The Dignity Digest

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

	*May require registration before accessing article.
Spotlight	Introductory note from Richard Mollot, Executive Director, Long Term Care Community Connection: *I am writing to share this important report on nursing home care and the persistent failure to ensure that facilities fulfill their promise to provide sufficient staffing to meet the needs of the residents that they accept and retain in their facilities.* *The national data provided in the report are striking. We encourage anyone with interest in or concerns about sufficient staffing to check out the staffing in their nursing home, or those in their community, at https://nursinghome411.org/data/staffing/.* *We applaud and support President Biden's promise to reform nursing home care announced earlier this year. Some of his proposals will take time to implement. However, there are many improvements that could be made in the lives of residents and their families immediately if CMS and the state survey agencies improved enforcement of existing standards of care and treatment.* *Too many of our nursing homes operate on the premise that providing substandard care, neglect, and inhumane conditions is a good business model (see, for example, the NYS Attorney General's lawsuit announced this week). This is only possible because (as both the article and the AG's lawsuit detail), too often, state survey agencies fail to hold operators accountable for meeting minimum standards.* *How long will we have to wait for this to change? For too many, it is already too late.* Richard Mollot, Executive Director Long Term Care Community Connection richard@ltccc.org www.ltccc.org ***Dying for care*** ***Many nursing homes are poorly staffed. How do they get away with it?*** ***USA Today** December 2, 2022 (updated)

	President Biden has promised tougher standards, but USA TODAY found the government rarely enforces existing guidelines. Regulators have allowed thousands of nursing homes across America to flout federal staffing rules by going an entire day and night without a registered nurse on duty, a USA TODAY investigation has found. Nearly all of them got away with it: Only 4% were cited by government inspectors. Even fewer were fined. When other nursing home caregivers are added into the equation, one-third of U.S. facilities fell short of multiple benchmarks the federal government has created for nurse and aide staffing. Low-income residents, disproportionately people of color, fare the worst. Their nursing homes report the lowest staffing levels, but data show they seldom get in trouble because of it. A USA TODAY investigation has documented, for the first time, how rarely the federal government enforces decades-old staffing guidelines and rules for nursing homes. Citations and penalties remained sparse even as regulators developed three ways to measure staffing. In the spring, they will propose a fourth approach. Having enough nurses and aides is the strongest predictor of whether nursing home residents will thrive, researchers have found. When facilities are short-staffed, essential medical tasks are ignored. Doctor's appointments are missed, call buttons go unanswered, diapers are not changed, showers are not given, and wounds are not cleaned. Dementia can set in faster. People get sicker, and die, alone. The desperation of residents and their relatives can be heard in emergency 911 calls. "She is on the floor, and she can't get anybody to get her off the floor," one niece told a Louisiana dispatcher. "Can y'all do a wellness call or something? I don't know what to do." On the other side of the state, a man unable to leave bed without assistance defecated on himself. He dialed 911. "I called" for help, he told the dispatcher. "But nobody answered." In his State of the Union address this year, President Joe Biden promised sweeping nursing home reforms. But the government's persistent failure to crack down on facilities that fall short of nursing home standards could render his plan ineffective. USA TODAY compared millions of nursing home timesheets and thousands of inspection reports to the staffing numbers set down by federal rules and formulas. It found a staggering pattern of failure. Charlene Harrington, one of the nation's leading researchers on staffing levels and nursing home quality, said USA TODAY's analysis probably underestimated how often facilities fell short because it used a conservative standard to measure care expected from nurses and aides.

	"What you're looking at is the bare minimum," said Harrington, a professor emerita at the University of California, San Francisco. And federal regulators have "not even been enforcing the bare minimum." The problem existed long before COVID-19. Among facilities that did not have a registered nurse on duty eight hours a day as required by the federal Centers for Medicare & Medicaid Services (CMS), most failed to meet that standard in all three years before the coronavirus tore through nursing homes. The pandemic did expose understaffing in nursing homes to many Americans. In its wake, former certified nurse assistant Tracey Pompey is floored that the public has not demanded better care for vulnerable elders. "People get desensitized to things like this," said Pompey, of Virginia. "If it happens to a child or a dog, people won't shut up." James Lovette-Black, a California nursing home inspector until 2020, offers a glimpse of how the problem persists. Lovette-Black said facilities often did not have enough nurses or aides to meet residents' needs. Yet despite his best efforts, he said, "I don't recall ever citing for staffing violations in any nursing home in my eight years." He echoed hundreds of inspectors surveyed for a study in 2013 as he described why. Staffing citations were not a priority set by department leaders, Lovette-Black said, and they were difficult to back up. He accused facilities of routinely beefing up staff during inspections, among other tactics documented by researchers, to avoid blemishes on public ratings. The American Health Care Association, the nation's largest trade group for nursing homes, said in a news release this summer that 94% of the country's facilities missed minimum staffing guidelines tougher than those used in USA TODAY's analysis. The organization said in an email that "the vast majority" of nursing homes provide inspectors with accurate information. That, senior vice president Holly Harmon said, is not the culprit. "We firmly support transparency and accountability," Harmon said, "and we must also foster an oversight system that recognizes good faith efforts and promotes improvement, not just penalties." Speaking of Biden's plan, she added: "A new, federal staffing mandate without the available workforce and financial resources necessary to meet it would reinforce a punitive process that hasn't been working for decades." Medicaid reimbursements, which pay for most nursing home stays, pays less than Medicare. The broader financial picture, however, is complicated. Taxpayers spend nearly $90 billion each year on Medicaid and Medicare stays at nursing homes — many of them run by companies that report double-digit profit margins. Nursing homes also pay caregivers less than most other health care sectors. Half of nursing staff — or more — turns over in a year, according to federal statistics on the industry. Registered nurse Barbara Decelles made the best of it for 38 years at senior care centers in Wisconsin and Illinois. She quit last year.

She's done working 25-hour shifts, knowing she might be making mistakes, then, exhausted, driving off the road on her way home.
She's done choosing which call light to answer and which to ignore. She's done asking for more help and being told it doesn't fit the budget. She's had it with owners appearing on a busy day to celebrate the staff's heroic work with a goofy photo-op but not extending benefits to aides or awarding raises.
But she can't escape from the anger – that people she cared for daily declined faster and died sooner because of inadequate staffing.
"Somehow, somebody is making money off of this, and it certainly isn't the caregivers," Decelles said. "I'm tired to my soul."

THE ENFORCEMENT GAME

Understaffing has been a problem throughout decades of nursing home reforms – one that Bill Halamandaris said leaders in Congress and at CMS have repeatedly sidestepped.
Halamandaris, a retired Capitol Hill staffer, worked on the Senate Committee on Aging as the nation wrote its first rules for nursing homes and granted broad authority to federal health officials to enforce them. Halamandaris said the 1967 Moss Amendments, among other things, were intended to lead to the creation of staffing minimums and a subsequent crackdown.
That didn't happen.
"Like a lot of things, the congressional intent is lost in the bureaucracy," Halamandaris said.
Federal regulators have since created multiple ways to measure whether a nursing home has enough staff.
Since the late 1980s, regulations have required facilities to have "sufficient nursing staff" to meet resident needs and to have a registered nurse in the building at least eight hours every day.
In 2001, a study commissioned by the Medicare regulator for Congress recommended minimum numbers of nurses and aides.
Then, beginning in 2011, CMS relied on the findings of a different study to determine how much to pay nursing homes for residents on Medicare. Reimbursements are calculated based on the level of staffing a typical nursing home provides for people with similar medical needs. It's the formula CMS also deploys in its consumer-focused Nursing Home Care Compare tool.
That "expected" level of staffing, which USA TODAY used in its analysis, is almost always lower than the 2001 minimums.
Regulators have not used either the 2001 or 2011 benchmarks for enforcement. And USA TODAY found a chasm between facilities whose own filings with the federal government show they blew a third standard, the eight-hour rule, and those who get cited for it.
Nicholas Castle, a leading researcher on enforcement of nursing home standards from West Virginia University, said concentrated enforcement efforts also can have a significant effect. For instance, CMS and state inspection agencies focused for years on reducing the use of physical restraints.
Those restraints, he said, have "almost disappeared."

Long-term care advocate Richard Mollot said that even without explicit numeric staffing requirements, the federal government's qualitative approach combined with a wide array of available staffing benchmarks should provide plenty of leverage over short-staffing.

If inspectors "were empowered and interested, able or willing, to enforce this, I think the sufficient staffing requirement would be fine," said Mollot, executive director of the Long-Term Care Community Coalition. "But unfortunately, they're unwilling or unable to do that."

CMS declined multiple requests for an on-the-record interview about USA TODAY's findings, staffing levels and oversight.

The results of timid enforcement play out daily in nursing homes across America.

CONSEQUENCES OF LAX ENFORCEMENT

Cindy Napolitan, 66, is an eyewitness to what short-staffing means at Cheyenne Medical Lodge in Mesquite, Texas, where she lives with her adult daughter. Both have multiple sclerosis, and Napolitan's husband, who had been their caregiver, died in 2017.

Based on the 2001 federal study, the home should have enough aides to provide 2.8 hours of care per resident each day. The formula the government uses to pay the home Medicare money assumes it's offering 2.4 hours. The real number for Cheyenne Medical Lodge? Each resident can expect 1.7 hours of aide care daily, according to its most recent reports to the government.

Napolitan described a struggle to get regular showers or help transferring into a wheelchair. She said her daughter developed a painful pressure ulcer because a doctor's orders to turn her every two hours were not followed.

The administrator of Cheyenne Medical Lodge and its operating company, Foursquare Healthcare, did not respond to multiple requests for comment.

Since 2017, Texas nursing homes have reported the nation's second-lowest staffing levels, USA TODAY found. Although more than 950 facilities reported fewer nurses or aides than expected by the Medicare formula, inspectors issued citations to just 16 of them – among the country's lowest penalty rates.

A spokesperson for the Texas Department of Health and Human Services said inspectors "thoroughly investigate those concerns." But assistant press officer Tiffany Young noted that the data collected by CMS is old before inspectors arrive, adding that they "are looking at staffing at that specific point in time."

Napolitan has filed complaints, and when state inspectors made a repeat visit earlier this month, she said she quizzed them about whether her nursing home has had a record number of grievances.

"We don't even come close," she said. "That's scary."

She's resigned to the fact that she'll probably be fighting for good care for herself and her daughter as long as she can still communicate.

"I'm diplomatic; I try to be," Napolitan said. "But there are times when you just have to say, 'All right, enough is enough.'"

Residents of other nursing homes and their family members told USA TODAY they felt trapped. No matter where they went, they could not find adequate

	care. No matter who they told about staffing problems, they could not find someone to improve the situation. In New York City, Claire Campbell encountered low staffing levels everywhere she took her mother, Grace E. Campbell. USA TODAY's analysis found that during her stays in two nursing homes between 2019 and 2022, the gap between actual staffing and CMS' expected staffing ranked them in the state's bottom third. Even though Claire participated on the family council at one and filed numerous complaints with the state against both facilities, she said little ever changed. In 2019, Grace entered The Riverside Premier Rehabilitation and Healing Center in Manhattan, a for-profit facility that overlooked the Hudson River. She still was able to do the daily crossword in The New York Times and play along with "Jeopardy," but she needed help standing up from the toilet. Instead, Claire said, nurses insisted her mother wear a diaper. Delays in diaper changes, she claims, set off a chain reaction: Her mother avoided drinking water then suffered from dehydration and urinary tract infections. In an email to USA TODAY, The Riverside administrator Jake Hartsein declined to discuss those allegations but denied that residents experience delays or omissions in care. He said that CMS recently gave the facility a five-star rating for some quality measures. He failed to mention that one-star ratings for health inspections and staffing pulled Riverside's overall rating down to two stars. When asked if he thought his staffing levels were adequate, Hartstein wrote: "In comparison with other skilled nursing facilities in our immediate proximity, The Riverside's nurse aide (CNA) staffing levels are on the same level." After yet another fall, Grace moved from The Riverside to Amsterdam Nursing Home, a nonprofit, in the early summer of 2021. There, Grace routinely had to wait hours for help to use the bathroom, Claire said. She could not push her wheelchair over the marble threshold. Because of the frequent delays, Claire said, she hired an aide to visit her mother at the nursing home. Even that did not guarantee timely care. On Claire's birthday in January, Grace called saying she had to have a bowel movement, but no one had helped. Claire and a friend abandoned their lunch to rush over. Within an hour, Grace, 98, was dead. Her death certificate read "natural causes." In a statement to USA TODAY, a spokesperson for the management company with which Amsterdam Nursing Home contracts, Centers Health Care, said "safety and care" are the top priority. Corporate communications director Jeff Jacomowitz said in a statement that the facility meets all state staffing requirements. Yet, Amsterdam Nursing Home was cited for insufficient staffing by the department's inspectors in February, just weeks after Grace's death.

Government penalties for insufficient staffing are rare in the state of New York. Of the facilities reporting levels below those expected by the Medicare formula, only 3% were cited for it.

The inspectors who visited Amsterdam showed how it could be done. They compared daily staffing reports with the facility's assessment of complete staffing, finding enough caregivers on just four days in January 2022.

One nursing assistant interviewed by inspectors called the situation "a nightmare." She said she was embarrassed to answer the phone and talk to family members who wondered why their relative had not been taken out of bed that day. "I can't take 18 people out of bed when there are only two staff," she said. "It's impossible."

Inspectors also had issued a citation for insufficient staffing to The Riverside in May 2019, when Grace was a resident. Neither that citation nor the one for Amsterdam ended in fines.

"Ensuring all nursing home residents receive proper care is a priority of the New York State Department of Health," said Deputy Director of Communications Jeffrey Hammond. He also noted that inspections "are conducted in accordance with federal regulations."

A new state law that took effect in April requires nursing homes to spend at least 40% of their revenue on staff that provides face-to-face care.

"I reported it to everyone," Claire Campbell said of the understaffing and poor care. "From the nursing station to the medical director to the wound care director to the ombudsmen to the State of New York Department of Health. … Nobody took action."

MORE INSPECTORS, OR MORE CLOUT?

Part of the president's plan to address lax enforcement of nursing home rules is to pay states to hire more nursing home inspectors and boost their pay. Inspectors, who often are registered nurses, can find better wages and less out-of-town travel in the private sector. Federal funding for nursing home enforcement has not changed since 2014: about $397 million a year. Biden wants to increase that by 25%, matching inflation over the past seven years.

Sen. Bob Casey, a Democrat from Pennsylvania who has pushed for tougher enforcement on the worst nursing homes, supports the funding increase.

"I've been advocating … for years now, for not just transparency and accountability with regard to nursing homes themselves," he said, "but also the resources that will bring about that transparency, accountability and better performance."

Casey notes that a January report from the Inspector General for the Department of Health and Human Services found inspection agencies understaffed. A quarter of states routinely miss a federal deadline to inspect a home within 10 days of receiving a safety complaint.

In letters to state officials this fall, Casey said about a third of nursing homes are overdue for standard annual inspections. Some states are doing far worse than others.

Inspectors also have reported frustrations with the job. The 2013 survey of hundreds of nursing home inspectors in 10 states found widespread pressure from industry and elected officials to change inspection results.

"We are being crushed by political influence of the nursing home groups," one inspector wrote.

Some inspectors said they would recommend fines or even stiffer penalties only to have their bosses "downcode" their reports. A reversal that "throws out things you work so hard on can be discouraging," another inspector wrote.

Dean Lerner, an attorney who oversaw regulatory enforcement in Iowa for nearly a decade, said he once expanded the state's team of nursing home inspectors because they "were so understaffed." But, he said, the incoming governor cut those positions before anyone could start.

Sometimes CMS' own guidance has created confusion.

The federal manual given to states to train their inspectors for years told them they should not investigate staffing levels unless the inspector had first found that care standards were not met. It's like handing out speeding tickets only to drivers who crash.

A year after regulations changed in 2016, that guidance was updated, allowing inspectors to look into staff at any time and without needing to link low staffing to poor care. But the rarity of citations, coupled with observations of inspectors, suggests some still believe they need examples of care violations.

That's not the only barrier confronted by inspectors. Nurses told USA TODAY they have been threatened with termination if they speak honestly to inspectors. Others feared they could be held personally responsible for poor care caused by understaffing beyond their control.

Nurses also confessed they had given falsified staffing data to inspectors during visits or called in extra workers on days they learned inspectors would be coming. Academic research has found staffing spikes around inspection days.

Lovette-Black, the retired California state inspector, recalled seeing the same staffing-related problems – "frequent falls or pressure injuries or infections," he said – year after year at the same facilities. By submitting paperwork that testifies they had retrained their staff members or had adjusted staffing schedules, he said, the nursing homes would be deemed back in compliance.

"A year later when you went back, they would have slipped back into their bad practices," he said. "There still wasn't enough CNAs. Wasn't enough licensed nurses.

"Nothing really changes. The culture doesn't change."

UNEQUAL CARE

After David Jones, 71, had a stroke, he was sent to a Virginia nursing home for a few weeks of physical therapy to regain use of his leg. He and his wife chose Glenburnie Rehab and Nursing Care Center, a facility near their predominantly Black neighborhood in Richmond.

	The proximity made it easier for Jones' elderly wife and daughter – a nurse's aide – to spend time with him daily. After retiring from his job as a hospital janitor, Jones had loved to travel and especially enjoyed fishing trips in the rural countryside where he grew up. Friends and other family members visited him in the nursing home. Low staffing is particularly acute at nursing homes that serve a high proportion of nonwhite residents. That includes many facilities in Virginia like Glenburnie Rehab, where about half the residents are Black. At Virginia facilities with more residents of color, only 7% met the staffing levels they were expected to employ based on the Medicare payment formula. Among all other nursing homes in Virginia, 30% hit that mark. Yet only eight staffing citations were issued to any nursing home in Virginia last year. Three of them went to predominantly Black homes. Kimberly Beazley, director of the Virginia office that oversees nursing home licenses and inspections, said the division has historically had more turnover than other teams. She said 30% of inspector positions are now vacant. But Beazley said she does not think vacancies have affected the quality of inspections, only the quantity inspectors can complete. Asked whether the state was issuing enough citations for staffing violations, she said, "We have followed all CMS' guidance." Researchers have connected the disparity in staffing to higher for-profit ownership of nursing homes in Black communities and the fact that more Black residents pay for their stays with Medicaid, which reimburses nursing homes at a lower rate. Some are too young for Medicare; others end up there beyond the usual 21 days covered by that benefit. Tetyana Shippee, associate director of research at the Center for Healthy Aging and Innovation at the University of Minnesota, said the racial disparities in COVID-19 deaths brought attention to a little-discussed niche of nursing home research: the health and quality-of-life consequences of structural racism in policies and practices. "Nursing homes are the most racially segregated aspect of health care," she said. People who go to a facility where fewer residents are white will have different outcomes, she said. "Regardless of your health profile, you're going to have worse quality of care." Tracey Pompey, a nurse's aide in Virginia for 30 years, saw the disparities while working as an on-call agency nurse in dozens of facilities. "No one is being held accountable for what is happening in these facilities," said Pompey, a co-founder and vice president of the advocacy organization Justice and Change for Victims of Nursing Facilities. "I saw firsthand how patients are treated; how horrible the staffing levels are." David Jones is Pompey's father. She experienced the system from a new vantage point when writing a complaint about his care at Glenburnie, in which she described how she believed nurses and aides had failed to adequately address serious symptoms in the hours leading up to his death and did not notify family of his condition as required.

The administrator at Glenburnie did not return multiple requests for comment.

USA TODAY found that in every quarter since 2017, Glenburnie timecards reported fewer nurses and aides on hand than expected based on the federal reimbursement formula. At the time of Jones' 2015 stay, federal regulators used a previous system to track staffing levels. That self-reported data shows Glenburnie fell short on aides, who provide the bulk of care, and registered nurses, who are trained to assess resident medical conditions.

Since 2015, the nursing home has never been cited for short staffing.

On his fifth day at the facility, Jones complained of stomach pain. His belly was swollen. For hours he vomited stool, according to a 74-page state report. A nurse documented each of his complaints. The facility also noted he had not had a bowel movement in four days.

An X-ray done at the facility showed Jones' intestines were twisted, but no change in care was ordered beyond giving him giving him oral medications for stomach acid and constipation, along with a probiotic, according to the state report. No one did an abdominal exam.

Ten hours later, at about 2:30 a.m., a registered nurse on the next shift asked an aide to stay with Jones while she called 911, then his family. When she returned with the EMTs, the state report says, Jones was alone, face down on the floor.

His heart stopped before he could be carried into the ambulance.

An inspector issued citations against Glenburnie related to Jones' death: failing to notify family about a change in condition, failing to maintain a resident's well-being, and not keeping complete medical records.

A state review of time-stamped charting notes shows a manager at the facility amended Jones' record days after his death to describe check-ins and care – some of which the review indicates the facility was unable to back up with additional documentation or that did not match staff interviews.

Reflecting recently, Pompey remains frustrated that the facility was not fined for her father's death. And she is left to wonder whether a lack of training or understaffing played a role.

"We feel that had they gotten him to the hospital sooner, things could've been different," she said. "Somebody should've said, 'Something's wrong.'"

MINIMUMS WITHOUT TEETH

When Biden was vice president, the Obama administration had a shot in 2016 at making the rules for nursing homes more explicit. Academics and advocates were calling for numeric staffing minimums to be written into new federal rules — and for those minimums to be enforced.

The administration chose a different path.

"We agree that sufficient staffing is necessary," CMS wrote in the Federal Register. "However, we do not agree that we should establish minimum staffing ratios at this time."

Instead, the agency decided, nursing home managers would have to conduct a "facility assessment" listing how many workers the facility would have on

	hand, a number they're supposed to develop based on the medical conditions of residents. Little changed. USA TODAY found staffing levels at nursing homes have actually decreased 9.4% since 2017, when the assessments were first required. And penalties for understaffing remain rare. Now under order from Biden as president, CMS plans to propose explicit minimums next year for each nursing role, which it says should push facilities to improve. It could be years more before new rules take effect or are enforced. "Having something that's more objective and numerical ... would be useful for increased enforcement relative to the existing, more qualitative standard," said Hannah Garden-Monheit, special assistant to the president from the National Economic Council. But the data also shows putting numbers on the books is no guarantee they will be enforced. In the vacuum of federal staffing minimums, 35 states stepped up to set their own, with varied results. Few wrote rules for both nurses and aides. None require the staffing minimums recommended by federal regulators in 2001. **States with staffing rules** In addition to federal rules, 35 states have their own staffing requirements. Oregon, for instance, requires at least 2.46 hours of daily care per resident from nurses and aides. The northwestern state has the lowest percentage of facilities reporting low staffing and among the highest rates of enforcement, USA TODAY found. Last year, fewer than half of Oregon nursing homes reported less staff than expected in the federal payment formula. Inspectors issued citations to 44% of those that did – more than six times higher than the U.S. average. "Staffing is something we care deeply about in Oregon as inadequate staff is often the cause of safety and quality of care issues," Department of Human Services communications manager Elisa Williams wrote in an email. Louisiana also wrote its own staffing rules, but more nursing homes there fail to meet expectations, suggesting that state rules are not a cure-all if they are not enforced. It requires facilities to provide each resident at least 2.35 hours of care each day from nurses, aides and, sometimes, ward clerks. Last year, only 1 in 10 Louisiana nursing homes had as much staffing as CMS expected based on the reimbursement formula. The state also has the nation's lowest levels of daily RN care in the five years reviewed: 16 minutes per resident compared with 38 minutes nationwide, a total that counts nurses working in administrative jobs. Yet only five facilities were cited for short-staffing. Zero were cited for not having a registered nurse on duty at least eight hours a day even though 78% of Louisiana's nursing homes fell short at least once. The Louisiana Department of Health said in an emailed statement that every inspection includes a review of staff levels. Inspectors also review staffing when investigating specific cases of poor care. Citations are issued, the department email said, "if there is sufficient evidence."

FAILURES IN ILLINOIS

Jacinda Gaston often smelled urine when she stepped off the elevator to start her shift on the fourth floor of Alden Lakeland, an Uptown Chicago nursing home.

Residents who could speak told her they had been sitting in soiled diapers for eight or more hours. Urine and stool ran up people's backs to their necks and the entire bed had to be changed.

She said it was a blessing when another aide shared the load.

"You have to make the decision: 'What room can I get to first?' Knowing in the back of your head there are people who are going to have to wait even longer," said Gaston, an aide at the facility for five months this year. "Then you have the people who don't understand. They're constantly on their call light. By the time you get to them, they're in tears."

Two inspection reports from this year document the understaffing at Alden Lakeland. In February, the director of nursing told inspectors that the fourth floor was supposed to have at least five certified nursing assistants to care for the 74 residents – not two.

The nursing home is one of six facilities named in a class action lawsuit recently filed against The Alden Network, among the largest nursing home operators in Chicago. Gaston has volunteered as a witness for the plaintiffs.

In a statement to the Chicago Tribune, Alden officials said they do not comment on pending litigation but wrote that the company "vigorously denies any and all allegations of wrongdoing."

Alden's vice president of policy and public relations, Janine Schoen, declined to answer questions from USA TODAY, including whether the owners believe staffing has been adequate at Lakeland. Instead, she focused on the company's recruiting efforts, which she described as expansive, and called for action from the state and national capitals.

"We need our leaders in Springfield and Washington to focus on actionable solutions to attract more caregivers to the industry rather than punitive acts that fail to solve the underlying labor shortage," Schoen wrote.

Complaints about Alden Lakeland prompted more frequent inspections than the federal minimum of once every year and three months. Since 2012, inspectors have shown up 28 times and issued 90 citations.

Their reports documented abuse, broken bones, head wounds, medication errors, pressure ulcers that threatened lives, residents with dementia wandering unsupervised, improper use of physical restraints, cloudy catheter tubes, mice infestations and staff members providing care beyond the scope of their licenses.

Residents went months without leaving their beds, weeks without showers and hours without a diaper change.

In the 11-year span covered by those reports, Alden Lakeland was fined only once. In 2016, the facility paid $1,991 for failing to report and investigate abuse or neglect. Three years later, inspectors issued the same citation but no fine when the facility did not investigate how a resident's femur had snapped.

Until this year, none of Alden Lakeland's citations were for short-staffing.

	Overall, Illinois nursing homes had the lowest staffing in the nation across the five years reviewed by USA TODAY. Last year, 91% of nursing homes missed the mark set in the Medicare formula. The state also has been more likely than most to issue staffing citations against nursing homes, USA TODAY's analysis found – which still meant inspectors wrote up only 14% of facilities whose timesheets showed they had missed the expected staffing level. Given the increasing focus from state and federal officials, the Illinois Department of Public Health "anticipates increased inquiry into staffing" during inspections, said spokesperson Michael Claffey. Last year, Alden Lakeland had fewer nurses and aides on hand than most nursing homes in the state: 2.7 hours of care per resident each day, a ratio similar to figures the facility reported in previous years. That's 1.1 hours less care than the staffing the nursing home should have based on the Medicare reimbursement formula and 1.4 hours under what Medicare and Medicaid's 2001 report found essential to avoid medical errors. The most recent staffing figures for Alden Lakeland are even lower. Gaston, the former Alden Lakeland aide, said she once found a resident with dementia locked inside a shower room. He had been there at least three hours. Twice, Gaston remembers, a resident left the building unnoticed. Mary Anne Miller, a retired physical therapist who worked at Alden Lakeland in 2018 and 2019, described the daily struggle to find an aide to help her move residents from bed into a wheelchair so they could attend therapy. Like Gaston, Miller has volunteered to testify against The Alden Network in the pending lawsuit. "I couldn't work there after a while because it was too heartbreaking," she said. "It's not because the staff isn't trying. It's just because there's not enough staffing." Illinois lawmakers recently enacted reforms aimed at boosting staff and quality. The state has raised its staffing minimums and changed Medicaid payments to incentivize increasing staff and wages. At Alden Lakeland, five inspection reports from this year noted the same kinds of poor care documented in dozens of earlier visits. But, for the first time, regulators issued three citations for insufficient staffing. In May, a state inspector found two residents alone in the dining room, one eating with their fingers. Both had significant cognitive impairments and difficulty swallowing. Under medical order, they were to be monitored to ensure they not only ate enough but didn't inhale food into their lungs or choke to death. An aide informed the inspector that "there's not enough staff" to watch or to help them eat. The inspector deemed it an isolated event and issued a citation that would not trigger a fine: "Minimal harm." *This report received support from the Economic Hardship Reporting Project.* https://tinyurl.com/ManyNursingHomesPoorlyStaffed

Quotes of the Week	*Out of 15,428 nursing homes in the U.S., more than three-quarters – 11,757 – had fewer nurses and aides in 2021 than expected under Medicare's payment formula. Regulators cited only 589 of them for short staffing. The failure to penalize facilities for understaffing persists across multiple federal benchmarks.* *Dying for care: Many nursing homes are poorly staffed. How do they get away with it?,* ***USA Today**, December 2, 2022 (updated), https://tinyurl.com/ManyNursingHomesPoorlyStaffed *How long will we have to wait for . . . change? For too many, it is already too late.* Richard Mollot, Executive Director, Long Term Care Community Connection, www.ltccc.org *Somehow, somebody is making money off of this and it certainly isn't the caregivers. I'm tired to my soul.* Barbara Decelles, registered nurse who worked for 38 years at senior care centers before quitting, *Dying for care: Many nursing homes are poorly staffed. How do they get away with it?,* ***USA Today**, December 2, 2022 (updated), https://tinyurl.com/ManyNursingHomesPoorlyStaffed *I couldn't work there after a while because it was too heartbreaking. It's not because the staff isn't trying. It's just because there's not enough staffing.* Mary Anne Miller, a retired physical therapist who worked at Alden Lakeland in Illinois in 2018 and 2019, *Dying for care: Many nursing homes are poorly staffed. How do they get away with it?,* ***USA Today**, December 2, 2022 (updated), https://tinyurl.com/ManyNursingHomesPoorlyStaffed *"I've been advocating … for years now, for not just transparency and accountability with regard to nursing homes themselves, but also the resources that will bring about that transparency, accountability and better performance."* Sen. Bob Casey, D-Pa., *Dying for care: Many nursing homes are poorly staffed. How do they get away with it?,* ***USA Today**, December 2, 2022 (updated), https://tinyurl.com/ManyNursingHomesPoorlyStaffed

"We didn't check our will, our dignity, our rights at the door when we checked into these nursing homes, and people keep forgetting that."

Maurice, a nursing home resident in Maryland, **National Consumer Voice for Quality Long-Term Care,** https://tinyurl.com/MauriceInMaryland

"I can see a time when [I am not able to manage on my own]. I'm not sure what I'm going to do about it."

Lynne Ingersoll, 77-year-old retired librarian, who never married or had children and has outlived her parents, three partners, her two closest friends, five dogs and eight cats, *Who Will Care for 'Kinless' Seniors?,* ***New York Times,** December 3, 2022, https://tinyurl.com/NYTKinless

"Homelessness is driven by the gap between rents and income and the lack of affordable housing, and mental health challenges for both housed and unhoused people are driven by the lack of enough community-based mental health services."

Steven Banks, the former New York City commissioner for social services, *New York's Plan to Address Crisis of Mentally Ill Faces High Hurdles*, ***New York Times,** November 30, 2022, https://tinyurl.com/NYPlanMentallyIll

"If it's done in a coordinated way, it could be really helpful to people's ability to live healthy and fulfilling lives. If it's done in a messy and uncoordinated way, we have real concerns."

Jody Rudin, a former deputy commissioner of homeless services for New York City who is now C.E.O. of the Institute for Community Living, *New York's Plan to Address Crisis of Mentally Ill Faces High Hurdles*, ***New York Times,** November 30, 2022, https://tinyurl.com/NYPlanMentallyIll

Experts say the best place to put someone with severe mental illness after they leave a hospital is usually in supportive housing, which comes with on-site social services, and has the best track record for keeping people stable over the long haul. But though the city and state are accelerating plans to create more supportive housing, it is in such short supply that four of five qualified applicants are turned away.

	New York's Plan to Address Crisis of Mentally Ill Faces High Hurdles, ***New York Times,** November 30, 2022, https://tinyurl.com/NYPlanMentallyIll *"Often the wrong responder & response is what creates a deadly situation, not the mental health crisis itself."* New York City Councilwoman Tiffany Cabán, *New York City to Involuntarily Remove Mentally Ill People from Streets,* ***New York Times,** November 29, 2022, https://tinyurl.com/InvoluntarilyRemoved *Some epidemiologists and demographers predict the trend of older, sicker, and poorer people dying [due to Covid related conditions] at disproportionate rates will continue, raising hard questions about the trade-offs Americans are making in pursuit of normalcy — and at whose expense.* *Covid becomes plague of elderly, reviving debate over 'acceptable loss',* ***Washington Post,** November 30, 2022 (updated), https://tinyurl.com/CovidBecomesPlagueOfElderly *In 2020, persons reaching age 65 had an average life expectancy of an additional 18.5 years (19.8 years for women and 17.0 years for men). This is a decrease from 2019 when the average was 19.6 years. . . People aged 65 and older represented 17% of the population in the year 2020 but are expected to grow to be 22% of the population by 2040. . . The educational level of the older population is increasing. Between 1970 and 2021, the percentage of older persons who had completed high school rose from 28% to 89%. . . Consumers aged 65 and older averaged out-of-pocket health care expenditures of $6,668 in 2020, an increase of 38% since 2010 ($4,843). . . In 2021, 10.6 million (18.9%) Americans aged 65 and older were in the labor force (working or actively seeking work). . . In 2017-2018, 40.4 million family caregivers provided unpaid care to a family or non-family member aged 65 and older.* *2021 Profile of Older Americans,* **Administration on Community Living,** View the Profile
Reports	**1. Administration on Community Living** *2021 Profile of Older Americans*

	The Profile of Older Americans is an annual summary of the available statistics related to the older population in the United States. Principal sources of data are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile illustrates the shifting demographics of Americans aged 65 and older. It includes key topic areas such as future population growth, marital status, living arrangements, income, employment, and health. This year's report includes a special section on family caregivers. In addition to the full report, ACL's Profile of Older Americans webpage also contains individual charts/graphs as image files. Also on this page are Excel tables from this and past years, along with previous years' profiles. **Highlights from the Profile*** • People 65+ are expected to represent 22% of the population by 2040. • Of older adults living in the community, 60% lived with their spouse/partner in 2021. About 27% lived alone. • In 2021, 10.6 million Americans age 65+ were in the labor force (working or actively seeking work). • Between 1970 and 2021, the percentage of older persons who had completed high school rose from 28% to 89%. • From 2020 to 2021, only 3% of older adults moved residence, as opposed to 10% of the population below age 65. View the Profile
Age-Friendly Public Health Systems Recognition Program	**2. Age-Friendly Public Health Systems Recognition Program** Through its Age-Friendly Public Health Systems (AFPHS) initiative, Trust for America's Health (TFAH) prioritizes the public health roles in healthy aging and encourages all state and local public health departments to make healthy aging a core function. To further incentivize this transition, TFAH developed an AFPHS Recognition Program based on the 6Cs Framework for Creating Age-Friendly Public Health Systems and corresponding actions that, if achieved, will reflect a health department's commitment to healthy aging. This revised version of the original Recognition Program is designed to honor all levels of engagement by public health professionals in advancing healthy aging. TFAH will offer one-on-one technical assistance to further build the capacity of state and local health departments to become age-friendly. The new Program offers opportunities for recognition at three levels: AFPHS Champion (individual); AFPHS Recognition (departmental); and AFPHS Advanced (also departmental). Program Benefits: • Recognition in the AFPHS newsletter and on the AFPHS website • Certificate and virtual badge that can be used on websites, email signatures, department resources, and social media • Opportunity to leverage recognition with potential partners and funders, and • Demonstrates commitment to more fully achieve the department's mission of serving the population throughout the life course. Enroll in the AFPHS Recognition Program
Dignity Votes 2022	**3. Healey / Driscoll Transition Team** https://healeydriscolltransition.com **4. Andrea Campbell Transition Committee**

https://www.andreacampbell.org/transition/

Update: December 5, 2022
Today, Attorney General-Elect Andrea Campbell announced the chairs and members of her Transition Team. Campbell has named Brent Henry, Mary Strother, Ralph Martin, and Stephanie Lovell as her Transition Co-Chairs. Will Stockton, who served as Campbell's Campaign Manager, will serve as Transition Director.
"I am honored to have the support of this incredible transition committee as we move to the next phase of our work to create a more just, more fair Commonwealth while fighting to protect the rights, health and well-being of all our residents. We have brought together a diverse group of lawyers, youth, subject matter experts, and business, non-profit and community leaders to review the work of the office while identifying the north stars for every bureau," said Attorney General-Elect Andrea Campbell.
Campbell's Transition Committee will include a Hiring Committee and a 'Ready on Day One' Committee, composed of five sub-committee teams focused on the work of the following AGO bureaus: Health Care and Fair Competition Bureau, Public Protection and Advocacy Bureau, Government Bureau, Energy and Environment Bureau, and Criminal Bureau. A full list of members can be found below.
Campbell Transition Committee
Transition Director

- Will Stockton, Former Campaign Manager, Andrea Campbell for Attorney General

Transition Co-Chairs

- Brent Henry, Partner, Mintz
- Mary Strother, Former First Assistant Attorney General
- Ralph Martin, Former Suffolk County District Attorney
- Stephanie Lovell, Former First Assistant Attorney General

Hiring Committee

- Angela Gomes, Partner, Sullivan & Worcester
- Brent Henry, Partner, Mintz
- Mary Strother, Former First Assistant Attorney General
- Navjeet Bal, Managing Director & General Counsel of Social Finance; Former Massachusetts Commissioner of Revenue
- Pat Moore, Partner, Hemenway & Barnes; Former Associate Counsel at the White House, Deputy General Counsel to the Biden for President campaign, and Deputy Counsel to Governors Patrick and Baker
- Ralph Martin, Former Suffolk County District Attorney
- Stephanie Lovell, Former First Assistant Attorney General
- Stesha Emmanuel, Partner, McCarter & English

Ready on Day One Committee
Ready on Day One Committee Co-Chairs

	• Pat Moore, Partner, Hemenway & Barnes; Former Associate Counsel at the White House, Deputy General Counsel to the Biden for President campaign, and Deputy Counsel to Governors Patrick and Baker • Sara Cable, Senior Privacy Attorney for Northeastern University; Former Chief of the Data Privacy and Security Division for the Massachusetts Attorney General's Office *Government Bureau Team* • Co-Chair: Marty Murphy, Partner and Co-Chair of the Litigation Department, Foley Hoag • Co-Chair: Jennifer Grace Miller, Former Chief, Government Bureau, Massachusetts Attorney General's Office • Co-Chair: Navjeet Bal, Managing Director & General Counsel of Social Finance; Former Massachusetts Commissioner of Revenue • Don Stern, Managing Director of Corporate Monitoring & Consulting Services at Affiliated Monitors; Former US Attorney; Former Chief, Government Bureau, Massachusetts Attorney General's Office • Ed Lambert, Former Mayor of Fall River • Jamie Hoag, JFK Fellow, Harvard Kennedy School, MC-MPA Program • Hon. Margot Botsford (ret.) • Paige Scott Reid, Former General Counsel, Massachusetts Department of Transportation • Scott Lang, Former Mayor of New Bedford • Susan Maze-Rothstein, Executive Director, Center for Restorative Justice, Suffolk University • Tony Sapienza, Chair, New Bedford Chamber of Commerce; Chair, New Bedford Whaling Museum *Healthcare and Fair Competition Bureau Team* • Co-Chair: Michael Curry, President & CEO, Massachusetts League of Community Health Centers • Co-Chair: Lois Dehls Cornell, Executive Vice President of the Massachusetts Medical Society • Bob Gittens, Executive Director, Bridges Homeward • Dallas Ducar, CEO, Transhealth • Alice Mark, MD, MSc, OB/Gyn, Reproductive Health Consultant • Ndidiamaka Amutah-Onukagha, PhD, MPH, CHES, Julia A. Okoro Professor of Black Maternal Health, Associate Professor, Public Health and Community Medicine, Assistant Dean of Diversity, Equity, and Inclusion, Director and Founder, Center for Black Maternal Health and Reproductive Justice, Tufts University of School of Medicine; Director and Founder, MOTHER Lab • Paul Ayoub, Chair, Nutter • Thea James, MD, Vice President of Mission and Associate Chief Medical Officer, Boston Medical Center • Troy Brennan, MD, Adjunct Professor at the Harvard School of Public Health; Former Executive Vice President and Chief Medical Officer, CVS Health

	Public Protection and Advocacy Bureau Team • Co-Chair: Jon Miller, Former Chief, Public Protection & Advocacy Bureau, Massachusetts Attorney General's Office • Co-Chair: Hon. Merita Hopkins (ret.) • Barbara Anthony, Senior Fellow in Healthcare Policy, Pioneer Institute; Former Chief, Public Protection & Advocacy Bureau, Massachusetts Attorney General's Office • **Barbara L'Italien, Executive Director, Disability Law Center, Inc. (Member, Dignity Alliance Massachusetts)** • Bob Sherman, Senior Counsel, Greenberg Traurig; Former Ambassador to Portugal; Former Chief, Chief of the Consumer Protection Division, Office of the Attorney General • Carl Steidel, Senior Director of Operations, Center for Restorative Justice, Suffolk University (In consultation with Carolyn Boyes-Watson, PhD, Founder) • Cheryl Andrews-Maltais, Chairwoman, Wampanoag Tribe, Aquinnah • Cliff Cohn, Former State Council President, SEIU; Former Chief of Staff, SEIU Local 509 • Darian Butcher, Founder, Butcher Law; Co-chair, Trust and Estates Education Committee of the Boston Bar Association; Member, Massachusetts Supreme Judicial Court Standing Committee on Lawyer Well-Being; President of the Board of Directors of GLBTQ Legal Advocates & Defenders (GLAD) • Elizabeth Matos, Executive Director, Prisoner's Legal Services • Eric Shupin, Director of Public Policy, Citizens' Housing and Planning Association • Deisy Escobar, Railroad Street Youth Project; Co-Chair for the Southern Berkshire Community Health Coalition • Gary Klein, Former Senior Trial Counsel, Public Protection and Advocacy Bureau, Massachusetts Attorney General's Office • Jeff Clements, Former Assistant Attorney General & Chief, Public Protection & Advocacy Bureau • Joanne Goldstein, Former Massachusetts Secretary of Labor and Workforce Development • Jocelyn Jones, Partner, Segal Roitman, LLP • Joe Hungler, Executive Director, Boys and Girls Club of Lowell • Josh Dohan, Former Director of the Youth Advocacy Division, Committee for Public Counsel Services • Liza Price, Railroad Street Youth Project • Lydia Edwards, State Senator, 1st Suffolk and Middlesex District • Mac Hudson, Board Member, Prisoner's Legal Services • Marisol Pierce Bonifaz, Reproductive Justice Advocate • Marlies Spanjaard, Director of Education Advocacy, EdLaw Project • Michael A. Johnson, Chief Legal Strategist, GLBTQ Legal Advocates & Defenders (GLAD) • Peter Merrigan, Partner, Sweeney Merrigan Law • Sherry Riva, Founder and Strategic Advisor, Compass Working Capital; Co-Chair, Andrea Campbell for Attorney General • Thomas Bond, Partner, Kaplan Bond Group

	• Zoila Gomez, Founder & Managing Partner, Gomez & Palumbo
Request for Input to Drafting Proposed Legislation	**5. Prisoners' Legal Services of Massachusetts (PLS)** https://plsma.org/ PLS is drafting a legislative proposal to fix many of the persistent problems with implementation of the medical parole law for the upcoming legislative session. Some of the proposed language is meant to address the Department of Correction's penchant for requiring people to go to nursing facilities even where home-based care is available. To review the current draft of the proposed legislation and to offer input, contact Lauren Petit at PLS lpetit@plsma.org.
Webinars and Online Sessions	**6. Stanford Social Innovation Review** Wednesday, December 7, 2022, 2:00 to 3:30 p.m. *The Challenges of Collective Impact and How to Master Them* Social sector organizations seeking to make larger population-level or systems-level change have long found that forming networks is essential. In recent years, the collective impact approach has offered a set of practices that can support effective multi-organization networks working to solve a specific social problem. However, a closer look at collective impact networks reveals several practices which actually impede progress. In this SSIR Live! session, we will explore some of the challenges of the collective impact approach and share valuable lessons on how to avoid them. In this 90-minute program, social sector leaders, policy makers, and philanthropists will benefit from shifting their focus to the leadership and cultures that underpin successful networks and collective impact efforts. This specially designed LIVE program will address several important topics, including ways that leaders can better manage critical situations, effectively engage with partners and beneficiaries, and employ the principles of collective impact. **This 90-minute interactive *SSIR Live!* program will:** • **Demystify** the collective impact approach and explore what really works • **Contextualize** practices that often impede collective impact approaches • **Highlight** how a shift from organizational to network mindsets enables executives, board members, and funders to generate greater impact • **Elaborate** upon best practices that support distributed leadership and help build inclusive, collaborative cultures **Who Should Attend?** This program provides insights for leaders across the social innovation ecosystem. Social sector leaders, policy makers, and philanthropists will benefit from better understanding of what makes for successful networks and collective impact efforts. **Presented by** Jane Wei-Skillern and Paul Schmitz. Jane is a senior fellow at the Center for Social Sector Leadership at the Haas School of Business at UC Berkeley. She has been studying network leadership and supporting social sector leaders in applying lessons from this work for more than two decades. Paul is senior advisor at The Collective Impact Forum and CEO of Leading Inside Out, where he helps build the collective leadership of organizations and communities to achieve greater social impact. Moderated by David Johnson

Price for this webinar: $69 This price includes access to the live interactive webinar and unlimited access to the recorded webinar video and resources for twelve months from the date of broadcast.
Register: https://tinyurl.com/CollectiveImpactDec7

7. **The Long Term Care Discussion Group**
Thursday, December 8, 2022, 12:00 to 1:00 p.m.
Making Sense of The Mid-Term Elections and Where We Go from Here
Topic:
Every recent election seems to be dramatic. 2022 lived up to this in part because the expectations of a "red wave" were no truer than the blue one two years ago. This session of the LTC Discussion Group will explore the outcomes of the November elections including Congressional committee assignments, and any potential Administration changes. What might this all mean for aging and long term care policy in the coming year? We are pleased to have two experts who can speak knowledgeably and with insight and humor about what we might see.
About the Speakers:
Bob Blancato
Robert "Bob" Blancato is the Executive Director of the National Association of Nutrition and Aging Services Programs. He is also President of Matz, Blancato and Associates, the National Coordinator of the bipartisan 3000-member Elder Justice Coalition, and the National Coordinator of the Defeat Malnutrition Today coalition.
Bob has long been recognized as a national advocate with policy expertise on behalf of older adults. In 2019, he was invited by both the Senate Finance Committee and House Ways and Means Committee to testify on a range of issues.
Bob's prior work history includes 17 years as a staffer in Congress and an appointment by President Clinton to be the Executive Director of the 1995 White House Conference on Aging, one of four he has participated in. He is a member of the Senior Executive Service.
As a volunteer, he currently serves on the National Board of AARP and the board of the National Hispanic Council on Aging. In 2019, Bob began a four-year term on the National Advisory Committee on Rural Health and Human Services, appointed by HHS Secretary Azar.
Bob holds a BA from Georgetown University and an MPA from American University. Bob has won numerous awards for advocacy, most recently the American Society for Aging's ASA Hall of Fame Award awarded in April 2021.
Joel White
Joel White the Founder and President of Horizon Government Affairs, a health care consultancy that represents two dozen clients and runs four coalitions comprised of 200 organizations dedicated to reforms that improve our health system. Since Horizon's founding in 2007, his team has helped enact more than 50 laws and helped shape countless regulations governing all aspects of the U.S. health care system.
Joel is the President of the Council for Affordable Health Coverage and its campaigns on transparency and medication adherence. He is also the Executive Director of the Health Innovation Alliance, an HGA effort to expand adoption and use of data and technology to make health care work better.
Previously, Joel spent twelve years on Capitol Hill including as Staff Director of the Ways and Means Health Subcommittee. While on the Hill he helped enact

	nine laws, including the 2002 Trade Act, which created health care tax credits for private coverage, the 2003 law that established the Medicare prescription drug benefit and Health Savings Accounts, the 2005 Deficit Reduction Act and the 2006 Tax Reform and Health Care Act, which reformed Medicare payment policies. He holds a BS in Economics from the American University and is a member of the National Economist's Club. **Accessing the Meeting**: Join Zoom Meeting (No pre-registration required)
Previously posted webinars and online sessions	**Previously posted webinars and online sessions can be viewed at:** **https://dignityalliancema.org/webinars-and-online-sessions/**
Behavioral Health	**8. *New York Times** November 30, 2022 *New York's Plan to Address Crisis of Mentally Ill Faces High Hurdles* Many city residents agree something needs to be done to remove people with severe mental illness from public places. But some experts say the mayor's aggressive new approach may not help. Many New Yorkers agree that the city must do more to help people with severe mental illness who can be seen wandering the streets and subways. But on Wednesday, a day after Mayor Eric Adams announced an aggressive plan to involuntarily hospitalize people deemed too ill to care for themselves, experts in mental illness, homelessness and policing expressed skepticism that the plan could effectively solve a crisis that has confounded city leaders for decades. Mr. Adams said he was instructing police officers and other city workers to take people to hospitals who were a danger to themselves, even if they posed no risk of harm to others, putting the city at the center of a national debate over how to care for people with severe mental illness. Mental health experts and elected officials applauded the mayor's attention to the issue, but also raised questions about how his plan would be implemented, how many people might be affected and whether police officers should be involved. https://tinyurl.com/NYPlanMentallyIll **9. *New York Times** November 29, 2022 *New York City to Involuntarily Remove Mentally Ill People from Streets* Mayor Eric Adams directed the police and emergency medical workers to hospitalize people they deemed too mentally ill to care for themselves, even if they posed no threat to others. Acting to address "a crisis we see all around us" toward the end of a year that has seen a string of high-profile crimes involving homeless people, Mayor Eric Adams announced a major push on Tuesday to remove people with severe, untreated mental illness from the city's streets and subways. Mr. Adams, who has made clearing homeless encampments a priority since taking office in January, said the effort would require involuntarily hospitalizing people who were a danger to themselves, even if they posed no risk of harm to others, arguing the city had a "moral obligation" to help them. "The common misunderstanding persists that we cannot provide involuntary assistance unless the person is violent," Mr. Adams said in an address at City Hall. "Going forward, we will make every effort to assist those who are suffering from mental illness." . . Existing state laws allow both the police and medical workers to take people involuntarily to a hospital when their behavior poses a threat of "serious harm"

	to themselves or others. Brendan McGuire, chief counsel to the mayor, said on Tuesday that workers would assess people in public spaces "case by case" to see whether they were able to provide basic needs such as food, shelter, and health care for themselves. https://tinyurl.com/InvoluntarilyRemoved **10. Bipartisan Policy Center** November 30, 2022 *Don't Overlook Young Adults' Mental Health* The nation's youth mental health crisis has garnered attention from public health leaders and policymakers, and rightfully so. Data reveals that American adolescents (generally considered individuals ages 10-19) are increasingly suffering from high rates of both depression and anxiety. Furthermore, major depressive episodes are more prevalent among adolescents ages 16-17 (21.9%), specifically, than any other age group. The mental health crisis is not limited to America's adolescents, however. Young adults are also struggling: Individuals ages 18-25 have the second highest prevalence of major depressive episodes, at 17%. Moreover, studies suggest that young adult women and members of the LGBTQ+ community experience higher rates of behavioral health challenges. Other studies suggest significant disparities in treatment for behavioral health care among young adult people of color. Additionally, research shows that half of all lifetime mental health conditions most often begins between the mid-teens and mid-20s. As it stands, our health and behavioral health care systems generally are only catching the adolescent half of this youth group and are often allowing young adults—those in their late-teens to mid-20s—to be overlooked. Intervention with our nation's adolescents is imperative to protecting their long-term wellbeing. However, the mental health of our nation's young adults remains just as vulnerable and, therefore, in need of greater attention from policymakers. . . [I]t is important to rethink how we communicate with young adults about their health care—and more specifically, their mental health care—options, as well as how we address health care costs at large. The Department of Health and Human Services has attempted to assist young adults by providing them with more resources to help them navigate open enrollment in ACA marketplaces, for instance. The federal government also has online resources for young adults to help them better understand their choices. Furthermore, there is growing recognition that college students, more specifically, need assistance balancing their academic careers with behavioral health challenges. However, more can be done. https://tinyurl.com/DontOverlookYoungMentalHealth **11. *Wall Street Journal** November 27, 2022 *New Help for a Group at Risk for Suicide: Middle-Aged Men* Researchers are investigating new approaches to fight a long-running mental-health problem. https://tinyurl.com/SuicideMiddleAgeMen
Covid	**12. *Washington Post** November 30, 2022 (updated) *Covid becomes plague of elderly, reviving debate over 'acceptable loss'* *Nearly 9 out of 10 deaths are now in people 65 or older, the highest rate since the pandemic began*

	More than 300 people are still dying each day on average from covid-19, most of them 65 or older, according to data from the Centers for Disease Control and Prevention. While that's much lower than the 2,000 daily toll at the peak of the delta wave, it is still roughly two to three times the rate at which people die of the flu — renewing debate about what is an "acceptable loss." And while older Americans have consistently been the worst hit during the crisis, as evident in the scores of early nursing home deaths, that trend has become more pronounced. Today, nearly 9 in 10 covid deaths are in people 65 or older — the highest rate ever, according to a Washington Post analysis of CDC data. Some epidemiologists and demographers predict the trend of older, sicker, and poorer people dying at disproportionate rates will continue, raising hard questions about the trade-offs Americans are making in pursuit of normalcy — and at whose expense. The situation mirrors the way some other infectious diseases, such as malaria and polio, rage in the developing world while they are largely ignored elsewhere. . . Walensky acknowledged that deaths among the elderly, especially those with multiple chronic conditions, are "a real challenge." Epidemiologists tend to divide the pandemic into three distinct periods. In the first year, from March 2020 to March 2021, the United States experienced about 500,000 deaths. The toll was about the same the following year. In the third year, the nation is on track to lower that count significantly, to 150,000 to 175,000 deaths — barring a curveball in the form of a new variant. That means that coronavirus is likely to rank third as a cause of death this year. By comparison, heart disease and cancer kill roughly 600,000 people each year; accidents, 170,000; stroke, 150,000; and Alzheimer's, 120,000. Flu, in contrast, kills 12,000 to 52,000. . . When hospitals were hit with a crush of patients in the spring of 2020, some of the debates about allocating scarce resources centered on age. In documents drafted by some medical institutions, "stage of life," a proxy for age, was sometimes recommended to be used as a tiebreaker in decisions about who should get a ventilator or a bed. A number of experts, including Liao, expressed discomfort with such rankings. "I really disagree with that view," he said. "You can imagine a 70-year-old who can do everything — can enjoy friendship, read books and go to movies." https://tinyurl.com/CovidBecomesPlagueOfElderly
Medicare	**13. Medicare.gov** *Medicare Open Enrollment ends on December 7* **Medicare Open Enrollment ends on December 7.** Take a few minutes to compare plans and check if you can save money or get better coverage for your needs! Visit **Medicare.gov** today to explore your options, and feel confident in your plan selection for 2023. If you decide to enroll in a new plan, your new coverage will start January 1. **What to consider when choosing your 2023 Medicare coverage:** • Check if your doctors are still in-network. • Make sure your prescriptions are on the plan's list of covered drugs, or "formulary." • Consider how the plan's deductible and other out-of-pocket costs factor into total costs.

	• **Some plans** offer extra benefits, like vision, hearing, or dental coverage, which could help meet your needs in 2023. **Compare Plans**
Caregiving	**14. Administration on Community Living** *Family Caregiving: A New Strategy to Address an Issue that Touches All of Us* At any given moment, more than one in five Americans are serving as family caregivers. These caregivers provide assistance that makes it possible for millions of older adults and people with disabilities to live more independently, with dignity, self-determination, and a better quality of life. Another 2.7 million grandparents – and an unknown number of other relative caregivers – serve as primary caregivers for children whose parents were unable to do so. . . At the core of ACL's support for family caregivers is support for the development and release of the 2022 National Strategy to Support Family Caregivers. This strategy was developed jointly by the Recognize, Assist, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council and the Advisory Council to Support Grandparents Raising Grandchildren to provide a roadmap for federal agencies, states, communities, and a variety of public and private sector entities for greater recognition, inclusion, and support for family caregivers. This work will continue with the appointment of two new councils early in 2023. . . ACL also administers several long-standing programs with rich histories of supporting family caregivers, including the National Family Caregiver Support Program, the Alzheimer's Disease Programs Initiative, and the Lifespan Respite Care Program . These programs support family caregivers in every state, territory, and tribal community. The Community Care Corps program was started in 2019 to support innovative local models in which volunteers assist family caregivers, older adults, and adults with disabilities with nonmedical care. This extra support helps them maintain their independence. Many of the models being developed by this program today will become standard practice in the future. . . Supporting family caregivers also means growing and strengthening the direct care workforce. These professionals provide critical services that support the autonomy and independence of people of all ages. However, low wages, limited training and benefits, and few opportunities for career advancement have resulted in a long-standing shortage of these professionals that has reached crisis proportions during the COVID-19 pandemic. As a result, more than three-quarters of home and community-based service providers are turning down new referrals, and more than half have cut services, both of which significantly increase the demands on family caregivers. That's why ACL launched a new Direct Care Workforce Capacity Building Center earlier this year. The center will provide technical assistance to states and service providers and facilitate collaboration with stakeholders to improve recruitment, retention, training, and professional development of direct care workers. Another newly established ACL-funded initiative is the Grandfamilies and Kinship Support Network: A National Technical Assistance Center, which is being developed by Generations United and five national partners. The center will increase the capacity and effectiveness of states, territories, tribes and tribal organizations, nonprofits, and other community-based organizations to serve and support grandfamilies and kinship families https://tinyurl.com/IssueThatTouchesUsAll

Disability Topics	**15. United Nations Department of Economic and Social Affairs Social Inclusion** December 3, 2022 *International Day of Persons with Disabilities (IDPD) 2022* The theme this year is "**Transformative solutions for inclusive development: the role of innovation in fueling an accessible and equitable world**". The annual observance of the International Day of Persons with Disabilities (IDPD) on 3 December was proclaimed in 1992 by the United Nations General Assembly resolution 47/3. The observance of the Day aims to promote an understanding of disability issues and mobilize support for the dignity, rights, and well-being of persons with disabilities. The 2022 global observance to commemorate the International Day of Persons with Disabilities will be around the overarching theme of innovation and transformative solutions for inclusive development, covering in three different interactive dialogues the following thematic topics: **Innovation for disability inclusive development in employment (SDG8)**: this dialogue will discuss the linkages between employment, knowledge and skills required to access employment in an innovative, rapidly changing technological landscape to all and how assistive technologies can increase accessibility to employment and be mainstreamed in the workplace. • **Innovation for disability inclusive development in reducing inequality (SDG10)**: this dialogue will discuss innovations, practical tools, and good practices to reduce inequalities in both public and private sectors, which are disability inclusive and interested in promoting diversity in the workplace. • **Innovation for disability inclusive development: sport as an exemplar case**: a sector where all of these aspects coalesce; sport as a good practice example and a site of innovation, employment, and equity. For more information, please click here.
Aging Topics	16. ***New York Times** December 3, 2022 *Who Will Care for 'Kinless' Seniors?* *Nearly one million Americans have no immediate family members to provide assistance if needed. The number is expected to grow.* An estimated 6.6 percent of American adults aged 55 and older have no living spouse or biological children, according to a study published in 2017 in The Journals of Gerontology: Series B. (Researchers often use this definition of kinlessness because spouses and children are the relatives most apt to serve as family caregivers.) About 1 percent fit a narrower definition — lacking a spouse or partner, children, and biological siblings. The figure rises to 3 percent among women over 75. Those aren't high proportions, but they amount to a lot of kinless people: close to a million older Americans without a spouse or partner, children, or siblings in 2019, including about 370,000 women over 75. . . Several demographic factors have fostered increased kinlessness. Baby boomers have lower marriage rates and higher divorce rates than their parents, and more have remained childless. The rise of so-called gray divorce, after age 50, also means fewer married seniors, and extended life spans can make for more years without surviving family. . . The growing number of kinless seniors, who sometimes call themselves "elder orphans" or "solo agers," worries researchers and advocates, because this group faces numerous disadvantages.

	A study of middle-aged and older adults in Canada found that those without partners or children (this study included no data on siblings) had lower levels of self-reported mental and physical health and higher levels of loneliness. They were less likely to participate in activities like sports, cultural or religious groups, or service clubs — a predictor of later cognitive impairment. Kinless Americans die earlier. . . In the absence of any broad public program, experts suggest a variety of smaller solutions to support kinless seniors. Shared housing and co-housing, providing safety and assistance in numbers and community, could grow, especially with public and philanthropic support. The village movement, which helps seniors age in place, might similarly expand. Revised family-leave policies and caregiver-support programs could include friends and neighbors, or more distant relatives like nieces and nephews. https://tinyurl.com/NYTKinless
	*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	**Age Friendly Public Health Systems** **https://afphs.org/** The website is a joint initiative between the Trust for America's Health (TFAH) and The John A. Hartford Foundation. They have developed the Framework for Creating Age-Friendly Public Health Systems (AFPHS). This Framework is based on 6Cs that outline six areas of age-friendly public health activities: **Creating and leading policy**, systems, and environmental changes to improve older adult health and well-being. **Connecting and convening** multi-sector stakeholders to address the health and social needs of older adults through collective impact approaches focused on the social determinants of health. **Coordinating** existing supports and services to help older adults, families, and caregivers navigate and access services and supports, avoid duplication, and promote an integrated system of care. **Collecting, analyzing, and translating** relevant and robust data on older adults to identify the needs and assets of a community and inform the development of interventions through community-wide assessment. **Communicating** important public health information to promote and support older adult health and well-being, including conducting and disseminating research findings, and emerging and best practices to support healthy aging. **Complementing** existing health promoting programs to ensure they are adequately meeting the needs of older adults. **Prisoners' Legal Services of Massachusetts** **https://plsma.org/** PSL's mission is to challenge the carceral system through litigation, advocacy, client counseling, partnership with impacted individuals and communities,

	and outreach to policymakers and the public in order to promote the human rights of incarcerated persons and end harmful confinement.
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 *The Dignity Digest.*
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.
Nursing Home Closures	• **Quincy Health and Rehabilitation Center LLC, Quincy** 126 beds; current census: 77 Owner: Waschusett Healthcare Star rating: 2 stars Target closure: December 7 • **Attleboro Healthcare, Attleboro** 120 beds Owner: Next Step Healthcare Star rating: Special Focus Facility Target closure: December 29 • **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 **NOTE: Admission freezes have been initiated in all facilities with closure plans.** Closure Notices and Relocation Plans available at: https://tinyurl.com/MANursingHomeClosures
Pending nursing home change of ownership in Massachusetts	• 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 https://www.royalhealthgroup.com
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/

Nursing homes with admission freezes

Massachusetts Department of Public Health

Temporary admissions freeze

On November 6, the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:

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

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

Updated on November 29, 2022. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Attleboro Healthcare	Attleboro	8/31/2022	Closure notice
Brookside Rehab and Healthcare	Webster	11/15/2022	New cases
Cape Heritage Rehab and Health Cen.	Sandwich	10/26/2022	Infection Control
Charwell House Health and Rehabilitation	Norwood	9/14/2022	Infection Control
Chetwynde	West Newton	9/1/2022	Closure notice
Dedham Healthcare	Dedham	7/6/2022	Closure notice
Elaine Center at Hadley	Hadley	11/1/2022	New cases
Gloucester Healthcare	Gloucester	9/1/2022	Closure notice
Life Care Center of the North Shore	Lynn	11/15/2022	New cases
Quincy Health and Rehabilitation Center LLC, Quincy	Quincy	8/10/2022	Closure notice

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

https://tinyurl.com/SpeciialFocusFacilityProgram

Updated October 26, 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

- Attleboro Healthcare, Attleboro
  https://tinyurl.com/AttleboroHealthcare

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
  https://tinyurl.com/MarlboroughHills

Massachusetts facilities which have graduated from the program

- Oxford Manor, Haverhill
- Worcester Health Center, Worcester

Massachusetts facilities that are candidates for listing

- Charwell House Health and Rehabilitation, Norwood
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway
  https://www.medwaymanor.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225412
- Mill Town Health and Rehabilitation, Amesbury
  No website
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225318
- Plymouth Rehabilitation and Health Care Center

	https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Savoy Nursing and Rehabilitation Center, New Bedford No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225423 • South Dennis Healthcare, South Dennis https://www.nextstephc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 • Tremont Health Care Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** Data updated November 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?) # reported Deficiency Tag 250 **B** 82 **C** 7,056 **D** 1,850 **E** 546 **F** 487 **G** 31 **H**

	1 _____I 40_____J 7_____K 2_____L
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* 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: • **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. 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
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* 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.
Long-Term Care Facilities Specific COVID-19 Data	**Massachusetts Department of Public Health** *Long-Term Care Facilities Specific COVID-19 Data* *Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.* **Table of Contents** • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call to Action	• 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**

<table>
<tr><td>Access to Dignity Alliance social media</td><td colspan="3">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</td></tr>
<tr><td rowspan="10">Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.

Please contact workgroup lead for more information</td><td>Workgroup</td><td>Workgroup lead</td><td>Email</td></tr>
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<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
<tr><td>The Dignity Digest</td><td colspan="3">For a free weekly subscription to The Dignity Digest:
https://dignityalliancema.org/contact/sign-up-for-emails/
Editor: Paul Lanzikos
Primary contributor: Sandy Novack
MailChimp Specialist: Sue Rorke</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest
Arlene Germain
Scott Harshbarger
Chris Hoeh
Dick Moore
Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of The Dignity Digest.
If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to paul.lanzikos@gmail.com.</td></tr>
<tr><td colspan="4">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.</td></tr>
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