



# The Dignity Digest

Issue # 102

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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.

## Quotes of the Week

*“For too long, our society has devalued the elderly and people with disabilities as well as the workers who help them lead more enriched and independent lives. It is no coincidence that women—particularly women of color and immigrants—perform much of this hands-on care work, both paid and unpaid, in homes and in residential long-term care settings.”*

Julia Wolfe, former Economic Policy Institute state economic analyst and co-author of the report: *The state of the residential long-term care industry*, **Economic Policy Institute media release**, July 27, 2022, <https://tinyurl.com/EPILTCReportMediaRelease>

*“The deficiencies in access, quality of care, and quality of life for residents and their families are inseparable from the struggles and deficiencies in job quality, societal recognition, public funding, and voice on the job for long-term care workers. Only when workers, care recipients, and their families stand together in solidarity can the U.S. overcome its short-sightedness to secure the services and job quality necessary for a dignified collective future. Such a future can be achieved only with adequate public funding that simultaneously improves conditions for care workers and ensures adequate care access and quality for those in need, regardless of their income or wealth level.”*

Marokey Sawo, Economic Policy Institute state economic analyst and co-author of the report: *The state of the residential long-term care industry*, **Economic Policy Institute media release**, July 27, 2022, <https://tinyurl.com/EPILTCReportMediaRelease>

***“The Right to Be Treated with Dignity and Respect”***

The first of ten rights enumerated in the *Airline Passengers with Disabilities Bill of Rights*, **U. S. Department of Transportation**, July 2022, <https://tinyurl.com/AirlineBillOfRights>

***1,242,139 adults in Massachusetts have a disability. This is equal to 25% or 1 in 4 adults in Massachusetts.***

*Disability & Health U.S. State Profile Data for Massachusetts (Adults 18+ years of age)*, **Centers for Disease Control and Prevention**, <https://tinyurl.com/CDCDisabilityInMA>

***Once, after complying with two full-body pat-downs, Mr. [Charles] Brown [who uses a wheelchair due to a spinal cord injury] got an impossible request from an [TSA] agent. “They said, ‘Now I need you to stand up.’ I said, ‘That ain’t happening,” Mr. Brown recalled. He had to call for a supervisor to resolve the situation.***

*Embarrassing, Uncomfortable and Risky: What Flying Is Like for Passengers Who Use Wheelchairs*, **New York Times (free access)**, August 8, 2022, <https://tinyurl.com/EmbarrassingUncomfortableRisky>

***“Young people today don’t understand the significance of this simple word, freedom, but then they have never lived through a dictatorship.”***

Iole Mancini, 103-year-old Italian woman who as a resistance fighter during World War II, *Italy Salutes a War Hero and the Values He Fought For*, **\*New York Times**, August 11, 2022, <https://tinyurl.com/MarioFiorentini>

***“A beautiful built environment might not be as essential to healing as a clean one, but there is no reason to choose beauty over cleanliness, or efficiency or innovation. And how better to incorporate respect for our patients and their families than to focus on dignity and design?”***

Dr. Paul Farmer, *What Paul Farmer taught me about ‘dignity construction’ in health care*, **\*New York Times**, February 24, 2022, <https://tinyurl.com/PaulFarmerDignityConstruction>

***“Life in America is cold and isolating. In my village, kids were in and out of other people’s houses all day. All the grown-ups were Uncle or Aunty or Grandmother or***

*Grandfather, and everyone knew what was happening in each other's lives."*

Nguyen Luong, a 32-year-old Vietnamese immigrant and resident of Village Hill Cohousing, an intentional living community in Northampton, MA, *Leaving Cambridge for the comfort of strangers*, \*New York Times, March 10, 2022, <https://tinyurl.com/CohousingComfortOfStrangers>

*Given Americans' preference for receiving health care at home — and its proven feasibility and effectiveness — Medicare needs to move forward, not backward, and double down on its investment in-home care.*

*Medicare cuts would undermine the movement to increasing in-home care*, STAT News, March 12, 2022, <https://tinyurl.com/InhcreasingInHomeCare>

*"It was like a knife through my heart. There was not one single thing left."*

Suzanne Araneo, 67-year-old woman who is charging a New Jersey attorney and nursing home of false imprisonment among other offenses, *She says she was coerced into signing away her rights in a nursing home. When she got out, everything she owned was gone*, NJ.com, August 8, 2022, <https://tinyurl.com/CoercedIntoSigning>

*"What happened to my client is like a Category 5 hurricane that came without warning in a flash and swept her life away. When everything that you possess, that you have earned, that you have created, and that gives your life meaning, is taken from you, then there is no more you. It's devastating."*

Attorney Deborah Gough representing client Suzanne Araneo, a former nursing home resident, *She says she was coerced into signing away her rights in a nursing home. When she got out, everything she owned was gone*, NJ.com, August 8, 2022, <https://tinyurl.com/CoercedIntoSigning>

*"The veteran not only remained in her room, but was unable to function and did not eat or drink for about 48 hours, putting her at grave risk for physical harm."*

Allegation by Kathleen Newman, RN in a whistleblower lawsuit regarding the Holyoke Soldiers Home, *Change Soldiers' Home culture, or soap opera will go on*, Daily Hampshire Gazette, August 12, 2022, <https://tinyurl.com/SoldiersHomeSoapOpera>

*We have had our issues as mothers and daughters do ... But hospice has helped redeem the years that the locusts had eaten.*

Grace Segran, hospice patient, *'I have loved and am loved': I am at peace*, WBUR, August 12, 2022, <https://tinyurl.com/HaveLovedAmLoved>

*For the first time in human history, there are now more people in the world over the age of 64 than under the age of five.*

*How America's ageism hurts, shortens lives of elderly*, Harvard Gazette, August 10, 2022, <https://tinyurl.com/AmericasAgeismHurts>

*I found out that the single most important factor in determining the longevity of these inhabitants — more important than gender, income, social background, loneliness, or functional health — was how people thought about and approached the idea of old age. Age beliefs, it turns out, can steal, or add nearly eight years to your life.*

Becca Levy, Ph.D., author of *"Breaking the Age Code: How Your Beliefs About Aging Determine How Long & Well You Live"*, *How America's ageism hurts, shortens lives of elderly*, Harvard Gazette, August 10, 2022, <https://tinyurl.com/AmericasAgeismHurts>

*"ADUs (accessory dwelling units) are the easiest low-hanging fruit. All we're really talking about is letting people use their existing properties to create more housing. It's hard for me to understand why we can't find that agreeable."*

Amy Dain, suburban zoning consultant and public policy researcher, *Is the answer to Massachusetts housing crisis coming to your backyard? Don't hold your breath.* \*Boston Globe, August 11, 2022 (updated), <https://tinyurl.com/AnswerMAHousingCrisis>

*"There are certainly reasonable (ADU) regulations communities could come up with, but to the same end, this is an urgent crisis we're dealing with, and we need to*

	<p><i>start getting units available as quickly as possible. The local approach simply isn't working."</i></p> <p>Lynn State Senator Brendan Crighton, who has proposed a statewide legalization measure, <i>Is the answer to Massachusetts housing crisis coming to your backyard? Don't hold your breath.</i> *<b>Boston Globe</b>, August 11, 2022 (updated), <a href="https://tinyurl.com/AnswerMAHousingCrisis">https://tinyurl.com/AnswerMAHousingCrisis</a></p> <p><i>Despite calls to speed more powerful shots, they are still likely years away.</i></p> <p><i>What you need to know about the next generation of COVID vaccines,</i> *<b>Boston Globe</b>, August 10, 2022 (updated), <a href="https://tinyurl.com/NextGenerationVaccine">https://tinyurl.com/NextGenerationVaccine</a></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> <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><b>Congressional office candidates</b></p> <p>Questionnaires for congressional candidates are in the process of being prepared and will be distributed in July.</p> <p><b>State legislative candidates</b></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><b>Fact Sheets and Issue Briefs</b></p> <p>Prepared by Dignity Alliance Massachusetts Workgroups</p> <p><b>Nursing Homes</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Nursing Home Fact Sheet</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">Nursing Home Staffing Issues</a></li> <li>• <a href="#">Pandemic Issues in Nursing Homes</a></li> <li>• <a href="#">Nursing Homes – Financial Responsibility</a></li> <li>• <a href="#">Nursing Homes – Oversight, Licensures, Closures</a></li> <li>• <a href="#">Nursing Homes – Small Home Model</a></li> </ul> <p><b>Home and Community Based Services</b></p> <ul style="list-style-type: none"> <li>• <a href="#">HCBS Fact Sheet</a></li> <li>• <a href="#">HCBS Staffing Issues</a></li> <li>• <a href="#">HCBS Care Coordination Issues</a></li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Behavioral Health Fact Sheet</a></li> <li>• <a href="#">BH Elder Mental Health Outreach Teams (EMHOT) Issues</a></li> <li>• <a href="#">BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues</a></li> <li>• <a href="#">Social Work Staffing Issues</a></li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Housing Issues</a></li> </ul> <p><b>Veterans</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Veterans Issues</a></li> </ul> <p><a href="https://dignityalliancema.org/2022-facts-and-issues/">https://dignityalliancema.org/2022-facts-and-issues/</a></p> <p><b>State Election Information</b></p> <p>The following websites contain useful, timely information about this year’s elections. (Source: <i>AARP Bulletin</i> July / August 2022)</p> <ul style="list-style-type: none"> <li>• <i>AARP Voter Guides</i> Information about the voting process from registration to Election Day voting locations and hours. <a href="http://www.aarp.org/electionguides">www.aarp.org/electionguides</a></li> <li>• <i>Ballotpedia</i> Information about statewide races and ballot measures. <a href="http://www.ballotpedia.org">www.ballotpedia.org</a></li> <li>• <i>OpenSecrets</i> Tracks flow of money within the electoral process. <a href="http://www.opensecrets.org">www.opensecrets.org</a></li> <li>• <i>Vote411</i> Election year information provided by the League of Women Voters. <a href="http://www.vote411.org">www.vote411.org</a></li> <li>• <i>Vote Smart</i> On demand detailed information about individual candidates <a href="http://www.votesmart.org">www.votesmart.org</a></li> </ul>
Lives Well Lived	<p><b>1. *New York Times</b> August 11, 2022 <i>Italy Salutes a War Hero and the Values He Fought For</i> Mario Fiorentini, Italy’s most decorated resistance fighter, died at age 103 this week, and his mourners want his legacy to live on. . . Those who knew Mr. Fiorentini recalled his courage, his unwavering belief in and willingness to fight for the right to freedom, his insatiable curiosity in all manner of things. And they spoke of his two great passions: mathematics, “which he studied in a maniacal manner,” his son Giancarlo said at Mr. Fiorentini’s funeral on Thursday,</p>

	<p>and his love for his wife, Lucia Ottobrini, who fought alongside him to liberate Rome. They shared 70 years of marriage until her death in 2015. . .</p> <p>Mr. Fiorentini, whose father was Jewish, was one of the last survivors from the resistance groups who fought the German forces that had taken control of northern and central Italy in 1943. About 2,000 partisans who fought in the war are still alive, said Fabrizio De Sanctis, the president of a local branch of A.N.P.I., “but <a href="#">the pandemic</a> and the <a href="#">heat this summer</a> have been dealing harsh blows,” he added. . .</p> <p>At the funeral, some speakers cautioned that freedom, and democracy, were hard-won values that should not be taken for granted.</p> <p>Mr. Capodacqua, the grandson who had lived with Mr. Fiorentini for 26 years, cautioned that fascism could still rear its head in Italy. “Let’s never forget who Mario Fiorentini was and what was in his heart,” he said.</p> <p><a href="https://tinyurl.com/MarioFiorentini">https://tinyurl.com/MarioFiorentini</a></p>
Request for Information	<p><b>2. Federal Register</b> August 1, 2022 <i>Request for Information on Medicare</i></p> <p>This request for information seeks input from the public regarding various aspects of the Medicare Advantage program. Responses to this request for information may be used to inform potential future rulemaking or other policy development. To be assured consideration, comments must be received at one of the addresses provided below, by August 31, 2022.</p> <p><b>Background</b></p> <p>The Vision for Medicare ( <a href="https://www.cms.gov/blog/building-cms-strategic-vision-working-together-stronger-medicare">https://www.cms.gov/blog/building-cms-strategic-vision-working-together-stronger-medicare</a>) puts the person at the center of care and drives towards a future where people with Medicare receive more equitable, high quality, and whole-person care that is affordable and sustainable. Through this Request for Information (RFI), the Centers for Medicare &amp; Medicaid Services (CMS) is seeking feedback on ways to strengthen Medicare Advantage (MA) in ways that align with the Vision for Medicare and the CMS Strategic Pillars ( <a href="https://www.cms.gov/cms-strategic-plan">https://www.cms.gov/cms-strategic-plan</a>). An additional goal of this RFI is to create more opportunities for stakeholders to engage with CMS, in line with the agency’s Strategic Pillars that prioritize increased engagement with our partners and the communities we serve throughout the policy development and implementation process. We encourage input from a wide variety of voices on the questions below, including beneficiary advocates, plans, providers, community-based organizations, researchers, employers and unions, and all other stakeholders.</p> <p><b>Solicitation of Public Comments</b></p> <ul style="list-style-type: none"> <li>A. Advance Health Equity</li> <li>B. Expand Access: Coverage and Care</li> <li>C. Drive Innovation to Promote Person-Centered Care</li> <li>D. Support Affordability and Sustainability</li> <li>E. Engage Partners</li> </ul> <p><a href="https://tinyurl.com/FederalRegisterRFIMedicare">https://tinyurl.com/FederalRegisterRFIMedicare</a></p>
Job Opportunity	<p><b>3. The Joint Committee on Elder Affairs</b> August 11, 2022 <i>Researcher</i></p>

**Agency Overview:**

The Massachusetts House of Representatives (“House”) is comprised of 160 independently elected Members, each representing a district of approximately 43,000 people.

**Position Overview:**

The Researcher performs research related to matters that come before the Committee. They interact with legislators, administrative officials, and stakeholders to support Committee legislative priorities. They are responsible for research, communication, general administration, and other duties as assigned.

**Reports to:**

Reports to the Chair of the Committee and at the discretion of the Chair, to the Staff Director or Research Director.

**Essential Duties & Responsibilities:**

- Under the direction of the Committee Chair, Staff Director, and/or Research Director provides information for public hearings and executive sessions, writes memoranda, and prepares research material as required;
- Prepares drafts of legislative documents and outgoing communication such as amendments, press releases, hearing notices, letters of testimony, legislation, bills, and talking points;
- Assists in coordinating hearings and informational briefings;
- Maintains records and compiles background materials and information;
- Tracks bills through the legislative process;
- Prepares briefing materials and bill summaries;
- Responds to inquiries from legislators, staff, agency representatives, constituency groups, and/or the general public regarding bill language and/or bill status;
- Assists with organizing committee hearings, providing support throughout the hearing process such as recording votes, filing amendments, posting hearing notices, reserving hearing rooms, and obtaining necessary supplies;
- Performs various administrative tasks necessary for carrying out legislative functions;
- Provides coaching and guidance to Legislative Aides and interns as needed;
- Utilizes research databases;
- Utilizes Microsoft Office Suite;
- Able to operate in a fast-paced professional office environment; handle or operate standard office equipment, and occasionally lift up to 10 pounds.

**Qualifications**

- Ability to interact and work with different communities and personalities in a professional and helpful manner;
- Ability to multi-task effectively, work independently and meet deadlines on short notice;
- Experience presenting complex data, analyses and information in easily understood formats;
- Excellent research, analytical and interpersonal skills;
- Excellent writing and communication skills;
- Ability to communicate with members and colleagues effectively and provide and receive feedback professionally;
- Able to use standard office equipment and technology;
- Ability to follow-up and complete tasks.

**Education/Experience Qualifications:**



	<ul style="list-style-type: none"> <li>● Bachelor’s degree required in relevant field;</li> <li>● Prior legislative or related work experience for elected or appointed officials, advocacy groups or non-profit organizations, particularly in the field of public health, is preferred.</li> </ul> <p>Application: <a href="https://tinyurl.com/ElderAffairsResearcher">https://tinyurl.com/ElderAffairsResearcher</a></p>
<p>Reports</p>	<p><b>4. Economic Policy Institute</b>  July 27, 2022  <i>The state of the residential long-term care industry: A comprehensive look at employment levels, demographics, wages, benefits, and poverty rates of workers in the industry</i>  [Editor’s note: This is extensive, well-researched analysis. It contains useful reference data.]</p> <p><b>What this report finds:</b> Workers in residential long-term care facilities face low pay and poor working conditions. This report provides data on employment levels, demographics, compensation, poverty rates, and unionization of these workers, among other data. The data show that Black women and immigrant women are especially likely to be working in this essential but underpaid workforce.</p> <p><b>Why it matters:</b> Employment levels in the long-term care industry have failed to meet demand, and the shortfall is expected to grow. Yet long-term care workers do not receive adequate pay or supports for their work. Many live in poverty or near poverty. If we are to ensure that those who need care receive quality care, we must be able to attract more workers to this profession and ensure that those workers have the pay, benefits, and supports they need.</p> <p><b>What can be done about it:</b> Public funding can ensure higher pay, better staffing levels, and improved working conditions for workers, as well as more access to quality services for residents. In addition, policymakers can pass legislation to raise the minimum wage and strengthen protections for workers seeking to organize a union. States and localities can also establish industry-specific worker standards boards to recommend changes to industry minimum wages and working conditions.</p> <p><b>Key findings:</b></p> <ul style="list-style-type: none"> <li>● Prior to the pandemic, employment in the residential long-term care industry, meaning nursing homes or residential care facilities, was increasing rapidly but failing to meet demand. During the pandemic, this industry experienced sharp job losses and employment is still nearly 400,000 below pre-pandemic levels.</li> <li>● A large majority of residential long-term care workers (80.9%) are women. This includes a disproportionate employment of Black women (who make up 22.4% of this industry compared with 6.5% of the overall workforce) and immigrant women (12.8% compared with 7.2% of the overall workforce).</li> <li>● The typical (median) worker in the residential long-term care industry is paid \$15.22 per hour, compared with the median worker in the overall workforce who is paid \$20.07. <ul style="list-style-type: none"> <li>○ Hourly wages and annual incomes are especially low for direct care,<sup>3</sup> food service, and cleaning and maintenance workers.</li> <li>○ Within the residential long-term care industry, Black, Latinx, and multiracial and Native American workers are paid lower hourly wages than white workers.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>Workers in the residential long-term care industry are less likely than other workers to have access to employer-sponsored retirement plans (24.7% compared with 35.1%) or health insurance (45.4% compared with 50.7%). Benefits access rates are especially low for women and non-U.S. citizens in this industry.</li> <li>Workers in this industry are slightly more likely to work multiple jobs than the overall workforce (6.6% compared with 5.1%), especially direct care workers and licensed practical nurses (both 7.2%), as well as Black workers (8.0%) and Asian American and Pacific Islander workers (7.9%).</li> <li>Workers in the residential long-term care industry have lower union coverage rates than the overall workforce (6.9% compared with 11.9%). Unionization provides a pathway to better wages and benefits. Research has also shown that unionized facilities have been safer for both workers and residents during COVID.</li> </ul> <p><b>By the numbers</b></p> <p>Among residential long-term care workers:</p> <ul style="list-style-type: none"> <li><b>80.9%</b> are women</li> <li><b>22.4%</b> are Black women</li> <li><b>12.8%</b> are immigrant women</li> <li><b>\$15.22</b> is the median hourly pay</li> <li><b>6.9%</b> are covered by a union contract</li> </ul> <p>Among all workers:</p> <ul style="list-style-type: none"> <li><b>47.4%</b> are women</li> <li><b>6.5%</b> are Black women</li> <li><b>7.2%</b> are immigrant women <ul style="list-style-type: none"> <li><b>\$20.07</b> is the median hourly pay</li> <li><b>11.9%</b> are covered by a union contract</li> </ul> </li> </ul> <p><a href="https://tinyurl.com/EPIStateOfLongTermCare">https://tinyurl.com/EPIStateOfLongTermCare</a></p> <p><b>5. U. S. Department of Transportation</b> July 2022 <i>Airline Passengers with Disabilities Bill of Rights</i> This Bill of Rights describes the fundamental rights of air travelers with disabilities under the Air Carrier Access Act and its implementing regulation, 14 Code of Federal Regulations (CFR) Part 382. The Bill of Rights consists of:</p> <ol style="list-style-type: none"> <li>The Right to Be Treated with Dignity and Respect</li> <li>The Right to Receive Information About Services and Aircraft Capabilities and Limitations.</li> <li>The Right to Receive Information in an Accessible Format.</li> <li>The Right to Accessible Airport Facilities.</li> <li>The Right to Assistance at Airports.</li> <li>The Right to Assistance on the Aircraft.</li> <li>The Right to Travel with an Assistive Device or Service Animal.</li> <li>The Right to Receive Seating Accommodations.</li> <li>The Right to Accessible Aircraft Features</li> <li>The Right to Resolution of a Disability-Related Issue.</li> </ol> <p><a href="https://tinyurl.com/AirlineBillOfRights">https://tinyurl.com/AirlineBillOfRights</a></p>
Resident Rights Month: October 2022	<p><b>6. National Consumer Voice for Quality Long-Term Care</b> <i>Residents' Rights Month (October 1 through 31, 2022)</i></p>

	<p>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.</p> <p>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.</p> <p><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>
<p>Webinars and Online sessions</p>	<p><b>7. New York Gray Panthers (YouTube recording)</b>  Recorded on July 26, 2022  <i>Beyond Medicaid! New Models to Pay for Long-Term Care</i>  <a href="https://tinyurl.com/YouTubeBeyondMedicaid">https://tinyurl.com/YouTubeBeyondMedicaid</a></p> <p><b>8. FEMA Region 2 and the Administration for Community Living (ACL)</b>  Tuesday, August 23, 2022, 9:30 a.m. to 1:00 p.m.  Many older adults depend on community service providers for necessities and psychosocial support. However, these crucial services may be disrupted during disaster, impacting older adults in your community.  The presentation will discuss continuity of operations, preparedness planning for seniors, disaster mental health issues and case studies from state units and area agencies on aging.  Registration: <a href="#">Presentation on August 23, 9:30 AM – 1 PM ET</a></p> <p><b>9. IHCD International Inclusive Design Webcast Series</b>  Thursday, August 18, 2022, 12:00 p.m.  <i>Creative Leadership: Born from Design with Author Rama Gheerawo</i>  The Helen Hamlyn Centre for Design, the Royal College of Art’s largest and longest-running centre for design research, has been influential in developing the practice of inclusive design over its 31 year-history. It is where Author Rama Gheerawo cut his teeth in addressing many aspects of human diversity and inclusive design.  Rama Gheerawo is hoping that his new book on Creative Leadership may offer an answer to how we fix broken models of leadership. This publication is for the creative that lives in every human. Throughout the book, using real case studies, Gheerawo reflects on creative leadership as a transformational process that can be applied to individuals, groups, organizations, and projects. The model to create a framework from living experience.  The Creative Leadership model is based on the three connected values of Empathy, Clarity, and Creativity. It proposes and cultivates a culture of inclusion. Current events continually demonstrate there has been a real need for its open-handed and open-hearted stance. It is an idea of its time, born from design and drawing on enduring, human values. Importantly, it provides a platform for us all</p>

	<p>to create the leadership we want to see, and effect this change in the world around us.</p> <p>At the book's core are three leadership values. These are based on the principles that everyone has leadership potential and most of us can access these three values:</p> <ul style="list-style-type: none"> <li>• <b>Creativity</b> is a universal ability to develop ideas that positively impact us and others</li> <li>• <b>Empathy</b> is the hallmark of a twenty-first-century leader and is recognized as a signature value</li> <li>• <b>Clarity</b> is the link that aligns vision, direction, and communication, personally and professionally</li> </ul> <p>Rama Gheerawo is an international figure within design. In 2019, he won a Design Week 'Hall of Fame' Award and was named a 2018 Creative Leader by Creative Review alongside Paul Smith and Björk.</p> <p>He addresses diversity across age, ability, gender, and race. An innovator in the field of Inclusive Design and Design Thinking, Gheerawo has led over 100 international projects with government, business, academia and the third sector with clients such as Samsung, Toyota, and Panasonic.</p> <p><a href="#">RSVP on Eventbrite for Zoom Link</a></p> <p><b>10. New York Gray Panthers</b>  Tuesday, August 30, 2022, 2:00 p.m.  <i>Transformation Tuesday: Advocating Globally for Older Persons.</i>  Registration: <a href="https://tinyurl.com/TransformationTuesdayAug30">https://tinyurl.com/TransformationTuesdayAug30</a></p>
<p>Previously posted webinars and online sessions</p>	<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>
<p>Nursing Homes</p>	<p><b>11. CBS News</b>  August 11, 2022  <i>Putting a loved one in a nursing home could cost you as nursing homes sue relatives and friends of residents</i>  (Barbara) Robinson said the nursing home asked her to sign an admission agreement that stated that she would be the "responsible party."  She said she told the nursing staff that she would not be responsible for the bill of the woman's nursing home stay but was reassured that this would not be the case. After allegedly being told this, Robinson signed the admission agreement. Shortly after, Robinson's friend passed away and Monroe County sued Robinson for the balance of the woman's nursing home stay which came out to be \$21,000. . .</p> <p>A review of court records by Kaiser Health News found that 24 federally licensed nursing homes filed 238 similar lawsuits in Monroe County alone. Two-thirds of those suits are found to have targeted relatives of residents or friends. Federal laws prohibit nursing homes from requiring third parties, including relatives or friends, to guarantee payment of bills.</p> <p><a href="https://tinyurl.com/CBSLovedOeNursingHome">https://tinyurl.com/CBSLovedOeNursingHome</a></p> <p><b>12. NJ.com</b>  August 8, 2022  <i>She says she was coerced into signing away her rights in a nursing home. When she got out, everything she owned was gone.</i>  Suzanne Araneo's memories were gone. And so was just about everything else.</p>

After returning home last year following a months-long stay at Anchor Care & Rehabilitation in Hazlet, the 67-year-old retiree said she discovered her house in Keyport had been emptied. . .

According to a lawsuit filed in Superior Court in Monmouth County, she had been coerced while heavily medicated to sign what is known as a durable [power of attorney](#) agreement that essentially handed over total control of her life to someone she had never met.

The agreement gave Shmuel “Sam” Stern, who became Araneo’s “attorney-in-fact” the authority to collect monies owed on her behalf; to sell her property; conduct banking powers; manage her investments; borrow against her real estate and personal property; sell her car; conduct business in her name; prepare, file and sign tax returns on her behalf, access her safety deposit boxes, and sell any and all assets in her possession, according to the lawsuit. Stern also barred her from seeing or having any contact with family, her niece alleged. The agreement also allowed him to use her assets to pay himself compensation, the filing claimed.

<https://tinyurl.com/CoercedIntoSigning>

### **13. LeadingAge**

August 5, 2022

*Ensuring Accuracy of Staffing Ratings in Nursing Home Care Compare*

The Nursing Home Care Compare quarterly refresh on July 27 incorporated new staffing measures into ratings on the Five Star Quality Rating System. The six new measures, first publicly reported beginning in January 2022, include total nurse staffing, nurse staffing on weekends, Registered Nurse (RN) staffing, total nurse staffing turnover, RN turnover, and administrator turnover. These measures were calculated in the staffing domain rating, which impacts the overall star rating. More information on these measures is available in the [Five Star Quality Rating System Technical Users Guide](#).

<https://tinyurl.com/EnsuringAccuracy>

### **14. Federal Register**

August 3, 2022

*CMS Updates Nursing Home Regulations*

On August 3, 2022, the Center for Medicare & Medicaid Services (CMS) [published](#) updated nursing homes regulations, which included changes to the requirements for the Director of Food and Nutrition Services and updates to the Life Safety Code. CMS also announced changes to the Skilled Nursing Home Quality Reporting Program (QRP) and the Value Based Purchasing Program (VBP).

In 2019, CMS proposed changing the regulations regarding the qualifications for directors of food and nutrition services to allow a director of food and nutrition services to either have two years of experience working in that position or have completed a minimum course of study in food safety. Prior to the proposed change, a director of food and nutrition services was required to be a certified dietary manager, a certified food manager, have a similar certification in food service management and safety, or have an associate’s degree or higher in food service management or hospitality.

In response to the 2019 proposed regulation, Consumer Voice submitted comments strongly opposing this change, noting that “two years or more years of experience as a director of food and nutrition services does not mean a person is adequately equipped for this position,” and “the proposed alternative

qualification, a 'course of study' is extremely vague." Consumer Voice argued that CMS's justification for watering down the qualification requirements - there being a burden on nursing homes - was far outweighed by the safety and health of residents.

After reviewing public comments, CMS acknowledged that the proposed qualification requirements were insufficient. They revised the regulation to state that the director must have "two or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023." Unlike the 2019 proposed regulation, the new qualification requirements cannot be met by having taken a course of study alone but must be accompanied by two years of experience as the director of food and nutrition services.

Additionally, CMS finalized 2019 proposed changes to 42 C.F.R. §483.90(a), the Life Safety Code. The new regulations allow long term care facilities, certified before July 5, 2016, to use an alternative scoring system to meet fire safety requirements. CMS noted that allowing this system does not lower facility safety standards.

CMS also announced the adoption of several previously proposed measures for the Skilled Nursing Home Quality Reporting Program (QRP) measures and the Value Based Purchasing Program (VBP).

The QRP measure, Influenza Vaccination Coverage Among Healthcare Personnel measure, requires nursing homes to annually report data on the rate of influenza vaccination of healthcare staff in the facility. This measure will be publicly available on Care Compare. After public comment, CMS adopted the use of this measure beginning in fiscal year 2024.

CMS adopted several additional measures for the Value Based Purchasing program. The program seeks to incentivize good care through a variety of measures that financially reward nursing homes for good performance.

The new measures adopted include:

- **Skilled Nursing Facility Health-Care Association Infections Requiring Hospitalizations:** This measure identifies nursing homes with higher rates of infections acquired during the resident's stay at a facility. It will go into effect in fiscal year 2026.
- **Total Nursing Hours per Resident Day Staffing Measure:** This measure uses payroll data from nursing homes to calculate total direct care nursing hours per resident each day and is already used on the Care Compare website. It goes into effect in fiscal year 2026.
- **DTC-PAC Measure:** This measure looks at a facility's successful discharge of residents to the community using two years of discharge data.

These measures were included in CMS' wide-ranging [Notice of Proposed Rulemaking](#) issued on April 15, 2022, which also included several requests for information, including on a proposed minimum staffing standard.

<https://tinyurl.com/FederalRegisterAug32022>

#### 15. Massachusetts Executive Office of Health and Human Services

June 27, 2022

*Nursing Facility Capital Improvement and Innovation Project Forgivable Loan Program*

The Executive Office of Health and Human Services (EOHHS) has issued a Request for Applications (RFA) to solicit proposals from eligible Massachusetts

	<p>Nursing Facilities (NFs) to implement a capital improvement and innovation project no interest forgivable loan program.</p> <p>Each project must accomplish at least one of the following goals:</p> <ol style="list-style-type: none"> <li>1. Development of specialized care capacity such as infectious disease isolation (through use of new space or conversions of existing space);</li> <li>2. Offsetting the costs of pay-go capital improvements such as upgrades to heating, ventilation, and air conditioning systems; or</li> <li>3. Funding innovative projects, such as converting NFs (or wings/units) into other uses.</li> </ol> <p>Up to \$25,000,000 will be awarded to support Eligible Projects submitted by qualifying NFs.</p> <p><b>A. Specialized Care Capacity</b></p> <p>Eligible Projects may support the development of NF specialized care capacity, which in the sole discretion of EOHHS is in the best interest of the Commonwealth, including, but not limited to, the following types of specialty care capacity:</p> <ol style="list-style-type: none"> <li>1. Infectious disease isolation;</li> <li>2. Dementia special care;</li> <li>3. Degenerative neurological units;</li> <li>4. Geriatric psychiatry;</li> <li>5. Traumatic brain injury / acquired brain injury;</li> <li>6. In-house dialysis treatment (aka dialysis dens);</li> <li>7. Behavioral health and substance use disorder;</li> <li>8. Pediatric units;</li> <li>9. Bariatric capacity; or</li> <li>10. Units for patients with neurodegenerative diseases, such as Amyotrophic Lateral Sclerosis (ALS) or Multiple Sclerosis (MS).</li> </ol> <p><b>B. Innovative Capital Projects</b></p> <p>Eligible Projects may include innovative capital projects, which in the sole discretion of EOHHS are in the best interest of the Commonwealth, including but not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Conversion of a NF or sections within the NF into affordable housing, veterans housing, or assisted living units to better accommodate individual needs of residents;</li> <li>2. Converting multibed rooms to two-bedded or single occupancy to enhance privacy and dignity, and to strengthen infection control protocols; or</li> <li>3. Establishing voluntary nursing facility reconfigurations, including financial incentives to reduce capacity and balance supply and demand based on regional needs.</li> </ol> <p><b>C. Pay-Go Capital Improvements</b></p> <p>Eligible Projects may include projects that enable NFs to offset the costs of pay-go capital improvements including, but not limited to, the following:</p> <ol style="list-style-type: none"> <li>1. Heating, ventilation and air conditioning systems, and air filtration system upgrades to mitigate the spread of airborne illnesses;</li> <li>2. Roof and other infrastructure replacement and repair projects;</li> <li>3. Alternative energy conversion projects;</li> <li>4. Elevator renovations to comply with new government requirements;</li> <li>5. Electronic medical records and patient/provider communications systems.</li> </ol> <p><b>D. Bed Buy-Back Conversion Criteria</b></p>
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	<p>EOHHS may approve projects meeting the criteria in Section 1.5.A and Section 1.5.B, for an additional bed “buy-back” in the amount of up to \$2,500.00 per bed being taken off the facility bed licensure count.</p> <p><a href="https://tinyurl.com/CommBuysNHImprovement">https://tinyurl.com/CommBuysNHImprovement</a></p>
Home Care	<p><b>16. STAT News</b>  March 12, 2022  <i>Medicare cuts would undermine the movement to increasing in-home care</i>  The COVID-19 pandemic supercharged in-home care in the U.S. Suddenly it became possible to get a house call from a primary care provider; home-based physical therapy, dialysis, or an infusion of medicine; even a full complement of <a href="#">hospital-level services at home</a> became possible. And Americans overwhelmingly <a href="#">liked it</a>.</p> <p>The Centers for Medicare &amp; Medicaid Services recently <a href="#">proposed</a> a 4.2% cut (\$810 million) in home health services, the underpinning of home-based services in Medicare. These include in-home services such as physical therapy, occupational therapy, medical supplies, skilled nursing, and more. Medicare and other payers need to be <i>building</i> on that foundation, not chipping away at it, to achieve a broader set of home-based care options for patients, which provide them and their families with better outcomes, better quality of life, sustained independence, and lower costs.</p> <p>Medicare’s proposal not only works against the future, but it doesn’t even measure up against <a href="#">CMS’s own strategic goals</a> to drive accountable care, advance health equity, support innovation, address affordability, and partner to achieve system transformation.</p> <p><a href="https://tinyurl.com/lnhcreasingInHomeCare">https://tinyurl.com/lnhcreasingInHomeCare</a></p>
Assisted Living	<p><b>17. *New York Times</b>  March 10, 2022  <i>Leaving Cambridge for the comfort of strangers</i>  We’re not old, but we will be. So, we went in search of a different kind of assisted living. . .</p> <p>In the late 1960s, a Danish woman, eager to break the solitude and exhaustion of parenting small children, wrote an article titled “Children Should Have 100 Parents.” It galvanized a group of about 50 parents to set up two residential communities where shared childcare and mutual support were the social glue. In form, cohousing communities resemble condo complexes, with anywhere from 15 to 40 individually owned homes clustered around a common house — the gathering place for shared meals, meetings, and celebrations. But unlike people living in traditional condos, residents work five to 10 hours a month at tasks like landscaping, preparing group meals, and babysitting. The work requirement lowers costs and condo fees. But more important, it fuels emotional investment in the community, strengthening mutual-aid muscles and ensuring frequent, easy opportunities to interact with others.</p> <p>Since that weary Danish mother’s call to action, the idea has spread worldwide. <a href="#">More than 295 cohousing communities</a> have been established in the United States — their number <a href="#">nearly doubling</a> since 2016, when there were 160 such communities. And the pandemic has fueled even more interest in the model, <a href="#">particularly among older people</a>. By highlighting the perils of social isolation, the pandemic lockdown led many to see cohousing communities as potential “pods” to counter it. . .</p>



	<p>We may not be able to create a wholly interdependent future with people with whom we have no past. For those who may eventually need hands-on care each day, cohousing probably won't be an alternative to the hired help or old people's warehouse that so many people my age dread.</p> <p>But until then, it's making our todays richer. I've discovered that I'm already ensconced in an assisted living community — a dynamic hive of sometimes helpless but always helpful people challenging and supporting one another to engage with life.</p> <p>That's a gift that never gets old.</p> <p><a href="https://tinyurl.com/CohousingComfortOfStrangers">https://tinyurl.com/CohousingComfortOfStrangers</a></p>
Housing	<p><b>18. *Boston Globe</b> August 11, 2022 (updated) <i>Is the answer to Massachusetts housing crisis coming to your backyard? Don't hold your breath.</i></p> <p>The state has struggled to craft clear guidelines for 'in-law units' and 'granny flats' that some call the 'low-hanging fruit' of housing policy.</p> <p>Six years ago, facing one of the nation's worst housing shortages, California lawmakers tried an experiment: They passed a series of laws making it easier for homeowners to construct a second, smaller home on their property — an accessory dwelling unit, in the parlance of housing policy.</p> <p>This move did not end California's housing crisis on its own. But in just a few years developers there have built tens of thousands of in-law apartments and granny flats, putting a real dent, advocates say, in the state's housing shortage. In Massachusetts, a state wrestling with a deep housing crisis of its own, legislators have not been nearly as decisive. Time and again, efforts to legalize ADUs statewide have fizzled on Beacon Hill, most recently last week, when a promising amendment died with the economic development bill. That leaves regulations up to cities and towns, creating a patchwork of local rules that developers say is nearly impossible to navigate at scale.</p> <p>In most towns that have legalized ADUs in some capacity — as of 2018 there were 68 in Greater Boston that <a href="#">allowed them</a>, and a number of others <a href="#">have legalized them since</a> — only a handful of units are permitted each year. Many places still ban them outright. . .</p> <p>A handful of Boston-area suburbs, and several towns in Western Massachusetts and on Cape Cod, have more broadly permitted ADUs. But it's slow-going. It took advocates on the Cape roughly three years and a housing pinch that was <a href="#">hammering longtime residents</a> to convince 12 of the 15 towns there to allow the units.</p> <p><a href="https://tinyurl.com/AnswerMAHousingCrisis">https://tinyurl.com/AnswerMAHousingCrisis</a></p>
Covid	<p><b>19. *New York Times</b> August 12, 2022 <i>When Will the Pandemic End? And Other Pressing Questions, Answered</i></p> <p>While the risks of deaths and hospitalizations from Covid-19 are substantially lower now, navigating this phase of the pandemic can be frustrating and confusing. The coronavirus is less deadly but more transmissible. There's no set guide to personal behavior. For some, it may continue to be a season of sweaty masks and calculated indoor dining. For others, life is back to normal. Still, questions remain, and making informed choices can help.</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>• 'Keeping up with vaccines and boosters is so important.'</li> </ul>

	<ul style="list-style-type: none"> <li>• ‘The Omicron-focused vaccine will contain new targets for the immune system.’</li> <li>• ‘Getting infected is not inevitable, but ultimately it does come down to a trade-off.’</li> <li>• ‘A test represents a snapshot in time.’</li> <li>• ‘The risk of long Covid is likely to be reduced with every new exposure.’</li> <li>• ‘Covid-19 has strengthened the world’s preparedness in important ways.’</li> </ul> <p><a href="https://tinyurl.com/PandemicQuestionsAugust12">https://tinyurl.com/PandemicQuestionsAugust12</a></p> <p><b>20. *Boston Globe</b>  August 10, 2022 (updated)  <i>What you need to know about the next generation of COVID vaccines</i>  Despite calls to speed more powerful shots, they are still likely years away. Moderna and Pfizer are making booster shots for this fall to protect against the recent Omicron subvariants BA.4 and BA.5. But many scientists caution that playing catchup to variants is not a good long-term strategy. Next-generation vaccines, they say, could help protect people even as the virus continues to evolve.</p> <p>Questions addressed:</p> <ul style="list-style-type: none"> <li>• What exactly are next-generation vaccines?</li> <li>• How badly do we need them?</li> <li>• So how quickly can they be ready?</li> <li>• Do we need another Operation Warp Speed?</li> <li>• Why are next-generation vaccines harder to develop than the first COVID shots?</li> </ul> <p><a href="https://tinyurl.com/NextGenerationVaccine">https://tinyurl.com/NextGenerationVaccine</a></p>
Long Covid	<p><b>21. National Center on Elder Law and Rights</b>  August 12, 2022  <i>Long COVID Resources for Advocates</i>  Most individuals with COVID-19 get better within weeks, but some continue to experience symptoms that can persist for a long time after their initial recovery or may even develop new symptoms. This condition is commonly referred to as “long COVID” and can impact anyone, even those who only had mild symptoms. According to the CDC, health inequities may put some populations at greater risk for developing post-COVID conditions.</p> <p>The U.S. Department of Health and Human Services (HHS) recently developed two reports that outline the Biden Administration’s plans to address Long COVID and associated conditions. The <a href="#">National Research Action Plan on Long COVID</a> discusses current research and outlines future areas of study to better understand prevention and treatment of Long COVID.</p> <p>The <a href="#">Services and Supports for Longer-Term Impacts of COVID-19 Report</a> includes resources for people impacted by Long-COVID and COVID-19’s broader effects, including mental health and substance use and loss of caregivers and loved ones. These include resources, such as legal services, housing and community-living supports, and aging networks to help people impacted by COVID-19 who need assistance to live in their own home, go to work or school, or participate in the community.</p> <p>As described in the report, legal services providers can help older adults with long COVID access long-term care options and other community-based services, and also can provide representation in matters to protect legal rights, independence, choices, and financial security. People with long COVID may need</p>

	<p>assistance in obtaining benefits, accessing housing relief programs, and obtaining health care coverage.</p> <p>The following resources provide more information on long COVID and how legal and elder rights advocates can assist impacted individuals:</p> <ul style="list-style-type: none"> <li>• NCLER Training: Accessing Benefits and Supports for Older Adults with Long COVID (<a href="#">Recording, Slides, &amp; Resource Guide</a>)</li> <li>• <a href="#">COVID.gov: Long COVID</a> (includes links to reports, resources, and information)</li> <li>• National Institutes of Health: <a href="#">Studying Long COVID Might Help Others With Post-Viral Fatigue Ailments</a></li> <li>• Medicare.gov: <a href="#">Medicare Coverage, COVID-19</a></li> <li>• Centers for Medicare &amp; Medicaid Services: <a href="#">Mandatory Medicaid and CHIP Coverage of COVID- 19-Related Treatment under the American Rescue Plan Act of 2021</a></li> <li>• Department of Health &amp; Human Services: <a href="#">Guidance on “Long COVID” as a Disability Under the ADA, Section 504, and Section 1557</a></li> </ul>
<p>Veteran Services</p>	<p><b>22. Daily Hampshire Gazette</b>  August 12, 2022  <i>Change Soldiers’ Home culture, or soap opera will go on</i>  Two-plus years after the horrific news that dozens of veterans were neglected and died of COVID-19 at the Soldiers’ Home in Holyoke, the drama woefully continues.</p> <p>On the same day this month that Gov. Charlie Baker signed a much anticipated bill overhauling the governance structure of the Holyoke and Chelsea veterans’ homes, a jaw dropping lawsuit from an Easthampton nurse was made public about the Holyoke home that is deeply disturbing.</p> <p>Easthampton’s Kathleen Newman, a well-respected and very experienced registered nurse of 38 years, has filed a whistleblower lawsuit alleging that a dementia patient was barricaded in her room and sedated to comply with COVID restrictions. She also says the Holyoke home misrepresented COVID death counts. . .</p> <p>You can build a new facility as the state has pledged to do with a new \$400 million Soldiers’ Home in Holyoke and you can pass laws to require better oversight, but until the state shakes up its workplace culture, you won’t truly see the transformation needed for better care.</p> <p>The first order of business is for the state to create exceptional teams and find leaders who will build mutual trust, integrity, open communication and camaraderie. If the state doesn’t invest in staff, the sensationalism will continue at the Soldiers’ Home.</p> <p>It’s time to change the channel in Holyoke. Our veterans don’t want or deserve melodrama. They don’t want theater. They just want to be cared for with competence, love, and compassion by kind and good people who respect one another.</p> <p><a href="https://tinyurl.com/SoldiersHomeSoapOpera">https://tinyurl.com/SoldiersHomeSoapOpera</a></p> <p><b>23. *New York Times</b>  August 11, 2022  <i>Italy Salutes a War Hero and the Values He Fought For</i></p>

	<p>Mario Fiorentini, Italy’s most decorated resistance fighter, died at age 103 this week, and his mourners want his legacy to live on. . .</p> <p>Those who knew Mr. Fiorentini recalled his courage, his unwavering belief in and willingness to fight for the right to freedom, his insatiable curiosity in all manner of things.</p> <p>And they spoke of his two great passions: mathematics, “which he studied in a maniacal manner,” his son Giancarlo said at Mr. Fiorentini’s funeral on Thursday, and his love for his wife, Lucia Ottobrini, who fought alongside him to liberate Rome. They shared 70 years of marriage until her death in 2015. . .</p> <p>Mr. Fiorentini, whose father was Jewish, was one of the last survivors from the resistance groups who fought the German forces that had taken control of northern and central Italy in 1943. About 2,000 partisans who fought in the war are still alive, said Fabrizio De Sanctis, the president of a local branch of A.N.P.I., “but <a href="#">the pandemic</a> and the <a href="#">heat this summer</a> have been dealing harsh blows,” he added. . .</p> <p>At the funeral, some speakers cautioned that freedom, and democracy, were hard-won values that should not be taken for granted.</p> <p>Mr. Capodacqua, the grandson who had lived with Mr. Fiorentini for 26 years, cautioned that fascism could still rear its head in Italy. “Let’s never forget who Mario Fiorentini was and what was in his heart,” he said.</p> <p><a href="https://tinyurl.com/MarioFiorentini">https://tinyurl.com/MarioFiorentini</a></p>
End of Life	<p><b>24. WBUR</b> August 12, 2022 <i>'I have loved and am loved': I am at peace</i> I was taken off all cancer drugs and cared for at home by the hospice medical team. Hospice gave a name to my condition. That was good because it made it much easier to talk about dying and death. It also gave my family and friends the license to call it by name. Finally, we can all be honest with each other and talk about our feelings for one another as we plan for the end of my life and beyond. . . . The window will close at some point and I will go into decline as the cancer takes over. But I'm grateful for this interregnum. Hospice care has given me back my life for now. I don’t know when the window will close. None of us do, really. But I am cherishing every moment while it lasts. <i>Editors' note: This piece was produced for broadcast on WBUR’s Morning Edition. It includes excerpts from three essays Grace has written (thus far) for Cognoscenti about her terminal cancer diagnosis. Read her first essay <a href="#">here</a>; the second <a href="#">here</a>; and the third <a href="#">here</a>.</i> <a href="https://tinyurl.com/HaveLovedAmLoved">https://tinyurl.com/HaveLovedAmLoved</a></p>
Disability Topics	<p><b>25. New York Times (free access)</b> August 8, 2022 <i>Embarrassing, Uncomfortable and Risky: What Flying Is Like for Passengers Who Use Wheelchairs</i> It’s not uncommon for airlines to lose or damage wheelchairs. In 2021, at least 7,239 wheelchairs or scooters were lost, damaged, delayed or stolen on the country’s largest airlines, according to <a href="#">the Air Travel Consumer Report</a>. That’s about 20 per day. Because of these risks, many people who use wheelchairs say flying can be a nightmare. To get a firsthand glimpse of the difficulties faced by passengers who use wheelchairs, The New York Times documented Mr. Brown’s experience on two</p>

	<p>recent American Airlines flights from Palm Beach to San Antonio, with a connection in Charlotte, N.C. Here's a step-by-step visual diary of what was seen. <a href="https://tinyurl.com/EmbarassingUncomfortableRisky">https://tinyurl.com/EmbarassingUncomfortableRisky</a></p> <p><b>26. Centers for Disease Control and Prevention</b>  <i>Disability &amp; Health U.S. State Profile Data for Massachusetts (Adults 18+ years of age)</i>  1,242,139 adults in Massachusetts have a disability. This is equal to 25% or 1 in 4 adults in Massachusetts.  Disability Types  <b>Mobility:</b> Serious difficulty walking or climbing stairs  <b>Cognition:</b> Serious difficulty concentrating, remembering, or making decisions  <b>Independent living:</b> Serious difficulty doing errands alone, such as visiting a doctor's office  <b>Hearing:</b> Deafness or serious difficulty hearing  <b>Vision:</b> Blind or serious difficulty seeing, even when wearing glasses  <b>Self-care:</b> Difficulty dressing or bathing  <a href="https://tinyurl.com/CDCDisabilityInMA">https://tinyurl.com/CDCDisabilityInMA</a></p>
Aging Topics	<p><b>27. Harvard Gazette</b>  August 10, 2022  <i>How America's ageism hurts, shortens lives of elderly</i>  Becca Levy '92, Ph.D. '95 examines hidden stereotypes of aging, their insidious effects in excerpt from her new book</p> <p>I set about testing the impact of cultural age stereotypes on the health and lives of older people. In study after study I conducted, I found that older people with more positive perceptions of aging performed better physically and cognitively than those with more negative perceptions; they were more likely to recover from severe disability, they remembered better, they walked faster, and they even lived longer.</p> <p>I was also able to show that many of the cognitive and physiological challenges we think of as linked to growing old — like hearing loss and cardiovascular disease — are also the products of age beliefs absorbed from our social surroundings. I found that age beliefs can even act as a buffer against developing dementia in people who carry the dreaded Alzheimer's gene, APOE ε4.  <a href="https://tinyurl.com/AmericasAgeismHurts">https://tinyurl.com/AmericasAgeismHurts</a></p>
Healthcare Topics	<p><b>28. *New York Times</b>  February 24, 2022  <i>What Paul Farmer taught me about 'dignity construction' in health care</i></p> <p>The COVID-19 pandemic has prompted a reckoning with the role of buildings in shaping our health and our ability to breathe clean air indoors — lessons that Farmer had inspired me and so many others to pilot on that distant hilltop in Rwanda. Those lessons turned out to be prescient. During the first coronavirus surge in April 2020, medical professionals at Mount Sinai Hospital in New York reacted by moving patients from modern air-sealed buildings to an older bed tower with windows designed to be opened. By necessity, the hospital's old facilities were revealing ways of being more adaptable to the demands of an epidemic. They were breathing again.</p> <p>The history of hospitals teaches us about air movement through architecture, about the public health risks of poor design, and about the dangers of overreliance on technology. Good design in these settings reminds people that they still matter.</p>

	<a href="https://tinyurl.com/PaulFarmerDignityConstruction">https://tinyurl.com/PaulFarmerDignityConstruction</a>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a> 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> .
Websites	<b>Moving Health Home</b> <a href="https://movinghealthhome.org/">https://movinghealthhome.org/</a> “Moving Health Home (MHH) is a coalition made up of stakeholders working to change federal and state policy to enable the home to be a clinical site of care. Today, we have an opportunity to shape the future of health care as policymakers, thought leaders, providers, health plans and patients absorb the lessons and experiences of the COVID-19 pandemic. “In collaboration with the MHH Board, the MHH team advances a policy agenda focused on enabling clinical models of care centered around the home. Our members leverage MHH for advocacy, policy development, research, and coalition building – implemented through convenings, public events, and strong ongoing relationships with Congressional and Administration leaders. “Moving Health Home works to advance home as a clinical site of care through federal and state legislative advocacy, education, research, and evidence to educate policymakers about new clinical models involving the home and new payment models that focus on high-value in-home care that meets patients where they are and leverages technology to drive efficiency and continuity of care.”
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	<b>Commonwealth of Massachusetts</b> 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> 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>
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	<b>Massachusetts Department of Public Health</b> <i>Temporary admissions freeze</i> On November 6, the state <a href="#">announced</a> 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 August 11, 2022. Red font – newly added**

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Apple Valley Center	Ayer	7/20/22	Infection Control
Attleboro Healthcare	Attleboro	8/2/2022	Infection Control
Beaumont Rehab -Northboro	Northborough	7/20/22	New cases
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Medway Country Manor	Medway	7/20/2022	Infection Control
Savoy Nursing and Rehab Center	New Bedford	4/19/2022	Infection control

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?**

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.</li> <li>• For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.</li> </ul> <p><b>Massachusetts facilities listed (updated July 27, 2022)</b></p> <p><b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities not improved</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities which showed improvement</b></p> <ul style="list-style-type: none"> <li>• Attleboro Healthcare, Attleboro <a href="https://tinyurl.com/AttleboroHealthcare">https://tinyurl.com/AttleboroHealthcare</a></li> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a></li> </ul> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities that are candidates for listing</b></p> <ul style="list-style-type: none"> <li>• Parkway Health and Rehabilitation Center <a href="https://tinyurl.com/ParkwayHealthCenter">https://tinyurl.com/ParkwayHealthCenter</a></li> <li>• Plymouth Rehabilitation and Health Care Center <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a></li> <li>• Revolution Charwell <a href="https://tinyurl.com/RevolutionCharwell">https://tinyurl.com/RevolutionCharwell</a></li> <li>• Savoy Nursing and Rehabilitation Center, New Bedford (added in June) No website</li> <li>• <b>South Dennis Healthcare, South Dennis (added in July)</b> <a href="https://www.nextstephc.com/southdennis">https://www.nextstephc.com/southdennis</a></li> <li>• Tremont Health Care Center, Wareham <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>• Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>
<i>Nursing Home Inspect</i>	<b>ProPublica</b>



	<p><b>Nursing Home Inspect</b></p> <p>Data updated August 2022</p> <p>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:</p> <p><a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b>  <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <tr> <td><a href="#">249</a></td> <td><a href="#">B</a></td> </tr> <tr> <td><a href="#">79</a></td> <td><a href="#">C</a></td> </tr> <tr> <td><a href="#">7,092</a></td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,857</a></td> <td><a href="#">E</a></td> </tr> <tr> <td><a href="#">552</a></td> <td><a href="#">F</a></td> </tr> <tr> <td><a href="#">489</a></td> <td><a href="#">G</a></td> </tr> <tr> <td><a href="#">1</a></td> <td><a href="#">H</a></td> </tr> <tr> <td><a href="#">33</a></td> <td><a href="#">J</a></td> </tr> <tr> <td><a href="#">7</a></td> <td><a href="#">K</a></td> </tr> </table>	# reported	Deficiency Tag	<a href="#">249</a>	<a href="#">B</a>	<a href="#">79</a>	<a href="#">C</a>	<a href="#">7,092</a>	<a href="#">D</a>	<a href="#">1,857</a>	<a href="#">E</a>	<a href="#">552</a>	<a href="#">F</a>	<a href="#">489</a>	<a href="#">G</a>	<a href="#">1</a>	<a href="#">H</a>	<a href="#">33</a>	<a href="#">J</a>	<a href="#">7</a>	<a href="#">K</a>
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<p>Nursing Home Compare</p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b></p> <p><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"> <li>• <b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																				
<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<p><b>Massachusetts Department of Public Health</b></p> <p><i>Long-Term Care Facilities Specific COVID-19 Data</i></p> <p><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> </ul>																				

	<ul style="list-style-type: none"> <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>																														
<b>Participation opportunities with Dignity Alliance Massachusetts</b>  Most workgroups meet bi-weekly via Zoom.  Please contact workgroup lead for more information	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td><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>Behavioral Health</td> <td>Frank Baskin</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></td> </tr> <tr> <td>Communications</td> <td>Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow</td> <td><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> <tr> <td>Facilities (Nursing homes, rest homes, assisted living)</td> <td>Arlene Germain</td> <td><a href="mailto:agermain@manhr.org">agermain@manhr.org</a></td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td><a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a></td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td><a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a></td> </tr> <tr> <td>Legal Issues</td> <td>Clarence Richardson</td> <td><a href="mailto:Clarence@massnaela.com">Clarence@massnaela.com</a></td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td><a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</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>	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>	Legal Issues	Clarence Richardson	<a href="mailto:Clarence@massnaela.com">Clarence@massnaela.com</a>	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
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<b>The Dignity Digest</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>• Judi Fonsh</li> <li>• Wynn Gerhard</li> <li>• Dick Moore</li> <li>• Joseph Russo</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>																														

	<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>
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*Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.*

*Previous issues of The Tuesday Digest and The Dignity Digest are available at: <https://dignityalliancema.org/dignity-digest/>*

*For more information about Dignity Alliance Massachusetts, please visit [www.DignityAllianceMA.org](http://www.DignityAllianceMA.org).*