



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.**

Quotes

The coronavirus pandemic has cost millions of lives and trillions of dollars, has upended the economy, and has exposed and aggravated a grim roster of disparities and societal fissures. Though it's hard to imagine, the next pandemic could do far worse. We have the tools to prevent that from happening, but we have to start putting the lessons of the past three years to use now.

*America Is Forgetting the Lessons of the Covid Health Emergency, *New York Times, May 11, 2023, [America Is Forgetting Lessons](#)*

“Most of us will be a caregiver at some point.”

*Sarah Johal, executive director of the Parents in Tech Alliance, a national nonprofit working to build healthy workplaces for families, *Struggling Caregivers Find New Support From Employee Resource Groups*, *Wall Street Journal, May 11, 2023, [Struggling Caregivers](#)*


“Particularly in senior services, the demand for our services is exploding, in-home care and institutional care and acute care, and we don't have enough people, and if we don't do something about it soon, we're going to be in a real, real bad situation.”

*Clif Porter, the senior vice president of government relations for AHCA/NCAL, *Visa freeze imperils nursing workforce*, Politico, May 15, 2023, [Visa freeze imperils nursing workforce](#)*

“Our Administration will continue to honor [the] sacrifices [of Massachusetts veterans] by ensuring that veterans receive the care and services they've earned and deserve.”

*Lt. Gov. Kim Driscoll, *Holyoke Veterans' Home Looks to Bright Future with New Executive Office of Veterans' Services (EOVS)*, Executive Office of Veterans' Services, May 1, 2023, [Holyoke \\$164M funding](#)*

“Family caregivers make up 20 percent of the workforce and they are in crisis – which means we are all in crisis.

	<p><i>The issues surrounding caregiver employees have been bubbling beneath the surface for decades and we cannot afford to ignore them any longer. We are calling on employers to join us in taking bold steps toward solutions that will improve the lives of their employees and benefit the bottom line."</i></p> <p>Dr. Jennifer Olsen, chief executive officer, the Rosalynn Carter Institute for Caregivers, <i>New White Paper Reveals Why One-in-Five Employees are at Risk of Leaving the Workforce, and What Employers Can Do to Help</i>, the Rosalynn Carter Institute for Caregivers, February 28, 2022, Leaving the Workforce</p> <p><i>"We think [creating the position of Secretary of the Executive Office of Housing] is certainly going to be a chief reason we're going to be able to meet or hopefully close the gap on the 200,000 housing units that we are short in Massachusetts."</i></p> <p>Lt. Gov. Kim Driscoll, <i>Source: Healey Chooses Augustus For Housing Secretary</i>, *State House News, May 15, 2023, Healey Chooses Augustus</p>
	<p>1. Administration on Community Living <i>Older Americans Month 2023</i></p> <p>Every May, the Administration for Community Living leads the nation’s observance of Older Americans Month (OAM). The 2023 theme is Ageing Unbound, which offers an opportunity to explore diverse aging experiences and discuss how communities can combat stereotypes. Help promote flexible thinking about aging – and how we all benefit when older adults remain engaged, independent, and included.</p> <p>Available now:</p> <ul style="list-style-type: none"> • Logos* • Posters* • Social media graphics* • Masthead • Activity ideas • Sample article and proclamation template <p>*Available in English and Spanish https://acl.gov/oam/2023/older-americans-month-2023</p>
<p>Transitions</p>	<p>2. *State House News May 15, 2023 <i>Source: Healey Chooses Augustus for Housing Secretary</i></p> <p>Gov. Maura Healey has named Edward Augustus as state housing secretary, according to a source familiar with the process, turning to a former state senator and Worcester city manager to serve as point person on one of her top priorities.</p> <p>The governor created the position earlier this year after she promised to make</p>

	<p>housing a priority on the campaign trail. . .</p> <p>Augustus represented Worcester's 2nd District in the Senate for two terms, from 2005 until 2008 where he chaired the Committee on Bills in the Third Reading and Joint Committee on Election Laws, and vice-chaired the committees on education, veterans and federal affairs, and public service. He won his Senate seat in 2004 by defeating GOP candidate Robi Blute to fill Guy Glodis' former seat in the Senate.</p> <p>He was Congressman Jim McGovern's chief of staff, worked in former President Bill Clinton's U.S. Department of Education, and served as director of government and community relations for the College of the Holy Cross, the Dean College release says.</p> <p>The Healey plan to split the Executive Office of Housing and Economic Development into two separate offices, an Executive Office of Housing and Livable Communities and an Executive Office of Economic Development, will take effect on May 30.</p> <p>Healey Chooses Augustus</p>
	<p>3. Joint Committee on Elder Affairs</p> <p>May 15, 2023</p> <p><i>Testimony by Sandy Novack, MBA, MSW of Brookline, MAH.655, An Act Requiring Dignity, Privacy, and Safety for Residents in Nursing Homes and Rest Homes; H.626 and S.375, An Act Increasing the Personal Needs Allowance for Residents of Long-term Care Facilities; and S.115, An Act Increasing the Personal Care Allowance for Long-term Care Facilities.</i></p> <p>My name is Sandy Novack, and I am testifying in favor of H.655, H.626, S.375, and S.115.</p> <p>I am a Massachusetts Licensed Independent Clinical Social Worker, with a specialty in aging and disabilities. I am also an active volunteer with Dignity Alliance Massachusetts. I spent over the last six decades of my life visiting relatives, friends and clients in long-term care facilities and hospitals.</p> <p>In the last four or so years of his life, a friend picked up the conditions of his nursing home and roommates, including flu which led to sepsis, and pneumonia, and then had to go to hospitals for treatment. I once asked a nursing home to move him to a single room given his very ill roommate, but I was told no; he was fine where he was. He was not fine. And, one of the first things my friend would say on my arriving was, "Could I open the window for him, he needs air?" Of course, he needed air, to breathe. His nursing home had windows that did not open and had HVAC systems that were old. One of the poorest nursing homes he was sent to not only left him exposed to the severe illness of his roommate, but they did not have air conditioning for residents in his unit. In the heat of summer, his windows didn't open. He also had no privacy to discuss his confidential health or other matters with me. We need private rooms in nursing homes, to end infections from roommates and for privacy in conversations, and we also need nursing homes to update their old and outdated HVAC systems to truly be a place of healing and safety. In the nursing home I referred to, the administrative offices sure had air conditioning, so there is no excuse for the residents to be left in suffocating heat during heat waves. And, as we were all schooled during the pandemic, good ventilation can protect from illness, too. For human dignity, privacy and for safety, please vote for H.655.</p>

	<p>Meanwhile, if you are living in a nursing home, the personal needs allowance is shamefully low. In 7th grade, I made life-long friends with a girl named Pam. Years ago, she entered a nursing home. She used her mobility device once a week to travel a couple of blocks to a retail center where she would buy herself a candy or other minor item, and she felt this outing and treat helped her manage her quality of life in the nursing home.</p> <p>If tomorrow your own life circumstances change and it is just you and your measly \$72.80 a month you get in order to pay for a phone so you are not isolated; buy and mail a birthday card for a relative; buy the soap that doesn't itch you like maybe the one your nursing home uses; get a haircut to look presentable; and you need new shoes, good luck to you as things are a lot more expensive these days than when the \$72.80 PNA was set.</p> <p>And some of you may well outlive your relatives and friends so no one is going to buy you anything.</p> <p>There have been plenty of cost increases for products over the decades. The state gave legislators raises over the years, and it is long, long overdue that you give now to nursing home residents what they inherently should have in life, too, their dignity that has been denied them with the decades old PNA allowance. I ask for \$200 per month PNA. If Alaska can give that amount to their nursing home residents, the very least we can do is match it. Elders and younger people with disabilities in nursing homes deserve their dignity and our respect. They voted for you and depend on you to do.</p>
<p>Reports</p>	<p>4. The Rosalynn Carter Institute for Caregivers (RCI) February 2022 <i>Invisible Overtime: What employers need to know about caregivers</i> By Debra Lerner, MSc, PhD Tufts Medical Center, Program on Health, Work and Productivity Tufts Clinical and Translational Science Institute</p> <p>OVERVIEW</p> <p>At some point in our lives, many of us will become family caregivers, assisting a loved one who needs help as a result of illness, disability, or aging. While caregiving can be extremely rewarding, it frequently results in high levels of physical, emotional, and financial strain. These stressors threaten the health and well-being of the caregivers and their sustained ability to assist their loved ones. Most family caregivers are also employed, and there is increasing concern about the impact of juggling caregiving and work on the caregivers themselves, their families, and the workplace. These working caregivers, whom we will refer to as Caregiver Employees (CEs) are our coworkers, managers, corporate executives, business owners, clients, and customers. They hail from all industries and all geographic areas.</p> <p>When they are not working at a paying job, family caregivers are spending hours providing assistance for their care recipient and, in many cases, they are unable to hire additional help.</p> <p>Employers are in a race to attract and retain the best talent and the growing presence of caregivers in the workplace represents both a threat to their success and an opportunity. This white paper provides an update on the relevant research to help employers and policymakers understand:</p> <ul style="list-style-type: none"> • Why we need to understand more about caregivers and caregiving • How the private and public sectors are responding to caregiving trends

- The costs and benefits associated with different interventions for caregivers

Based on a review of the peer-reviewed and grey (not peer-reviewed) research, this white paper reports on the characteristics of CEs, the impact of caregiving on employment, and the policies, programs, and resources for supporting CEs.

MAIN FINDINGS

CEs comprise a large portion of workers in the United States (US).

- An estimated 18 to 22% of the US labor force is comprised of family caregivers.
- Most CEs are full-time workers.
- CEs are represented in all occupational categories, with just over half working in hourly positions and approximately 40% in salaried positions.
- CEs provide an average of 20 caregiving hours per week. Maintaining both caregiving and work roles is both challenging and costly to CEs.
- Most CEs feel that their work, careers, and productivity have been disrupted by caregiving.
- Close to one-third have voluntarily left a job at some point during their careers because of their caregiving responsibilities. Reasons for leaving include: an inability to find affordable paid help, an inability to find high quality help and difficulty meeting work demands due to increased caregiving responsibilities.
- In a national survey, CEs absorbed an average cost of \$19,000 in unpaid caregiving time (valued at \$25/hour) and an average of just over \$20,000 in average out-of-pocket expenses.

Evidence of workplace impacts suggest that more can be done to support CEs.

- In a national survey, the estimated average productivity loss due to presenteeism per CE was almost 11% and the average annualized at-work productivity cost, was \$5,281, assuming an hourly wage of \$25. CEs missed an average of 3.2 workdays in the prior month, an estimated average productivity loss of 2.2%, or \$1,123 per CE.
- Workplace discrimination claims involving caregivers are increasing. The volume of family responsibility discrimination (FRD) litigation, increased dramatically in the past 10 years compared to the prior decade and caregiver discrimination was the second most common category of claim.

Few intervention strategies are designed for CEs or have been adapted to the needs of CEs. Research addressing the effectiveness or costs of program and policy options is scant, and the existing research is unlikely to apply fully to today's workplace, which has changed significantly due to the COVID 19 pandemic.

The programs and policies available to CEs are inadequate.

- The Family and Medical Leave Act of 2013 (FMLA), the predominant piece of legislation to address time off from work for personal reasons, excludes large segments of the working population, contains gaps that limit coverage for certain caregivers and types of caregiving, and is not economically feasible for workers who feel they can't take unpaid leave. In states that have expanded coverage, employer experiences have been positive but benefit use among caregivers is suboptimal due partly to the stigma of requesting leave for personal reasons.
- Paid leave policies, when available, favor certain groups of workers (full-time, salaried) and most policies are generic and not designed for patterns of caregiving. Human resources department surveys suggest that paid leave policies have not changed substantially for over a decade and that barriers to approving leaves, such as lack of supervisor training, persist.

- Prior to the pandemic, flexible work arrangements were still relatively uncommon and had not changed much for two decades. The most common flex arrangement for CEs has been allowing them to take time off during the workday without losing pay.
- Regarding scheduling flexibility, evidence suggests that women prefer part-time work over flex time because the former allows them to reduce their workload.
- Employee benefits offerings, such as dependent care savings accounts, have not been adapted to fit with non-parental needs or preferences, and most employees remain unaware of how to take advantage of benefits they may have to protect themselves once they become caregivers. Literacy on issues related to long-term and Medicare coverage are not addressed as a routine part of employee education.
- Private-sector solutions such as caregiver concierge services and service lines through existing vendors such as insurers or Employee Assistance Programs (EAPs) are becoming more available but there is a dearth of evidence on their utilization, effectiveness, and cost.

CONCLUSIONS

This white paper highlights the large number of current and future CEs in the labor market, the documented consequences resulting from attempting to blend caregiving and work without adequate support, and the limited amount of progress in implementing effective solutions. These provide a powerful rationale for why addressing caregiving is a business imperative and relevant to business leaders.

Specific recommendations include:

- Adding a caregiving question module to employee surveys
- Establishing an employee caregiving resource group
- Taking an inventory of existing policies and services that could apply to CEs and vetting alignment with known caregiver issues
- Engaging leadership in showing support for CEs and reducing stigma
- Educating employees about the benefits and services they now have and how to use them
- Educating employees about Medicare and Medicaid coverage for care recipients, hospice and other community-based long-term care services that can help lighten the load on CEs
- Training managers on the issues and providing adequate back-up to help them interact effectively with CE
- Working with existing health care insurers and third-party claims processing companies to evaluate the accuracy of claims and billing and reduce errors that are financially and emotionally costly to CEs and their families
- When preparing requests for proposals (RFPs) and contracts for service vendors such as health care insurers and providers, requiring them to include caregiving-friendly workplace services and mandating reporting on key performance and outcome metrics
- Collaborating on efforts to identify gaps in benefits and services and creating guidelines for a standard minimum package
- Collaborating on efforts to develop standardized metrics and benchmarking reports to facilitate comparison across employers and industries. Employers and policymakers could also contribute their considerable influence outside of the workplace. Increased advocacy is needed now to ensure the workplace of the

<p>Webinars and Online Sessions</p>	<p>future is welcoming to the large and growing number of family caregivers. Invisible Overtime</p> <p>5. Bipartisan Policy Center Friday, May 19, 2023, 1:00 to 2:00 p.m. <i>Low-Income Housing Tax Credits and Long-Term Affordability</i> The Low-Income Housing Tax Credit (LIHTC) program is the largest and most significant affordable housing program in the United States. Since its inception in 1987, LIHTC has supported the construction or rehabilitation of about 110,000 affordable rental units per year, providing more than 3 million affordable units for low-income families. Since 1990, the federal government has required LIHTC developments to keep units affordable for a minimum of 30 years. Estimates find that nearly half a million current LIHTC units—representing nearly a quarter of the total stock—will reach their 30-year mark by the end of this decade. With thousands of units across the country already phasing out of this standard, more resources will be needed to maintain and expand the number of affordable homes available to low-income renters. In this webinar, panelists will provide context on the scale of LIHTC affordability phaseouts in coming years, discuss strategies to preserve affordable units for longer time periods or in perpetuity, and highlight bipartisan proposals to strengthen LIHTC.</p> <p>Fireside Chat Rep. Suzan DelBene (D-WA) @RepDelBene Dennis Shea Executive Director, J. Ronald Terwilliger Center for Housing Policy, BPC @DennisCShea</p> <p>Featured Speakers Emily Cadik CEO, Affordable Housing Tax Credit Coalition @EmilyCadik Ethan Handelman Deputy Assistant Secretary for Multifamily Housing, U.S. Department of Housing and Urban Development @HUDgov Gerald Hunter President and Executive Director, Idaho Housing and Finance Association @IdahoHousing Chrystal Kornegay Executive Director, MassHousing @MassHousing Francis Torres Senior Policy Analyst, BPC (Moderator) @francis_to_go</p> <p>REGISTER NOW</p> <p>6. Veterans Administration <i>Building Better Caregivers Online Workshop</i> Free 6-week online workshop offers group support for caregivers of Veterans Are you caring for a Veteran with PTSD, traumatic brain injury, or memory loss? The Building Better Caregiver® (BBC) free 6-week online workshop can give you the support you need. Renee, a caregiver for her Army Veteran husband, was able to reduce stress, improve her health and find time for herself after taking the BBC workshop for support. See how BBC changed Renee’s life. When you join a 6-week BBC online workshop , you’ll: <ul style="list-style-type: none"> • learn new ways to reduce stress • set weekly goals and get support in achieving them • find time to take care of you The workshop was developed by Stanford University to support caregivers of Veterans of all eras. When you join a BBC Workshop, you’ll connect with other caregivers and trained leaders in helping you learn new ways to manage the challenges of caregiving. Caregivers must meet criteria and be willing to participate in the VA Caregiver Support Program in either the Program of Comprehensive assistance (PCAFC) or</p>
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	<p>Program of General Caregiver Support Services (PGCSS) programs. The Building Better Caregiver® (BBC)</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>7. McKnight’s Long Term Care May 14, 2023 <i>A possible escape from the nursing home staffing mandate?</i> By James M. Berklan Conventional wisdom says that nothing happens in Washington without a lot of people knowing about it first. No matter what a legislative, executive, or even judicial decision may be, many eyes and minds are first exposed to it before it becomes public. The only real question seems to be how broad that circle of knowledgeable people may be. In the case of the long-term care story of the year, it’s not been wide at all, to hear nursing home leaders tell it. <i>That</i> story, of course, is the White House’s promised first-ever federal staffing mandate for nursing homes. Yet another week came and went without the much-awaited unveiling announcement. National provider leaders said again this week they have had no indications from federal officials as to what’s ahead. All the latter have said is that an announcement will come “this spring.” Last week, Centers for Medicare & Medicaid Services Administrator Chiquita Brooks-LaSure doubled down on that by emphasizing that she likes to hit her deadlines. As I pointed out a little more than a month ago, however, spring technically doesn’t end until June 21. So, nerves may continue to further fray for about another six weeks if the feds really want to push this to the limit. And frazzled they already are. While protesting the prospect of a potentially unfunded mandate to anyone who will listen, Mark Parkinson, the president and CEO of the American Health Care Association, also is assuring his members that there is no way the mandate isn’t going to happen. The big question seems to be how hard and fast it will come. The hope inside AHCA is that an announcement doesn’t occur until well into June, or some other “late” date that would make it impossible to implement a new system by Jan. 1, 2024. That could buy as much as another 12 months’ time. The big prize then could be that a different administration might be on its way into the White House, and that could mean a whole new ballgame. Regardless of whether there may be regime change, regulators are going to have to phase in whatever they propose in a staffing mandate. There will not be a date circled on the calendar, after which all nursing homes must have “X” number of nurse hours per resident day or otherwise be subject to fines or other punishment. The educated guess is there’s some kind of disagreement between aggressive White House officials and overseers at CMS, who may be a little more circumspect as the managers who actually have to make any mandate work. This could be an instance where CMS’ more intimate knowledge of the nursing home sector could actually come in handy for providers. CMS as inadvertent operator protector? Crazier things have happened. Providers can only hope that their lobbying efforts to show how many facilities have shut down and how many provider services have been scaled back due to staff shortages are having an effect. The CMS mission, after all, is to ensure</p>

	<p>broad access to healthcare services to Americans. It can't be heartened by the beds that have been taken out of commission, particularly in rural areas. One thing's for sure: Services aren't being diminished because of a lack of prospective patients.</p> <p>So as CMS and the White House ponder their next steps, they have to be careful with their staffing mandate. There's the image of Old West plainsman or soldier laying an ear to the ground to try to figure out where a herd of buffalo or horses may be roaming.</p> <p>The trick for officials now is not to get caught trying to discern how bad circumstances may be, with their ear to the ground as it were, even as a thundering herd stampedes toward them.</p> <p>Possible Escape</p>
Guardianship	<p>8. Margolis Bloom & D'Agostino May 15, 2023 <i>Court Clarifies Rogers Determination Standards</i> By Harry Margolis</p> <p>In the case of Guardianship of C.A. (Mass. App. Ct. No. 21-P-1047, March 15, 2023), the Massachusetts Appeals Court provides an excellent explanation of the standards for <i>Rogers</i> decision making.</p> <p>Rogers Treatment Plans</p> <p>Under the case of Rogers v. Commissioner of Dep't of Mental Health (390 Mass. 489, 1983), the Supreme Judicial Court ruled that antipsychotic medication may only be administered against the will of an individual if a court has determined that the individual requires the protection of guardianship and that if they were competent they would agree to the treatment plan. This is known as "substituted judgment" as opposed to a "best interest" standard in which the judge determines that the treatment is in the best interest of the patient. The <i>Rogers</i> decision also lays out a detailed process for making substituted judgment decision which involves the appointment of counsel for the individual and a standard set of findings the judge must make.</p> <p>C.A.'s Situation</p> <p>The case of <i>Guardianship of C.A.</i> involves a 78-year-old woman who was diagnosed with paranoid schizophrenia. She had been living on her own and voluntarily taking Zyprexa to treat her illness. While the treatment was effective, C.A. denied she had a mental illness and was unwilling to take the medical tests necessary to monitor the side effects caused by the medication. Her psychiatrist believed that C.A. had "limited ability to fully participate in [an] informed consent decision discussion" and "[d]ifficulties manipulating the information to make an informed decision."</p> <p>After hearing, the probate court determined that C.A. required the appointment of a guardian for the limited purpose of making medical decisions and approved a treatment plan that included the administration of Zyprexa and of two alternative antipsychotic medications in the event the Zyprexa stopped being effective.</p> <p>C.A. challenged this finding, arguing that (1) the judge used the wrong standard in determining that she needed guardianship, (2) the substituted judgment that she would consent to the treatment was wrong, and (3) the authorization of alternative forms of treatment was premature.</p> <p>Standard for Guardianship</p> <p>C.A. argued that the judge used the standard for capacity to execute a will rather</p>

	<p>than that laid out in the guardianship statute at M.G. L. c. 190B, § 5-101 (9). The Appeals Court disagrees, holding that while the probate court used terms such as “competency” and “capacity” in its decision, it the judge used the proper standard. It further finds that the psychiatrist’s testimony regarding C.A.’s refusal to do blood testing and her inability to fully participate in discussions about her treatment, as well as C.A.’s own testimony that she did not suffer from mental illness, satisfied the requirements of the guardianship statute. Further, the Court holds that the fact that C.A. was able to live independently did not preclude the finding that she needed a guardian to make medical decisions. It cites the case of Guardianship of Roe (411 Mass. 666, 1992) to the effect that “a person [can] be competent to make some decisions, but not others.”</p> <p>Substituted Judgment</p> <p>In terms of the probate court’s substituted judgment that C.A. would take Zyprexa if competent to make a decision, the Appeals Court finds the fact that she had been taking the drug voluntarily for at least 12 years was strong evidence that she would take it if she had capacity to make the determination. The probate court’s also properly applied the other standards required for a <i>Rogers</i> determination, namely that it had made findings regarding “(1) a person’s expressed preferences; (2) h[er] religious convictions; (3) the impact on [her] family; (4) the probability of adverse side effects from treatment; (5) h[er] prognosis with treatment; and (6) h[er] prognosis without treatment.” However, there’s the question of whether the whole guardianship and <i>Rogers</i> determination were necessary given that C.A. was voluntarily taking Zyprexa. The Appeals Court concludes that C.A.’s confusion about her own diagnosis meant that she was at risk of refusing necessary treatment in the future and that this risk permitted the appointment of a guardian and the prospective approval of a treatment plan.</p> <p>From the evidence of C.A.’s apparent confusion about her medication, the judge could infer that C.A. was at risk of stopping Zyprexa, which would result in the decompensation that Dr. Czarnota-Dolliver predicted. The judge did not have to wait for those events to occur before appointing the <i>Rogers</i> guardian with authority to consent to treating C.A. with Zyprexa.</p> <p>The Court also approves the treatment plan’s authorization of injections of Zyprexa should C.A., in the future, refuse to continue taking Zyprexa orally.</p> <p>Prospective Approval of Alternative Medications</p> <p>However, the Court vacates the portion of the treatment plan authorizing the use of alternative medications should Zyprexa become ineffective in controlling the symptoms of C.A.’s schizophrenia. The Department of Mental Health had argued that the authorization of alternative treatments was permitted under Probate and Family Court Standing Order 4-11 (1) (c) (2011). The Appeals Court disagrees, holding that the standing order only applies uncontested motions to extend existing <i>Rogers</i> treatment plans. In this case, since C.A. opposed the plan, the probate court was required to conduct the same substituted judgment analysis for the alternative medications that it did for Zyprexa. Since it did not, that portion of the treatment plan cannot stand.</p> <p>Court Clarifies Rogers</p>
Covid	<p>9. *New York Times May 11, 2023 <i>America Is Forgetting the Lessons of the Covid Health Emergency</i></p>

By Jeneen Interlandi

The coronavirus pandemic is here to stay, but the national and global emergencies it set off are, by all official accounts, over. Last week, the World Health Organization [declared](#) an end to its “public health emergency of international concern,” and on Thursday, the public health emergency designation in the United States will also expire. It’s a good time for the country to absorb the many lessons of the crisis. Instead, we seem to be actively forgetting them.

Despite the United States’ many failures — to develop coronavirus tests or deploy vaccines or communicate effectively about the pandemic and our response to it — it still got several things right. Lawmakers beefed up [the social safety net](#) with expanded tax credits, more generous unemployment benefits, a federal paid sick leave policy and stimulus checks that together kept millions fed and housed even as the economy plummeted. They also poured billions into Medicaid and suspended policies by which people are routinely purged from its rolls — a critical move during a health crisis.

Health departments rallied as well. Decimated by decades of funding cuts, understaffed and working with woefully inadequate technology, they still managed to gather and share reams of data about where and how the virus was spreading, which academics then worked heroically to analyze and publish. And even amid a rash of protests over shutdowns, a silent majority of citizens donned masks and obeyed social distancing edicts. . .

A strong social safety net is crucial in a pandemic. The expansion of social benefit programs like unemployment, food stamps, Medicaid and paid sick leave was one of the great triumphs of the pandemic response. It not only helped more people stay fed and housed during the pandemic and its attendant economic crisis; it also helped the economy rebound quickly once the crisis passed. . .

Border policies need to truly account for viruses. The current administration has erred almost as badly as the previous one in its continued use of [Title 42](#), an emergency order that allows the federal government to turn away migrants during a pandemic. The stated goal of this policy is to prevent the spread of disease.

But that rationale defies all logic. Forcing people into overcrowded detention centers where they are denied basic preventive health care ([including vaccination](#)) is a recipe for ensuring viral spread, not preventing it

Public health is at least as important as clinical medicine. The United States has a long history of granting primacy to private medicine and neglecting public health. In the years preceding the pandemic, [less than 3 percent](#) of the country’s \$3.6 trillion total annual health care bill was spent on public health. . .

Smarter partnerships would play to the country’s strengths. Strong collaborations and clear agreements between government, industry, academia, and nonprofits are the key to ensuring that the nation is prepared to develop and deploy tests, vaccines, and new drugs; that its national stockpile is adequately stocked; and that some semblance of equity is maintained between wealthy nations and their less wealthy neighbors. . .

Public health requires public trust. If the pandemic taught us anything, it’s that the most advanced technology in the world is no match for the suspicions of the fearful or the skepticism of the misinformed.

[America Is Forgetting Lessons](#)

	<p>10. *New York Times May 11, 2023 <i>As Emergency Ends, a Look at Covid's U.S. Death Toll</i> By Lazaro Gamio, Eleanor Lutz and Albert Sun {See report online for graphics.] Since the coronavirus pandemic began more than three years ago, the United States has suffered wave after wave of loss. The expiration of the federal declaration of the Covid-19 public health emergency on Thursday signals a new outlook on the disease, and it presents a moment to look back at the toll the virus has taken. The pace of deaths has slowed greatly since early last year, but the toll has continued to climb. More than 1.1 million people have died. While deaths are at the lowest level since March 2020, Covid still takes the lives of a thousand people every week. And the disease remains among the leading causes of death in the United States. Look at Covid's Death Toll</p>
<p>Veteran Services</p>	<p>11. Executive Office of Veterans' Services May 1, 2023 <i>Holyoke Veterans' Home Looks to Bright Future with New Executive Office of Veterans' Services (EOVS)</i> Department of Veterans Affairs awards \$164 million in grant funding for a significant reconstruction of the Holyoke Veterans' Home. Veterans' Services Secretary Jon Santiago announced that the U.S. Department of Veterans Affairs (VA) State Home Construction Grant Program has awarded \$164 million in grant funding to the Executive Office of Veterans Services for new construction at the Holyoke Veterans' Home. "We firmly believe that our veterans in Massachusetts deserve the best possible care and support," said Governor Maura Healey. That's why our Administration is taking a decisive step toward creating a brighter and more inclusive future for our veteran community. By investing in the reconstruction of the Holyoke Veterans' Home, we demonstrate our unwavering commitment to ensuring that they receive the respect and support they rightfully deserve." The VA State Home Construction Grant Program awarded \$164 million for the reconstruction of the Holyoke Veterans' Home, a project that aims to better support the veteran community in Massachusetts. After receiving a conditional award last year, the Executive Office of Veteran Services completed the necessary final steps to ensure compliance and receive grant funding. The project includes 234 long-term care beds, nursing support, and community spaces. "Today's grant award announcement ensures that the Holyoke Veterans' Home functions at its best," said Lt. Governor Kimberley Driscoll. "As the daughter of a Navy veteran, I'm proud of our Administration for providing financial benefits and support to our veterans. Our Administration will continue to honor their sacrifices by ensuring that veterans receive the care and services they've earned and deserve." The project is a significant step forward for the Holyoke Veterans' Home and coincides with the establishment of the new Executive Office of Veterans' Services by the Healey-Driscoll Administration in March 2023. Secretary Santiago is committed to embracing the work ahead and improving the social determinants of veterans' health, such as housing and employment, to support</p>

	<p>the veteran community in Massachusetts better.</p> <p>"The Holyoke Veterans' Home reconstruction project signifies the deep gratitude and respect we owe to our veterans and demonstrates our unwavering commitment to their well-being," said Secretary Santiago. "By proactively embracing change and prioritizing effective solutions for our veterans' care, our forward-thinking Executive Office is laying a solid foundation for a brighter future, moving beyond past challenges, and creating a better tomorrow for our heroes."</p> <p>"We appreciate the partnership with the VA," said Holyoke Superintendent, Michael Lazo. "We want to thank DCAMM and EOVS for their support in securing the grant. We are ready and looking forward to the start of construction."</p> <p>The reconstruction of the Holyoke Veterans' Home, the second project of the complete rebuilding of veterans' homes in Massachusetts, is underway. In late April, Secretary Santiago toured the new state-of-the-art Community Living Center (CLC) at the Chelsea Veterans' Home, scheduled to open for residents later this year.</p> <p>The Holyoke Veterans' Home has entered a Memorandum of Agreement with the VA, committing \$263.5 million in federal funds. The \$164 million grant represents the first year's funding, with the remaining to be paid out in future fiscal years.</p> <p>Holyoke \$164M funding</p>
Workforce	<p>12. Politico</p> <p>May 15, 2023</p> <p><i>Visa freeze imperils nursing workforce</i></p> <p>By Daniel Payne</p> <p>A backlog of green card petitions at the State Department could leave the nursing workforce without thousands of international nurses that would have filled staffing gaps this year, Kelly reports.</p> <p>Health groups say the department's pause on processing visa applications could devastate a nursing workforce plagued by staffing shortages in the aftermath of the Covid-19 pandemic, as international nurses have proven to be a useful tool for combating those shortages.</p> <p>What's happening: The State Department moved the cut-off date for visa eligibility to June 1, 2022, because of soaring demand for employment-based visas. That means only those who filed petitions before that date can continue with their applications this fiscal year. The move could impact thousands of nurses who filed petitions in the past year.</p> <p>Beyond the hospital walls: The reduction in foreign visas will affect nursing homes, assisted living facilities and hospice care, which have heavily relied on a pipeline of international nurses since the pandemic.</p> <p>One nonprofit that works with the American Health Care Association and National Center for Assisted Living had recruited about 300 international nurses. But with the freeze, about 45 percent of those nurses likely won't be able to enter the U.S. until 2024. . .</p> <p>All eyes on Congress: Health groups are pushing for the reintroduction of the Health Care Workforce Resilience Act, a bipartisan bill that would recapture visas issued but unused from the previous year for the express use of nurses and doctors.</p> <p>Visa freeze imperils nursing workforce</p>

13. *Wall Street Journal

May 11, 2023

Struggling Caregivers Find New Support from Employee Resource Groups

By Tara Weiss

Many employees say they need a place to share experiences, get resources and push for new benefits

Jason Terrell didn't think much about the challenges caregivers face until his mother developed Alzheimer's.

He struggled to focus on his work at [BP](#) as he helped care for his mother, and then deal with probate for her will after she died in 2017. His performance suffered while he contended with emotional and physical exhaustion—a situation he didn't know how to talk about at the company. . .

Employee-resource groups are an old idea, and they're usually focused on people with shared backgrounds such as underrepresented races. But groups focusing on caregivers of *any* background have taken off recently—in part because the pandemic highlighted the pressures of caregiving as the walls between home and work crumbled. Companies are recognizing that a significant swath of employees are now caregivers of some sort, and they need a place to share experiences, get resources and advocate for changes in the workplace. . .

A [2022 white paper](#), published by the Rosalynn Carter Institute for Caregivers, found that one in five employees serves as an unpaid caregiver for a family member who is aging, ill or disabled. These employees miss an average of 3.2 days a month to provide care, and are also at greater risk of quitting: Nearly one-third of caregiver employees have voluntarily left a job because of their caregiving responsibilities, according to the institute's research. . .

Caregiver resource groups address a range of employee concerns. When AARP surveyed its resource-group members, the organization found that managing finances was the top issue. It created Caregiving 101, a series taught by subject-matter experts on topics including how to have difficult conversations about creating a will, designating a proxy to make medical decisions, taking control of a relative's finances and locating resources for home-care aides.

The resource group also cares for the caregiver. It has provided chair massages, trainer visits to create speedy 10-minute workouts, yoga and meditation sessions, and classes with nutritionists. . .

One hurdle for employee-resource groups—and the companies that sponsor them—is that some employees don't join, because they don't see themselves as caregivers. To them, taking care of family members seems like an obvious obligation and part of life, rather than a special role that deserves advocacy.

[Struggling Caregivers](#)

14. Harvard Business Review

April 15, 2022

Supporting Employee Caregivers Starts with Better Data

Summary. Research has found that 73% of all employees have some type of current caregiving responsibility. However, because the majority of employers don't track caregiving status, they don't offer the supportive infrastructure — such as the right benefits and policies — to support this large segment of their workforce. This results in U.S. businesses losing \$35 billion annually from failing to attract, support, and retain these crucial workers. The authors offer four recommendations to help close this data gap.

[Supporting Employee Caregivers](#)

	*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	Rosalynn Carter Institute for Caregivers https://rosalynncarter.org/ Rosalynn Carter Institute for Caregivers champions the family caregiver by building cross-sector partnerships, leading research projects and strategic initiatives, developing and implementing evidence-based programs, and advocating for public policy – and we engage family caregivers every step of the way.					
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 homes with admission freezes	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 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. <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Number of new COVID-19 cases within the facility • Staffing levels • Failure to report a lack of adequate PPE, supplies, or staff • Infection control survey results • Surveillance testing non-compliance Facilities are required to notify residents’ designated family members and/or representatives 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 May 10, 2023. Red font – newly added					
	<table border="1"> <thead> <tr> <th>Name of Facility</th> <th>City/Town</th> <th>Date of</th> <th>Qualifyin</th> <th>Star</th> </tr> </thead> </table>	Name of Facility	City/Town	Date of	Qualifyin	Star
Name of Facility	City/Town	Date of	Qualifyin	Star		

			Freeze	g Factor	Rating
	Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health Determination of Need Projects: Long Term Care 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>				
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (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?</p> <ul style="list-style-type: none"> • 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 March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersestridgerehab.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare
<https://www.nextstephc.com/southdennis>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225320>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063>

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill
<https://theoxfordrehabhealth.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225218>
- Worcester Rehabilitation and Health Care Center, Worcester
<https://worcesterrehabcare.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225199>

Massachusetts facilities that are candidates for listing (months on list)

- Charwell House Health and Rehabilitation, Norwood (15)
<https://tinyurl.com/Charwell>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Glen Ridge Nursing Care Center (1)
<https://www.genesishcc.com/glenridge>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
- Hathaway Manor Extended Care (1)
<https://hathawaymanor.org/>
 Nursing home inspect information:

	<p>https://projects.propublica.org/nursing-homes/homes/h-225366</p> <ul style="list-style-type: none"> • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 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> </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
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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 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 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 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
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	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	TBD	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"> 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>			