers, income, and health, trying to take care of their loved one morning, noon and night.

Solo agers will be able to have their chosen family of friends get paid for providing them with needed help, and solo agers will not be left to age all alone nor be socially isolated. Indeed, ample houses will be available for chosen families to even live in a single-family home with the solo ager, to provide the loving family environment that allows the best in everyone to shine, and so most people with disabilities will not need to move, all alone, into a facility.

Houses for the future, for anyone, will come with ramps into the house if it is an older building, or new construction regulations will require flat entrances, so no one need move out of a house into a facility due to decrease in mobility or other health issues. Older houses and apartment buildings will be required to add in elevators if they don't already have elevators that allow residents with the larger and heavier assistive devices to get in and out of them with ease. Bathrooms and kitchens will be universally designed as well, throughout the state and at all price points, to account for the fact that we all need support at some points in our lives, whether we break a leg on a ski slope and have a temporary disability, or we have a permanent disability but want to keep cooking our favorite dishes or just enter to smell the food others are cooking in the kitchen.

Those citizens who, due to lung, or other health care issues, would do well to live by the ocean/waterways to be away from pollution, allergens, smoke and the like, will be given first priority for housing near the ocean/waterways, housing that will cost the same for them near the ocean as it would any place else in the state.

No smoking, including tobacco, cigarettes, pipes, vaping, or otherwise will be allowed in housing arrangements of any kind, or within two miles of any housing or facilities, to protect the health of everyone, child, or adult, including the smoker, but especially children, elders, and people with disabilities.

There will be no haggling with insurance that your wheelchair needs repair or replacement. If your doctor orders you need a repair or replacement, insurance must pay for what you need. Same thing for walkers, scooters, and other medical supplies. Similarly, if you need a medicine, you will be able to have the medicine ordered by your

*doctor, and the pharmacy gets re-imbursed by a state-level pharmacy bureau--no more studying each and every year which Part D Medicare prescription program you should sign up for.*

*Because one's hearing, eyesight, and teeth are essential to one's health, my envisioned guaranteed lifelong health care coverage for every citizen will cover these too long neglected aspects of our health.*

*Long-term care insurance will no longer be only for those who can pay the hefty yearly premiums. Long-term care coverage will be part of your guaranteed pre-pregnancy to grave health coverage, for every human being to be treated equitably and with dignity, at every stage of life, and with no family going into financial debt due to medical debt. Long-term care insurance will be used in the community as well as in long-term care facilities if you cannot remain living in the community.*

*Starting someday soon, personal care assistants and certified nursing assistants should be paid double the yearly salary they make now, so they will not have to hold down multiple jobs to feed, house, and otherwise support themselves and family. They will get full benefits, such as sick days and vacation time. The money that will fund these essential workers (as they were certainly shown to be essential during the pandemic) is based on the reality that caregivers who make a difference for the lives they care for should get paid for that life-giving, quality of life they make possible, and could come from a similar reality check in the sports, casino, and liquor arenas, where, for example, people who do not contribute essential services as defined in the pandemic and do not contribute to anyone's life other than recreationally, have gotten paid more than essential workers. I think the pandemic has shown us where essential workers are and they are not in baseball games. We should use our experience during the pandemic to re-calibrate the salaries of all kinds of jobs, making sure that those who lead the way in the care of loved ones get paid well and what they are worth, which should be way more than what someone, admittedly an athlete, but still someone who does not perform essential services, earns.*

*At the end of life, no birth family nor chosen family needs to be shamed that they have no funds to bury a loved one. For the dignity of everyone, there will be no more paupers' graves, unless perhaps due to war or other disasters the identity of bodies is not possible. Otherwise, as part of the pre-pregnancy to grave health care coverage and prioritizing human dignity, everyone is entitled to a basic funeral service, a basic casket fitting your religious or secular beliefs, and a marker or gravestone. As the news kept showing us at the beginning of the pandemic, morgues were overflowing with the deceased, and many countries were digging mass graves. From such moments, our sense of what is dignity only grows, and we must keep*

	<p><i>honoring our loved ones and giving them the dignity they deserve, every chance we can at every stage of life, and that includes the end of life.</i></p> <p>Jerry Halberstadt, Stop Bullying Coalition: <i>We will enable everyone to live in peace, security, and safety and to their full potential.</i></p> <p><b>I would like to add:</b> Jerry Halberstadt, Stop Bullying Coalition: <i>I have great respect for all who participate in the work of DAM.</i></p> <p><i>While the current mission of DAM is focused on institutional settings and moving people into the community and/or keeping them in the community, many of the same issues apply to elderly and disabled persons living in public and subsidized housing, and even to market rate and condominium apartments. There are huge gaps in our legal and administrative systems so that oversight and access to justice are not available. So, either DAM expands our scope, or a new organization needs to be created. Getting relief through legislation is not easy, we have tried for a decade.</i></p>
<p><i>Quotes of the Week</i></p>	<p><b><i>"The level of aggression that nursing homes are using to collect unpaid debt is severely increasing."</i></b></p> <p>Lisa Neeley, a Worcester, MA elder law attorney, <i>Nursing homes are suing friends and family to collect on patients' bills</i>, <b>NPR Shots and Kaiser Health News</b>, July 28, 2022, <a href="https://tinyurl.com/NursingHomesSuingFriends">https://tinyurl.com/NursingHomesSuingFriends</a></p> <p><b><i>"I get calls all the time from people who are served with these lawsuits who had no idea that this was even a remote possibility, who call me crying and frantic. They believe not only that they're going to lose their own income and their own houses and assets, but also they're concerned that their loved ones who are still in the nursing home may be potentially kicked out."</i></b></p> <p>Anna Anderson, an attorney with the nonprofit Legal Assistance of Western New York, <i>Nursing homes are suing friends and family to collect on patients' bills</i>, <b>NPR Shots and Kaiser Health News</b>, July 28, 2022, <a href="https://tinyurl.com/NursingHomesSuingFriends">https://tinyurl.com/NursingHomesSuingFriends</a></p> <p><b><i>"I don't know how long we are going to stay, but as long as we can. We cannot leave our patients. These</i></b></p>



*people are special. They cannot live without our support.”*

*Natalya Mayakova, chef at the psychoneurological hospital in Borodyanka, Ukraine, A care center for Ukraine’s disabled deals with the trauma of occupation, \*Washington Post, July 30, 2022, <https://tinyurl.com/UkraineDisabledTrauma>*

*“We’re just not building enough affordable housing. The last time this country built a lot of smaller homes for the middle class was when the soldiers were coming back from World War II. Now we’re building for the ultra-rich, for people who can afford to live in the Seaport.”*

*Melvin Vieira, president of the Greater Boston Association of Realtors, In a market badly out of kilter, many older residents are stuck in their homes, \*Boston Globe, July 29, 2022, <https://tinyurl.com/MarketBadlyOutOfKilter>*

*My patient’s wife had just one question: Was her husband dying? . .*

*Sometimes they ask if this medication will hasten death, and I explain that it can, but that our primary goal is always to relieve discomfort.*

*We even have a term for this balance, the “principle of double effect” — as doctors, we accept the risk of a negative consequence like hastening death, so long as our intended outcome is to help the patient by alleviating symptoms.*

*Dr. Daniela Lamas, pulmonary and critical-care physician at Brigham and Women’s Hospital in Boston, In the I.C.U., Dying Sometimes Feels Like a Choice, \*New York Times, July 31, 2022, <https://tinyurl.com/DyingFeelsLikeAChoice>*

*“When the mental health movement started, it usually wouldn’t get a lot of attention except from white people,” (but) “when you see celebrities that*

*look like you also have these kinds of problems, it normalizes the actions to seek help.”*

*Chien-Chi Huang, founder and director of the Boston-based nonprofit Asian Women for Health, Demand for mental health care rising in Asian American communities as more speak openly of struggles,*

*\*Boston Globe, July 29, 2022,*

<https://tinyurl.com/MentalHealthAsianAmerican>

*“When Asian American spokespeople, celebrities, well-known folks talk about mental health, it’s a reminder that the Asian American community is not a monolith model minority. It opens up a conversation about what is mental health and that it’s OK to talk about it without stigmatizing it.”*

*Lisette Le, director of VietAID, a group that serves Dorchester’s Vietnamese community, Demand for mental health care rising in Asian American communities as more speak openly of struggles,*

*\*Boston Globe, July 29, 2022,*

<https://tinyurl.com/MentalHealthAsianAmerican>

*The economic upheaval caused by the pandemic magnified America's housing crisis, leaving millions on the brink of losing their homes. Soaring rents, combined with inflation, have left more Americans—especially people of color—newly homeless and millions more at risk of eviction.*

*Facing Eviction, Frontline PBS (Video), July 26, 2022,*

<https://tinyurl.com/FacingEvictionFrontline>

*“Housing is foundational. It’s a pillar of resiliency in the same way that employment and education are. But if you knock out that one pillar — housing, where you live, your home — you can’t access any of the others.”*

*How Moratoriums & Rental Assistance Impacted Evictions in the U.S. During COVID-19, Frontline, July 26, 2022,*

<https://tinyurl.com/RentalAssistanceImpact>



	<p><i>The COVID-19 pandemic has put an increasing number of people at risk for eviction, which is associated with many adverse health outcomes and contributes to health inequities.</i></p> <p><i>Eviction and Health: A Vicious Cycle Exacerbated by a Pandemic, Robert Wood Foundation, April 1, 2021, <a href="https://tinyurl.com/EvictionAndHealth">https://tinyurl.com/EvictionAndHealth</a></i></p> <p><i>The (Massachusetts FY 2023) budget sustains support for core health care programs and makes investments to expand services for the most vulnerable, while improving access to health care for all residents. Within the \$19.480 billion gross / \$7.301 billion net MassHealth budget, \$115 million will fund nursing facility staffing rate increases and supplemental payments.</i></p> <p><i>Governor Charlie Baker Signs Fiscal Year 2023 Budget, July 28, 2023, <a href="https://www.mass.gov/news/governor-charlie-baker-signs-fiscal-year-2023-budget">https://www.mass.gov/news/governor-charlie-baker-signs-fiscal-year-2023-budget</a></i></p>
<p>Dignity Votes 2022</p>	<p><b>Candidates for State Auditor: questionnaires and interviews</b></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"> <li>• Arthur Amore (R)</li> <li>• Chris Dempsey (D)</li> <li>• Diana DiZoglio (D)</li> </ul> <p>They were interviewed by a panel consisting of</p> <ul style="list-style-type: none"> <li>• Richard Moore, former Massachusetts Senate President Pro Tempore and Senate Chair, Joint Health Care Finance Committee</li> <li>• Arlene Germain, Executive Director, Massachusetts Advocates for Nursing Home Reform</li> <li>• Sandy Alissa Novack, MBA, MSW</li> </ul> <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: <a href="https://dignityalliancema.org/2022/06/27/state-auditor-q-and-a/">https://dignityalliancema.org/2022/06/27/state-auditor-q-and-a/</a></p> <p><b>Candidates for Governor, Lieutenant Governor, Attorney General, and Secretary State</b></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.

**Congressional office candidates**

Questionnaires for congressional candidates are in the process of being prepared and will be distributed in July.

**State legislative candidates**

Questionnaires for selective legislative office candidates are in the process of being prepared and will be distributed in July and August.

**Fact Sheets and Issue Briefs**

Prepared by Dignity Alliance Massachusetts Workgroups

**Nursing Homes**

- [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](#)

**Home and Community Based Services**

- [HCBS Fact Sheet](#)
- [HCBS Staffing Issues](#)
- [HCBS Care Coordination Issues](#)

**Behavioral Health**

- [Behavioral Health Fact Sheet](#)
- [BH Elder Mental Health Outreach Teams \(EMHOT\) Issues](#)
- [BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues](#)
- [Social Work Staffing Issues](#)

**Housing**

- [Housing Issues](#)

**Veterans**

- [Veterans Issues](#)

<https://dignityalliancema.org/2022-facts-and-issues/>

**State Election Information**

The following websites contain useful, timely information about this year's elections. (Source: *AARP Bulletin* July / August 2022)

- *AARP Voter Guides*  
Information about the voting process from registration to Election Day voting locations and hours.  
[www.aarp.org/electionguides](http://www.aarp.org/electionguides)
- *Ballotpedia*  
Information about statewide races and ballot measures.  
[www.ballotpedia.org](http://www.ballotpedia.org)
- *OpenSecrets*  
Tracks flow of money within the electoral process.  
[www.opensecrets.org](http://www.opensecrets.org)
- *Vote411*  
Election year information provided by the League of Women Voters.  
[www.vote411.org](http://www.vote411.org)
- *Vote Smart*

	<p>On demand detailed information about individual candidates  <a href="http://www.votesmart.org">www.votesmart.org</a></p>
Inspiration	<p><b>1. Sunday Today with Willie Geist (video segment)</b>  July 31, 2022  <i>How ‘Beep Baseball’ helps the visually impaired play ball</i>  ‘Beep Baseball’ is an innovative take on America’s favorite pastime that allows visually impaired players to make magic on the field. The ball beeps, the bases buzz and an extraordinary group of ballplayers wear blindfolds to ensure everyone competes on an even playing field. NBC’s Cal Perry reports in this week’s Sunday Spotlight.  <a href="https://tinyurl.com/BeepBaseballSundayToday">https://tinyurl.com/BeepBaseballSundayToday</a></p>
Resident Rights Month: October 2022	<p><b>2. National Consumer Voice for Quality Long-Term Care</b>  <i>Residents’ Rights Month (October 1 through 31, 2022)</i>  October is <b>Residents’ Rights Month</b>, 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 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 - <b>Inspiring Unity within Our Community</b> - emphasizes the importance of fostering meaningful community within the facility and encouraging residents’ connection to their local community.  <a href="#">Promotional Materials</a>  <a href="#">Resident’s Voice Challenge</a>  <a href="#">Activity Suggestions</a>  <a href="https://theconsumervoice.org/events/2022-residents-rights-month">https://theconsumervoice.org/events/2022-residents-rights-month</a></p>
Previously posted webinars and online sessions	<p><b>Previously posted webinars and online sessions can be viewed at:</b>  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
Nursing Homes	<p><b>3. The Gerontology Institute</b>  July 31, 2022  <i>LTSS report helps win more state funding for Pennsylvania’s nursing homes</i>  On July 2022, Pennsylvania Governor Tom Wolf and the state’s legislature reached an agreement to boost staffing levels at nursing home facilities. The state will distribute nearly \$300 million to nursing homes, representing a roughly 20 percent increase in Medicaid rates—the first substantial increase in nearly a decade. The money should increase worker salaries, staffing levels, and retention while stabilizing the facilities’ finances and improving the quality of care.  A team of UMass Boston gerontologists are celebrating Pennsylvania’s decision, which comes a little less than two years since the researchers</p>

	<p>made the case for the additional funding in their report, "<a href="https://tinyurl.com/FundingForPANursingHomes">What Is Happening to Pennsylvania’s Nursing Homes?</a>"  <a href="https://tinyurl.com/FundingForPANursingHomes">https://tinyurl.com/FundingForPANursingHomes</a></p> <p><b>4. NPR Shots and Kaiser Health News</b>  July 28, 2022  <i>Nursing homes are suing friends and family to collect on patients' bills</i>  Pursuing unpaid bills, nursing homes across this industrial city have been routinely suing not only residents but their friends and family, a KHN review of court records reveals. The practice has ensnared scores of children, grandchildren, neighbors, and others, many with nearly no financial ties to residents or legal responsibility for their debts. The lawsuits illuminate a dark corner of America's larger medical debt crisis, which a KHN-NPR investigation found has touched more than half of all U.S. adults in the past five years. Litigation is a frequent byproduct. About 1 in 7 adults who have had health care debt say they've been threatened with a lawsuit or arrest, according to a <a href="#">nationwide KFF poll</a> conducted for this project. Five percent say they've been sued. The nursing home industry has quietly developed what consumer attorneys and patient advocates say is a pernicious strategy of pursuing family and friends of patients despite federal law that was enacted to protect them from debt collection. "The level of aggression that nursing homes are using to collect unpaid debt is severely increasing," said Lisa Neeley, a Massachusetts elder law attorney. . . The legal strategy is often rooted in admissions agreements, the piles of paperwork that family or friends sometimes sign, not realizing the financial risks. "The world of nursing facilities is a black hole for most people," said Eric Carlson, a longtime consumer attorney at the nonprofit Justice in Aging. "This happens in the shadows." In most cases reviewed by KHN, the people sued didn't have an attorney, which can be expensive. In nearly a third, the nursing homes won default judgments because the defendants never responded, a common phenomenon in debt cases. In many cases, lawsuits sought interest rates as high as 18% on top of the debt. . . Such agreements, which can run multiple pages, have long been standard in the long-term care industry. They often designate whoever signs as a "responsible party" who will help the nursing home collect payments or enroll the resident in Medicaid, the government safety-net program.  <a href="https://tinyurl.com/NursingHomesSuingFriends">https://tinyurl.com/NursingHomesSuingFriends</a>)</p>
Behavioral Health	<p><b>5. *Boston Globe</b>  July 29, 2022  <i>Demand for mental health care rising in Asian American communities as more speak openly of struggles</i>  Chien-Chi Huang has fought to connect local Asian American communities with mental health resources for years. She has organized mental health forums, held social hours designed to promote self-care, and trained to be a mental health peer advocate. But Huang found that COVID-19, with its crushing isolation and the wave of anti-Asian violence that followed, has sparked a broader conversation</p>

	<p>about mental health issues, as has a growing number of high-profile Asian Americans speaking out about their own struggles during the pandemic and beyond. . .</p> <p>While the stigma surrounding mental health can keep people from seeking help, community groups say there is also a shortage of bilingual and bicultural mental health professionals who understand the issues that first- and second-generation populations face.</p> <p><a href="https://tinyurl.com/MentalHealthAsianAmerican">https://tinyurl.com/MentalHealthAsianAmerican</a></p>
Housing	<p><b>6. *Boston Globe</b>  July 29, 2022  <i>In a market badly out of kilter, many older residents are stuck in their homes</i></p> <p>Some say smaller dwellings in the state are too scarce and costly. . . They bought their homes when they were young, making money, and raising families. Now they’re empty nesters, in or nearing retirement, and living in houses that are too big for them.</p> <p>But many older residents in Massachusetts who’d like to downsize — and turn over spacious dwellings to younger buyers desperate for room to expand —are finding it difficult, if not impossible. Even though their property values have ballooned, smaller homes or condos are scarce and carry prohibitive price tags in the state’s out-of-kilter real estate market.</p> <p>. . .</p> <p>Politicians and community leaders have long fretted about the soaring prices and undersupply of housing. But peel back the economic metrics, and you’ll find a demographic dynamic at play: Older folks hanging onto homes that are larger than they need, and a younger generation of two-income couples with children who are primed to move into those homes but remain trapped in apartments or condos that are too small.</p> <p>Of the state’s occupied homes, 54.8 percent are owned by residents ages 55 and over, according to a US census data analysis by the Massachusetts Housing Partnership. That over-55 contingent represents just over 22 percent of the state’s population. The percentage of older homeowners is higher in some suburban towns, such as Lincoln (65.7 percent) and Scituate (65.8 percent), and in communities on Cape Cod such as Falmouth (74.9 percent) and Chatham (81.6 percent).</p> <p>Many older and younger residents are looking for homes that would be a better fit for their next stage of life. But much of the new construction in Massachusetts, which real estate agents say many older buyers prefer because it saves them time and money on maintenance, centers around pricey retirement communities and luxury condo complexes for young professionals drawing whopping salaries. . .</p> <p>Multiple factors have aggravated the housing conundrum. The COVID-19 pandemic, disrupting the supply of building materials, has stalled many construction projects. Hiring sprees at high-flying biotechs, such as Moderna, have heightened demand for homes. Savvy real estate investors specializing in “fixes and flips” often elbow out downsizing empty nesters and young families, driving up prices. And many local</p>

zoning regulations favor single-family homes while restricting development of homes on smaller lots, especially in suburban communities.

<https://tinyurl.com/MarketBadlyOutOfKilter>

**7. Frontline**

July 26, 2022

*How Moratoriums & Rental Assistance Impacted Evictions in the U.S. During COVID-19*

Measures including rental assistance and eviction moratoriums helped [more than a million](#) U.S. households avoid losing their homes during the COVID-19 pandemic, according to estimates. But as temporary protections expire and funds deplete, evictions are once again approaching pre-pandemic levels. . .

Before the COVID-19 pandemic disrupted lives and economies around the world, landlords in the United States filed an [estimated](#) 3.6 million eviction cases per year, according to Eviction Lab. But with the onset of COVID-19 stay-at-home orders and resulting business shutdowns in spring and summer 2020, the number of Americans at risk of not being able to pay rent [skyrocketed](#).

In August 2020, researchers from nine organizations including the National Low Income Housing Coalition [estimated](#) that, without assistance, 30 to 40 million Americans would be in danger of eviction by the end of that year.

<https://tinyurl.com/RentalAssistanceImpact>

**8. Frontline PBS (Video)**

July 26, 2022

*Facing Eviction*

Why have American families struggled to keep their homes during the COVID pandemic, despite a federal eviction moratorium? *Frontline* investigate in a new documentary with Retro Report.

Filmed over the course of a year during the COVID-19 pandemic, “Facing Eviction” follows people and families across the country who struggled to remain housed as COVID upended the economy. The documentary examines how federal pandemic housing protections — including a temporary ban on evictions and a massive rental assistance program — played out in the experiences of people living through this precarious time: from tenants and landlords to lawyers, judges and the law enforcement officers carrying out evictions.

Content:

Prologue – [00:00](#)

Facing Eviction During COVID - [01:05](#)

Local Landlords in the Pandemic - [11:46](#)

Finding Housing After Eviction - [16:30](#)

Evictions in States with Eviction Moratoriums - [19:56](#)

Looking for Rental Assistance During COVID - [31:27](#)

How Federal Rental Assistance Was Distributed - [38:26](#)



	<p>Credits - <a href="#">51:58</a>  <a href="https://tinyurl.com/FacingEvictionFrontline">https://tinyurl.com/FacingEvictionFrontline</a></p> <p><b>9. Robert Wood Foundation</b>  April 1, 2021  <i>Eviction and Health: A Vicious Cycle Exacerbated by a Pandemic</i>  The COVID-19 pandemic has put an increasing number of people at risk for eviction, which is associated with many adverse health outcomes and contributes to health inequities. Emergency and long-term interventions are needed to address this public health crisis.  What’s the issue:  Eviction, which is relatively common among renters in America, is a severe form of housing insecurity associated with significant health impacts. Recently, the economic consequences of the COVID-19 pandemic have increased the number of renters at risk for eviction and its related negative health outcomes. Because eviction in general disproportionately affects women, families with children, people with low-income, and people of color, the health consequences of eviction likely widen both racial and socioeconomic disparities in health. Housing displacement poses a particular health risk during a pandemic, as eviction often leads tenants to move in with friends or relatives, which can increase spread of COVID-19 and its related morbidity and mortality. With almost 33 percent of eviction filings against Black renters and over three-quarters of evictions due to nonpayment of rent (2017), lower-income Black and Hispanic communities have long been disproportionately affected by eviction and the adverse health outcomes associated with it. The pandemic has exacerbated these disparities, as Black and Hispanic people have died of COVID-19 at higher rates than their White counterparts; have experienced significantly more rent-related financial stress; and continue to face higher eviction rates during the pandemic.  <a href="https://tinyurl.com/EvictionAndHealth">https://tinyurl.com/EvictionAndHealth</a></p>
Ukrainian War	<p><b>10. *Washington Post</b>  July 30, 2022  <i>A care center for Ukraine’s disabled deals with the trauma of occupation</i>  After nursing home staffers spent weeks caring for patients in hiding and cooking by campfire, Ukraine’s emergency services finally arrived. On March 13, they evacuated nearly all the patients, many of whom had not left the facility in decades. They were sent to overwhelmed hospitals in other parts of Ukraine or to their families, which were ill-equipped to care for them.  Twenty-six more residents, many of them elderly, died in the chaos of the evacuation or in the weeks that followed.  <a href="https://tinyurl.com/UkraineDisabledTrauma">https://tinyurl.com/UkraineDisabledTrauma</a></p>
End of Life	<p><b>11. *New York Times</b>  July 31, 2022  <i>In the I.C.U., Dying Sometimes Feels Like a Choice</i>  During my medical training, death happened in one of two ways. It was either a moment of crisis, doctors rushing into a room, all sound and fury and chest compressions for minutes that felt like hours. Or it was</p>

	<p>something quieter, entirely divorced from machines, family gathered for the last breaths when the lungs were failing, or the cancer had spread too far.</p> <p>But there's a third form that dying takes, when it becomes clear that the life that we can offer is not one that would be acceptable to the patient. It is a death that is made imminent only by the withdrawal of medicines and machines — a death that we plan for. It is a strange thing to plan a death, but I have come to understand that this is part of our work in the I.C.U. . .</p> <p>As gently as I can, I tell them that when they are ready — as anyone really can be for any of this — we will stop the medications and the tubes that are prolonging life. I tell them that the bedside nurse will give other meds, often morphine or a similar drug, to make sure that their loved one is not in pain. Sometimes they ask if this medication will hasten death, and I explain that it can, but that our primary goal is always to relieve discomfort.</p> <p>We even have a term for this balance, the “principle of double effect” — as doctors, we accept the risk of a negative consequence like hastening death, so long as our intended outcome is to help the patient by alleviating symptoms. The pain-relieving meds that we administer do not themselves cause death; instead, they ensure that our patients are as comfortable as they can be while dying from their underlying disease.</p> <p><a href="https://tinyurl.com/DyingFeelsLikeAChoice">https://tinyurl.com/DyingFeelsLikeAChoice</a></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Tuesday Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Nursing Home Closures	Closure Notices and Relocation Plans available at: <a href="https://tinyurl.com/MANursingHomeClosures">https://tinyurl.com/MANursingHomeClosures</a>
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
State Budget FY 2023	<p><b>Commonwealth of Massachusetts</b></p> <p>The Governor signed the budget passed by the Legislature on July 28, 2022. The results of his review including vetoes are available at <a href="https://budget.digital.mass.gov/summary/fy23/">https://budget.digital.mass.gov/summary/fy23/</a></p> <p>Media release: <a href="https://www.mass.gov/news/governor-charlie-baker-signs-fiscal-year-2023-budget">https://www.mass.gov/news/governor-charlie-baker-signs-fiscal-year-2023-budget</a></p>
Assisted Living Residences Closures	<ul style="list-style-type: none"> <li>• <b>Motif by Monarch</b> (previously Landmark at Ocean View), Beverly, July 2022</li> <li>• <b>Connemara Senior Living</b>, Brockton, Summer 2022</li> <li>• <b>Landmark at Longwood</b>, Mission Hill, Boston, Summer 2022</li> </ul>

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 21, 2022. Red font – newly added**

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Apple Valley Center	Ayer	7/20/22	Infection Control
Beaumont Rehab -Northboro	Northborough	7/20/22	New cases
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Hillcrest Commons	Pittsfield	7/20/22	New cases
Medway Country Manor	Medway	7/20/2022	Infection Control
Norwood Healthcare	Norwood	6/28/2022	New cases
Overlook Masonic He6althcare	Charlton	6/28/2022	New cases
Rivercrest Long Term Care	Concord	6/28/2022	Noncompliance Testing
Royal of Cotuit	Mashpee	6/28/2022	New cases
Savoy Nursing and Rehab Center	New Bedford	4/19/2022	Infection control
Sudbury Pines Extended Care	Sudbury	7/6/2022	New cases

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**

- **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>

	<ul style="list-style-type: none"> <li>• <b>Savoy Nursing and Rehabilitation Center, New Bedford (added in June)</b> No website</li> <li>• Tremont Health Care Center, Wareham (added in May) <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a></li> <li>• Vantage at South Hadley No website</li> <li>• Vero Health and Rehabilitation Center of Amesbury <a href="https://tinyurl.com/VeroAmesbury">https://tinyurl.com/VeroAmesbury</a></li> <li>• Vero Health and Rehabilitation Center of Revere <a href="https://tinyurl.com/VeroRevere">https://tinyurl.com/VeroRevere</a></li> <li>• <b>Watertown Rehabilitation and Nursing Center, Watertown (added in June)</b> No website <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																				
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> 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: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a> <b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="1"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td><a href="#">233</a></td> <td><a href="#">B</a></td> </tr> <tr> <td><a href="#">70</a></td> <td><a href="#">C</a></td> </tr> <tr> <td><a href="#">6,739</a></td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,754</a></td> <td><a href="#">E</a></td> </tr> <tr> <td><a href="#">452</a></td> <td><a href="#">F</a></td> </tr> <tr> <td><a href="#">517</a></td> <td><a href="#">G</a></td> </tr> <tr> <td><a href="#">23</a></td> <td><a href="#">H</a></td> </tr> <tr> <td><a href="#">59</a></td> <td><a href="#">J</a></td> </tr> <tr> <td><a href="#">22</a></td> <td><a href="#">K</a></td> </tr> </tbody> </table>	# reported	Deficiency Tag	<a href="#">233</a>	<a href="#">B</a>	<a href="#">70</a>	<a href="#">C</a>	<a href="#">6,739</a>	<a href="#">D</a>	<a href="#">1,754</a>	<a href="#">E</a>	<a href="#">452</a>	<a href="#">F</a>	<a href="#">517</a>	<a href="#">G</a>	<a href="#">23</a>	<a href="#">H</a>	<a href="#">59</a>	<a href="#">J</a>	<a href="#">22</a>	<a href="#">K</a>
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<p>Nursing Home Compare</p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <i>Nursing Home Compare Website</i> 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"> <li>• <b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. 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. <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></li> </ul>												
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b> <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>												
DignityMA Call to Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA.</a></b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements.</a></li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements.</a></li> <li>• <b>Join</b> our <a href="#">Work Groups.</a></li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>												
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>												
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	<table border="1"> <thead> <tr> <th data-bbox="581 1488 883 1562">Workgroup</th> <th data-bbox="883 1488 1089 1562">Workgroup lead</th> <th data-bbox="1089 1488 1531 1562">Email</th> </tr> </thead> <tbody> <tr> <td data-bbox="581 1562 883 1635">General Membership</td> <td data-bbox="883 1562 1089 1635">Bill Henning Paul Lanzikos</td> <td data-bbox="1089 1562 1531 1635"><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></td> </tr> <tr> <td data-bbox="581 1635 883 1671">Behavioral Health</td> <td data-bbox="883 1635 1089 1671">Frank Baskin</td> <td data-bbox="1089 1635 1531 1671"><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></td> </tr> <tr> <td data-bbox="581 1671 883 1881">Communications</td> <td data-bbox="883 1671 1089 1881">Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow</td> <td data-bbox="1089 1671 1531 1881"><a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a></td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>	Communications	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
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<b><i>The Dignity Digest</i></b>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>  Editor: Paul Lanzikos  Primary contributor: Sandy Novack  MailChimp Specialist: Sue Rorke</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"> <li>• Margaret Morganroth Gullette</li> <li>• Candy Kuebel</li> <li>• Dick Moore</li> </ul> <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 <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>.</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 The Tuesday Digest and The Dignity Digest are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			