



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

State Department of Health Announces Reorganization and Emphasis on Health Equity, Aging & Emergency Preparedness to Advance Public Health Protections In New York

The New York State Department of Health

July 29, 2022

<https://tinyurl.com/NYStateHealthReorganization>

The New York State Department of Health announced new efforts to better promote and protect the health of all New Yorkers. A strategic planning effort led by Commissioner Dr. Mary T. Bassett focused on optimizing the Department's talent, workflow and collaboration, the integration of new systems, and increasing diversity as part of its overall mission to build a healthier, more equitable New York. To achieve this goal, the Department has established an Office of Aging & Long Term Care, an Office of Health Equity & Human Rights, a Chief Medical Officer, and established a leadership cabinet. Additionally, Dr. Bassett is prioritizing agencywide data sharing and use to drive policies, and a renewed emphasis on regional offices' engagement with local health departments.

The Department's rebuilding effort landed on five focus areas:

- **Invest in our people**, bring in new and diverse talent, simplify hiring processes, and create a culture of support and appreciation after the significant sacrifices made during COVID response.
- **Shape our organization so that it reflects our focus** on health equity, the needs of older New Yorkers, emergency preparedness and response.
- **Become more proactive** by developing policy coordination and project management capabilities and simplifying critical processes.
- **Align public health, insurance, and regulatory tools** across divisions to maximize impact and improve health outcomes.
- **Improve our use of data to advance our mission** of improving public health and health equity.

"Public health touches every facet of our lives," **State Commissioner of Health Dr. Mary T. Bassett said.** "Our new organizational focus and leadership team structure will better position the Department to shape our

priorities and delivery systems to improve health access and outcomes for all New Yorkers. The scope of this Department extends beyond traditional public health and comprises a regulatory function for health care delivery institutions and health insurance programs that provide coverage to over one-third of New Yorkers. In my tenure as commissioner, I intend to do my utmost to fulfil our mandate. New Yorkers deserve no less."

Since becoming Health Commissioner, Dr. Bassett has sought to optimize cross-functional collaboration, recruit and retain a more diverse workforce, elevate health equity and the needs of older New Yorkers, foster a culture of inclusivity, and prioritize using data to drive public health decisions. She has also sought out ideas from staff, the backbone of the Department. A staff survey, focus groups and multiple conversations were essential to understanding the challenges the Department faces and how to address them."

The main changes include:

- **Creating a new Office of Health Equity & Human Rights.** This office will address health disparities and work to improve diversity, equity, and inclusion within the Department. It will be comprised of the current offices of Minority Health and Health Disparities Prevention and Language Access, the AIDS Institute, and the Office of Gun Violence Prevention. The new Office of Health Equity & Human Rights will be led by Deputy Commissioner Johanne Morne.
- **Creating a new Office of Aging & Long Term Care.** This office will develop policies and programs to meet the needs of older New Yorkers and people with disabilities who require long term care services and support. It will be led by Adam Herbst, Deputy Commissioner on Aging & Long Term Care and work collaboratively with the Office of Health Insurance Programs, the Office of Primary Care and Health Systems Management, and the NYS Office for the Aging to coordinate Department activities related to aging New Yorkers. The Office will be responsible for long-term care functions related to licensure, facility surveys, data collection, and policies and analysis. In addition, it will help develop and execute the State Master Plan on Aging to improve the recruitment, retention, and training of long-term care workers, and improve the quality of long-term care.
- **Establishing a Chief Medical Officer.** Dr. Eugene Heslin will provide medical and clinical expertise to all senior leadership and various Department staff. Dr. Heslin has over 30 years in the field of medicine and is an expert in health care leadership, policy development and operational management centered on improved patient outcomes.
- **Creating a new Commissioner's Cabinet.** It will be comprised of dynamic policy and health experts who will report directly to and serve as advisors to State Health Commissioner Dr. Mary T. Bassett on important issues as we develop programs and new policies throughout the Department that will protect, improve, and promote the health of New Yorkers. The Executive Cabinet members are: Laura

	<p>Mascuch, Chief of Staff; Kristin Proud, Acting Executive Deputy Commissioner; Dr. Ursula Bauer, Deputy Commissioner for Public Health; Dr. Eugene Heslin, First Deputy Commissioner and Chief Medical Officer; Sam Miller, Associate Commissioner for External Affairs; Kathy Marks, General Counsel; Amir Bassiri, Deputy Commissioner of the Office of Health Insurance Programs and Acting Medicaid Director; Adam Herbst, Deputy Commissioner Aging & Long Term Care; Dr. John Morley, Deputy Commissioner of Primary Care and Health Systems Management; Johanne Morne, Deputy Commissioner Health Equity and Human Rights; Diane Christensen, Deputy Commissioner Administration; and Danielle Holahan, Executive Director, NY State of Health and Senior Advisors, Megan Baldwin, Paul Francis and Sandra Mullin.</p> <ul style="list-style-type: none"> • Strengthening the Regional Offices. There will also be a concerted effort to make sure our regional offices are more integrated into public health policy making and that they prioritize the needs of local health departments. Regional Offices will now be a part of the Office of Public Health, which will strengthen the voice of local perspectives in our policy making and streamline local policy and program implementation. <p>These new focus areas will guide the Department's work over the next 3 years. Our goal is to improve health equity and reduce disparities across racial, ethnic, and socioeconomic groups while leveraging data to inform policies and improve health outcomes. We will work to reduce our chronic disease burden through effective public health programs and new care models. The Department will also continue to use the latest technology and communication platforms to disseminate critical public health information to the public and help protect them from preventable diseases and illnesses. Additional highlights of the Department rebuild include improving data capabilities and data use that are integral to advancing its mission; increasing communications, policy and data support for chronic disease programs; and establishing a new operating model for the Office of Health Emergency Preparedness. The Department will place more attention on recruiting, hiring, and growing our workforce, while also ensuring current employees have the resources and support, they need to effectively protect the health of all New Yorkers.</p> <p>https://tinyurl.com/NYStateHealthReorganization</p>
<p>Dignity Alliance Massachusetts Member in the News: Margaret Morganroth Gullette</p>	<p>Harvard Radcliff Institute <i>Ageism's Toll in the Age of COVID</i> September 1, 2022 https://tinyurl.com/AgeismsToll</p> <p>Margaret Morganroth Gullette '62, PhD '75, BI '87 is one of the nation's leading voices on the negative impacts and violence of ageism. Gullette, 81 and a resident scholar at the Women's Studies Research Center of Brandeis University, is the author of <i>Ending Ageism, or How Not to Shoot Old People</i></p>

(Rutgers University Press, 2017), which won the MLA Prize for Independent Scholars and the Society for the Psychology of Women's Florence L. Denmark Award for Contributions to Women and Aging. One of her oft-repeated refrains is "Fear ageism, not aging," and she is working on her next book, "American Eldercide."

What is ageism? And why is it so important now?

We need to consider the immense power of ageism. I'll start with just two aspects. People internalize the stereotypes of decline—the decline attributes that America culture associates with growing older—and this involves warding off their own personal bodily or economic decline. Another type is behavioral, and that means hating or shunning older people. These two types can be distinct.

You believe Donald Trump's presidency resulted in abandoning the residents of nursing homes, and that COVID played a large role in increasing the stigmas around growing old in America. Can you elaborate?

Yes, Trump's ageism was lethal. He exemplified both types. He is a typical idolater of youth, including, of course, his own lost youth. He has fake blonde hair, the fake tan. Youth emulation drives significant behaviors. He owned the Miss America Pageant for years, he remarried younger women, he fathered a child at age 60, and he spoke with boisterous bluster of his sexual assaults on Access Hollywood. Experts told him that the young were dying of COVID too, but he said, "Ah, they have a helluva immune system."

And as president, he was an ageist in this other sense, in shunning older people. He had a chain in his mind linking dementia and disability and expendability and old people. In 2020, everyone knew the residents of nursing homes and older adults had been dying in appalling numbers. He literally did not count them. At the end of August 2020, the Centers for Disease Control and Prevention [CDC] was estimating that nearly 200,000 people had died, and he retweeted a claim that the deaths due to COVID were really only 9,000, since "most of the deaths are very old Americans with comorbidities."

Politics, of course, required that he minimize the numbers because he chose to minimize the pandemic, but only ageism and ableism decided whom he would count. This is more important than everyday ageism—yours or mine—because he had power at the top of the political hierarchy to dissociate himself from the nursing home residents. More could have been saved had the Centers for Medicare & Medicaid Services [CMS] immediately provided tests and PPE [personal protective equipment] and monitored the staffing ratios, thus keeping residents safe and out of the overwhelmed ICUs [intensive care units]. So, ageism rather than incompetence or any other reason that has been

ascribed to Trump can explain why his first policy decision about COVID was to do nothing for nursing home residents. That was disastrous.

Why does ageism matter now, as COVID wanes?

It matters because we have seen it at the highest levels of government, we have seen it in many state governments' responses to COVID, and we saw it in the triage guidelines adopted early on by hospitals, many of which used age to exclude people from access to ventilators. Ageism, the ageisms plural, really, cause a spectrum of damages—including internalized shame and job discrimination at early ages. ...and “compound ageism,” as I call it, is what some people felt toward nursing facility residents. A particular form of intersectionality. It was a compound of they're old, they're sick, they're poor, they're women, they have cognitive impairments, they have mental health issues. Compound ageism is a very toxic prejudice. To be fair, people who are ageist aren't necessarily also ableist, classist, racist, sexist, et cetera. They have overcome some of the other biases. And I keep in my heart families who lost loved ones in the facilities. They were heartbroken—separated from them by the lockdowns. Unable to have real funerals. A million mourners know their relatives could have lived longer, should have survived.

But in general, Americans seem to be responding to the plight of those residents with indifference, if not alienation.

Why might people respond this way?

The early part of the COVID Era was terrifying—I mean, it terrified the CDC. It should have terrified CMS, which is responsible for the residents. It terrified the doctors in the hospitals. It terrified people in rural communities, where half of the hospitals had no ICUs, and it terrified normal people, some more than others. People had a lot to focus on in their own personal lives: worry about their children, their parents, their jobs. Social cohesion weakened; those anxieties grew. People have a tendency to back away from more trouble, more sorrow, more misery. They protect themselves. And psychoanalysis says we protect ourselves from aging and dying. A lack of empathy makes ageism harder to fight even as COVID waxes and wanes.

Why does it make it harder to fight?

You catch me at a discouraged moment. I've been active in a group, Dignity Alliance Massachusetts. They're wonderful people: they're dedicated, they've been in this for two years. They supported 67 bills in the state legislature for people with disabilities and those who will need long-term care. And the legislature went off and ended their session without dealing with a lot of things, including nursing homes. Despite the scandals in this state, they left without passing a nursing facility reform bill. In the national

	<p>media, there was some coverage, but it didn't amount to a campaign, "Old Lives Matter." So, this is not encouraging. This is the year to fight back against the causes of all those premature deaths—170,000 is one figure—in nursing homes. We know a lot about what happened. We know that 70 percent of 15,400 US nursing home facilities are owned by for-profit organizations, and some by hedge funds. Evidence shows they care more about the bottom line than about the health and well-being of their residents. There was understaffing and neglect, and people died. Much understaffing was not because aides fell ill—they could have been protected too—it was unnecessary. Actually, you catch me at a pitch of anger at the debased culture of feeling in this country. Anger is at least better than discouragement.</p> <p>I hold on to the belief that many good, caring people will function in higher gear now. My own field, age studies, and gerontology are exposing the evils. We have an age-friendly cities movement; we have not just AARP but nonprofits like Justice in Aging and the disability rights organizations. That's where the action is. You have got to go to the law to fight some of these things, particularly if legislators will not do their job. We already have laws on the books. One of the candidates for state attorney general said she was going to look at all the age-related regulations in Massachusetts; update and monitor them; and go to court if need be to rectify injustices.</p> <p>I like the term "age justice." There's more reason to get on board with it now. Age is not a trivial categorization. Ageism is serious—as serious as sexism, as serious as racism. In the minds of people of conscience and in the behaviors of people of conscience, it should rank with those. Indeed, it could matter more, because it is a prejudice that targets anyone lucky enough to grow old.</p> <p>Comments can be sent to Margaret at mgullette@msn.com https://tinyurl.com/AgeismsToll</p>
<p><i>Quotes of the Week</i></p>	<p><i>By 2033, more than 11 million middle-income seniors aged 75 and older may not be able to pay for assisted living and are also unlikely to qualify for Medicaid to pay for their long-term care needs.</i></p> <p><i>The Forgotten Middle: Housing and Care Options for Middle-Income Seniors in 2033, NORC at the University of Chicago, August 31, 2022, https://tinyurl.com/TheForgottenMiddle</i></p> <p><i>"With 10,000 adults turning 65 every day, it's more urgent than ever to understand the issues seniors face that impede their path to health, wellness and happiness."</i></p> <p>Dr. Dinesh Kumar, Alignment Healthcare chief medical and chief operating officer, <i>Older Americans experiencing loneliness, cost worries, Becker's Hospital CFO Report</i>, August 29, 2022, Becker's Hospital CFO Report</p>

"Public health touches every facet of our lives."

New York State Commissioner of Health Dr. Mary T. Bassett, *State Department of Health Announces Reorganization and Emphasis On Health Equity, Aging & Emergency Preparedness to Advance Public Health Protections In New York*, **The New York State Department of Health**, July 29, 2022, <https://tinyurl.com/NYStateHealthReorganization>

"I finally said, 'Why bother? I'm going gray.' Honestly, if I had known the lockdown could be so liberating on that front, I would have done it a lot sooner."

Canadian news anchor Lisa LaFlamme who was fired after 35 years of employment when she stopped dyeing her hair, *TV anchor gets support after dismissal linked to gray hair*, **Today**, August 31, 2022, [Today](https://tinyurl.com/Today)

They get paid in formula and diapers, and their work hours are flexible.

In a Japanese Nursing Home, Some Workers Are Babies, ***New York Times**, September 1, 2022, <https://tinyurl.com/JapanesesBabyWorkers>

The deeper I go, the more my optimism fades that our health system is set up to elicit patients' wishes and disclose the facts that allow them to share in decision-making.

Dr. S. Monica Soni, an internist and associate chief medical officer at New Century Health, *People with terminal cancer need to know they are dying. Doctors shouldn't withhold that information*, **STAT News**, September 2, 2022, <https://tinyurl.com/DoctorsShouldNotWithhold>

"These updated boosters present us with an opportunity to get ahead of the next predicated wave of Covid-19. These updated boosters are critical in helping protect teens and adults from the most serious outcomes of COVID 19 caused by the currently circulating variant."

Robert Califf, the FDA commissioner, *Your questions on the new Covid vaccine boosters answered*, **STAT News**, September 1, 2022, <https://tinyurl.com/NewCovidVaccines>

"We're still in the Wright brothers' days of flight when it comes to longevity. We still have a 747 and a Concorde to come, I hope, within our lifetimes."

	<p>Harvard biologist David Sinclair, author of “Lifespan”, <i>Want to add healthy years to your life? Here’s what new longevity research says</i>, *Washington Post, October 11, 2022, https://tinyurl.com/AddHealthyLifeToLife</p> <p><i>“She’s kind of a stubborn girl, and it’s pretty funny because she’s supposed to be this old lady that can’t walk. She is officially the queen bee of the house. She made her way all the way up the stairs by herself, no problem. She does that on a daily basis.”</i></p> <p>Amy Kidd, who adopted “Netty”, an old dog facing euthanasia, <i>An old dog was left at a shelter to be put down. Instead she’s living her best life</i>, Washington Post (free access), September 1, 2022, https://tinyurl.com/OldDogLivingHerBestLife</p>
<p>Dignity Votes 2022</p>	<p>REMINDER: PRIMARY ELECTION DAY IS TUESDAY, SEPTEMBER 6th</p> <p>Candidates for Governor, Lieutenant Governor, Attorney General, Secretary State, and State Auditor</p> <p>Responses to questionnaires from candidates for these offices have been posted at https://dignityalliancema.org/state-candidates/.</p> <p>Congressional office candidates</p> <p>Questionnaires for congressional candidates are in the process of being prepared and will be distributed in September.</p> <p>State legislative candidates</p> <p>Questionnaires for legislative office candidates are in the process of being prepared and will be distributed in September.</p> <p>Fact Sheets and Issue Briefs</p> <p>Prepared by Dignity Alliance Massachusetts Workgroups</p> <p>Nursing Homes</p> <ul style="list-style-type: none"> • Nursing Home Fact Sheet • Nursing Home Staffing Issues • Pandemic Issues in Nursing Homes • Nursing Homes – Financial Responsibility • Nursing Homes – Oversight, Licensures, Closures • Nursing Homes – Small Home Model <p>Home and Community Based Services</p> <ul style="list-style-type: none"> • HCBS Fact Sheet • HCBS Staffing Issues • HCBS Care Coordination Issues <p>Behavioral Health</p> <ul style="list-style-type: none"> • Behavioral Health Fact Sheet • BH Elder Mental Health Outreach Teams (EMHOT) Issues • BH Nursing Homes and Psychotropic/Antipsychotic Drugs Issues • Social Work Staffing Issues <p>Housing</p> <ul style="list-style-type: none"> • Housing Issues <p>Veterans</p> <ul style="list-style-type: none"> • Veterans Issues

	<p>https://dignityalliancema.org/2022-facts-and-issues/</p> <p>State Election Information</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"> • <i>AARP Voter Guides</i> Information about the voting process from registration to Election Day voting locations and hours. www.aarp.org/electionguides • <i>Ballotpedia</i> Information about statewide races and ballot measures. www.ballotpedia.org • <i>OpenSecrets</i> Tracks flow of money within the electoral process. www.opensecrets.org • <i>Vote411</i> Election year information provided by the League of Women Voters. www.vote411.org • <i>Vote Smart</i> On demand detailed information about individual candidates www.votesmart.org
Inspiration	<p>1. Washington Post (free access) September 1, 2022 <i>An old dog was left at a shelter to be put down. Instead she’s living her best life.</i> ‘As soon as I saw her face, I was like okay, she’s the one that needs to come to my house,’ said veterinarian Amy Kidd, who only adopts senior dogs. Netty, a mixed pit bull, was adopted three days after she arrived at a Philadelphia shelter. But this summer, her owners of 12 years dropped her back at the same shelter. They said it was time to put down the 15-year-old dog. “She was returned with a requested euthanasia,” said Maddie Bernstein, manager of lifesaving at the Pennsylvania SPCA. “She was old and having some incontinence difficulties in the house.” Then the shelter’s veterinary team evaluated Netty. “They felt like she still had a quality of life,” Bernstein said. “They started her on meds, and she did really well. She was starting to improve.” “As soon as I saw her face, I was like okay, she’s the one that needs to come to my house,” said Amy Kidd, 48, who has six senior dogs, ranging in age from 12 to 16. For the past eight years, Kidd and her husband have been housing senior dogs — many of whom were considered “hospice dogs” with a life expectancy of a month or two. In several cases, Kidd explained, they ended up living three or four years longer. “When they get to our house, it’s kind of a fountain of youth,” she said. https://tinyurl.com/OldDogLivingHerBestLife</p>
Reports	<p>2. NORC at the University of Chicago August 31, 2022 <i>The Forgotten Middle: Housing and Care Options for Middle-Income Seniors in 2033</i> A new NORC analysis updating the groundbreaking “Forgotten Middle” study finds that there will be 16 million middle-income seniors in 2033, many of whom will struggle to pay for the health, personal care, and housing services that they</p>

	<p>need. For instance, excluding home equity, nearly three-quarters of middle-income seniors in 2033 will have insufficient financial resources to pay for assisted living, if they need and want it. Even with home equity, nearly 40% will not be able to afford assisted living.</p> <p>NORC’s original “Forgotten Middle” study was published in 2019 and was the fifth most-read <i>Health Affairs</i> article that year. This first of its kind study examined how the number, demographics, health status, and financial resources of middle-income seniors would change in the coming decade. It demonstrated that many middle-income seniors are likely to have health and mobility needs and will not be able to pay for services currently available in the market without additional financial help from family members.</p> <p>With support from The SCAN Foundation, NORC used data from the 2018 Health and Retirement Study (HRS) to reassess the income thresholds, health needs, and care solutions that are most pertinent in the current policy debate. The updated research revealed several key findings:</p> <ul style="list-style-type: none"> • In addition to nearly doubling in size, the middle-income senior cohort will be more diverse in 2033, with people of color comprising 22% of the group. • Many middle-income seniors will have health needs, like mobility limitations (56%) and cognitive impairments (31%), that make it hard to live independently. • Without selling their homes, nearly three-quarters of middle-income seniors will have insufficient resources to pay for private assisted living. <p>A full summary of findings can be found here. https://tinyurl.com/TheForgottenMiddle</p>
Webinars / Online Sessions	<p>3. Administration on Community Living Tuesday, September 13, 2022, 3:00 to 4:30 p.m. <i>Taking a Deeper Dive into a Project of National Significance: Community Collaborations for Employment (CCE)</i></p> <p>In 2021, ACL awarded seven grants to support the Community Collaborations for Employment (CCE) Program to help increase and enhance collaborations across systems to maximize a seamless experience for youth with intellectual and developmental disabilities (I/DD) as they transition between school and work in the community. The program recognizes that multiple systems each play a role at the community level to ensure that youth with disabilities have the supports, services, and resources they need to successfully transition into their post-secondary lives.</p> <p>Please join the DETAC as three CCE Grantees (Arizona, Kansas, and Massachusetts) share insights about the strategic framework they established to help optimize opportunities for youth with I/DD to achieve competitive integrated employment within tribal reservations, rural, urban, and suburban communities.</p> <p>The webinar will be live captioned. Webinars are recorded and posted with supporting materials on the DETAC website. Register for the webinar.</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>4. *New York Times September 1, 2022 <i>In a Japanese Nursing Home, Some Workers Are Babies</i></p>

	<p>They get paid in formula and diapers, and their work hours are flexible, in a program that connects people across generations and brightens lives. These are “baby workers,” as the nursing home’s head calls them: 32 children so far, all under 4 years old, who spend time with its residents, who are mostly in their 80s. Residents strike up conversations with the young helpers. The babies, accompanied by their parents or guardians (usually mothers), offer the residents hugs.</p> <p>The visitors’ reward? Diapers, baby formula, free baby photo shoots and coupons for a nearby cafe.</p> <p>The facility, Ichoan Nursing Home, is in Kitakyushu, a city of 940,000 in Fukuoka Prefecture that is aging and shrinking like the rest of Japan. As families have become smaller and older people more isolated, the nursing home’s baby worker program has helped people connect across generations.</p> <p>https://tinyurl.com/JapanesesBabyWorkers</p> <p>5. CNN September 1, 2022 <i>Babies cheer up older adults at nursing home</i> The latest "employees" of a nursing home in Japan are infants who get compensated with baby formula and diapers as well as tea for their mothers at an in-house cafe. Gondo Kimie, head of the facility, said that residents cheered up when she brought her infant grandchild to visit, which inspired her to recruit other infants to interact with residents, and she hopes the children will continue paying visits as they grow up.</p> <p>Full Story: CNN</p>
Assisted Living	<p>6. GlobeSt.com September 1, 2022 <i>Older adults facing assisted-living affordability crisis</i> Middle-Income Seniors Will Find It Hard to Pay for Housing by 2033 Many lacking funds, social and safety nets.</p> <p>A study by the SCAN Foundation at the University of Chicago suggested that 11 million middle-income adults ages 75 and older may not be able to afford assisted living by 2033 due to financial, health and social issues. Around three-quarters of older adults will have less than \$65,000 in income and annuitized assets in 2033, they will be less likely to be married or have children living nearby, and many will have multiple chronic conditions, cognitive impairments and mobility limitations, the study found.</p> <p>GlobeSt (free registration)</p>
Housing	<p>7. *Boston Globe August 30, 2022 (updated) <i>There are resources to help manage cost of home modifications</i> Creating a statewide legal framework for using accessory dwelling units, or ADUs, as a relief valve for the Commonwealth’s housing crisis is a policy initiative that deserves continued support and advocacy (“A housing solution as near as your backyard,” Page A1, Aug. 16). This sensible approach to using small secondary structures or add-on units to single-family homes allows families to rightsize the occupancy of an empty nest and adds housing stock for an individual within an existing property footprint.</p> <p>The opportunity to help seniors and those with physical or other limitations remain longer in the communities they cherish only adds more value to the ADU</p>

	<p>equation. Real evidence exists: At least 68 Massachusetts communities have local zoning that allows ADUs.</p> <p>Another challenge is managing the cost of ADU modifications or secondary structures. But resources do exist. The state-funded Home Modification Loan Program helps people with physical and cognitive limitations remain at home. HMLP offers zero percent interest loans, up to \$50,000, for projects such as accessory dwelling units, ramps and lifts, and kitchen, bathroom, and other modifications. To date, this initiative of the Massachusetts Rehabilitation Commission and the Community Economic Development Assistance Corp. has helped more than 3,000 Massachusetts families.</p> <p>https://tinyurl.com/HomeModificationResources</p>
Covid	<p>8. STAT News September 1, 2022 <i>Your questions on the new Covid vaccine boosters answered</i></p> <p>These boosters, from Pfizer and its partner BioNTech as well as from Moderna, are bivalent shots. They target two strains of the SARS-CoV-2 virus, both the original strain that all previous vaccines have protected against, and the Omicron sub-variants BA.4/BA.5.</p> <p>https://tinyurl.com/NewCovidVaccines</p>
Social Isolation	<p>9. Becker's Hospital CFO Report August 29, 2022 <i>Older Americans experiencing loneliness, cost worries</i></p> <p>A report from Alignment Healthcare found that the top social barriers to health and well-being among adults ages 65 and older are economic instability, loneliness, and food insecurity. An online survey of 2,601 people found that 22% anticipate paying medical bills or affording medications and related supplies will be their top health care barrier over the next year, 20% said their loneliness and isolation worsened this year, and 15% expect to struggle with buying healthful food in the coming year.</p> <p>Seven key points:</p> <ol style="list-style-type: none"> 1. Thirty-five percent of respondents said their biggest obstacle to healthcare in the next year is other responsibilities taking priority over their health and medical care. 2. Twenty-two percent said having difficulties paying medical bills or paying for medication or related supplies is their biggest obstacle to care over the next year. 3. Sixteen percent said they have outstanding medical debt. 4. Twenty percent said they were unsure if they have the resources to pay for medical debt. Eleven percent said they did not. 5. Twenty percent said they feel lonelier or more isolated than they did a year ago. 6. Fifteen percent said they anticipate struggling to put healthy food on their table in the next year. 7. Fourteen percent said they will not have consistent transportation to medical care in the next year. <p>Read the full report here. Becker's Hospital CFO Report</p>
Ageism	<p>10. Harvard Radcliff Institute September 1, 2022 <i>Ageism's Toll in the Age of COVID</i></p>

	<p>See full article in section above “Dignity Alliance Massachusetts Member in the News: Margaret Morganroth Gullette” https://tinyurl.com/AgeismsToll</p> <p>11. Today August 31, 2022 <i>TV anchor gets support after dismissal linked to gray hair</i> Canadian TV anchor Lisa LaFlamme, 58, who lost her job after 35 years reportedly because she stopped coloring her hair, has received widespread support and solidarity, which included Wendy's fast-food chain tweeting an image of its iconic logo girl in which her red pigtails were changed to gray. The channel's owner issued a statement denying LaFlamme's hair color was the reason for her dismissal, but an executive who allegedly complained about her gray hair has been placed on leave pending a review. Full Story: Today</p>
End of Life	<p>12. STAT News September 2, 2022 <i>People with terminal cancer need to know they are dying. Doctors shouldn't withhold that information</i> I'm an internist who, for the last two years, has explored how to make sure that people with cancer receive high-quality care that aligns their treatment with their goals and values. The deeper I go, the more my optimism fades that our health system is set up to elicit patients' wishes and disclose the facts that allow them to share in decision-making. Unrealistic expectations fueled by direct-to-consumer pharmaceutical advertising depicting happy cancer survivors and the pharma industry's influence on oncologists hang over patient-doctor conversations. For every truly game-changing new drug or treatment indication, dozens of others offer just days or weeks of additional survival — if any — but at additional costs of hundreds of thousands of dollars and false hope. . . Those defenses can't be acceptable. Physicians should be responsible for overcoming health literacy barriers, time constraints, and mistrust to ensure that their patients understand all available options. Anything outside of that is not informed consent. Before patients agree to chemotherapy riddled with unpleasant or harmful side effects, they should have a complete picture of what it will gain them in terms of months of life, quality of life, and symptom burden. https://tinyurl.com/DoctorsShouldNotWithhold</p>
Aging Topics	<p>13. *Washington Post October 11, 2022 <i>Want to add healthy years to your life? Here's what new longevity research says.</i> Death comes for us all. But recent research points to interventions in diet, exercise and mental outlook that could slow down aging and age-related diseases — without risky biohacks such as unproven gene therapies. A multidisciplinary approach involving these evidence-based strategies “could get it all right.” Using food to trick yourself Exercising, but in moderation Beyond diet and exercise https://tinyurl.com/AddHealthyLifeToLife</p>
Healthcare Topics	<p>14. Washington Post (free access) August 31, 2022</p>

	<p><i>Older adults with poor function may have higher CV risk</i></p> <p>Older adults with poor physical function may be at higher risk of heart attack, heart failure and stroke, researchers reported in the Journal of the American Heart Association. "We found that physical function in older adults predicts future cardiovascular disease beyond traditional heart disease risk factors, regardless of whether an individual has a history of cardiovascular disease," said researcher Dr. Kunihiro Matsushita. The study included 5,570 adults with a mean age of 75.</p> <p>Full Story: Healio (free registration)/Cardiology Today</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Tuesday Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .
Nursing Home Closures	Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Assisted Living Residences Closures	<ul style="list-style-type: none"> • Motif by Monarch (previously Landmark at Ocean View), Beverly, July 2022 • Connemara Senior Living, Brockton, Summer 2022 • Landmark at Longwood, Mission Hill, Boston, Summer 2022
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health</p> <p><i>Temporary admissions freeze</i></p> <p>On November 6, the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:</p> <ul style="list-style-type: none"> • 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 30, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Dedham Healthcare	Dedham	7/6/2022	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?

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program’s/organization’s website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated July 27, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

	<ul style="list-style-type: none"> • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities that are candidates for listing</p> <ul style="list-style-type: none"> • Parkway Health and Rehabilitation Center https://tinyurl.com/ParkwayHealthCenter • Plymouth Rehabilitation and Health Care Center https://plymouthrehab.com/ • Revolution Charwell https://tinyurl.com/RevolutionCharwell • Savoy Nursing and Rehabilitation Center, New Bedford (added in June) No website • South Dennis Healthcare, South Dennis (added in July) https://www.nextstephc.com/southdennis • Tremont Health Care Center, Wareham https://thetremontrehabcare.com/ • Vantage at South Hadley No website • Vero Health and Rehabilitation Center of Amesbury https://tinyurl.com/VeroAmesbury • Vero Health and Rehabilitation Center of Revere https://tinyurl.com/VeroRevere • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website <p>https://tinyurl.com/SpecialFocusFacilityProgram</p>
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<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> 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: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>249</td> <td>B</td> </tr> <tr> <td>79</td> <td>C</td> </tr> <tr> <td>7,092</td> <td>D</td> </tr> <tr> <td>1,857</td> <td>E</td> </tr> <tr> <td>552</td> <td>F</td> </tr> <tr> <td>489</td> <td>G</td> </tr> <tr> <td>1</td> <td>H</td> </tr> </tbody> </table>	# reported	Deficiency Tag	249	B	79	C	7,092	D	1,857	E	552	F	489	G	1	H
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <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"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
Participation opportunities with Dignity Alliance Massachusetts	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com

<p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Communications	Pricilla O'Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Housing	Bill Henning	bhenning@bostoncil.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
<i>The Dignity Digest</i>	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Margaret Morganroth Gullette” • Richard Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to paul.lanzikos@gmail.com.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			