



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

For Older Americans, the Pandemic Is Not Over **New York Times (free access)**

February 12, 2023 (updated)

<https://tinyurl.com/NYTPandemicsNotOver>

Seniors are increasingly left to protect themselves as the rest of the country abandons precautions: “Americans do not agree about the duty to protect others.”

In early December, Aldo Caretti developed a cough and, despite all his precautions, came up positive for Covid on a home test. It took his family a couple of days to persuade Mr. Caretti, never fond of doctors, to go to the emergency room. There, he was sent directly to the intensive care unit.

Mr. Caretti and his wife, Consiglia, both 85, lived quietly in a condo in Plano, Texas. “He liked to read and learn, in English and Italian,” said his son Vic Caretti, 49. “He absolutely adored his three grandchildren.”

Aldo Caretti had encountered some health setbacks last year, including a mild stroke and a serious bout of shingles, but “he recuperated from all that.”

Covid was different. Even on a ventilator, Mr. Caretti struggled to breathe. After 10 days, “he wasn’t getting better,” said Vic Caretti, who flew in from Salt Lake City. “His organs were starting to break down. They said, ‘He’s not going to make it.’”

At least, this late in the pandemic, families can be with their loved ones at the end of life. When the family agreed to remove Mr. Caretti from the ventilator and provide comfort care, “he was alert, very aware of what was happening,” his son said. “He was holding everyone’s hand.” He died a few hours later, on Dec. 14.

For older Americans, the pandemic still poses significant dangers. About [three-quarters of Covid deaths](#) have occurred in people over 65, with the greatest losses concentrated among those over 75.

In January, the number of [Covid-related deaths](#) fell after a holiday spike but nevertheless numbered about 2,100 among those ages 65 to 74, more than 3,500 among 75- to 84-year-olds and nearly 5,000 among

those over 85. Those three groups accounted for about 90 percent of the nation’s Covid deaths last month.

[Hospital admissions](#), which have also been dropping, remain more than five times as high among people over 70 as among those in their 50s. Hospitals can [endanger older patients](#) even when the conditions that brought them in are successfully treated; the harmful effects of drugs, inactivity, sleep deprivation, delirium and other stresses can take months to recover from — or can land them back in the hospital.

“There continue to be very high costs of Covid,” said Julia Raifman, a public health policy specialist at the Boston University School of Public Health and a co-author of a recent [editorial](#) in The New England Journal of Medicine.

The demographic divide reflects a debate that continues as the pandemic wears on: What responsibility do those at lower risk from the virus have to those at higher risk — not only older people, but those who are immunosuppressed or who have chronic conditions?

Should individuals, institutions, businesses and governments maintain strategies, like masking, that help protect everyone but particularly benefit the more vulnerable?

“Do we distribute them among the whole population?” Dr. Raifman asked of those measures. “Or do we forgo that, and let the chips fall where they may?”

Nancy Berlinger, a bioethicist and research scholar at [the Hastings Center](#), made a similar point: “The foundational questions about ethics are about what we owe others, not just ourselves, not just our circle of family and friends.”

Three years in, the societal answer seems clear: With mask and vaccination mandates mostly ended, testing centers and vaccination clinics closed and the federal [public health emergency scheduled to expire in May](#), older adults are on their own.

“Americans do not agree about the duty to protect others, whether it’s from a virus or gun violence,” Dr. Berlinger said.

Only [40.8 percent of seniors](#) have received a bivalent booster. Some who have not believe they have strong protection against infection, a [C.D.C. survey](#) reported last month (though the data indicated otherwise).

Others worry about side effects or feel unsure of the booster’s effectiveness. Seniors may also find it difficult to locate vaccination sites, make appointments (especially online) and travel to the sites.

In nursing homes, where the early pandemic proved so devastating, only 52 percent of residents and 23 percent of staff members were [up-to-date on vaccinations](#) last month. Early on, a successful, [federally funded campaign](#) sent health care workers into nursing homes to administer the original vaccine doses. Medicare also mandated staff vaccinations.

But for boosters, nursing homes were permitted to develop their own policies — or not.

“It makes absolutely no sense,” said David Grabowski, a health policy professor at Harvard Medical School. “This is the group that should have the highest vaccination rate in the country. Everyone there is very susceptible.”

The Covid costs for older people extend beyond the most extreme dangers and include limited activities, diminished lives and continuing isolation and its associated risks.

In Hillsboro, Ore., Billie Erwin, 75, feels particularly vulnerable because she has Type 1 diabetes. She and her husband have foregone concerts and theater performances, indoor restaurant meals with friends, moviegoing and volunteering. Her book group fell apart.

“We used to spend a lot of time on the Oregon coast,” Ms. Erwin said. But because the trip involves an overnight stay, they’ve gone just twice in three years; annual visits to the Oregon Shakespeare Festival ended for the same reason.

The ongoing constraints have exacerbated the depression Ms. Erwin also contends with; some days, she doesn’t bother getting dressed.

“I’m disappointed we don’t consider other people as much as we ought to,” she said. “I don’t know that most people even think about it.”

Eleanor Bravo, 73, who lives in Corrales, N.M., lost her sister to Covid early in the pandemic; two years passed before the family could gather for a memorial. “I had this inordinate fear that if I got Covid, I would die too,” Ms. Bravo said.

She did develop Covid in July and recovered. But she and her partner still avoid most cultural events, travel, and restaurants. “Our world has gotten much smaller,” she said. An organizer with [Marked by Covid](#), a national nonprofit organization, she is working to build a memorial to the 9,000 New Mexicans who have died of the virus.

Of course, many older Americans, too, have resumed their pre-pandemic routines. In Charlotte, N.C., Donna and David Bolls, both 67, fell ill with Covid in May — “the sickest I’ve been that I can remember,” Ms. Bolls said.

But afterward, they returned to restaurants, concerts, shopping, her part-time retail job and his church choir, without masks. “It’s a risk I’m willing to take,” she said. “I feel like I’m living life on my terms, doing the things I want to do.”

Though the political viability of mandates for masks, vaccination or improved indoor air quality appears nil, policymakers and organizations could still take measures to protect older (and immunocompromised) people without forcing them to become hermits.

Health care systems, pharmacies and government agencies could start renewed vaccination campaigns in communities and in nursing homes, including mobile clinics and home visits.

	<p>Remember the “senior hours” some supermarkets instituted early in the pandemic, allowing older customers to shop with smaller crowds and less exposure? Now, “public spaces are not accessible to people concerned about infections,” Dr. Raifman said.</p> <p>They could be. Markets, libraries and museums could adopt some masks-required hours. Many Off Broadway theaters already designate two or three masked performances each week; others could follow suit. Steven Thrasher, author of “The Viral Underclass,” organized a masked book tour last fall with stops in 20 cities.</p> <p>“Between the extremes of closing everything to mitigate transmission and doing nothing, there’s a middle ground,” Dr. Raifman said. “We can mitigate transmissions in smart and inclusive ways.”</p> <p>Yet Vic Caretti, who has found a grief support group helpful, encounters comments from strangers in Salt Lake City because he wears a mask in public.</p> <p>“I don’t think people understand how Covid affects older Americans,” Mr. Caretti said with frustration. “In 2020, there was this all-in-this-together vibe, and it’s been annihilated. People just need to care about other people, man. That’s my soapbox.”</p> <p>https://tinyurl.com/NYTPandemicsNotOver</p>
<p><i>Quotes of the Week</i></p>	<p><i>The demographic divide reflects a debate that continues as the pandemic wears on: What responsibility do those at lower risk from the virus have to those at higher risk — not only older people, but those who are immunosuppressed or who have chronic conditions?</i></p> <p><i>For Older Americans, the Pandemic Is Not Over, New York Times (free access), February 12, 2023 (updated),</i> https://tinyurl.com/NYTPandemicsNotOver</p> <p><i>“I don’t think people understand how Covid affects older Americans. In 2020, there was this all-in-this-together vibe, and it’s been annihilated. People just need to care about other people, man. That’s my soapbox.”</i></p> <p><i>Vic Caretti, son of Aldo Caretti, a 85-year-old man who died of Covid in December 2022, For Older Americans, the Pandemic Is Not Over, New York Times (free access), February 12, 2023 (updated),</i> https://tinyurl.com/NYTPandemicsNotOver</p> <p><i>The Covid-19 pandemic will not be without continuing costs. A pre-pandemic normal is unattainable in the short term, no matter how urgently we desire it. The questions for policymakers are these: how high will we allow the</i></p>

societal costs to be, and who will bear the greatest costs? Universal masking policies distribute a small cost across society, rather than shifting the highest burdens of Covid-19 onto populations that have already been made vulnerable by structural racism and other inequities.

Universal Masking Policies in Schools and Mitigating the Inequitable Costs of Covid-19, New England Journal of Medicine, November 24, 2023, <https://www.nejm.org/doi/full/10.1056/NEJMe2213556>

Homelessness is an increasingly salient policy issue across all levels of government—as well as a contentious political one. While urban communities and their representatives often frame the issue in terms of public safety, substance use, and mental health, some policy researchers emphasize the relationship between homelessness and housing markets.

Housing Supply and the Drivers of Homelessness, Bipartisan Policy Center, February 7, 2023, <https://tinyurl.com/HousingSupplyHomelessness>

“As the proud daughter of a Navy veteran, I understand how important it is that our veterans receive comprehensive services and care.”

Lieutenant Governor Kim Driscoll, Healey-Driscoll Administration Announces Appointments to the Veterans’ Homes Council, Office of Governor Maura Healey and Lt. Governor Kim Driscoll, February 8, 2023, <https://tinyurl.com/AppointmentsVeteransCouncil>

“An abrupt end to the emergency declarations would create wide-ranging chaos and uncertainty throughout the health care system — for states, for hospitals and doctors’ offices, and, most importantly, for tens of millions of Americans.”

The White House [said in a statement](#).

The following quotes are drawn from the webcast, **Solutions to Ageism in Nursing Homes**, produced by the Gray Panthers of NYC ([Solutions to Ageism in Nursing Homes](#)):

“Nursing homes, like all our healthcare, are prime examples of Intersectionality of ‘isms’.”

	<p style="text-align: center;">~Susan Friedman</p> <p style="text-align: center;"><i>“Action by advocates and Resident Reps. etc. is met with us being called ‘troublemakers and complainers,’ met with retaliation and intimidation. There is no one to help us. Why not?”</i></p> <p style="text-align: center;">~Karen Klink</p> <p style="text-align: center;"><i>“We need a public outcry and we need to demand meaningful changes NOW. We will impact quality of life for people living in nursing homes - and we need everyone to join us!”</i></p> <p style="text-align: center;">~Alice Bonner</p> <p style="text-align: center;"><i>“The head social worker came to see me yesterday and was very irate that two ombudsmen came to see me this week due to a few things that have happened lately. I was told not to pay any attention to what they told me.”</i></p> <p style="text-align: center;">~Sharon Wallace</p> <p style="text-align: center;"><i>“My action plan includes changing the negative words ‘Nursing Home’ to a positive ideal of ‘Care Centers’.”</i></p> <p style="text-align: center;">~Cindy Napolitan</p>
<p>Reports</p>	<p>1. United States Interagency Council on Homelessness December 2022</p> <p><i>All In: The Federal Strategic Plan to Prevent and End Homelessness</i></p> <p>All In is a multi-year, interagency roadmap for a future when no one experiences the tragedy and indignity of homelessness—and everyone has a safe, stable, accessible, and affordable home.</p> <p>The plan was developed by USICH with the collective thinking of 19 federal agencies that make up the USICH Council, and it will be updated annually to reflect the latest evidence, progress, and input.</p> <p>To develop All In, USICH undertook a comprehensive and inclusive input process that included more than 1,500 online comments and 81 listening sessions that gathered feedback from thousands of providers, elected officials, advocates, and others—including more than 500 who have experienced homelessness. The process included people from nearly 650 communities, tribes, and territories.</p> <p>All In sets an ambitious goal to reduce homelessness 25% by 2025 and encourages state and local governments to use the plan as a blueprint for developing their own strategic plans and for setting their own ambitious goals for 2025.</p> <p>The plan is built around six pillars: three foundations—equity, data and evidence, and collaboration—and three solutions—housing and supports, crisis</p>

	<p>response, and prevention. Within each pillar are strategies and actions that lay the groundwork for a future when no one experiences homelessness—not even for one night.</p> <p>https://www.usich.gov/All_In.pdf</p>
Procurement Opportunity	<p>2. CommBuys January 3, 2023 <i>RFR for Electronic Portable Orders for Life-Sustaining Treatment (ePOLST) Registry</i></p> <p>The Executive Office of Health and Human Services, on behalf of the Executive Office of Elder Affairs (EOEA), Department of Public Health, and the Mass Hlway has issued a Request for Responses (RFR) to procure a vendor to implement, maintain, and support the Massachusetts ePOLST registry. The deadline for bids is March 14, 2023. The RFR can be viewed here.</p>
Rally	<p>3. Boston Center for Independent Living Wednesday, March 1, 2023, 1:00 p.m. 26 West Street, Boston (union hall for 32BJ SEIU) <i>Rally to support PCAs! Better wages and benefits to boost the workforce!</i></p> <p>There’s a dangerous shortage of PCAs, leaving people with disabilities short of vital support and services. We’ll rally in the union hall and then march one block to The Embrace on Boston Common.</p> <p>This event is sponsored by BCIL,1199SEIU, and the Disability Policy Consortium. Sign up to co-sponsor. More information to come. ADA reasonable accommodations for people with disabilities are available upon request. CART and ASL interpreters have been requested. To submit a request, contact Rachel at rchartier@bostoncil.org or (617) 338-6665. As part of your request, please include a description of the accommodation you will need and include as much detail as you can. Please provide your contact information in case we need more information. When possible, please allow at least seven days advance notice. Last-minute requests will be accepted but may be difficult to fill. For more info on the event or to co-sponsor, contact Bill Henning at bhenning@bostoncil.org. https://tinyurl.com/PCARallyMarch1</p>
Seeking Legislative Co-Sponsors	<p>4. Dignity Alliance Massachusetts <i>Legislative Co-Sponsorship Recruitment Event</i> Thursday, February 16, 2023, 11:00 a.m. to 12:30 p.m. Room 438, State House</p> <p>Dignity Alliance Massachusetts is recruiting legislative co-sponsors for thirteen bills it is proposing for the current legislative session. The proposals, referred to as the “Dignity Dozen plus One” (DignityDozen.pdf), include legislation affecting older adults, persons with disabilities, caregivers, and the provision of long-term services, support, and care.</p> <p>Dignity Alliance members will be available to answer questions about the bills. Other organizations involved with older adults, persons with disabilities, and caregivers will also be participating to promote legislation they are offering. They include the Disability Policy Consortium, the Disability Law Center, the Massachusetts Developmental Disability Council, MassPACE, and the Massachusetts Guardianship Policy Institute.</p>

	<p>All legislators and their staff are invited to attend. DignityMA members are encouraged to invite their local legislators to attend.</p> <p>For more information, contact former state senator Dick Moore, Chair of Dignity Alliance’s Legislative Workgroup, rmooore8743@charter.net.</p>
Public Policy	<p>5. Advocates Send Letter to CMS in Support of Staffing Study and Their Plan to Propose Minimum Staffing Standard</p> <p>February 2, 2023</p> <p>Consumer Voice along with more than a dozen other advocacy organizations sent a letter to Chiquita Brooks-LaSure, the Administrator of the Centers for Medicare & Medicaid Services (CMS), expressing strong support for the agency’s efforts to address the staffing crisis in nursing homes across the country. Almost one year ago, President Biden announced a historic set of nursing home reforms, one of which was a promise to implement a minimum staffing standard. Since that announcement, CMS has embarked upon a rigorous and fact-based approach to making this promise happen, including soliciting input from the public and conducting a study on the direct care needs of nursing home residents.</p> <p>Implementing a minimum staffing standard would be the most significant increase in protections for nursing home residents in decades. Overwhelming evidence connects better health outcomes with higher staffing levels. Just recently, the Office of Inspector General of the U.S. Department of Health and Human Services (OIG) called into question the adequacy of current staffing standards when analyzing the devastating effect of COVID-19 on nursing home residents. Another OIG report in November 2022 found that inadequate staffing levels increase the likelihood that nursing home residents are illegally drugged, raising their risk of harm and even death. Poorly-staffed nursing homes are more likely to be cited for abuse, have worse health inspection results, and have lower overall ratings on CMS’s Compare Care website.</p> <p>While it is unclear when a minimum staffing standard will be proposed, we need to ensure the voices of residents, families, and workers are heard. Too often the voices of residents and their advocates are drowned out by the special interests of those in the nursing home industry. We must stand united to protect residents and be a voice of hope. We thank CMS for prioritizing the well-being of nursing home residents, our most vulnerable citizens, and look forward to working towards a staffing standard that protects all residents.</p> <p>sent a letter</p>
Seeking Plaintiffs in Class Action	<p>6. SIMMONS V. HEALEY: AN ADA CLASS ACTION SEEKING TO COMPEL MASSACHUSETTS TO STOP THE UNNECESSARY INSTITUTIONALIZATION OF PEOPLE WITH DISABILITIES</p> <p>On October 11, 2022, the Center for Public Representation (CPR), a national disability rights law firm in Easthampton, Massachusetts; Greater Boston Legal Services (GBLS), a local legal services program; Justice in Aging, a national advocacy organization for older adults; and the private law firm of Foley Hoag, LLP filed a class action in federal court against the Commonwealth on behalf of seven people with disabilities unnecessarily institutionalized in nursing facilities and the Massachusetts Senior Action Council. The lawsuit alleges that the Commonwealth violates the Americans with Disabilities (ADA) and the Medicaid Act by failing to provide community residential services and supports, thus forcing thousands of people with disabilities to live in segregated nursing facilities rather than in the community.</p>

	<p>This class action on behalf of nursing facility residents on MassHealth who have been stuck in a nursing facility for 60 days or more seeks to compel the Commonwealth to expand its existing residential programs so that people with disabilities in nursing facilities can make informed choices and have meaningful options to live successfully in the community. If you have any questions or want more information, or if you know someone who might benefit from the lawsuit, please contact CPR (413-586-6024) or GBLS (617-603-1576): Betsey Crimmins at GBLS -- bcrimmins@gbls.org Deb Filler at GBLS – dfiller@gbls.org Jennifer Kaplan at CPR – jkaplan@cpr-ma.org</p>
Position Recruitment	<p>7. Massachusetts Department of Public Health <i>Health and Disability Coordinator</i> This position offers a public health professional with knowledge of ME/CFS the opportunity to make an impact on Massachusetts health policy and support for the disability community. <i>"The Senior Health and Disability Program Coordinator provides consultation, training, and technical assistance on disability and accessibility issues to Department of Public Health (DPH) staff, vendors, and partners in activities related to the Health and Disability Program's (HDP) cooperative agreement with the CDC on "Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs."</i> Click for job posting</p>
Dignity Advocates 2023	<p>Healey / Driscoll Transition Team https://healeydriscolltransition.com Andrea Campbell Transition Committee https://www.andreacampbell.org/transition/ Diana DiZoglio Transition Committee info@dianaforma.com</p>
Webinars and Online Sessions	<p>8. Bipartisan Policy Center Thursday, February 16, 2023, 2:00 to 3:00 p.m. <i>Ensuring Medicare's Sustainability</i> Since Medicare's inception, lawmakers have debated policies to reduce costs and improve care within the program. But with Medicare's Hospital Insurance Trust Fund projected to be insolvent in 2028 and questions surrounding Medicare payment policies, what can Congress do? Join the Bipartisan Policy Center for a conversation on the future of Medicare. Experts will address what a divided Congress means for Medicare, as well as short- and long-term policy options for lawmakers. Featured Speakers Introduction by: William Hoagland Senior Vice President, BPC Panelists: Joshua Gordon Director of Health Policy, Committee for a Responsible Federal Budget Josh Trent Principal, Leavitt Partners Adaeze Enekwechi Operating Partner, Welsh, Carson, Anderson & Stowe</p>

	<p>Harriet Komisar Senior Strategic Policy Advisor, AARP Public Policy Institute Register Now</p> <p>9. Bipartisan Policy Center Friday, February 17, 2023, 1:00 to 1:45 p.m. <i>Where Does the U.S. Housing Market Go from Here?</i> It's been a volatile time for the housing market these last few years. At the end of 2022, some economists declared a "housing recession" due to higher mortgage rates causing a decline in sales. At the same time, a structural deficit of homes for both sale and rent continued to drive up housing costs, keeping topline inflation high even as the cost of other goods decreased. So, what's in store for 2023? What are the prospects for the housing market and affordability? To answer these questions, join Jeff Tucker of Zillow and Yelena Maleyev of KPMG as they examine the present and future state of the housing market's homebuying and rental sectors. Featured Speakers: Yelena Maleyev Economist, KPMG Jeff Tucker Senior Economist, Zillow Moderated by: Dennis Shea Executive Director, Terwilliger Center for Housing Policy, BPC Register Now</p>
Recorded Webcasts	<p>10. Gray Panthers of NYC <i>Solutions to Ageism in Nursing Homes</i> Panelists:</p> <ul style="list-style-type: none"> • Annie Rhodes, MS, PhD(c), CGCM Brain Health Triage Coordinator, Richmond Brain Health Institute • Deke Cateau, CEO A.G. Rhodes Health & Rehab, Atlanta, Georgia • Anne Montgomery, Noted Policy Consultant in Long Term Care AHM Enterprises; NASEM Steering Committee; ACL Workforce Initiatives <p>Solutions to Ageism in Nursing Homes</p>
Stakeholder Sessions	<p>11. Honoring Choices Massachusetts Friday, March 17, 2023, 11:00 a.m. to 12:00 p.m. <i>MOLST-to-POLST Stakeholder Meeting</i> The MOLST-to-POLST Coalition will be holding a virtual event to provide a broader sense of what's happening with the transition from MOLST to POLST and answer any questions. Register for the 3/17 MOLST-to-POLST Webinar If you are interested in knowing more or being involved, visit the Coalition's MOLST to POLST Advisory Group webpage.</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Housing	<p>12. Bipartisan Policy Center February 7, 2023 <i>Housing Supply and the Drivers of Homelessness</i> Homelessness is an increasingly salient policy issue across all levels of government—as well as a contentious political one. While urban communities and their representatives often frame the issue in terms of public safety,</p>

	<p>substance use, and mental health, some policy researchers emphasize the relationship between homelessness and housing markets.</p> <p>A new Biden administration initiative, "All In: The Federal Strategic Plan to Prevent and End Homelessness," also highlights the connection between homelessness and housing supply. The plan sets out goals to reduce homelessness by 25% by January 1, 2025, increase the supply of supportive housing for unhoused populations, and recommit the federal government to a "Housing First" approach—a framework that prioritizes providing unhoused people with permanent stable housing as the foundation for all other social service goals and seeks to minimize the requirements for housing access.</p> <p>However, in response to an increase in unsheltered homelessness, some state and local governments are implementing policies that break with the priorities listed in "All In." This includes clearing homeless encampments without alternative housing options and strengthening laws against loitering and sleeping on public-owned land. As the debate between different approaches to solving homelessness takes on new dimensions, policymakers must understand the fundamental interplay between homelessness and housing supply to craft sensible and effective responses.</p> <p>This report reviews recent demographic information about homelessness in the U.S., shares insights from research on the connection between homelessness and housing supply, and identifies commonsense, evidence-based solutions for addressing homelessness while ensuring community safety and vibrancy.</p> <p>https://tinyurl.com/HousingSupplyHomelessness</p>
Covid / Long Covid	<p>13. *New York Times January 30, 2023 <i>The White House plans to let the coronavirus public health emergency end in May, signaling a new chapter in the government's pandemic response.</i> The end of the emergency, planned for May 11, will bring about a complex set of policy changes and signals a new chapter in the government's pandemic response. . .</p> <p>The move carries both symbolic weight and real-world consequences. Millions of Americans have received free Covid tests, treatments, and vaccines during the pandemic, and not all of that will continue to be free once the emergency is over. The White House wants to keep the emergency in place for several more months so hospitals, health care providers and health officials can prepare for a host of changes when it ends, officials said.</p> <p>An average of more than 500 people in the United States are still dying from Covid-19 each day, about twice the number of deaths per day during a bad flu season. But at the three-year mark, the coronavirus is no longer upending everyday life to the extent it once did, partly because much of the population has at least some protection against the virus from vaccinations and prior infections. . .</p> <p>The White House argues that it is only because of federal Covid policies mandating free tests, treatments and vaccines that the pandemic is now under better control. Covid was the third-leading cause of death from 2020 through mid-2022; now it is no longer among the top five killers, federal officials said. . . Jennifer Kates, a senior vice president at the Kaiser Family Foundation, said the emergency declaration had provided an important reprieve from the American health care system's typically fractured way of covering the costs of care, giving</p>

more people access to services that might otherwise not have been covered by insurance.

The White House’s decision, she added, could send the wrong message about how relaxed Americans should be about the virus.

“To the extent that it might let people let their guard down from one day to the next, that could raise some challenges,” she said.

<https://tinyurl.com/USPlansEndEmergency>

14. Centers for Medicare and Medicaid Services

Resources from CMS on End of Public Health Emergency Declarations

On January 30, 2023, the Biden-Harris Administration announced its intent to end the national emergency and public health emergency (PHE) declarations related to the COVID-19 pandemic on May 11, 2023. The Centers for Medicare & Medicaid Services (CMS) has several resources available in preparation of the end of the PHE:

- [Provider-specific fact sheets for information about COVID-19 Public Health Emergency\(PHE\) waivers and flexibilities](#)
- [CMS 1135 Waiver/Flexibility Request and Inquiry Form](#)
- [Acute Hospital at Home](#)

CMS will continue to update the [CMS Emergencies Page](#) as flexibilities enabled by the COVID-19 emergency declarations are winding down.

15. New England Journal of Medicine

November 24, 2023

Universal Masking Policies in Schools and Mitigating the Inequitable Costs of Covid-19

Nearly 3 years into the Covid-19 pandemic, the United States leads high-income nations in Covid-19–related mortality.¹ Millions of persons now have long-term neurologic, cardiopulmonary, and other disabling conditions. Essential workers continue to face high workplace exposure to Covid-19 with few protections. To prevent Covid-19 transmission, 40 states and Washington, DC, implemented universal indoor masking policies in 2020.² Most maintained these policies until May 2021, when the Centers for Disease Control and Prevention (CDC) replaced guidance that everyone wear masks with guidance according to vaccination status.³ Understanding the effects of universal masking policies as compared with individual masking is critical to minimizing the inequitable harms caused by Covid-19 and maximizing our ability to learn, work, and socialize during the pandemic.

Universal masking and individual masking are distinct interventions.⁴ Universal masking lowers the amount of virus exhaled into shared air,⁵ reducing the total number of cases of Covid-19 and making indoor spaces safer for populations that are vulnerable to its complications. Individual masking lowers the amount of virus that a masked person inhales from shared air, but only in environments with a relatively high amount of circulating virus and when others are unmasked. Furthermore, individual masking has little effect on population-level transmission. . .

The Covid-19 pandemic will not be without continuing costs. A pre-pandemic normal is unattainable in the short term, no matter how urgently we desire it. The questions for policymakers are these: how high will we allow the societal costs to be, and who will bear the greatest costs? Universal masking policies distribute a small cost across society, rather than shifting the highest burdens of Covid-19 onto populations that have already been made vulnerable by structural

	<p>racism and other inequities. Strategic use of universal masking policies could include community-level implementation early in surges of new Covid-19 variants and throughout the year in select classrooms to protect higher-risk children and staff. Visionary leadership that centers the populations that are most affected and prioritizes evidence, equity, and inclusion can help us navigate policy decisions that reduce the costs and inequities of Covid-19 in the years ahead.</p> <p>https://www.nejm.org/doi/full/10.1056/NEJMe2213556</p>
<p>Veteran Services</p>	<p>16. Office of Governor Maura Healey and Lt. Governor Kim Driscoll February 8, 2023 <i>Healey-Driscoll Administration Announces Appointments to the Veterans’ Homes Council</i></p> <p>The Healey-Driscoll Administration today announced the appointment of seven members to the Veterans’ Homes Council. Established through statute in 2022, the Council is an advisory body that makes recommendations to the Secretary of Veterans’ Services to ensure the health, well-being, and safety of residents of state-operated Veterans’ Homes and access to equitable, high quality, and competent care for veterans across the Commonwealth. . .</p> <p>The Council’s responsibilities include recommending improvements and policies for Veterans’ Homes to the Secretary of Veterans’ Services, submitting recommendations for appointments and removal of Veterans’ Homes Superintendents, and developing an annual report reviewing the Veterans’ Homes’ demographics, finances, staffing levels, efficacy, equity, and resident well-being.</p> <p>Today’s council appointees include four individuals appointed by Governor Maura Healey and three individuals appointed by the Acting Secretary of Health and Human Services Mary Beckman, and as indicated in statute.</p> <p>Appointed by the Governor:</p> <p>Ziven Drake Ziven Drake is a US Air Force Veteran who served as a Crew Chief in Tactical Aircraft Maintenance. She is a current member of the Pile Drivers Local 56 Union. Drake currently serves as Assistant Executive Director of the North Atlantic States Regional Council of Carpenters Apprenticeship Training Fund.</p> <p>Lt. Colonel USMC (Retired) Mike Dunford Mike Dunford is a retired US Marine Corps Reserve Officer and served as the Chief Human Resources Officer and Senior Vice President of Human Resources for Covidien. Dunford is an active member of the business community and a veteran advocate focused on employment, food security, homelessness, case management and outreach. Dunford currently serves as president of the Cape & Islands Veteran Outreach Center.</p> <p>Colonel USA (Retired) Andrea Gayle-Bennett Andrea Gayle-Bennett, Retired Army Colonel, Brigadier General (Massachusetts), served for more than 35 years in the Massachusetts Army National Guard, including as a chief physician assistant and battalion surgeon. Gayle-Bennett currently serves on the Governor’s Council to Address Sexual Assault and Domestic Violence, the Governor’s Advisory Council on Veterans’ Services, the North Shore Community College Board of Trustees, and is corporate secretary for the Veteran Business Owners Initiative.</p> <p>Michael Jefferson</p>

	<p>Michael Jefferson, a veteran of the US Marine Corps, is president of Somerville IAFF Local 76 and founder of the Fraternal Order of Firefighter Military Veterans, Inc. He is also a member and director of the Member Assistance Program for the Professional Fire Fighters of Massachusetts.</p> <p>Appointed by Acting Secretary of Health and Human Services:</p> <p>Dr. Louis Chow, PhD</p> <p>Dr. Chow is the Sr. Director of Network Development and Training Institute at Home Base, a Red Sox Foundation and Mass General Hospital program. He is a clinical psychologist, Assistant in Psychology at MGH, Instructor in Psychiatry at Harvard Medical School, and a specialist in treating veterans with post-traumatic stress disorder and other invisible wounds of war. Dr. Chow has overseen the education and training of thousands of clinicians and health professionals across the Commonwealth seeking to care for veterans impacted by the invisible wounds of war.</p> <p>Tony Francis, MBA</p> <p>Tony Francis serves as the president and CEO of Edgar Benjamin Health Center, a non-profit nursing home in Boston and the only minority-owned nursing home in New England. Francis brings with him broad experience in long-term care, business administration and management consulting. He has served as chairman of the Central Boston Elder Services Board of Directors and is currently a co-chair of the Boston Healthcare Preparedness Coalition.</p> <p>Jill Landis, RN</p> <p>Jill Landis has been the vice president of quality management at Integritus Healthcare, a not-for-profit committed to fulfilling the health and residential needs of communities, since 2008. Landis previously was a regional nurse manager at Genesis Health Care, where her responsibilities included the management of quality outcomes for nursing homes and assisted living facilities. Landis is certified in rehabilitation nursing and is a member of the Massachusetts Senior Care Association.</p> <p>In addition to the seven members appointed by Governor Healey and Acting Secretary Beckman, the Veterans’ Homes Council includes Executive Director of Veterans’ Homes and Housing Robert Engell, who serves as chair, and Chelsea and Holyoke Soldiers’ Homes Boards of Trustees members, who are ex officio, voting members.</p> <p>https://tinyurl.com/AppointmentsVeteransCouncil</p>
Disability	<p>17. *Washington Post January 24, 2023</p> <p><i>Cooking with physical limitations? Try these creative workarounds.</i></p> <p>If you have physical challenges, there are appliances and strategies to help safely prep food, cook and bake.</p> <p>Cooking and baking can be difficult for many people; some may be dealing with age-related changes, others may have health conditions, injuries or disabilities, including pain and fatigue.</p> <p>But there are strategies and equipment that can make creating good meals at home easier.</p> <p>The article reports on what occupational therapists and home cooks with disabilities recommend.</p> <p>https://tinyurl.com/CookingWithLimitations</p>
Aging Topics	<p>18. *New York Times January 31, 2023</p>

	<p><i>The Navy's Dolphins Have a Few Things to Tell Us About Aging</i></p> <p>In her youth, Blue was a standout mine-hunter for the U.S. military. She and her colleagues are now at the vanguard of geriatric marine mammal medicine. . .</p> <p>"She's always really happy to see us," said Dr. Barb Linnehan, the director of animal health and welfare at the National Marine Mammal Foundation, a nonprofit research organization. "She acts like she's a 20-year-old dolphin."</p> <p>But at 57, Blue is positively geriatric, one of the oldest dolphins in the U.S. Navy Marine Mammal Program. So, the doctors had come to check on her heart. . .</p> <p>For more than half a century, the Navy has run its marine mammal program from this base on the rocky Point Loma peninsula, training bottlenose dolphins and California sea lions to locate underwater mines, recover submerged objects and intercept rogue swimmers.</p> <p>In that time, marine mammal medicine has advanced enormously, in part as a result of the Navy's research. Consequently, the program's veterinarians find themselves caring for an increasingly aged population of animals. "We're just seeing things that we weren't necessarily seeing decades ago, conditions that are associated with old age," Dr. Linnehan said. . .</p> <p>But they do slow with age, Dr. Jensen said. Their energy levels flag, their joints stiffen, and they put on some extra pounds. Some develop heart disease, kidney stones or vision problems, which can require surgical intervention.</p> <p>A few hours after examining Blue, Dr. Linnehan joined her colleagues at the Marine Mammal Surgical Center to talk through some upcoming cataract surgeries for sea lions. The team has become more proactive, said Dr. Jenny Meegan, a senior veterinarian at the National Marine Mammal Foundation. The veterinarians now perform cataract surgery before the animals' vision deteriorates significantly, she said, and are studying new diets that they hope will prevent dolphins from developing kidney stones. . .</p> <p>Since the marine mammal program began, public affection for marine mammals has grown, experts said, and scientists have learned much more about how sophisticated dolphins are and what they need in order to thrive — in part because of the Navy's research.</p> <p>And when the sun does set on the marine mammal program, the world may never see another collection of animals quite like it. "There's just no population like it in the world," Dr. Venn-Watson said, "and it will not happen again."</p> <p>https://tinyurl.com/NavyDolphinsAging</p>
	<p>*May require registration before accessing article.</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>
<p>Websites</p>	<p>Marked By Covid https://www.markedbycovid.com/</p> <p>Marked By Covid is the grassroots nonprofit leading the national movement for pandemic justice and remembrance. Founded by and for those most harmed, we promote health, equity, and pandemic prevention.</p> <p>They are currently focused on securing a federally-recognized Covid Memorial Day and permanent National Covid Memorial to ensure that our loved ones—and the reasons for their needless deaths—are not forgotten, and</p>

	that the most harmed communities have a safe place to grieve and honor those lost.
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Nursing home closures	<ul style="list-style-type: none"> <p>• Chapin Center, Springfield 160 beds; current census: 91 Owner: The Northeast Health Group, Inc. Star rating: 3 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <p>• Governor’s Center, Westfield 100 beds; current census: 70 Owner: The Northeast Health Group, Inc. Star rating: 1 star Notice date: February 6, 2023 Target closure: June 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <p>• Willimansett Center East, Chicopee 85 beds; current census: 65 Owner: The Northeast Health Group, Inc. Star rating: 4 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <p>• Willimansett Center West, Chicopee 103 beds; current census: 71 Owner: The Northeast Health Group, Inc. Star rating: 5 stars Notice date: February 6, 2023 Target closure: June 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <p>• Voluntary nursing home closure process When a facility decides to voluntarily close, there are several requirements that it must fulfill before it can complete the closure. This process is outlined in the Licensure Procedure and Suitability Requirements for Long-Term Care Facilities regulations (105 CMR 153.000).</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> On November 6, 2021 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</p>

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 February 10, 2023. Red font – newly added

Name of Facility	City/Town	Date of Freeze	Qualifying Factor
Apple Valley Center	Ayer	1/25/2023	Cases
Berkshire Rehab & Skilled Nursing	Sandisfield	1/25/2023	Cases
Beaumont Rehab & Skilled Nursing	Natick	2/8/2023	Cases
Beaumont Rehab & Skilled Nursing	Westborough	2/1/2023	Cases
Chapin Center	Springfield	2/1/2023	Closure
Governor's Center	Westfield	2/1/2023	Closure
Holyoke Healthcare Center	Holyoke	1/5/2023	Cases
Parsons Hill Rehab & Health Care Center	Worcester	2/8/2023	Cases
Phillips Manor	Lynn	2/8/2023	Cases
Willimansett – East	Chicopee	2/1/2023	Closure
Willimansett – West	Chicopee	2/1/2023	Closure
Winchester Nursing Center	Winchester	2/1/2023	Cases
Windemere Nursing & Rehab	Oak Bluffs	2/1/2023	Cases

List of Special Focus Facilities

Centers for Medicare and Medicaid Services

List of Special Focus Facilities and Candidates

<https://tinyurl.com/SpecialFocusFacilityProgram>

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>

	<ul style="list-style-type: none"> • 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/SpecialFocusFacilityProgram
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<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> 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?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> </tbody> </table>	# 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
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/</p>

	LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Pricilla O'Reilly Lachlan Forrow	prisoreilly@gmail.com lforrow@bidmc.harvard.edu
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
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	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons		info@DignityAllianceMA.org
	The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke	
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Ellen DiPaolo • Wynn Gerhard • Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			