



# The Dignity Digest

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*The Dignity Digest* is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Monday.

\*May require registration before accessing article.

## Spotlight

### ***New York Times (free access)***

August 17, 2022

*How Long Will the U.S. Continue to Disrespect Its Caregivers?*

By Ai-jen Poo

Ms. Poo is the executive director of Caring Across Generations and the president of the National Domestic Workers Alliance.

On Tuesday President Biden signed the Inflation Reduction Act, which contains parts of his Build Back Better agenda, including major climate investments and authorization for Medicare to negotiate lower prescription drug prices. The law will reduce the cost of health care, slash carbon emissions to roughly 50 percent below 2005 levels by 2030, invest in clean energy vehicles and raise taxes on corporations, among other things.

Make no mistake, President Biden and the Democrats in Congress have achieved a transformative investment in our future.

But investments in Medicaid home and community-based services for older adults and people with disabilities, raising wages for the work force that provides caregiving, four weeks of paid family and medical leave, and subsidies for families in need of childcare did not make it into law.

Infrastructure isn't only sustainable modes of transportation. As Senator Bob Casey recently said: "The bridge to work for many is someone who can come into their home and care for aging parents. For others, it's quality, affordable childcare for their kids." Fair pay for caregiving would free up more Americans to take part in the economy.

**For too long we have underinvested in and undervalued caregivers.** After the coronavirus pandemic hit, a breakthrough seemed possible when policies intended to help families became the focus of a national conversation.

A 2020 report by AARP and the National Alliance for Caregiving found that more than one in five Americans were caregivers and almost one in four of these was caring for more than one person. **A more recent study by The**

**Associated Press-NORC Center for Public Affairs Research showed that a vast majority of Americans want to age at home and want the government to act to help them do so.**

But we can hardly sustain the existing home care work force with workers' current median annual income just over \$18,000 per year. What will we do when the aging baby boomer generation — roughly 73 million people — needs more support and services?

There are more than 12 million working parents with children younger than 6 years old. Without access to paid leave, these parents must find affordable childcare in order to work and provide for their families. The American Rescue Plan Act included funding to stabilize childcare programs for low-income families and expanded the child tax credit for 2021, but what will happen when that funding runs out?

Lawmakers must now decide how to support the care economy — including administrative and regulatory reforms as well as legislation. We should see investments in care reflected in appropriations and at the heart of the next budget reconciliation. **Many voters want representatives who refuse to devalue women and families and who want caregivers to have the freedom to choose whether they leave the work force rather than be forced out of it.**

The Biden administration's economic agenda has often been compared to Roosevelt's New Deal in scope and significance, but the New Deal explicitly excluded two groups of workers — farm workers and domestic workers. Over time, these domestic workers became the backbone of the care economy, but the government never advanced comprehensive solutions to support them.

Mr. Biden's original agenda not only included these workers, but it highlighted the importance of investing holistically in the care that families need and the jobs that support it. **Today, we understand that the economy doesn't grow or work without care, including for the work force entrusted with the people who matter most in our lives. Let's not wait another 80 years to act on that vision.**

<https://tinyurl.com/DisrespectCaregivers>

**Boston Globe**

August 18, 2022

*The Netherlands makes aging and long-term care a priority. In the US, it's a different story.*

*The Dutch offer hard-won lessons for a "fragmented" US system.*

By Rob Weisman

A demographic tidal wave looms. By 2040, one in four Dutch residents will be over 65. The same “silver tsunami” is building in much of the developed world, including the United States. And it will strain the budgets and test the ingenuity of nations.

Here in the Netherlands, a social welfare state roughly twice the size of Massachusetts, leaders have been planning for this graying of society for a half century. Drawing on public funds, a sense of shared responsibility, and compulsory insurance premiums paid throughout their working lives, those born in the post-World War II baby boom take for granted that they’ll have the home and nursing care they need as they age. . .

In the United States, it’s a far different story. The question of who will take care of older Americans, and who will foot the bill, keep many awake at night. A scathing report in April from the National Academies of Sciences described the US long-term care system as “ineffective, inefficient, [and] fragmented.” The wealthiest can afford quality care; those with less money must navigate a Byzantine system that forces them to spend down their savings to get a nursing home bed. . .

The Dutch use the word *solidariteit*, or *solidarity*, to describe their commitment to older residents. The Netherlands was the first country in Europe to introduce a mandatory long-term care system in 1968. It has updated and refined its plan several times since, holding to its vision of universal care even as it relies more on managed competition between nonprofit providers and insurers to control costs. The most recent overhaul, in 2015, aims to help residents age in place. . The cost of the Dutch system is enormous. The Netherlands spends over 4 percent of its gross domestic product on long-term care, more than any other advanced country, according to the Organization for Economic Cooperation and Development. The equivalent expenditure in the US would top \$800 billion per year, more than what is now spent on Medicare, which doesn’t cover long-term care. Mandatory payroll deductions for elder care, including contributions from employers, amount to as much as 9.6 percent of income for Dutch workers.

By contrast, the US spends about 1.5 percent of its GDP on late-in-life care — less than any Western European country, Canada, or Japan — and has no national insurance program. Fewer than 7 percent of Americans over 50 have private insurance for long-term care. . .

Unlike in the US, where most nursing homes are operated for profit, almost all in the Netherlands are nonprofit institutions. Residents who paid into the system earlier in life are admitted based on their health indications, not bank balances. They live rent-free but, depending on their financial means, can be required to make small contributions. This kind of egalitarian system prevents the class stratification seen in American nursing homes, which attract people of similar income levels. . .

The Dutch are intensely interested in finding ways to connect nursing homes with older folks living nearby, so moving to more intensive treatment doesn’t come as a shock. They also work hard to keep people at home as long as possible, with help from local governments. . .

	<p>Two years ago, The Hague became the nation’s first city to win the World Health Organization’s “age-friendly” designation. It spends over \$180 million a year to address the needs of local residents over age 65, who make up 20 percent of the population. . .</p> <p>But data suggest that big spending pays dividends in happier, healthier, and longer lives. Life expectancy averages 82.2 years in the Netherlands, compared to an average of 78.8 in the US, according to the OECD. Multiple factors play into life spans, but the gap is meaningful.</p> <p><a href="https://tinyurl.com/NetherlandsAgingAPriority">https://tinyurl.com/NetherlandsAgingAPriority</a></p>
<p>Quotes of the Week</p>	<p><i>“We see a movement around the world. It’s the re-humanizing of nursing home care.”</i></p> <p>Jannette Spiering, Dutch aging services advocate, <i>The Netherlands makes aging and long-term care a priority. In the US, it’s a different story</i>, <b>Boston Globe</b>, August 18, 2022, <a href="https://tinyurl.com/NetherlandsAgingAPriority">https://tinyurl.com/NetherlandsAgingAPriority</a></p> <p><i>“We have a very strong belief in societal responsibility. We call this solidarity. It’s there, we nurture it, and we like it.”</i></p> <p>Marco Varkevisser, an aging service researcher at Erasmus University in The Netherlands, <i>The Netherlands makes aging and long-term care a priority. In the US, it’s a different story</i>, <b>Boston Globe</b>, August 18, 2022, <a href="https://tinyurl.com/NetherlandsAgingAPriority">https://tinyurl.com/NetherlandsAgingAPriority</a></p> <p><i>“I used to think that flu was really challenging. There was never a year that was the same as the previous year. And I think the challenges around supply and trying to plan and optimal planning, they’re very difficult. And just when you think you’ve solved that, you haven’t. And throwing Covid boosters into the mix, it just makes it more complicated.”</i></p> <p>Claire Hannan, the executive director of the Association of Immunization Managers, <i>A complicated fall vaccine campaign: Updated Covid boosters, flu shots, and how to time the jabs</i>, <b>STAT News</b>, August 16, 2022, <a href="https://tinyurl.com/ComplicatedFallVaccine">https://tinyurl.com/ComplicatedFallVaccine</a></p> <p><i>(My mother was) “so active because she loved this country, and she wanted to make sure that the country was good to its people.”</i></p> <p>Gabriele Rainey, daughter of 95-year-old Seattle, WA activist Dorli Rainey, <i>Dorli Rainey, symbol of Occupy movement, dies at 95</i>, <b>AP News</b>, August 20, 2022, <a href="https://tinyurl.com/DorliRaineyOccupySymbol">https://tinyurl.com/DorliRaineyOccupySymbol</a></p> <p><i>I don’t believe Medicare’s ability to negotiate prices will be a game-changing reform.</i></p>

Simon F. Haeder, PhD, Associate Professor, Texas A & M, *Why letting Medicare negotiate drug prices won't be the game-changer for health care Democrats hope it will be*, **The Conversation**, August 17, 2022, <https://tinyurl.com/WontBeGameChanger>

*“It allows us to see without a doubt the emergence of significant neuropsychiatric sequelae in individuals that had covid and far more frequently than those who did not.”*

David Putrino, director of rehabilitation innovation at Mount Sinai Health System, New York, *New study suggests covid increases risks of brain disorders*, **\*Washington Post**, August 19, 2022, <https://tinyurl.com/IncreasedRiskBrainDisorder>

*“The general conversation keeps leaving out long covid. The severity of initial infection doesn't matter when we talk about long-term sequelae that ruin people's lives.”*

Hannah Davis, a co-founder of the [Patient-Led Research Collaborative](#), *New study suggests covid increases risks of brain disorders*, **\*Washington Post**, August 19, 2022, <https://tinyurl.com/IncreasedRiskBrainDisorder>

*“When communication is disrupted, that disrupts human relationships. If we can get people to take this step sooner rather than later, to pay attention to their hearing health, that's a good thing.”*

Barbara Kelley, executive director of the Hearing Loss Association of America, *FDA Gives Green Light to Cheaper, Over-the-Counter Hearing Aids*, **AARP Health**, August 16, 2022, <https://tinyurl.com/GreenLightHearingAids>

*We believe that long Covid must be viewed as a disability, and actions across all federal agencies should be viewed through that lens.*

*Biden's long Covid plan is a good start. But it needs to go further*, **STAT News**, August 19, 2022, <https://tinyurl.com/BidensLongCovidPlan>

*It's time to allocate sufficient funding to [back up the calls](#) to support frontline health workers.*

*Investing in health workers can help close the vaccination gap — and improve global health*, **STAT News**, August 19, 2022, <https://tinyurl.com/InvestingInHealthWorkers>

**Candidates for Governor, Lieutenant Governor, Attorney General, and Secretary State**

Responses to questionnaires from candidates for these offices have been posted at <https://dignityalliancema.org/state-candidates/>. Interviews are in the process of being conducted and recorded. They will be posted when captioning is finished.

**Congressional office candidates**

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

**State legislative candidates**

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

**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*

	<p>Election year information provided by the League of Women Voters.  <a href="http://www.vote411.org">www.vote411.org</a></p> <ul style="list-style-type: none"> <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. AP News</b>  August 20, 2022  <i>Dorli Rainey, symbol of Occupy movement, dies at 95</i>  Dorli Rainey, a self-described “old lady in combat boots” who became a symbol of the Occupy protest movement when she was photographed after being pepper-sprayed by Seattle police, has died. She was 95. . .  Rainey was a fixture in the local progressive movement for decades, demonstrating for racial justice, affordable housing, and public transit, and against war, nuclear weapons, and big banks.  In November 2011, in the early days of the Occupy Wall Street movement, Rainey, then 84, joined protesters in blocking downtown intersections. She was hit when Seattle police used pepper spray to clear the crowd.  Fellow protesters poured milk over her face to ease the sting, and a seattlepi.com photographer, Joshua Trujillo, <a href="#">captured a stunning image</a> of her staring defiantly into the camera, her eyes red and milk dripping off her face. . .  Then-Mayor Mike McGinn apologized and ordered a review of the incident. Rainey was back out protesting a couple days later.  “Dorli is legendary, and deservedly so, for her activism,” McGinn said Friday. “She was just omnipresent and a conscience and a voice for change, and I deeply, deeply, deeply respected her.”  <a href="https://tinyurl.com/DorliRaineyOccupySymbol">https://tinyurl.com/DorliRaineyOccupySymbol</a></p>
	<p><b>Old Man Eating Alone in a Chinese Restaurant</b>  By <a href="#">Billy Collins</a></p> <p>I am glad I resisted the temptation,  if it was a temptation when I was young,  to write a poem about an old man  eating alone at a corner table in a Chinese restaurant.</p> <p>I would have gotten it all wrong  thinking: the poor bastard, not a friend in the world  and with only a book for a companion.  He'll probably pay the bill out of a change purse.</p> <p>So glad I waited all these decades  to record how hot and sour the hot and sour  soup is here at Chang's this afternoon  and how cold the Chinese beer in a frosted glass.</p> <p>And my book—José Saramago's <i>Blindness</i>  as it turns out—is so absorbing that I look up  from its escalating horrors only  when I am stunned by one of his gleaming sentences.</p>

	<p>And I should mention the light that falls through the big windows this time of day italicizing everything it touches— the plates and teapots, the immaculate tablecloths,</p> <p>as well as the soft brown hair of the waitress in the white blouse and short black skirt, the one who is smiling now as she bears a cup of rice and shredded beef with garlic to my favorite table in the corner.</p> <p>Source: Poetry vol. 190, no. 4, July/August 2007 <a href="https://tinyurl.com/OldManEatingAlone">https://tinyurl.com/OldManEatingAlone</a></p>
Request for Proposals	<p><b>2. Massachusetts Councils on Aging and Senior Center Directors Association (MCOA)</b> August 12, 2022 <i>Request for Proposal to Establish New Elder Mental Health Outreach Team (EMHOT) or Elder Mobile Outreach Team (EMOT) Programs</i> Funding is available to fund new older adult behavioral health programs to strengthen the capacity of the Elder Mental Health Outreach Team (EMHOT) and Elder Mobile Outreach Team (EMOT) network that exists within the Aging Services Access Points and Councils on Aging. This opportunity is open to Councils on Aging, Aging Services Access Points, Area Agencies on Aging, other community-based human services organizations, and behavioral health providers. <b>Read the full RFP <a href="#">here</a></b> <b><a href="#">Bidder’s Conference Registration</a></b> <b><a href="#">Intent to Bid Form</a></b> <b><a href="#">Submit a Proposal</a></b></p> <p><b>3. Massachusetts Councils on Aging and Senior Center Directors Association (MCOA)</b> August 12, 2022 <i>Older Adult Behavioral Health Innovation</i> Across the U.S., various issues, including workforce shortages and traditionally siloed care models, are impacting the ability of older adults to access behavioral health services. The intention of this RFP is to provide grant funding to explore and test innovations to deliver behavioral health services and supports to older adults in home and community-based settings despite limited workforce capacity and availability. Additional objectives include learning from grant recipients’ innovation outcomes to inform behavioral health and aging services policy and to potentially replicate and scale promising practices. This opportunity is funded by the Massachusetts Association of Councils on Aging (MCOA) through a contract with the Massachusetts Executive Office of Elder Affairs (EOEA) for the provision of behavioral health services for older adults in the Commonwealth. Innovations may encompass early intervention, treatment, and/or continuing care. Innovations may also address a variety of conditions, including but not</p>

	<p>limited to, mental health conditions, substance use disorder, social isolation, and loneliness. Innovations may also aim to build or strengthen pathways between home and community-based settings and the behavioral health care system, including the <a href="#">recently designated Community Behavioral Health Centers</a> (expected to begin operations in January 2023). <b>Read the full RFP <a href="#">here</a></b>  <a href="#">Bidder’s Conference Registration</a>  <a href="#">Intent to Bid Form</a>  <a href="#">Submit a Proposal</a></p>
Biden and Federal Policies	<p><b>4. The Conversation</b>  August 17, 2022  <i>Why letting Medicare negotiate drug prices won’t be the game-changer for health care Democrats hope it will be</i>  <b>Why US drug prices are so high</b>  Pharmaceutical innovation over the past few decades <a href="#">has been tremendous</a>. The <a href="#">quick response</a> to the COVID-19 pandemic in terms of vaccine development and treatments perfectly exemplifies the incredible benefits that drug developers have brought to the world.  Yet these developments have come at a high price, particularly in the United States, where each person spends more than <a href="#">US\$1,100 a year</a> on drugs – up from \$831 in 2013. Indeed, Americans are paying substantially more than residents of <a href="#">similar countries like Germany, the U.K. and Australia</a> – who pay \$825, \$285 and \$434 per person each year, respectively. . .  The reasons for high prices are varied, including the overall complexity of the U.S. health care system and the lack of transparency in the drug supply chain. . .  [T]he biggest reason Americans pay so much more than people do elsewhere is simple: Pharmaceutical companies face no limits setting prices.  <b>Changing the game – a little</b>  The new law, known as the <a href="#">Inflation Reduction Act</a> and signed into law on Aug. 16, 2022, seeks to change that.  The main mechanism to do it is by allowing Medicare to negotiate prices for some of the most expensive drugs. The act gives Medicare the ability to negotiate with drugmakers for 10 drugs starting in 2026 and 20 by 2029. . .  The provision is expected to <a href="#">save the U.S. government about \$102 billion</a> by 2031 by allowing it to pay less on prescription drugs for Americans on Medicare – currently <a href="#">63 million people</a>. The annual savings amount to about 5% of what <a href="#">Medicare currently spends on drugs</a>.  <b>Where the real savings are</b>  The provisions that will make a much bigger difference for seniors lie elsewhere. Importantly, the new law limits seniors’ out-of-pocket expenses for prescription drugs to no more than \$2,000 annually. Previously, there were <a href="#">some restrictions but no limit</a>. This will directly help <a href="#">1.4 million seniors</a> who exceeded the \$2,000 threshold in 2020.  The law also limits how fast premiums for Medicare Part D, which provides premium-based prescription drug insurance, can rise over the next few years and implements a number of other adjustments.  <b>Broader impact</b>  There are real benefits in the bill President Biden signed into law. The government will save by negotiating prices. Seniors will save through the insulin cap and other provisions.  <a href="https://tinyurl.com/WontBeGameChanger">https://tinyurl.com/WontBeGameChanger</a></p>

	<p><b>5. AARP Policy and Society</b>  August 15, 2022  <i>How Medicare Rx Price Negotiations Will Work</i>  When Congress added a prescription drug benefit to Medicare nearly two decades ago, the bill explicitly prohibited the program from negotiating with pharmaceutical companies for the prices of the life-sustaining drugs that millions of enrollees take every day. AARP has made the argument for many years that with more than 50 million Americans getting their medications through Medicare, if the program was allowed to negotiate prices, the power of those numbers would yield a much better deal for Medicare beneficiaries and for taxpayers, who ultimately foot the bill for the lion’s share of the medication costs.</p> <p>To start, the U.S. Department of Health and Human Services (HHS) will identify the 100 medicines that Medicare spends the most on and then decide which qualify to be in the first group of 10 drugs whose prices will be negotiated. Those qualifications are:</p> <ul style="list-style-type: none"> <li>• <b>The drugs can’t have any direct competitors.</b> That means there is no generic equivalent, and if it’s a biologic drug, there can’t be a biosimilar product. A biologic drug is a complex medication typically used to treat cancers and other serious illnesses.</li> <li>• <b>The medications must have been on the U.S. Food and Drug Administration’s approved list for many years.</b> That threshold is nine years for what are called small molecule drugs — medicines you typically get at the pharmacy and take in pill form. Biologics must have been approved for 11 years to be eligible for negotiation.</li> </ul> <p>Here’s the full roll-out schedule:  2026: A maximum of 10 drugs will be negotiated.  2027: Another maximum of 15 drugs will be negotiated.  2028: Another maximum of 15 drugs will be negotiated.  2029: Another maximum of 20 drugs will be negotiated this year and every year after that.</p> <p><a href="https://tinyurl.com/RxPriceNegotiations">https://tinyurl.com/RxPriceNegotiations</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>  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></p>

	<p><a href="#">Activity Suggestions</a>  <a href="https://theconsumervoic.org/events/2022-residents-rights-month">https://theconsumervoic.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>7. The Consumer Voice</b>  August 10, 2022  <i>CMS Updates Nursing Home Regulations</i>  On August 3, 2022, the Center for Medicare &amp; Medicaid Services (CMS) <a href="#">published</a> 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). . .  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:</p> <ul style="list-style-type: none"> <li>• <b>Skilled Nursing Facility Health-Care Association Infections Requiring Hospitalizations:</b> 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.</li> <li>• <b>Total Nursing Hours per Resident Day Staffing Measure:</b> 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.</li> <li>• <b>DTC-PAC Measure:</b> This measure looks at a facility's successful discharge of residents to the community using two years of discharge data.</li> </ul> <p><a href="https://tinyurl.com/ConsumerVoiceCMSNHUpdates">https://tinyurl.com/ConsumerVoiceCMSNHUpdates</a></p> <p><b>8. Medical Care</b>  August 4, 2022  <i>Accuracy of Pressure Ulcer Events in US Nursing Home Ratings</i>  <b>Background:</b>  The US government relies on nursing home-reported data to create quality of care measures and star ratings for Nursing Home Compare (NHC). These data are not systematically validated, and some evidence indicates NHC’s patient safety measures may not be reliable.  <b>Results:</b>  Reporting rates were low for both short-stay (70.2% of 173,043 stage 2–4 pressure ulcer hospitalizations) and long-stay (59.7% of 137,315 stage 2–4 pressure ulcer hospitalizations) residents. Black residents experienced more severe pressure ulcers than White residents, however, this translated into having slightly higher reporting rates because higher staged pressure ulcers were more likely to be reported. Correlations between our claims-based measure and NHC ratings were poor.  <b>Conclusions:</b>  Pressure ulcers were substantially underreported in data used by NHC to measure patient safety. Alternative approaches are needed to improve surveillance of health care quality in nursing homes.  <a href="https://tinyurl.com/AccuracyPressureUlcers">https://tinyurl.com/AccuracyPressureUlcers</a></p>
Covid	<p><b>9. STAT News</b></p>

	<p>August 16, 2022</p> <p><i>A complicated fall vaccine campaign: Updated Covid boosters, flu shots, and how to time the jabs</i></p> <p>For the health officials who steer vaccination campaigns, it’s going to be a complicated fall.</p> <p>The U.S. plan to roll out updated Covid-19 boosters will not only coincide with the logistical tangle of the regular flu shot drive, but will also face questions about when people should get the new shots to provide themselves with the best protection <a href="#">through our third Covid winter</a>. . .</p> <p>Complicating the process is that scientists don’t have a sense yet — after only two winters with SARS-2 — about just when the virus might peak, and how strong the seasonal factors are. The virus has been spreading incredibly effectively throughout this summer, but many experts do anticipate even more elevated transmission at some point this fall and winter, at least in colder parts of the country. . .</p> <p>[Claire Hannan, the executive director of the Association of Immunization Managers] said there wasn’t guidance yet from the federal government about how much of and when exactly the new Covid shots will be available. She also noted that public health departments are also fighting <a href="#">an unprecedented monkeypox outbreak</a>, complete with a <a href="#">convoluted vaccine delivery process</a>. . .</p> <p>With all the uncertainties around what the Covid winter might look like — when will the virus spike and just how high? what variant is going to be dominant? — [Ed Belongia, the director of the Center for Clinical Epidemiology and Population Health at the Marshfield Clinic Research Institute] said people shouldn’t try to time when they get their boosters to try to make sure their protection is maximized through whatever surge might come. Instead, people should just get the Covid shots when they can.</p> <p><a href="https://tinyurl.com/ComplicatedFallVaccine">https://tinyurl.com/ComplicatedFallVaccine</a></p>
Long Covid	<p><b>10. STAT News</b></p> <p>August 19, 2022</p> <p><i>Biden’s long Covid plan is a good start. But it needs to go further</i></p> <p>Two-and-a-half years into the Covid-19 pandemic, the Biden administration released its <a href="#">national action plan</a> to address longer-term impacts of Covid-19, which include orphaned children, bereavement, and the disabling condition known as long Covid that is accompanying the disease. The plan offers a good start for addressing long Covid, but leaves much undone. . .</p> <p><a href="#">One in five adults</a> infected with SARS-CoV-2 develop new conditions that could be attributable to Covid-19, including fatigue, breathlessness, and neurological problems that can resemble traumatic brain injury. . .</p> <p>Advocates and patients <a href="#">decry</a> a lack of scientific progress and social recognition for the chronic disease that is upending their lives. Clinical trial research via the \$1.15 billion <a href="#">Researching COVID to Enhance Recovery</a> (RECOVER) initiative is slated to begin in late 2022, nearly three years after the first long haulers got sick — and stayed sick. Further, while the list of services and supports the report cites is critically needed, the report does nothing to improve access to such services or educate providers about them.</p> <p>To do the greatest good, the administration’s action plan will require the right kind of leadership. Three guideposts should inform how this plan is executed and communicated.</p> <ul style="list-style-type: none"> <li>• Use a disability lens.</li> </ul>

	<ul style="list-style-type: none"> <li>• Look to similar post-infectious diseases.</li> <li>• Employ patient-centered communication and implementation.</li> </ul> <p><a href="https://tinyurl.com/BidensLongCovidPlan">https://tinyurl.com/BidensLongCovidPlan</a></p> <p><b>11. *Washington Post</b>  August 19, 2022  <i>New study suggests covid increases risks of brain disorders</i>  A study <a href="#">published this week</a> in the journal Lancet Psychiatry showed increased risks of some brain disorders two years after infection with the coronavirus, shedding new light on the long-term neurological and psychiatric aspects of the virus. . .  Adults appeared to be at particular risk of lasting brain fog, a common complaint among coronavirus survivors. . .  Between 7 million and 23 million people in the United States, according to recent government estimates, have <a href="#">long covid</a> — a catchall term for a wide range of symptoms including fatigue, breathlessness and anxiety that persist weeks and months after the acute infection has subsided. Those numbers are expected to rise as the coronavirus settles in as an endemic disease. . .  The study group, which included 185,000 children and 242,000 older adults, revealed that risks differed according to age, with people 65 and older at greatest risk of lasting neuropsychiatric effects. . .  The study found that 4.5 percent of older people developed dementia in the two years after infection, compared with 3.3 percent of the control group. That 1.2-point increase in a diagnosis as damaging as dementia is particularly worrisome, the researchers said. . .  The study follows earlier research from the same group, which <a href="#">reported last year</a> that a third of covid patients experienced mood disorders, strokes or dementia six months after infection.  <a href="https://tinyurl.com/IncreasedRiskBrainDisorder">https://tinyurl.com/IncreasedRiskBrainDisorder</a></p>
Health Care Workforce	<p><b>12. STAT News</b>  August 19, 2022  <i>Investing in health workers can help close the vaccination gap — and improve global health</i>  [C]ommunity health workers are essential for the early detection of disease outbreaks and the response to them. With outbreaks of preventable diseases such as <a href="#">measles</a> and <a href="#">polio</a> on the rise, health workers frequently are the first to identify infections before they spread through their community. Increasingly, health workers also serve as sentinels to novel pathogens, alerting district and national health authorities when new threats emerge — the time when rapid, community vaccination campaigns are needed to stop spread. . .  It’s time to allocate sufficient funding to <a href="#">back up the calls</a> to support frontline health workers. The Biden-Harris administration has prioritized investments in health workers through the <a href="#">Global Health Worker Initiative</a>, an important part of the 2023 fiscal budget. By endorsing this important allocation in the <a href="#">upcoming budget negotiations</a>, the U.S. Congress will send a powerful signal to other countries that investing in the recruitment, training, retention, and safety of frontline health workers provides a clear path to improving the health of millions of children and adults while strengthening vital national and global security measure against future pandemics.  <a href="https://tinyurl.com/InvestingInHealthWorkers">https://tinyurl.com/InvestingInHealthWorkers</a></p>
Healthcare Topics	<b>13. AARP Health</b>

	<p>August 16, 2022</p> <p><i>FDA Gives Green Light to Cheaper, Over-the-Counter Hearing Aids</i></p> <p>Americans with mild to moderate hearing loss can now buy less expensive hearing aids without a medical exam or fitting</p> <p>The new devices — designed for those with mild to moderate <a href="#">hearing loss</a> — are expected to transform the hearing aid market. They will be sold at stores and online without a medical exam, prescription, or special fitting by an audiologist. The approved hearing aids could be available by mid-October. . .</p> <p>About 15 percent of all U.S. adults — 37.5 million Americans — report trouble hearing, and the <a href="#">percentage rises with age</a>. About a third of people ages 65 to 74 and half of those over age 75 have hearing loss.</p> <p>Yet about 80 percent of people who would benefit from hearing aids don't wear them, according to the National Institutes of Health. . .</p> <p>Until now, you could only get a hearing aid through an <a href="#">audiologist or a hearing health specialist</a>, and the cost of the devices was often bundled with the price of the service the specialist provided to fit and program the equipment, including follow-up visits.</p> <p><a href="https://tinyurl.com/GreenLightHearingAids">https://tinyurl.com/GreenLightHearingAids</a></p>
	<p>*May require registration before accessing article.</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <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:rmoores473@charter.net">rmoores473@charter.net</a>.</p>
<p>Websites</p>	<p><b>Patient-Led Research Collaborative</b> <a href="https://patientresearchcovid19.com/">https://patientresearchcovid19.com/</a></p> <p>The Patient-Led Research Collaborative is a group of Long Covid patients who are also researchers. We were born out of the <a href="#">Body Politic Slack support group</a> and did the first research on Long Covid in April 2020. We are all researchers in relevant fields – biomedical research, participatory research, neuroscience, cognitive science, public policy, machine learning, human-centered design, health activism – in addition to having intimate knowledge of COVID-19.</p> <p>Our mission is to facilitate patient-led and patient-involved research into Long Covid and associated conditions while following rigorous research methodology, and to advocate for policies that enable patients, particularly the most marginalized, to access care and live with dignity. We ground our work in the <a href="#">principles of disability justice</a> and participatory research methods, and in the knowledge that those who experience an illness are best able to identify research questions and solutions.</p> <p><b>Sins Invalid</b> <a href="https://www.sinsinvalid.org/">https://www.sinsinvalid.org/</a></p> <p><i>Sins Invalid</i> is a disability justice-based performance project that incubates and celebrates artists with disabilities, centralizing artists of color and LGBTQ / gender-variant artists as communities who have been historically marginalized. Led by disabled people of color, Sins Invalid's performance work explores the themes of sexuality, embodiment, and the disabled body, developing provocative work where paradigms of "normal" and "sexy" are challenged, offering instead a vision of beauty and sexuality inclusive of all bodies and communities.</p>

	<p>We define disability broadly to include people with physical impairments, people who belong to a sensory minority, people with emotional disabilities, people with cognitive challenges, and those with chronic/severe illness. We understand the experience of disability to occur within any and all walks of life, with deeply felt connections to all communities impacted by the medicalization of their bodies, including trans, gender variant and intersex people, and others whose bodies do not conform to our culture(s)' notions of "normal" or "functional."</p>										
Previously recommended websites	<p>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>.</p>										
Previously posted funding opportunities	<p>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>.</p>										
Nursing Home Closures	<p>Closure Notices and Relocation Plans available at: <a href="https://tinyurl.com/MANursingHomeClosures">https://tinyurl.com/MANursingHomeClosures</a></p>										
Websites of Dignity Alliance Massachusetts Members	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</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	<p><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:</p> <ul style="list-style-type: none"> <li>• Number of new COVID-19 cases within the facility</li> <li>• Staffing levels</li> <li>• Failure to report a lack of adequate PPE, supplies, or staff</li> <li>• Infection control survey results</li> <li>• Surveillance testing non-compliance</li> </ul> <p>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.</p> <p><b>Updated on August 19, 2022. Red font – newly added</b></p> <table border="1"> <thead> <tr> <th>Name of Facility</th> <th>City/Town</th> <th>Date of Freeze</th> <th>Qualifying Factor</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name of Facility	City/Town	Date of Freeze	Qualifying Factor				
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	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
	Lakeview House Skilled Nursing	Haverhill	8/16/2022	New cases
	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	<p><b>Centers for Medicare and Medicaid Services</b></p> <p><i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  Updated June 29, 2022</p> <p>CMS has published a new list of <a href="#">Special Focus Facilities</a> (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.</p> <p>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.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <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>• South Dennis Healthcare, South Dennis (added in July) <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>																				
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> Data updated August 2022 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="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <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> </tbody> </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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Nursing Home Compare	<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.</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>														
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>	<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</td> <td><a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</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	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a>		
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	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:svanschoick@cil.org">svanschoick@cil.org</a>													

Please contact workgroup lead for more information		Samantha VanSchoick Lachlan Forrow	<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>
<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>		
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<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>			