



The Dignity Digest

Issue # 109

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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.

In Memoriam

Mary Margaret Moore and Paul Spooner

Two extraordinary individuals who advocated for decades on behalf of persons with disabilities have died this past week, Mary Margaret Moore, former Executive Director of the Independent Living Center of the North Shore and Cape Ann (now the Disability Resource Center), and Paul Spooner, Executive Director of the MetroWest Center for Independent Living. We are sharing statements posted by the National Council on Independent Living and the Boston Center for Independent Living.

Mary Margaret Moore

NCIL mourns the loss of our dear friend Mary Margaret Moore, who passed away early this morning, October 6, 2022. Our thoughts are with her wife Marcia and everyone who knew and loved her.

Mary Margaret was the former and long-time Executive Director of the Independent Living Center of the North Shore and Cape Ann (now Disability Resource Center) in Salem, Massachusetts.

She served on the NCIL Board of Directors for twelve years (2005-2017) as Region I Representative and Member At-Large. She also helped found and lead the NCIL Women's Caucus and Aging & Disability Resource Center (ADRC) Subcommittee.

Mary Margaret was a champion of Independent Living and led with authenticity and love for her community. She left a lasting impression on everyone she came in contact with. Her personality was larger than life and she taught all of us about passion, love, joy, peace, and empowerment.

She was a peer and mentor to several generations in the Independent Living Movement. The example she set and the lessons she taught through her work will be remembered by those who had the privilege of knowing her.

"Mary Margaret was a remarkable woman and leader who contributed so much to Independent Living. She will be deeply missed," said NCIL Interim Executive Director Darrell Lynn Jones.

On behalf of the board, staff, and membership, NCIL thanks Mary Margaret Moore for her significant contributions to our movement and our community, and for her friendship throughout the years.

	<p>Paul Spooner</p> <p><i>We are most saddened to share the news that Paul Spooner, a disability rights leader for four decades, passed unexpectedly over the weekend.</i></p> <p><i>Paul was Executive Director of the MetroWest Center for Independent Living in Framingham since the early 1990s, a past president of the National Council of Independent Living, and always a fierce advocate for independent living, equal access, and the dignity of people with disabilities.</i></p> <p><i>He was a leading champion of the state’s PCA program, relentlessly speaking out for enrollees and their right—and it was his right, too, as a PCA user—to control their personal care. He worked with, and challenged, a long line of state officials, helping the program grow into one of the most successful independent living programs in the country. He also spoke out for affordable and accessible housing, and accessible transportation, and demanded compliance with the ADA and the state’s Architectural Access Board rules.</i></p> <p><i>He courted legislators and worked closely with the MetroWest delegation in the state legislature, able to consider Senate President Karen Spilka both a friend and ally. Photos in his office from an earlier time showed Paul with Senator Ted Kennedy, among others.</i></p> <p><i>Just last week Paul reveled in the expansion of the CommonHealth program he’d championed with MassHealth that was approved by federal officials. His fingerprints were on too many bills, programs, civil rights complaints, and other advances for people with disabilities to count.</i></p> <p><i>Paul Spooner passionately lived disability rights. It defined him and he helped define the cause.</i></p> <p><i>He’s totally irreplaceable.</i></p> <p><i>Our thoughts are with his life partner, Wini McGraw, and our peers with MWCIL.</i></p> <p>May they rest in peace and their memories provide motivation to seek social justice and dignity for all.</p>
<p><i>Quotes of the Week</i></p>	<p><i>“I just wish I could stay a little longer.”</i></p> <p><i>Jack Thomas, Boston Globe reporter, I just learned I only have months to live. This is what I want to say. Boston Globe Magazine, July 21, 2021 (Update: Jack Thomas died October 3, 2022),</i> https://tinyurl.com/JackThomasMonthsToLive</p> <p><i>Long-term care empowers people, who as a result of old age, illness and/or disability depend on help for daily activities, to maintain their autonomy and live with dignity. However, for many people these services are still not affordable, available, or accessible.</i></p>

A European Care Strategy for Caregivers and Care Receivers, European Commission, September 7, 2022,
<https://tinyurl.com/EuropeanCommissionLTC>

“[Physicians] don’t necessarily know about making accommodations. For almost 25 years now people have been asking me, ‘Why is health care so far behind every other industry?’ You go to see a Celtics game or Fenway and they have great disability access. But health care facilities, not so much.”

Dr. Lisa Iezzoni, Harvard University professor and disability researcher and Dignity Alliance Massachusetts member, *Some doctors are reluctant to care for patients with disabilities, study finds, *Boston Globe, October 6, 2022,*
<https://tinyurl.com/MDsReluctantCareDisabilities>

“What we find is implicit bias, and the bias that exists in the medical community affects treatment and assessment and the overall quality of health care provided and a lot of this is lack of experience.”

Maura Sullivan, senior director of government affairs and health policy at The Arc, *Some doctors are reluctant to care for patients with disabilities, study finds, *Boston Globe, October 6, 2022,*
<https://tinyurl.com/MDsReluctantCareDisabilities>

“We’re already in a situation where we have so little supply that rents don’t really have any room to fall. Then you add this additional demand from people priced out of the housing market. It’s not a promising picture.”

Demetrios Salpoglou, chief executive of BostonPads, which tracks rental prices in Boston, *More people in Greater Boston are giving up on buying a house. That’s bad news for renters. *Boston Globe, October 7, 2022,*
<https://tinyurl.com/GivingUpBuyingHouse>

Struggling or misbehaving adolescents can be helped. They won’t be, however, if we deny there is a problem.

How can parents tell the difference between normal teenage mood swings and possible mental illness?, Tufts Now, February 18, 2013,
<https://tinyurl.com/TeenageMoodSwings>

“And what we saw was a lot of Americans get very sick and die in the omicron wave because they were unboosted. . .

	<p><i>There’s more and more data out [now] that shows that when people get their boosters, they’re far less likely to end up in the hospital, far less likely to die.”</i></p> <p>Dr. Ashish Jha, the White House’s coronavirus coordinator, <i>Just 4 percent of eligible Americans have gotten the new covid booster shot ahead of projected winter surge</i>, *Washington Post, October 9, 2022, https://tinyurl.com/FewAmericanGetBoosters</p> <p><i>“Even when they’re playing the game legally, we are lining the pockets of very wealthy corporations that are not improving patient care. When you skate to the edge of the ice, sometimes you’re going to fall in.”</i></p> <p>Dr. Donald Berwick, a C.M.S. administrator under the Obama administration, who recently published a series of blog posts on the industry, <i>‘The Cash Monster Was Insatiable’: How Insurers Exploited Medicare for Billions</i>, New York Times (free access), October 8, 2022, https://tinyurl.com/MedicareAdvantageExploited</p> <p><i>Nursing Facility Residents Must Be Able to Enforce Their Rights Under the Federal Nursing Home Reform Act (FNHRA) To Protect Themselves from Abuse and Neglect in Government-operated Nursing Facilities.</i></p> <p><i>Justice in Aging Joins Supreme Court Amicus Supporting Nursing Facility Residents’ Ability to Enforce Their Rights</i>, Justice in Aging, October 7, 2022, https://tinyurl.com/SupremeCourtTalevski</p> <p><i>“After the accident, I told myself, ‘If there is a race, wherever it is, I want to do it.’”</i></p> <p>Susannah Scaroni, Paralympic gold medalist, <i>3 Marathons. 3 Weeks. 3 Top-3 Finishes</i>. *New York Times, October 9, 2022, https://tinyurl.com/3Marathons3Weeks</p>
<p>Dignity Alliance Massachusetts members in the news</p>	<ol style="list-style-type: none"> 1. *Boston Globe October 9, 2022 <i>Consolidation of senior care homes is uprooting hundreds across Massachusetts</i> Paul Lanzikos, coordinator of Dignity Alliance Massachusetts, is quoted. Greater Boston Legal Services is referenced. https://tinyurl.com/ConsolidationSeniorCareHomes See “Nursing Homes” section below. 2. *Boston Globe October 6, 2022 <i>Some doctors are reluctant to care for patients with disabilities, study finds</i>

	<p>Dr. Lisa Iezzoni, Harvard University professor and disability researcher, and Maura Sullivan, senior director of government affairs and health policy at The Arc, are quoted. https://tinyurl.com/MDsReluctantCareDisabilities See “Disability Topics” section below.</p>
Dignity Votes 2022	<p>REMINDER: GENERAL ELECTION DAY IS TUESDAY, NOVEMBER 8th Candidates for Governor, Lieutenant Governor, Attorney General, Secretary State, and State Auditor Responses to questionnaires from candidates for these offices have been posted at https://dignityalliancema.org/state-candidates/.</p> <ul style="list-style-type: none"> • <i>Forum with gubernatorial candidate Geoff Diehl</i> The forum, held on Wednesday, September 28, was organized by Advocates for Autism of Massachusetts, Boston Center for Independent Living, the Disability Law Center, Mass Advocates Standing Strong, Massachusetts Developmental Disabilities Council, and the Ark of Massachusetts. The transcript is posted on https://dignityalliancema.org/state-candidates/. <p>Congressional office candidates Questionnaires for congressional candidates have been distributed. Responses are being posted on https://dignityalliancema.org/congressional-candidates/ as they are received.</p> <p>State legislative candidates Questionnaires for legislative office candidates have been distributed. Responses are being posted on https://dignityalliancema.org/state-candidates/ as they are received.</p> <p>Fact Sheets and Issue Briefs 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>3. *New York Times October 9, 2022 <i>3 Marathons. 3 Weeks. 3 Top-3 Finishes.</i> One moment, Susannah Scaroni, a Paralympic gold medalist, was cruising through a training session on a road she had traveled so many times before. The next, she was lying on the side of the road, thrown from her wheelchair, staring up at the sky and an unknowable journey back to her life at the top of the distance racing world. A 31-year-old native of Washington State, she had been rear-ended during an early-morning solo training session. Paralyzed below the waist since she was 5, Scaroni fractured three vertebrae and her knee in that crash in September 2021. Somehow, she was training with a handcycle two weeks later and went on to set a world record in the 5,000 meters — to back up her gold medal at the Tokyo Paralympics in the distance — eight months after the accident. On Sunday morning, she won the Chicago Marathon with a time of 1 hour 45 minutes 48 seconds. The win was her third top marathon result in three weeks, capping a third-place finish at the Berlin Marathon on Sept. 25 and a second-place finish at the London Marathon on Oct. 2. . . Scaroni was paralyzed and became the only person in a wheelchair in Tekoa, Wash., population 800. After her accident, the town cut the curbs at street corners into ramps and installed an elevator in the high school years before she would enroll. Those efforts, she said, always made her feel included in everyday activities. She did not, however, like playing basketball in gym class as students had to follow rules to include her in the game. It felt patronizing, she said. . . In January, she was finally able to get back in her racing chair. She had to rebuild the core strength needed to sustain the upright position that pushing in the chair requires. Last year’s crash made that more difficult because her spine is now pitched further forward. But she was determined to get back on a starting line as fast as possible, even if she had not regained her fitness, because so many races had been canceled during the first 20 months of the pandemic. . .</p>

	<p>Carey Pinkowski, the Chicago race director, said every competitor could learn something valuable from the athletes in the wheelchair field. Last year, many of them competed in the Chicago and Boston Marathons on consecutive days. Travel for anyone in a wheelchair has its share of challenges. Factor in the logistics of two major marathons in 24 hours — plus shipping a chair worth more than \$30,000 in some cases, and it was enough to rattle anyone’s nerves. Some of them weren’t getting to Boston until near midnight, and then they had to get up at dawn and race, and yet they were just rolling with it. “Adversity is not an issue with them,” Pinkowski said. “It’s refreshing.”</p> <p>https://tinyurl.com/3Marathons3Weeks</p>
Life Well Lived	<p>4. Boston Globe October 3, 2022 (updated) <i>Jack Thomas, journalist who poignantly wrote of his terminal diagnosis, dies at 83</i></p> <p>A reporter, columnist, city editor, and ombudsman during more than four decades at the Globe, [Jack]Thomas wrote a powerful Sunday Globe Magazine essay [see “End of Life” section below] last year when he was diagnosed with cancer. He was 83 when he died Saturday in his Cambridge home. . .</p> <p>As a reporter and columnist, he had profiled the famous and powerful, along with highlighting those whom society considered disposable.</p> <p>In retirement, he had attended the Harvard Extension School to complete long-abandoned undergraduate studies, receiving a bachelor’s degree in his 70s.</p> <p>As a dying man, Mr. Thomas wrote the magazine essay, which became one of the Globe’s most-read stories of 2021.</p> <p>“Jack set a standard for elegant writing at the Globe that has endured long after he retired,” said Brian McGrory, the Globe’s editor. “He was among the best that this newspaper ever had.” . .</p> <p>“I’ve never known anybody who loved the people of the business or loved thinking about them more than he did,” Storin said. “The Globe was his whole life in many ways. It was enormously satisfying to him to be at the Globe and doing the work of a reporter.”</p> <p>Never shying from giving himself a challenging assignment, Mr. Thomas spent a week living on Boston’s streets in the winter of 1992 to give readers a close-up look of homeless lives. He prepared by skipping haircuts for a couple of months and avoiding shaving.</p> <p>https://tinyurl.com/JackThomasJournalist</p>
October: Resident Rights Month	<p>5. October is Resident Rights Month</p> <p><i>October 1st marked the beginning of a month-long celebration of residents’ rights. Spend time this month honoring residents living in all long-term care facilities, including nursing homes, sub-acute units, assisted living, board and care, and retirement communities. Plus, take time to focus on individuals receiving care in their homes or communities.</i></p> <p><i>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.</i></p> <p><i>This year’s Residents’ Rights Month theme - Inspiring Unity within Our Community - emphasizes the importance of fostering meaningful community</i></p>

	<p><i>within the facility and encouraging residents' connection to their local community.</i></p> <p>Learn More →</p>
Request for Input	<p>6. Substance Abuse and Mental Health Services Administration (SAMHSA) <i>Request for Information: SAMHSA's Role in Possible Agency Actions Regarding Mental Health and Substance Use Wellbeing in the Context of Climate Change and Health Equity – Deadline is October 31, 2022</i></p> <p>The Substance Abuse and Mental Health Services Administration (SAMHSA) of HHS seeks input from members of the public about how it can best address the behavioral health impacts of climate change and health equity considerations. Increasingly, climate change is impacting, directly and indirectly, clients, providers, caregivers, and communities, and in particular, persons with behavioral health conditions, including children, adolescents, and teens. Behavioral health includes mental health conditions and substance use disorders. SAMHSA specifically seeks input on suggested priorities, resources, partners, and collaborating agencies and organizations.</p> <p>Information Contacts: Mitchell Berger, Public Health Advisor, Telephone: 240-276-1757, Email: Mitchell.Berger@SAMHSA.HHS.gov or Maggie Jarry, Emergency Management Specialist, Email: Maqqie.Jarry@samhsa.hhs.gov. Submit responses to ClimateChange@SAMHSA.HHS.gov.</p>
Ageism Awareness Day	<p>7. American Society on Aging October 7, 2022 <i>Ageism Awareness Day</i></p> <p>Ageism Awareness Day provides an opportunity to draw attention to the existence and impact of ageism in our society. Ageism is one of the most widespread and socially accepted forms of prejudice. On a global scale, one in two people is ageist.</p> <p>According to the World Health Organization, there are three vehicles through which we can reduce or eliminate ageism. They are:</p> <ul style="list-style-type: none"> • Policy and Law • Educational Activities • Intergenerational Interventions <p>At ASA, tackling ageism is one of our primary policy priorities. You can learn more about our policy recommendations for tackling ageism here.</p> <p>ASA is drawing attention to the prevalent issue of ageism today and every day, as well as calling for age-inclusion in all aspects of society.</p> <p>Included here are a list of facts about ageism and resources you can highlight today on social media. Use #AgeismAwarenessDay in your post and feel free to share your own facts, observations, and stories as we lift our voices to call for an end to ageism in our society.</p> <p>Interested in learning more about ASA's work to combat ageism and promote age-inclusion? Visit the Age-Inclusion page on our website.</p> <p>Share About Ageism Awareness Day on Social Media</p> <p>We are reaching out to our Members and allies to collaborate with us because together, we can make a difference. Ageism Awareness Day provides an opportunity to draw attention to the existence and impact of ageism in our society and how to reframe aging. Share about ageism using the facts and resources included in this email or share your own expertise, observations, and stories about ageism. Be sure to use #AgeismAwarenessDay in your post! Download the social media graphic here.</p>

Reports	<p>8. Adult Protective Services Technical Resource Assistance Center October 2022 <i>Adult Maltreatment Report 2021</i> The sixth annual report has been released based on federal fiscal year 2021 data from the National Adult Maltreatment Reporting System (NAMRS), a voluntary reporting system of data from state adult protective services systems. All states, territories, and DC submitted data. The 2021 report, for the second consecutive year, features a special chapter on the impact of COVID-19.</p> <p>Chapter 1: Overview of NAMRS and APS This chapter describes the National Adult Maltreatment Reporting System (NAMRS) structure, how the system is used, and key definitions to assist with understanding the NAMRS data presented in this report. Information is also provided on the structure and operations of adult protective services (APS) programs across the states, District of Columbia, and US territories.</p> <p>Chapter 2: Reports and Investigations This chapter provides data on the number and types of reports received and investigated by APS programs across the country. Data regarding all phases of an APS case from intake to case closure are presented and discussed.</p> <p>Chapter 3: Clients and Victims Data on the known characteristics of the clients and victims involved with APS programs is presented in this chapter.</p> <p>Chapter 4: Perpetrators Data on the known characteristics of the perpetrators of adult maltreatment is presented in this chapter.</p> <p>Chapter 5: Potential Impact of COVID-19 This chapter discusses the potential impact of the COVID-19 pandemic on APS clients and victims.</p> <p>Appendix A - Data Elements This appendix provides an overview of NAMRS data elements and their relationships.</p> <p>Appendix B – Exhibits This section of the report provides the expanded data tables for the information presented in the report. https://tinyurl.com/AdultMaltreatmentReport2021</p> <p>9. The National Alliance for Caregiving (NAC) and AARP <i>Caregiving in the U.S. 2020</i> This report is the most recent update to the trended research series, Caregiving in the U.S., conducted roughly every five years. The 2020 update reveals an increase in the number of family caregivers in the United States of 9.5 million from 2015 to 2020. Family caregivers now encompass more than one in five Americans. The study also reveals that family caregivers are in worse health compared to five years ago. As the demand for caregiving rises with an aging population, there is an opportunity for the public and private sectors to work together to develop solutions to support family caregivers and those under their care. https://tinyurl.com/CaregivingUS2020Report</p>
Webinars and Online Sessions	<p>10. Justice in Aging Previously recorded on September 13, 2022 <i>Free Webinar: New Health Care Rights Law Proposed Rule—What Advocates for Older Adults Need to Know</i></p>

The Office for Civil Rights at the U.S. Department of Health & Human Services (HHS OCR) [announced a new proposed rule implementing the Health Care Rights Law \(HCRL\)](#), also known as Section 1557 of the Affordable Care Act. Older adults, especially people of color, immigrants, people with limited English proficiency (LEP), people with disabilities, and LGBTQ+ individuals, often face discrimination in health care settings that leads to poorer health outcomes. The HCRL and its implementing regulations are critical to preventing and redressing such discrimination.

This webinar provides an overview of the HCRL, discuss how the current and proposed regulations impact older adults, and provide ways for advocates to engage in the rulemaking process. Presenters discuss how the new proposed rule takes important steps to restore vital anti-discrimination protections for LGBTQ+ seniors and language access protections for limited English proficient (LEP) older adults that were gutted in 2020 by the previous administration. HHS is also proposing to further strengthen anti-discrimination protections by broadening application of the rule to all Medicare providers and requiring staff training on language assistance, effective communication, and reasonable accommodations.

The proposed rule is open for a 60-day public comment period through October 3, 2022. In the coming weeks, Justice in Aging will provide updates and resources for aging advocates to engage in the rulemaking process on our [HCRL webpage](#).

Who Should Participate:

Aging and legal advocates, advocates serving LGBTQ+ and LEP communities, community-based providers, and others wanting to learn more about changes to the regulations implementing the Health Care Rights Law and the impact on older adults.

Presenters:

Natalie Kean, Director of Federal Health Advocacy, Justice in Aging
Denny Chan, Managing Director of Equity Advocacy, Justice in Aging
Murray Scheel, Senior Attorney, Justice in Aging

[Watch the recording](#)

[Get the slides](#)

11. Justice in Aging

Wednesday, October 12, 2022, 2:00 p.m.

Reentry and Older Adults: Housing

As the prison population rapidly ages, older adults reentering our communities after incarceration face significant barriers to reintegrating and living securely. In particular, older adults of color are disproportionately represented in the reentry population, and, due to structural discrimination, are at risk of being unable to access the health and economic security programs that could help them live securely in the community.

In conjunction with the newly launched Reentry Project, Justice in Aging presents this second in a three-part webinar series on reentry issues.

Reentry and Older Adults: Housing will provide information on how advocates serving older adults can ensure that older adults reentering society after incarceration can obtain and keep affordable housing that meets their needs.

Who should attend: Any older adult advocate directly serving older adults or involved in systemic advocacy on behalf of older adults.

[Reentry and Older Adults: Housing](#)

12. White House Bi-Weekly Health Community Call

	<p>Wednesday, October 19, 2022, 2:30 p.m. https://tinyurl.com/WHHealthCallOct19</p> <p>13. Massachusetts Medical Society Thursday, October 27, 2022, 7:00 to 8:00 p.m. <i>Rethinking Homelessness, Health, and Housing: A View from the Streets</i> Presenter: James J. O’Connell, MD, President, Boston Health Care for the Homeless Program, Assistant Professor of Medicine, Harvard Medical School https://tinyurl.com/MMSRethinkingHomelessness</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>14. *Boston Globe October 9, 2022 <i>Consolidation of senior care homes is uprooting hundreds across Massachusetts</i> Caregivers, rehab referrals disrupted as at least 10 residences close. Hundreds of older folks, many with disabilities, are being uprooted from long-term care homes across Massachusetts this fall in the wake of a brutal pandemic that claimed the lives of nearly 6,900 senior care residents and destabilized an already fragile sector. Five nursing homes have notified state regulators they plan to close by the end of the year, citing rising costs, empty beds, inadequate funding, and acute staff shortages. Four other nursing facilities shut down earlier in the year, while another 10 are part of a family-owned chain, Royal Health Group based in Pembroke, that’s up for sale. At the same time, five assisted living centers — where residents dwell independently but receive personal care services in a less clinical environment — have either gone out of business recently or are in the process of doing so. Four of them served a mostly low-income population and were supported primarily by public funds. . . Even as displacements multiply, Baker administration officials say they support “right-sizing the industry,” where occupancy rates ran below historic levels even before the pandemic. A set of reforms that took effect last year sought to boost long-term care staffing levels and improve infection control. MassHealth, the state Medicaid program, has also raised its reimbursement rates for nursing home residents. . . Twenty-one Massachusetts nursing facilities have closed, or have announced plans to close, since the start of the COVID-19 pandemic early in 2020. But the contraction began earlier. The number of nursing facilities in the state has fallen 13 percent to 367, from 422 in 2014. . . The latest surge of closures has taken place outside of the public eye. Despite a requirement that the state Department of Public Health give timely notice of nursing homes planning shutdowns, none of the recent closing notifications were posted on the state’s website until late last week after the Globe asked state officials about the omissions. . . The pandemic overwhelmed Massachusetts nursing homes, reducing their census of residents by 21 percent from 37,975 in 2019 to 30,065 last year, according to data from the Kaiser Family Foundation. Long-term care advocates</p>

believe the state's official count of 6,894 deaths in senior care homes understates the toll from COVID outbreaks. . .

"It's changing economics," said Paul Lanzikos, coordinator of the Dignity Alliance Massachusetts, which advocates for older adults, people with disabilities, and caretakers. "It's become more expensive to run senior care homes. And consumer attitudes are also changing."

<https://tinyurl.com/ConsolidationSeniorCareHomes>

15. Justice in Aging

October 7, 2022

Justice in Aging Joins Supreme Court Amicus Supporting Nursing Facility Residents' Ability to Enforce Their Rights

Justice in Aging and partners [filed an amicus brief with the U.S. Supreme Court in *Health and Hospital Corp. v. Talevski*](#) on behalf of residents of nursing facilities to maintain their ability to enforce their rights under the Federal Nursing Home Reform Act and Section 1983. Justice in Aging joined this brief with AARP, AARP Foundation, California Advocates for Nursing Home Reform, Center for Medicare Advocacy, the Long-term Care Community Coalition, and the National Consumer Voice for Quality Long-Term Care. The amicus emphasizes that the federal nursing facility law establishes rights for residents, and that government enforcement is inadequate to protect those rights. The case is scheduled for oral argument in November.

Amicus Brief Outline:

Page 6: I. Nursing Facility Residents Must Be Able to Enforce Their Rights Under the Federal Nursing Home Reform Act (FNHRA) To Protect Themselves from Abuse and Neglect in Government-operated Nursing Facilities.

Page 7: A. Congress established FNHRA's Residents' Bill of Rights to define and guarantee the legal rights of nursing facility residents and protect them from abuse and neglect.

Page 14: B. Nursing facility residents face high rates of abuse, neglect, and poor care in many nursing facilities.

Page 17: II. Nursing Facility Residents Must Be Able to Enforce Their FNHRA Rights Under Section 1983 Because the FNHRA Enforcement Scheme Is Inadequate to Protect Them.

"...Simply put, regulatory enforcement is inadequate to hold a government-run nursing facility accountable for violating a resident's rights. Below are several reasons why regulatory enforcement alone cannot do the job.

Page 18: A. Regulatory enforcement and private litigation do not serve the same purpose.

First, regulatory enforcement and private litigation serve different functions. The purpose of the regulatory survey-and-enforcement process is to determine and assess facilities' compliance with standards. The process depends on sampling a set of resident records during an annual review of each facility... The process does not involve a comprehensive review of rights violations for each resident.

Id. The process is not designed to vindicate each resident's individual entitlement to the enforcement of their rights and high quality of care.

The purpose of private litigation, on the other hand, is to vindicate and enforce a resident's rights. Even if regulatory enforcement adequately remedied the facility violations that harm residents, regulators would be unable to compensate injured residents. In the end, residents still need to bring their own

actions to be made whole. Private litigation under Section 1983 also helps other residents because it drives facilities into compliance and deters future misconduct. This is particularly true because Section 1983 provides for injunctive relief. 42 U.S.C. § 1983. Thus, it is a tool for systemic change that helps other current and future residents.

Page 19: B. Regulatory enforcement cannot quickly investigate and rectify rights violations

Regulators do not survey nursing facilities often enough nor do they respond to resident complaints quickly enough to identify and then quickly remedy a violation of each resident's rights... In addition, although surveyors are supposed to investigate individual resident complaints timely to address substandard care and mitigate harm, even before the pandemic, many states had a backlog of nursing facility complaints that they failed to investigate timely or at all...

...For example, nursing facilities' illegally discharging or "dumping" residents without providing the required notice can go unnoticed by surveyors because it leaves no paper trail showing that the facility violated the law. Yet, this life-threatening resident abuse is pervasive and persistent.

Page 24: C. Government oversight of nursing facilities is inadequate.

...So regulatory enforcement alone cannot hold government-run facilities accountable for violating residents' rights. In the end, the prevalence and severity of abuse and neglect in nursing facilities and the continued failure of state and federal governments to effectively hold them accountable create a continued need for residents to use every tool of redress and deterrence available to protect themselves from harm and vindicate their rights. These tools include pursuing a private right of action under Section 1983 against government-run facilities.

<https://tinyurl.com/SupremeCourtTalevski>

16. U. S. Department of Health and Human Services

September 26, 2022

Biden-Harris Administration Makes More Medicare Nursing Home Ownership Data Publicly Available, Improving Identification of Multiple Facilities Under Common Ownership

The U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), is making additional data publicly available that provide more information about the ownership of all Medicare-certified nursing homes. This data will, for the first time, give state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance.

The release of this new data advances the Biden-Harris Administration's goal of improving transparency of nursing home ownership outlined in [President Biden's State of the Union Action Plan for Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes](#). It is also part of HHS and CMS's efforts to implement the President's [Executive Order on Promoting Competition](#).

The information posted today now includes detailed information on the ownership of approximately 15,000 nursing homes certified as a Medicare Skilled Nursing Facility (SNF) – regardless of any change in ownership, including providing more information about organizational owners of nursing homes. For

	<p>example, the expanded data elements include information about each organizational owner, such as whether it’s a holding company or a consulting firm. CMS has also provided key identifiers that reflect groups of nursing homes with common ownership or managerial control.</p> <p>The data file on nursing home ownership will be posted to data.cms.gov and updated monthly to help researchers, states, regulators and others analyze how ownership of particular nursing homes or groups of nursing homes impacts the quality of care nursing home residents receive.</p> <p>data.cms.gov</p> <p>17. Consumer Financial Protection Bureau September 26, 2022 <i>CFPB Field Hearing with Director Chopra on Nursing Home Debt Collection Practices (Video)</i></p> <p>On September 8, 2022, Consumer Financial Protection Bureau (CFPB) Director Rohit Chopra hosted a virtual discussion with advocates, service providers, community leaders, and members of the public to explore challenges around nursing home debt collection practices and the adverse impact they can have on the financial wellbeing of caregivers, their families, and friends.</p> <p>Video: https://www.youtube.com/watch?v=flwN_ZOajl0</p> <p>Related resources</p> <p>Read the CFPB’s Issue Spotlight on problematic collection of nursing home debt from family members and friends.</p> <p>Read the Consumer Financial Protection Circular on debt collection and consumer reporting practices involving invalid nursing home debts.</p> <p>Read the CFPB’s joint letter with CMS</p> <p>18. Justice in Aging September 2022 <i>Racial Disparities in Nursing Facilities—and How to Address Them</i></p> <p>This paper first reviews relevant research into disparities in nursing facility care, then evaluates the implications of that research. The paper concludes with five policy recommendations on how to improve nursing facilities and home and community-based services in order to better and more equitably meet the needs of older Americans.</p> <ul style="list-style-type: none"> • Admissions to Nursing Facilities • Hospitalization of Nursing Facility Residents • Nursing Facility Staffing Levels • Additional Quality Measures • COVID Infections and Deaths <p>https://tinyurl.com/RacialDisparitiesInNHs</p>
Home and Community Based Services	<p>19. *Boston Globe October 10, 2022 <i>Home health care is a critical support for strained families and an aging society. It’s time we treated it that way.</i></p> <p>State lawmakers have temporarily boosted pay for home health care workers during the pandemic. Now, lawmakers should make those increases permanent. It is difficult to appreciate the toll of caring for an ailing, elderly relative until you’ve lived through it.</p> <p>Watching a loved one suffer is heartrending. Your bond with that person can fray as the daily frustrations of tending to their needs mount. That brings its own</p>

kind of anguish. And with so much of your attention focused on caring for an elder, your work life or parenting can suffer.

For the older person, leaning on a spouse or a child for help with a meal or a trip to the bathroom can feel humiliating. The guilt of pulling that spouse or child away from other responsibilities can be hard to live with.

Any kind of break can feel vital for both parties.

That's what makes home health care and other kinds of at-home support — help bathing and doing laundry and preparing meals — such important work. It's a respite for families in some of the most difficult periods of their lives.

And the service has taken on even greater importance during the pandemic years, allowing older people to stay out of congregate settings where the coronavirus can spread to deadly effect.

As [demand has spiked](#), the agencies that provide these services have struggled to find workers to meet it.

In Massachusetts, government-set reimbursement rates translate into pay of about \$15 to \$19 per hour for home health aides, who help clients get around their living rooms and bedrooms and provide them with medication reminders, and workers known as homemakers, who wash and fold clothes or make sandwiches at lunchtime.

Jobs at Walmart and Dunkin' pay at similar rates, without the same physical and emotional demands. And it can be hard to compete.

Federal and state governments, to their credit, have supported the fragile industry these past few years by providing "add-ons," or temporary funding boosts — with much of the money targeted to increased pay for home health aides and homemakers.

But as the country moves into a different phase of the pandemic, and as an aging society comes to terms with the growing need for at-home supports, those temporary bumps won't do. Something more sustainable is required.

State lawmakers could, and should, take a couple of important steps.

The first is to approve a [Senate measure, tucked into a stalled economic development bill](#), that would create a \$250 million reserve to enhance pay for some of these vital workers and other human service workers. The money would have to be spent over the next two years, but it could mark the start of a longer-term commitment.

The second is [a measure that would create standards](#) for a rate-setting process that's pretty opaque at the moment.

State officials would be required, for instance, to analyze the cost of similar services provided in other health care settings — like hospitals and nursing homes. And they would have to provide reports to state lawmakers about how they arrived at the rates.

The hope is that the standards and transparency will tilt the system toward better pay for front-line workers over time.

Given the importance of what they do, better pay should be an urgent priority for the state.

<https://tinyurl.com/HomeHealthCareCritical>

20. Office of Attorney General Maura Healey
 October 5, 2022
AG Healey Secures \$430,000 From Springfield Home Health Agency to Resolve Fraudulent Billing Allegations

	<p>Attorney General Maura Healey announced . . . that her office has reached a \$430,000 settlement with a Springfield-based home health care company and its CEO to resolve allegations that they falsely billed the state’s Medicaid program, MassHealth, for services that had not been appropriately authorized by a physician.</p> <p>According to the AG’s Office, Allied Health Systems (Allied) in Springfield and its CEO Henry Azzun submitted false and/or fraudulent claims to MassHealth and managed care entities administering benefits for MassHealth members for services that had not been appropriately authorized by a physician.</p> <p>https://tinyurl.com/430000SpringfieldHHA</p> <p>21. Office of Attorney General Maura Healey</p> <p>October 5, 2022</p> <p><i>Lowell Adult Day Health Provider Resolves Allegations of Overbilling MassHealth for COVID-19 Payments</i></p> <p>Attorney General Maura Healey announced . . . that a Lowell adult day health provider will pay \$386,861 to resolve allegations that it improperly billed the state’s Medicaid program, MassHealth, for COVID-19 emergency-related retainer payments intended to support adult day health (ADH) facilities from April 1, 2020 through to July 31, 2020. In the early days of the COVID-19 pandemic, MassHealth issued additional rate provisions to help ensure that ADH centers did not go out of business.</p> <p>The AG’s Office alleges that Active Day of Lowell, one of nine “Active Day” locations that provide specialized care to adults with disabilities in Massachusetts, submitted claims to MassHealth for COVID-19 retainer payments at a much higher frequency than it was allowed under those rate provisions. ADH centers were eligible to receive retainer payments equal to the full amount of the per diem rates per MassHealth member for “each day in which that member would have been scheduled to attend” the ADH center.</p> <p>https://tinyurl.com/LowellADHCenterOverbilling</p> <p>22. The Community Living Equity Center (CLEC) at the Lurie Institute for Disability Policy at Brandeis University</p> <p>September 2022</p> <p><i>Community Living Equity Center: Overview</i></p> <p>The Community Living Equity Center (CLEC), a project of the Lurie Center for Disability Policy at Brandeis University. CLEC is a new federally funded research center that seeks to advance equity in community living and access to Medicaid home- and community-based services (HCBS) through research, development of new policy initiatives, and dissemination of findings, with a particular focus on the experiences of disabled people of color.</p> <p>Learn more about the CLEC in this overview.</p>
Behavioral Health	<p>23. Tufts Now</p> <p>February 18, 2013</p> <p><i>How can parents tell the difference between normal teenage mood swings and possible mental illness?</i></p> <p>The conventional wisdom is that it is normal to be abnormal in adolescence. Conventional wisdom, a term coined by the economist John Kenneth Galbraith, describes what everyone thinks is true—but isn’t. . .</p> <p>So how can you tell if an adolescent’s behavior is abnormal? If it <i>is</i> abnormal—in other words, if the behavior is beyond the statistical norm of most people of that age and cultural subgroup. Most adolescents don’t repeatedly abuse drugs or</p>

	<p>alcohol, frequently engage in sexually risky behavior, become physically violent, or rebel strongly against cultural norms. In the minority of adolescents who exhibit such behaviors, various causes can be relevant, ranging from the onset of mental illnesses (like bipolar disorder or depression) to a response to adverse experiences (like sexual or physical trauma) to, perhaps in some cases, Erikson’s “normal” identity crises.</p> <p>How can parents tell what’s what? Trust your intuition. If the behavior feels abnormal, it probably is. The most common mistake in our culture today is for parents to normalize the abnormal; people constantly think that an adolescent’s behavior is just “a phase.” It usually isn’t, and one finds out in adulthood, when it is too late. Statistically, you would more likely be right than wrong if you view unusual adolescent behaviors as abnormal.</p> <p>https://tinyurl.com/TeenageMoodSwings</p>
Alzheimer’s / Dementia	<p>24. The Economist April 2, 2022 <i>Alzheimer’s researchers are studying the brain’s plumbing</i> In most bodily organs waste matter is cleared out by the lymphatic system. Unnecessary proteins, superfluous fluids and so on are carried away by special vessels to lymph nodes, where they are filtered out and destroyed. The more active the organ, the more of these vessels there are. The exception is the brain, which has none. It was thus thought until recently that brain cells broke down nearby waste products in situ. But a paper published in 2012 reported that the brain has a plumbing system of its own to flush out the junk. https://tinyurl.com/BrainsPlumbing</p> <p>25. The Economist (blog) November 16, 2021 <i>An estimated 55 million people around the world live with dementia, yet only a quarter have been formally diagnosed. How will technology improve diagnostic devices for the condition? Also, with better testing in place but few treatments available, we explore if health-care systems can cope with this silent epidemic. And, the neuroscientist Nina Kraus of Northwestern University explores how people’s cognition interacts with the auditory soundscape around them, drawing on examples from her latest book, “Of Sound Mind: How our brain constructs a meaningful sonic world”. Kenneth Cukier hosts. Runtime: 26 min ow will technology improve the diagnosis of dementia?</i> Listen on: Apple Podcasts Spotify Google Stitcher TuneIn</p>
Housing	<p>26. *Boston Globe October 7, 2022 <i>More people in Greater Boston are giving up on buying a house. That’s bad news for renters.</i> With prices and interest rates high, more would-be buyers are retreating. And that’s only making Boston’s long struggle with housing supply worse. Apartments have never cost more and supply is near historic lows. Add more people trapped in their rentals, and it only gets harder for everyone to find — or afford — someplace to live. . . Perhaps more than anything, mortgage interest rates, which have soared to their highest point since 2008, have put home buying out of reach for many. At 6.7 percent last week, the average monthly payment on a \$600,000 30-year</p>

	<p>mortgage is nearly \$1,350 higher than it was a year ago, when the average rate was just under 3 percent. . .</p> <p>After dipping in the early months of the pandemic, average rents in Greater Boston and other big metropolitan areas soared to record highs in 2021 as students and workers rushed back.</p> <p>Those increases have eased, but costs are still sky high. The median rent for a two-bedroom apartment in Greater Boston — long one of the priciest rental markets in the country — was \$2,096 in September, up about 7 percent from this time last year, according to rental site Apartment List, and 14 percent higher than September 2019.</p> <p>What is perhaps more telling, though, is the vacancy rate: less than 1 percent, based on the apartments tracked by BostonPads. The number of available apartments is roughly 30 percent below pre-pandemic levels, and far lower than what’s considered a healthy market.</p> <p>https://tinyurl.com/GivingUpBuyingHouse</p>
Medicare	<p>27. New York Times (free access) October 8, 2022</p> <p><i>‘The Cash Monster Was Insatiable’: How Insurers Exploited Medicare for Billions</i></p> <p>By next year, half of Medicare beneficiaries will have a private Medicare Advantage plan. Most large insurers in the program have been accused in court of fraud.</p> <p>[A] New York Times review of dozens of fraud lawsuits, inspector general audits and investigations by watchdogs shows how major health insurers exploited the program to inflate their profits by billions of dollars.</p> <p>The government pays Medicare Advantage insurers a set amount for each person who enrolls, with higher rates for sicker patients. And the insurers, among the largest and most prosperous American companies, have developed elaborate systems to make their patients appear as sick as possible, often without providing additional treatment, according to the lawsuits. . .</p> <p>Eight of the 10 biggest Medicare Advantage insurers — representing more than two-thirds of the market — have submitted inflated bills, according to the federal audits. And four of the five largest players — UnitedHealth, Humana, Elevance and Kaiser — have faced federal lawsuits alleging that efforts to overdiagnose their customers crossed the line into fraud.</p> <p>The fifth company, CVS Health, which owns Aetna, told investors its practices were being investigated by the Department of Justice. . .</p> <p>The government now spends nearly as much on Medicare Advantage’s 29 million beneficiaries as on the Army and Navy combined. It’s enough money that even a small increase in the average patient’s bill adds up: The additional diagnoses led to \$12 billion in overpayments in 2020, according to an estimate from the group that advises Medicare on payment policies — enough to cover hearing and vision care for every American over 65.</p> <p>Another estimate, from a former top government health official, suggested the overpayments in 2020 were double that, more than \$25 billion. . .</p> <p>The popularity of Medicare Advantage plans has helped them avoid legislative reforms. The plans have become popular in urban areas and have been increasingly embraced by Democrats as well as Republicans. Nearly 80 percent of U.S. House members signed a letter this year saying they were “ready to protect the program from policies that would undermine” its stability. . .</p>

	<p>Last year, the inspector general’s office noted that one company “stood out” for collecting 40 percent of all Medicare Advantage’s payments from chart reviews and home assessments despite serving only 22 percent of the program’s beneficiaries. It recommended Medicare pay extra attention to the company, which it did not name, but the enrollment figure matched UnitedHealth’s. A civil trial accusing UnitedHealth of fraudulent overbilling is scheduled for next year. The company’s internal audits found numerous mistakes, according to the lawsuit, which was joined by the Justice Department. Some doctors diagnosed problems like drug and alcohol dependence or severe malnutrition at three times the national rate. But UnitedHealth declined to investigate those patterns, according to the suit. . .</p> <p>“Medicare Advantage overpayments are a political third rail,” said Dr. Richard Gilfillan, a former hospital and insurance executive and a former top regulator at Medicare, in an email. “The big health care plans know it’s wrong, and they know how to fix it, but they’re making too much money to stop. Their C.E.O.s should come to the table with Medicare as they did for the Affordable Care Act, end the coding frenzy, and let providers focus on better care, not more dollars for plans.”</p> <p>https://tinyurl.com/MedicareAdvantageExploited</p> <p>28. Centers for Medicare and Medicaid Services <i>CMS Announces that Medicare Part B Premiums & Deductibles Will Decrease in 2023</i></p> <p>CMS released Medicare cost sharing amounts for 2023, including premiums, deductibles, and coinsurance amounts for Medicare Part A and Part B, as well as the Medicare Part D income-related monthly adjustment amounts. In 2023, the Medicare Part B premium will decrease by \$5.20 to \$164.90 from \$170.10 in 2022, and the Part B deductible will decrease by \$7 to \$226 in 2023 down from \$233 in 2022. The decreases are due to lower than expected costs in 2022 for the Alzheimer’s drug, Aduhelm, and other Part B covered items.</p> <p>All 2023 Medicare cost sharing amounts can be found here.</p>
End of Life	<p>29. Boston Globe Magazine July 21, 2021 (Update: Jack Thomas died October 3, 2022) <i>I just learned I only have months to live. This is what I want to say.</i></p> <p>I’ve been a journalist for more than 60 years. So, after doctors delivered the news, I sat down to do what came naturally, if painfully: Write this story.</p> <p>As a teenager, I often wondered how my life would change if I knew that I would die soon. Morbid, perhaps, but not obsessed. Just curious. How does a person live with the knowledge that the end is coming? How would I tell family and friends? Would I be depressed? Is there an afterlife? How do you get ready for death, anyhow?</p> <p>I’ve taken a college course in Kübler-Ross’s stages of grief and written papers for philosophy classes about Deists, Darwinists, and the afterlife. Sometimes I agree with one side, sometimes another. I was raised Episcopalian, though I didn’t turn out to be a very good one. Unlike Roman Catholics, Jews, and atheists, we Episcopalians are very good at fence-sitting. We embrace all viewpoints, and as a result, we are as confused as the Unitarians.</p> <p>Several years ago, in pursuit of a degree at Harvard, I took a seminar in writing. We had to compose an essay each week and submit it to each classmate, so that each essay underwent scrutiny in class, not only by the professor, but also by 12 colleagues eager for the professor’s approbation.</p>

One week, I imagined that I had been told by doctors that I would die within a few months. In my essay, I pulled out all the stops. I described whom and what I'd miss. I hoped for a comfortable afterlife, and wondered if, after death, I could still hear favorite music, choose savory foods, and even whether the *Globe* would arrive on time.

The essay worked, perhaps because even then, at age 70, I was already an old fogey compared to my classmates. As I approached the classroom, I noticed a young woman holding the door open for me, and I quick-stepped so as not to detain her.

"How are you, Jack?" she asked.

"Fine, how are you?"

"No," she said, tenderly. "I mean, *really*. How *are* you?"

I realized at once that she had taken the essay literally.

Fellow students, believing my essay to be truth, were laudatory and compassionate. Throughout the semester, thinking that I soon would die, classmates judged my writing with mercy. I never had the courage to tell them I was healthful.

Now, however, destiny is about to get even with me.

After a week of injections, blood tests, X-rays, and a CAT scan, I have been diagnosed with cancer. It's inoperable. Doctors say it will kill me within a time they measure not in years, but months.

As the saying goes, fate has dealt me one from the bottom of the deck, and I am now condemned to confront the question that has plagued me for years: How does a person spend what he knows are his final months of life?

Atop the list of things I'll miss are the smiles and hugs every morning from my beautiful wife, Geraldine, the greatest blessing of my life. I hate the notion of an eternity without hearing laughter from my three children. And what about my 40 rose bushes? Who will nurture them? I cannot imagine an afterlife without the red of my America roses or the aroma of my yellow Julia Childs.

We told each of the three children individually. John Patrick put his face in his hands, racked with sobs. After hanging up the telephone, Jennifer doubled over and wept until her dog, Rosie, approached to lick away the tears but not the melancholy. Faith explained over the telephone that, if I could see her, she was weeping and wondering how she could get along without her dad. Now, she is on the Internet every day, snorkeling for new research, new strategies, new medications. My wife cries every morning, then rolls up her sleeves and handles all doctor appointments and medication. Without her . . . I cannot imagine.

Till now, life's been grand. I was blessed to write for a newspaper, a career H. L. Mencken described as the life of kings. I was a teenager when I began to work for the *Globe* as a copy boy in sports, followed by beats as police reporter, State House reporter, city editor, editorial writer, Washington correspondent, national correspondent, television critic, feature writer, and ombudsman. My first story was in 1958, so publication of this essay today marks the eighth decade that my writing has appeared in the *Globe*.

In every newsroom, death has a full-time job, and so, like most reporters, I've written a lot about it, about murders, suicides, and fatal accidents. I've written too many obituaries for my family, friends, and colleagues.

Not every story about death has been depressing. I interviewed a man in Florida who was 104 years old. When I arrived at his nursing home, he was not, as I had imagined, sitting around in a bathrobe, drooling. He had dressed in a sports

jacket, as he did every day, and was reading a book about Civil War history. I have decided not to lumber through Bruce Catton's centennial history of the Civil War — 1,680 pages in all — but I did admire that old man from Florida. I also interviewed a sweet woman, 101 years old, who was annoyed at God, and she intended to give him a piece of her mind. Her greatest grief was not her pending death, but the fact that she had outlived her four sons. "I can't imagine what God had against me that he would take them before me," she said. From the mantel of her fireplace, with trembling hand, she lifted a photograph of each son and kissed it.

EDITING THE FINAL DETAILS of one's life is like editing a story for the final time. It's the last shot an editor has at making corrections, the last rewrite before the roll of the presses. It's more painful than I anticipated to throw away files and paperwork that seemed critical to my survival just two weeks ago, and today, are all trash. Like the manual for the TV that broke down four years ago, and notebooks for stories that will never be written, and from former girlfriends, letters whose value will plummet the day I die. Filling wastebasket after wastebasket is a regrettable reminder that I have squandered much of my life on trivia.

The final months would be a lot easier if I could be assured that, after death, we'd get a chance to see people who have died already. I'd like to shake hands with my best friend, my father, who died in 1972 and whom I've missed every day since. I owe him an apology. When I was 12, I stole 50 cents from his trousers, two quarters. The guilt was suffocating, though, and 10 days later I replaced his 50 cents, and I added an extra 25 for interest and atonement. The only thing we argued about was politics. He was an ardent Republican. I am a boring liberal. When my son was born in 1994, the doctor held him by his ankles, upside down, as they do in movies, and announced that it was a boy. "I know that," I said, nervously. "Is he a Democrat?"

Later that year, at Mount Auburn Hospital, as my mother neared death, I asked: "Where do you think we go after death?"

"I don't know," she said, voice a quiver, "but I think I am going on a long trip, and I think I am going to see your father."

"If you see Dad, tell him we finally got rid of that S.O.B. Nixon."

As usual, she leaped to his defense.

"Don't talk about your father that way."

SOME PEOPLE GROW into adulthood confused about a career, but I was lucky. From age 14, I wanted to be a newspaperman. Although my father never graduated from high school and worked long hours for a meager salary as a machinist, and although my mother raised five children and mopped floors nights at Filene's, and although our family lived at the edge financially and dressed in hand-me-downs, the one thing never in short supply at our house was the newspaper — four a day, the *Boston Post*, the *Globe*, the *Boston American*, and the *Daily Record*.

In my working-class Boston neighborhood, at age 14, I delivered the weekly newspaper, the *Dorchester Argus*, and the daily Hearst tabloid, the *Record*, paying 3.4 cents per copy and selling each for a nickel, a profit of 1.6 cents per paper, plus whatever tips I could finagle. On the porch in front of my father's boarding house, I practiced folding the tabloid *Record* into thirds, without creasing it too much, so that when I tossed it high toward a front porch, with a

spin, the newspaper would open flat, with the headline facing the customer as she opened the door to retrieve it.

I've had the privilege of having spent more than 60 years working for newspapers. There was not a day when it wasn't a pleasure to go to work. Any doubts I had about newspapering as a career were dissolved on my paper route one Friday night in March 1953. I picked up my bundle of 45 copies of the *Record* that were tossed from a truck into the doorway of Berry's hardware store and I was startled at the biggest, blackest headline I had ever seen: "STALIN DEAD." Newspaper bag over my shoulder, I began my one-hour route, crossing the railroad tracks in Port Norfolk, a neighborhood where the teenage gang took pride in calling themselves Port Rats. So eager were people for their evening newspaper and details of Stalin's death that many were waiting for me on their front porch.

To me, every daily newspaper was a wonder — all those stories, local, national, global, all written on deadline, with photographs, analysis, columns, editorials, comics, and crossword, not to mention all that news about the Red Sox, Celtics, and Bruins — if that isn't a miracle, what is?

The Stalin story required coordination among correspondents in Moscow, telegraphers transmitting their stories, and among others in Boston, at the *Record*, foreign editors, photo editors, copy editors, compositors, pressmen, truck drivers and the least significant cog in the entire process, me, although I was the luckiest, because it was I who handed the newspaper to the grateful reader, and it was I who heard the words, "Thank you."

DOES THE INTENSITY of a fatal illness clarify anything? Every day, I look at my wife's beautiful face more admiringly, and in the garden, I do stare at the long row of blue hydrangeas with more appreciation than before. And the hundreds and hundreds of roses that bloomed this year were a greater joy than usual, not merely in their massive sprays of color, but also in their deep green foliage, the soft petals, the deep colors, and the aromas that remind me of boyhood. As for the crises in Cuba and Haiti, however, and voting rights and the inexplicable stubbornness of Republicans who refuse to submit to an inoculation that might save their lives — on all those matters, no insights, no thunderbolts of discovery. I remain as ignorant as ever.

I am now so early into this new hell that I have no pain, although that is coming, surely, and no symptoms except moments of utter exhaustion and, in the past three months, a loss of 20 pounds. After decades of turning down desserts, candies, and pastries to control my weight, it now seems cruel to be pressured to eat more food for which I have less appetite.

As my life nears the finish line, the list of things I'll miss grows.

I'll miss my homes in Cambridge and Falmouth. I'll never again see the sun rise over the marsh off Vineyard Sound, never again see that little, yellow goldfinch that perched atop a hemlock outside my window from time to time so that both of us could watch the tide rise to cover the wetland.

Never again will I stretch out on the sand with a drink and stare in amazement at a sky filled with diamond stars. How is it possible that there could be more than 100 thousand million stars in our Milky Way, let alone who can say how many millions upon millions more in other galaxies, and yet, among them all, there is no planet that supports life? Imagine how newspapers will report that discovery! I wish the afterlife were arranged so that I could hear Beethoven's Symphony No. 7 again and Bach's Brandenburg Concertos, especially the one in D for two

	<p>violins and cello. In the afterlife right away, I'd test whoever's in charge immediately by requesting "Till We Meet Again" with George Lewis, who played the clarinet with as much dexterity and imagination as Benny Goodman and Artie Shaw, yet never received the same fame because he was Black. And then, I hope for a playlist that includes Nina Simone's "The Laziest Gal in Town" and everything by Sarah Vaughan, especially "Easter Parade" with Billy Eckstine, and while we're at it, let's throw in Bessie Smith singing "Nobody in Town Can Bake a Sweet Jellyroll Like Mine."</p> <p>All of us who, like me, are blessed with a pause before death, spend some time reliving the better moments. I enjoy recalling that I played pool against two of the greatest, Willie Mosconi in Denver, and in Boston, Minnesota Fats, who was the inspiration for the Jackie Gleason role in <i>The Hustler</i>. I lost both games, never had a shot. Willie and Fats ran the table, and Fats did it from a wheelchair. After I die, I'm not expecting the world, but this business about the afterlife is more complicated than what they describe in the Bible. The experts say more than 100 billion humans have died. If you're looking for a buddy to have a beer, like jazzman Dave McKenna or writer Jerry Murphy or possibly Peter Falk who played Columbo, how are you going to find him in a mob of 100 billion people? Speaking of music, if I bump into the great jazzman Earl "Fatha" Hines, who played with Louis Armstrong and the Hot Five back in the 1920s, you can bet your life I'm going to remind him that one night in the '60s, between sets at Sandy's jazz club in Beverly, I was the short guy who bought him that Heineken. The same with Julia Child. One doesn't "bump" into Julia, exactly, but if I see her at a local restaurant, if they have local restaurants, I'll find a way to mention that I'm the guy who wrote in the <i>Globe</i> that we should run away together, that I would peel potatoes, cut onions, and do dishes if only I could put my feet under her table forever. I'll recite for Julia the response she wrote to me in a letter: "How flattering to be invited to run away with a younger man. However, my husband has a black belt in karate and so, in the interest of your continued good health, if nothing else, I must decline."</p> <p>I KNOW THAT AFTER I DIE, I probably ought to forget all the treats of this life, like Lobster Savannah dinners on an expense account at an Elysium such as Locke-Ober, and with my luck, there's probably some rule against chilled Hendrick's martinis with a lemon twist. There will be no more nights of winnowing the hours away listening to Bob Winter's piano at the Four Seasons. There'll be no more lazy afternoons on Boston Harbor aboard my little sailboat, The Butterfly, and no more surprise telephone calls from buddies like Dave Manzo in Boston, Alan Pergament in Buffalo, and Jim Coppersmith in Marblehead, who never hang up without saying, "I love you, Jack."</p> <p>As death draws near, I feel the same uncomfortable transition I experienced when I was a teenager at Brantwood Camp in Peterborough, New Hampshire, packing up to go home after a grand summer. I'm not sure what awaits me when I get home, but this has certainly been an exciting experience. I had a loving family. I had a great job at the newspaper. I met fascinating people, and I saw myriad worldwide wonders. It's been full of fun and laughter, too, a really good time.</p> <p>I just wish I could stay a little longer.</p> <p>https://tinyurl.com/JackThomasMonthsToLive</p>
Caregiving	<p>30. European Commission September 7, 2022</p>

	<p><i>A European Care Strategy for Caregivers and Care Receivers</i></p> <p>The European Commission has presented the European Care Strategy to ensure quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally.</p> <p>High-quality, affordable, and accessible care services</p> <p>September 7, 2022 - Affordable and accessible care services of high quality offer clear benefits for all ages. Participation in early childhood education has a positive impact on a child’s development and helps reduce the risk of social exclusion and poverty, also later in life.</p> <p>Long-term care empowers people, who as a result of old age, illness and/or disability depend on help for daily activities, to maintain their autonomy and live with dignity. However, for many people these services are still not affordable, available, or accessible.</p> <p>To address these issues, the Commission is proposing concrete actions to support Member States in increasing access to high-quality and affordable care services, while improving working conditions and work-life balance for carers.</p> <p>Long-term care</p> <p>The Commission recommends that Member States draw up national action plans to make care in the EU more available, accessible and of better quality for all, for instance by:</p> <ul style="list-style-type: none"> • ensuring that long-term care is timely, comprehensive, and affordable, allowing a decent standard of living for people with long-term care needs • increasing the offer and mix of professional long-term care services (homecare, community-based care, and residential care), close territorial gaps in the access to long-term care, roll-out accessible digital solutions in the provision of care services, and ensure that long-term care services and facilities are accessible to people with disabilities • ensuring high-quality criteria and standards for long-term care providers • supporting informal carers, who are often women and relatives of care receivers, through training, counselling, psychological and financial support • mobilising adequate and sustainable funding for long-term care, including by using EU funds <p>Fair working conditions and training for care staff</p> <p>To improve working conditions and attract more people – in particular, men – to the care sector, Member States are recommended to:</p> <ul style="list-style-type: none"> • promote collective bargaining and social dialogue with a view to improving wages and working conditions • ensure the highest standards of occupational health and safety • design continuous education and training for care workers • tackle gender stereotypes around care and launch communication campaigns • ratify and implement ILO Convention 189 on domestic workers <p>https://tinyurl.com/EuropeanCommissionLTC</p>
Covid	<p>31. *Washington Post</p> <p>October 9, 2022</p> <p><i>Just 4 percent of eligible Americans have gotten the new covid booster shot ahead of projected winter surge</i></p> <p>Many Americans are fatigued by covid messages, doubtful about the threat and have reached their own conclusions about how best to navigate the pandemic.</p>

	<p>With overall booster rates also low — just one-third of eligible Americans have received any booster at all — experts fear thousands of vulnerable people may die needlessly if another wave hits. . .</p> <p>Federal officials have spent the past year urging Americans to get booster shots to bolster their protection against the coronavirus, which wanes over time. In early September, they rushed out the first new shots — reformulated to target the still-dominant omicron variants — to give people time to get inoculated before a likely cold weather surge, when respiratory infections increase as people head indoors, and recommended that all Americans 12 and older receive a third and fourth dose of vaccine.</p> <p>But the campaigns have lagged badly. Only about 105 million U.S. adults — roughly 40 percent — have received the third shot of vaccine initially offered a year ago, according to federal data, a far lower rate than countries like the United Kingdom, where more than 70 percent of adults have gotten a third dose. That figure is also well behind the 200 million U.S. adults who completed their primary series of shots.</p> <p>Early data shows that just over 11 million Americans — or about 4 percent of those eligible — have received the new bivalent booster shots. A third of adults say they eventually plan to get those shots, according to KFF polling. . .</p> <p>The lagging booster rate is also blamed as a major contributor to the high covid mortality rate last winter and the continuing deaths of more than 400 Americans on average per day linked to the virus. https://tinyurl.com/FewAmericanGetBoosters</p> <p>32. The Hill October 6, 2022 <i>CDC to stop reporting daily COVID-19 cases, moving to weekly reports</i> In an update regarding its coronavirus data and surveillance, the CDC said it was transitioning from daily to weekly reports to allow for more “flexibility” and to reduce the burden on state and local governments. The change in case reporting will take place on Oct. 20. . .</p> <p>This move to weekly reports could be similar to how the CDC covers the annual flu season. The agency typically updates its influenza data on a weekly basis, with reports containing compiled data on one site as opposed to the COVID-19 dashboard that is currently being used.</p> <p>This is the latest in a series of recent developments where the federal government has pulled back on the amount of resources and scrutiny being used in the pandemic. https://tinyurl.com/StopReportingDaily</p>
Ageism	<p>33. American Society on Aging October 7, 2022 <i>Learn More About Ageism</i></p> <p>Ageism refers to the stereotypes (how we think), prejudices (how we feel) and discrimination (how we act) towards others or oneself based on age (World Health Organization).</p> <p>There are many forms of ageism, including:</p> <ul style="list-style-type: none"> • Internalized: how we feel about ourselves as aging people; and ageism in which older adults marginalize and discriminate against other older people (Tracey Gendron, gerontologist).

	<ul style="list-style-type: none"> • Implicit: The unconscious bias that includes attitudes, feelings, and behaviors toward people of other age groups that operates without conscious awareness or intention (Becca Levy, PhD). • Cultural: The everyday, invisible, profoundly ingrained and normalized negative messages about aging and old people embedded in movies, TV, songs, jokes, etc. (Tracey Gendron). • Benevolent: Patronizing, paternalistic beliefs that older people need to be protected and taken care of by younger people, because they are no longer able to make decisions for themselves. <p>Here are some more facts about ageism:</p> <ul style="list-style-type: none"> • Ageism intersects and exacerbates all the other “isms,” including racism, sexism, and ableism. Multiple intersecting forms of bias compound, disadvantage and worsen the effects of ageism on individuals’ health and well-being (WHO Ageism Report). • Ageism and age stereotypes are often internalized at a young age — long before they are relevant. Even by age 3, children are familiar with age stereotypes, which are reinforced over their lifetimes (Flamion et al., 2020). • Ageism affects our health. Older individuals with more positive self-perceptions of aging live 7.5 years longer than those with less positive self-perceptions of aging (Levy, 2002). • Ageism harms our financial well-being. Older workers face longer periods of unemployment, discrimination during the hiring process, and fewer professional development opportunities (U.S. Equal Employment Opportunity Commission, 2018). • Ageism harms our economy. The AARP estimated \$850 billion in lost gains to the Gross Domestic Product as a result of involuntary retirement, underemployment, and unemployment among older workers (AARP, 2020). Levy and colleagues (2020) estimated that \$63 billion in healthcare costs, or \$1 out of every \$7 spent on the 8 most expensive health conditions among people ages 60 and older, are due to ageism (Levy et al., 2020). • Ageism in American medicine and society is a matter of life and death, as dangerous as any incorrectly prescribed medicine or slipped scalpel. These negative stereotypes often result in less effective care, such as denial of treatment options, under-diagnosis of depression, and mismanaged pain (AARP Bulletin, 2010). • Ageism in media remains pervasive. A study found that only 1.5% of characters on television in the United States were older people, and most of them had minor roles and were often portrayed for comic effect, drawing on stereotypes of physical, cognitive, and sexual ineffectiveness (WHO Global Report on Ageism, p. 27).
Hunger	<p>34. The White House <i>White House Releases National Strategy to End Hunger</i> The White House convened its second-ever Conference on Hunger, Nutrition, and Health and released a five-pillar national strategy to end hunger by 2030. The five pillars are: 1) improving food access and affordability; 2) integrating nutrition and health; 3) empowering all consumers to make and have access to healthy choices; 4) supporting physical activity for all; and 5) enhancing nutrition and food security research. The plan explicitly recognizes that hunger and diet-related diseases disproportionately impact older adults, people with disabilities, communities of color, people living in rural areas and the territories, LGBTQI+</p>

	<p>people, and Veterans. Among other initiatives, the plan calls for expanding SNAP eligibility to formerly incarcerated individuals, increased funding for Older Americans Act nutrition programs, and making online shopping in SNAP more accessible to older adults.</p> <p>five-pillar national strategy to end hunger by 2030</p>
Disability Topics	<p>35. *Boston Globe October 6, 2022 <i>Some doctors are reluctant to care for patients with disabilities, study finds</i> Details of three focus groups offer disturbing details about the challenges individuals with disabilities face when seeking care. Dr. Lisa Iezzoni pulled her wheelchair up to the screen and asked the physicians on the video call about their experiences and attitudes caring for people with disabilities. Iezzoni’s wheelchair was out of view as the physicians spoke candidly and shockingly about their experiences. Not only did several of the 22 doctors say they did not have the equipment or training to care for people with disabilities, but some felt burdened by the work. Some clinicians openly talked about how to avoid caring for the population altogether. Details of the three focus groups she moderated made public this week offer disturbing and eye-opening details about the challenges individuals with disabilities face when seeking care. . . The focus groups, conducted by scientists from Northwestern Medicine in collaboration with Iezzoni, a senior author, and colleagues from the University of Massachusetts, were conducted to help design a national online survey. The focus groups identified barriers patients might encounter when receiving health care and found that physicians are often unfamiliar with how to accommodate individuals with disabilities. Other barriers that patients with disabilities might encounter included short appointment times, bias, and a lack of training. . . Researchers conducted video interviews with three groups of physicians, asking them about their experiences caring for patients with mobility, vision, and hearing impairments as well as mental illness and intellectual disabilities. What they discovered were barriers to providing care at nearly every part of the encounter, undergirded by negative attitudes some had toward people with disabilities. All clinicians reported physical barriers to providing proper health care, such as nonadjustable height exam tables and scales that couldn’t accommodate a person in a wheelchair. Some reported using workarounds. Some physicians said they sent patients to a supermarket, grain elevator, zoo, or cattle processing plant to obtain a weight. . . All the problems were compounded by structural issues, with physicians feeling they didn’t have the time to properly address such concerns within a 15-minute visit. Electronic medical records also don’t currently ask about disabilities or accommodations, and often physicians were unaware patients requiring accommodations had been scheduled for an appointment. The focus groups additionally revealed negative attitudes among some doctors toward people with disabilities, with some saying that providing care to such individuals was burdensome. There was also limited recognition of the large number of people who fit into these categories, though more than 61 million Americans reported having a disability in 2016. https://tinyurl.com/MDsReluctantCareDisabilities</p>

Hurricane Ian	<p>36. *New York Times October 7, 2022 <i>Many of Hurricane Ian's Victims Were Older Adults Who Drowned</i> The storm, Florida's deadliest since 1935, has been linked to the deaths of at least 119 people in the state, many of them older residents who lived near the coast. A 57-year-old woman in the Sarasota area developed hypothermia and died after her roof caved in and she became stuck in floodwaters. A 96-year-old man drowned after getting trapped under a parked car in Charlotte County. In Fort Myers Beach, the body of an 85-year-old woman was found in a tree several days after the storm. . . At least 54 of the victims died by drowning, records showed. Nearly two-thirds of the dead were in two counties on Florida's southwest coast, Charlotte and Lee, that faced monstrous storm surge and winds exceeding 150 miles an hour. And many of those who died were older. Of the 87 people for whom an age or approximate age has been released so far, 61 were at least 60 years old. Eighteen of them were in their 80s, and five were in their 90s. . . Those who died in the storm ranged in age at least from 19 to 96, but a large majority of those whose ages have been released so far were over 60. That is partly because of the demographics of Florida, long a haven for retirees; about 21 percent of the state's residents are 65 or older, compared with about 17 percent nationally. The proportion is even higher in the hardest-hit counties: 29 percent of Lee County residents and 41 percent of Charlotte County residents are 65 or older. Deciding whether to evacuate when a storm approaches can be especially difficult for older adults, some of whom require extensive medical equipment, or cannot drive, or cannot easily sleep at a makeshift shelter. There are also emotional calculations. https://tinyurl.com/OlderAdultsWhoDrowned</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net .
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	<ul style="list-style-type: none"> • Quincy Health and Rehabilitation Center LLC, Quincy 126 beds; current census: 77 Owner: Waschusetz Healthcare Star rating: 2 stars Target closure: December 7 • Attleboro Healthcare, Attleboro 120 beds

	<p>Owner: Next Step Healthcare Star rating: Special Focus Facility Target closure: December 29</p> <ul style="list-style-type: none"> • Dedham Healthcare, Dedham 145 beds Owner: Next Step Healthcare Star rating: 1 star Target closure: December 29 • Gloucester Healthcare, Gloucester 101 beds Owner: Next Step Healthcare Star rating: 3 stars Target closure: December 30 • Chetwynde Healthcare, West Newton 75 beds Owner: Next Step Healthcare Star rating: 2 stars Target closure: December 30 <p>NOTE: Admission freezes have been initiated in all facilities with closure plans. Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures</p>
Pending nursing home change of ownership in Massachusetts	<ul style="list-style-type: none"> • Royal Health Cape Cod • Royal Health Cotuit • Royal Health Falmouth • Royal Health Megansett • Royal Health Meadow View – North Reading • Royal Health Wayland • Royal Wood Mill – Lawrence • Royal Health Fairhaven • Royal Health Braintree • Royal Health Norwell <p>https://www.royalhealthgroup.com</p>
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, October 5, 2022
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> 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.</p>

There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:

- Number of new COVID-19 cases within the facility
- Staffing levels
- Failure to report a lack of adequate PPE, supplies, or staff
- Infection control survey results
- Surveillance testing non-compliance

Facilities are required to notify residents' designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as needed when the Department of Public of Health determines a facility can be removed from the list.

Updated on October 6, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Attleboro Healthcare	Attleboro		Closure notice
Chapin Center	Springfield	9/28/2022	New cases
Charwell House Health and Rehab	Norwood	9/14/2022	Infection Control
Chetwynde	West Newton		Closure notice
Dedham Healthcare	Dedham	7/6/2022	Infection Control
Gloucester Healthcare	Gloucester		Closure notice
Lanessa Extended Care	Webster	10/4/2022	Infection control
Laurel Ridge Rehab and Skilled Care Center	Boston	10/4/2022	New cases
Life Care Center of Raynham	Raynham	9/22/2022	New Cases
Park Avenue Health Center	Arlington	9/27/2022	Infection Control
Pleasant Bay of Brewster Rehabilitation Center	Brewster	9/20/202	Infection Control
Quincy Health and Rehabilitation Center LLC, Quincy	Quincy		Closure notice
Queen Anne Nursing Home	Hingham	10/4/2022	New cases
St. Mary Health Care Center	Worcester	10/4/2022	New cases

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

Updated June 29, 2022

CMS has published a new list of [Special Focus Facilities](#) (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.

This is important information for consumers – particularly as they consider a nursing home.

What can advocates do with this information?

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

Massachusetts facilities listed (updated July 27, 2022)

Newly added to the listing

- None

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

- None

Massachusetts facilities that are candidates for listing

- 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)

	<p>No website https://tinyurl.com/SpecialFocusFacilityProgram</p>																				
<i>Nursing Home Inspect</i>	<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> <tr> <td>33</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> </tbody> </table>	# reported	Deficiency Tag	249	B	79	C	7,092	D	1,857	E	552	F	489	G	1	H	33	J	7	K
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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>																				
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p>																				

	<p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</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>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Pricilla O’Reilly Samantha VanSchoick Lachlan Forrow	prisoreilly@gmail.com svanschoick@cil.org lforrow@bidmc.harvard.edu
	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
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> :		

	<p>https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>
<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Maura Donahue • Wynn Gerhard • Arlene Germain • Dick Moore <p>Special thanks to Paul Spooner with the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <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. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	