



The Dignity Digest

Issue # 144

June 26, 2023

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.**

Notice

The Dignity Digest will not be issued for the week of July 3rd. Issue #145 will be issued on Monday, July 10th.

Quotes

“You have to keep moving. I intend to do this until I die.”

Virginia Oliver, 103 year-old who has been lobstering in Maine for 95 years, ‘Lobster Lady’ turns 103, has been hauling traps for 95 years, ***Washington Post**, June 21, 2023, [Lobster Lady](#)

“I didn’t think any deep thoughts. I didn’t figure it all out. I didn’t come out like, woohoo, a Zen master, [b]ut it cleansed my palate. When I came out, I felt better. I felt confident. I felt clearer. I felt I had accomplished something.”

Cathy Brennan, 62 year old solo kayaker, *Seeking adventure, a 62-year-old woman kayaks the entire Potomac solo*, ***Washington Post**, June 23, 2023, [Seeking Adventure](#)

*Anyone who has a loved one who must go to or live in a nursing home would probably agree that it is unsatisfactory to have them there. **If you want change, you need to bring this to the repeated attention of your elected representatives and to ask directly for the much-needed changes.***

The Call For Nursing Home Reform: Will It Have Any Effect?, **Forbes**, January 6, 2023, [Call For Nursing Home Reform](#)

“It’s our job to keep people safe. We can leave someone with wounds that clearly look infected and is sitting in feces and urine. Do you think they have a right to stay there? Maybe. But do we have a responsibility as social service providers, and social workers, and ultimately as human beings to look out for this person, because if we don’t, who’s going to do it?”

Juan Rivera, BronxWorks’s outreach director, *He Was Handcuffed and*

	<p><i>Hospitalized. Now He's on Track for Housing.</i> *New York Times, June 25, 2023, He Was Handcuffed</p> <p><i>“There are some states that don’t particularly mind shedding folks off of their Medicaid rolls and aren’t particularly concerned where people land. That’s obviously not the case with Massachusetts. We have 97 percent of our residents in coverage. We don’t want to see backsliding on that. We don’t want to see people losing their coverage and becoming uninsured.”</i></p> <p>Audrey Morse Gasteier, executive director of the Massachusetts Health Connector, <i>Medicaid redetermination process off to fast start</i>, CommonWealth Daily Download, June 20, 2023, Medicaid Redetermination Fast Start</p> <p><i>“I’m hearing a lot about in-law apartments, accessory dwellings, tiny homes.”</i></p> <p>State Rural Director Anne Gobi, alluding to possible solutions to the lack of housing, <i>New role as director of rural affairs means new challenges for Sen. Anne Gobi of Spencer</i>, Worcester Telegram and Gazette, June 24, 2023, Gobi's New Role</p>
<p>Opportunity for Input on proposed regulatory updates</p>	<p>1. U. S. Department of Health and Human Services <i>ACL Proposes Update to Older Americans Act Program Regulations</i> ACL is seeking input on proposed updates to the regulations for most of its Older Americans Act (OAA) programs.</p> <p>Updates needed to meet the needs of today’s older adults The last substantial update to most OAA program regulations was in 1988, and our world has changed dramatically in the 35 years since. The population of older adults has nearly doubled and has grown increasingly diverse. Older adults are living longer than ever before, and their expectations are different from those of earlier generations. Increased understanding of the impact of the social determinants of health is reshaping health care, as non-medical services that help people avoid hospitalization and institutional care – like those provided through OAA programs – are increasingly being incorporated into health care service delivery models. In addition, the OAA has been amended by Congress seven times since 1988.</p> <p>One important thing has not changed: older adults overwhelmingly want to continue to live independently, in the community – and nearly 95 percent of them do.</p> <p>Updates are needed to align regulations to the current statute and reflect the needs of today’s older adults. The proposed rule addresses issues that have emerged since the last update and clarifies a number of requirements. It aims to better support the national aging network that delivers OAA services and improve program implementation, with the ultimate goal of better serving older adults.</p>



“Like the Inflation Reduction Act, which has cut health care costs for millions of older adults, and the steps we have taken to strengthen Medicare and Medicaid, the update to the Older Americans Act regulations reflects President Biden’s commitment to supporting the health and well-being of older adults,” said U.S. Department of Health and Human Services Secretary Xavier Becerra. “By strengthening the stability and sustainability of Older Americans Act programs and promoting equitable access to its services, the proposed rule will help ensure that older people, particularly those in greatest need, have the support they need to live independently and age with dignity.”



“The overwhelming majority of older adults want to live in the community as they age, and almost 95 percent of them do. For many, services provided through the Older Americans Act -- such as rides to doctors’ appointments, nutritious meals, in-home services, and support to family caregivers -- make this possible,” said Acting Assistant Secretary for Aging and ACL Administrator Alison Barkoff. “This proposed rule will strengthen the system of support that allows millions of older adults to stay in their own homes. With our population aging rapidly, and nearly three out of four people needing assistance to age in place, this is more important than ever.”

Key provisions

The proposed rule addresses issues that have emerged since the last update and clarifies a number of requirements for programs authorized under Titles III (grants to state and community programs on aging), VI (grants to Indian tribes and Native Hawaiian grantees for supportive, nutrition, and caregiver services), and VII (allotments for vulnerable elder rights protection activities). It aims to better support the national aging services network that delivers OAA services and improve program implementation, with an ultimate goal of better serving older adults. For example, the proposed rule:

- Clarifies requirements for state and area plans on aging and details requirements for coordination among tribal, state, and local programs.
- Clarifies and strengthens provisions for meeting OAA requirements for prioritizing people with the greatest social and economic needs.
- Specifies the broad range of people who can receive services, how funds can be used, fiscal requirements, and other requirements that apply across programs.
- Clarifies required state and local policies and procedures. For example, the proposed rule establishes expectations for state and local policies regarding conflicts of interest.
- Improves consistency of requirements for programs specifically for tribal elders and caregivers (authorized under Title VI of the OAA) and programs that serve all populations of older adults (authorized under Title III).
- Incorporates guidance for the National Family Caregiver Support Program and the Native American Caregiver Support Program, which were authorized since the last update to the OAA regulations.
- Addresses emergency preparedness and response, incorporating lessons from the COVID-19 public health emergency.
- Establishes expectations for legal assistance and activities to prevent elder abuse.
- Clarifies the role of the aging network in defending against the imposition of guardianship and in promoting alternatives.
- Updates definitions, modernizes requirements and clarifies flexibilities

	<p>within the senior nutrition programs. For example, ACL proposes provisions that would allow for continuation of innovations utilized during the COVID-19 pandemic, such as “grab and go” meals provided under the congregate meals program.</p> <p>This overview has more details, and you can read or download the entire proposed rule on the Federal Register's website.</p> <p>Input needed</p> <p>The proposed rule is the culmination of many years of engagement with the national aging network. It also reflects input received through a formal request for information and a series of listening sessions, including formal tribal consultations and other engagement with tribal grantees.</p> <p>ACL now seeks feedback on the proposed rule from all who are interested in improving implementation of OAA programs and services. Input from the aging and disability networks and the people served by OAA programs is particularly crucial.</p> <p>Comments may be submitted starting June 16, 2023, as follows:</p> <p>Online at Regulations.gov (Enter "2023-12829" in the search bar, select ACL's proposed rule, and then click the blue "comment" box at the top left of the page.)</p> <p>By mail to: Administration for Community Living Administration on Aging, Attention: ACL-AA17-P 330 C Street SW Washington, DC 20201</p> <p>More Resources</p> <p>Notice of Proposed Rule Making in the Federal Register Overview of the proposed rule Two-page handout Read the HHS press release and the ACL Update Social media graphic to help spread the word https://acl.gov/OAArule</p>
<p>Inspiration</p>  	<p>2. ^Washington Post June 21, 2023 <i>'Lobster Lady' turns 103, has been hauling traps for 95 years</i> By Sydney Page</p> <p>For the past 95 years, Virginia Oliver’s morning routine has been much the same: She applies red lipstick, puts on her fishing gear and — just before daybreak — she boards a boat. Then, for several hours straight, she hauls lobster traps. “All my life, I’ve done this kind of thing,” said Oliver, who turned 103 on June 6. “I never get seasick.”</p> <p>Around her hometown of Rockland, Maine, Oliver is seen as a celebrity of sorts. . “We used to go every day,” said Oliver, whose father was a lobster dealer and ran a general store on a 25-acre island called “The Neck” in the Gulf of Maine. Oliver piloted her father’s boat at age 8 — and she’s still steering at 103. She is speculated to be the oldest lobster harvester in the state — and perhaps even the world. . .</p> <p>Since her husband died in 2006, Oliver’s son, Max Jr., 80, has been her lobstering</p>

	<p>partner. They have about 400 traps between them, and they sell the lobsters to the Spruce Head Fisherman’s Co-Op.</p> <p>“I love being with my son,” she said, adding that in recent years, they go out three mornings per week during peak season, which typically runs from June through September. On lobstering days, Oliver wakes up around 3:30 a.m. . . Oliver recently renewed her commercial license and is planning to start her 95th season hauling lobsters in a few weeks. She is excited to soon be “getting out on the water,” she said, “and doing what I’ve always done.”</p>
 	<p>Lobster Lady</p> <p>3. *Washington Post June 23, 2023 <i>Seeking adventure, a 62-year-old woman kayaks the entire Potomac solo</i> By Joe Heim</p> <p>[Cathy] Brennan calmly paddled her bright yellow kayak down the Potomac and under Memorial Bridge, continuing the journey she began May 29 in Keyser, W.Va., near the source of the Potomac. . .</p> <p>“I’m in the moment. I’m looking at the chop, looking at the waves. I’m noticing that stuff,” says Brennan, whose voyage down the Potomac is just the latest of her epic solo trips on major waterways. She has kayaked the length of the Susquehanna, James, Hudson, Allegheny, and Connecticut rivers and completed a two-month, 700-mile trip through New York, Canada, and Maine on the Northern Forest Canoe Trail.</p> <p>The Mississippi is on her wish list, says Brennan, who turns 63 next month and is awaiting the arrival of her third grandchild. . .</p> <p>When she made her first long trip at age 50 it was because she “decided to just go into the woods and think for a while.” That was the 700-mile excursion on the Northern Forest Canoe Trail. What she discovered was what she didn’t discover.</p> <p>Seeking Adventure</p>
<p>Funding Availability</p>	<p>4. Administration on Community Living <i>New Funding Available for the Alzheimer’s and Dementia Programs Initiative (ADPI)</i></p> <p>Application Deadline: August 7, 2023</p> <p>ACL has released its summer 2023 funding opportunity for the Alzheimer's Disease Programs Initiative - Grants to States and Communities Program (HHS-2023-ACL-AOA-ADPI-0035). Cooperative agreement grants awarded under this opportunity will support and promote the development and expansion of dementia-capable home and community-based service systems in states and communities. The dementia-capable systems resulting from program activities are expected to provide quality, person-centered services and supports that help people living with dementia and their caregivers remain independent and safe in their communities.</p> <p>There are two application options contained in the single Notice of Funding Opportunity (NOFO): Grants to States (Option A) and Grants to Communities (Option B). No entity is eligible to apply for both state and community options. A recording of the informational call about the funding opportunity can be accessed at 866-361-4944.</p> <p>Learn more about this funding opportunity</p>



5. Study Session with State Director of Rural Affairs Anne Gobi

Thursday, June 29, 2023, 3:30 to 4:30 p.m.

Director of Rural Affairs Anne Gobi will be the featured guest for a DignityMA Study Session scheduled for Thursday, June 29, 2023, from 3:30 to 4:30 p.m. Former State Senator Anne Gobi was selected by Gov. Maura Healey in May to be the state's first director of rural affairs serving as an advocate and ombudsman regarding issues of concern as well as opportunities within rural communities throughout the Commonwealth. Her position is located within the Executive Office of Economic Development.

Director Gobi will make opening remarks and then will have a dialogue with participants. Issues expected to be covered include public transportation; public health resources; home care; mental health, substance use, and social services; affordable, accessible housing; and caregiving workforce.

The Study Session is open to all. Pre-registration is not required.

<https://us02web.zoom.us/j/83277468849?pwd=c1ZwWXkzMlVqVGJMVStQbFpPOXExZz09>

Meeting ID: 832 7746 8849

Passcode: 926621

One tap mobile: 16469313860

Telephone: 1 646 931 3860

From the media about Anne Gobi's appointment:

Worcester Telegram and Gazette

June 24, 2023

New role as director of rural affairs means new challenges for Sen. Anne Gobi of Spencer

Rural Massachusetts faces transportation, housing crunch: new director of rural affairs says concerns are similar to more urban areas but need different approaches, fixes

[Anne] Gobi will serve as the ambassador for 181 communities spread across Massachusetts. Working through the Executive Office of Economic Development, Gobi will be seeing to the needs of the smaller, more rural communities, addressing their challenges, and ensuring their economic well-being. . .

And while rural Massachusetts feeds and waters the state, rural communities need investment and support in return, Gobi said, pointing out the needs: investment in infrastructure, including public transportation, municipal water and sewer projects; broadband access; housing and, in many communities, even sidewalks.

In addition to visiting all of the state's rural areas . . . her top priority is to ensure that state funding is dispersed in an equitable fashion. Rural communities should not be left out of Beacon Hill funding equations or shortchanged when it comes to handing out funds. . .

While all of Massachusetts is struggling with housing issues, rural communities face different challenges. Central and western areas are contending with an aging population of residents, many of whom may be seeking to downsize but are unable to do so for lack of affordable alternative units.

Communities need options where senior residents can age in place, options for young people just starting out in life, and safe, affordable housing for everybody, Gobi said. Rural areas need investment in broadband infrastructure. . .

	<p>“I’m hearing a lot about in-law apartments, accessory dwellings, tiny homes,” Gobi said, alluding to possible solutions to the lack of housing.</p> <p>Gobi’s New Role</p> <p>The Berkshire Eagle May 31, 2023 <i>State Sen. Anne Gobi will become Massachusetts’ first director of rural affairs starting June 5</i></p> <p>I believe Gobi’s tenure as our first director of rural affairs will eventually encompass rural health, too. How could it not? Just last week, UMass Memorial Health system informed the state Department of Public Health of its plan to close the labor and delivery unit at Leominster Hospital this fall. Of course, maternity ward closures represent unique chicken or egg causality dilemmas. For many rural residents across the Bay State, other dilemmas include broadband, childcare, housing, jobs, and transit. Think about it: In places known for workforce shortages, aging infrastructure, and remote locations, rural Massachusetts residents deserve more from state government.</p> <p>First State Director</p>
Webinars and Online Sessions	<p>6. Massachusetts Rehabilitation Commission Wednesday, June 28, 2023, 1:00 to 2:30 p.m. <i>FY24 Transitional Assistance Enhancements and Demo Relaunch Training for Providers</i></p> <p>MRC is inviting all TA (Transitional Assistance) providers to attend one of two upcoming trainings to learn about the new FY24 enhancements to the Transitional Assistance Program including the relaunch of the Demonstration Project. We strongly encourage representation of staff from both Program and Business departments.</p> <p>After registering, you will receive a confirmation email containing information about joining the webinar.</p> <p>Register in advance for this TA webinar.</p> <p>7. Disability Law Center and Stavros Center for Independent Living Wednesday, July 12, 2023, 1:00 to 3:00 p.m. <i>Focus Area Setting Forum</i></p> <p>Opportunity to provide input on the issues faced as a person or a family member of a person with a disability living or working in the Greater-Springfield area. The information will be used in the formulation of goals, plans, and priorities affecting the disability community through 2024.</p> <p>Registration: DLC Stavros July 12 Input</p>
Nursing Homes	<p>8. Forbes January 6, 2023 <i>The Call for Nursing Home Reform: Will It Have Any Effect?</i> By Carolyn Rosenblatt</p> <p>Nursing homes have probably been the absolute last choice of where to go for any impaired elder in need of some care. The average age of a nursing home resident is 86. Many folks are there because they have no other option. About 60% of the 1.4 million residents receive Medicaid as their only payment source for living there. . .</p> <p>Beautiful plans are in place to make nursing homes less hospital-like and more friendly. Great minds have devised reform policies for everything from staff-resident ratios to construction of facilities that feel more like homes than the outdated, cold, unfriendly structures they usually are. And what will become of</p>

	<p>those lofty goals? My guess: not much. It will all depend a great deal on Congress authorizing funding for such reforms. From here, it does not appear that taking care of our frail and dependent elders is a broad legislative mandate . . .</p> <p>In 2022, President Joe Biden announced in his State of the Union address that his administration planned to set higher standards for nursing homes. The plan included setting minimum staffing standards in them. What’s wrong with that idea? Barely any of these homes are adequately staffed and they have trouble attracting workers. If they pay workers more, that will cut into the profits of the private equity firms that own many of them. By 2018, private equity firms had invested \$100 billion in for-profit nursing homes. And of course, one must find workers willing to do the hard and often messy work. We have a nationwide labor shortage and this sector is no exception.</p> <p>Another prong of the plan: find ways to reduce shared rooms in nursing homes. These are the only kind of rooms Medicare (for short-term stays only) and Medicaid (long-term stays) pay for. Do you think that the motivation of our federal legislators is to spend more money on Medicare benefits or expand Medicaid benefits? I say, fat chance. Many seem bent on reducing government spending, not increasing it.</p> <p>Call For Nursing Home Reform</p>
Home and Community Based Services	<p>9. Health Affairs April 2023 <i>The Home Care Workforce Has Not Kept Pace with Growth in Home and Community-Based Services</i> Abstract Home and community-based services (HCBS) are the predominant approach to delivering long-term services and supports in the US, but there are growing numbers of reports of worker shortages in this industry. Medicaid, the primary payer for long-term services and supports, has expanded HCBS coverage, resulting in a shift in the services’ provision out of institutions and into homes. Yet it is unknown whether home care workforce growth has kept up with the increased use of these services. Using data from the American Community Survey and the Henry J. Kaiser Family Foundation, we compared trends in the size of the home care workforce with data on Medicaid HCBS participation between 2008 and 2020. The home care workforce grew from approximately 840,000 to 1.22 million workers between 2008 and 2013. After 2013, growth slowed, ultimately reaching 1.42 million workers in 2019. In contrast, the number of Medicaid HCBS participants grew continuously from 2008 to 2020, with accelerated growth between 2013 and 2020. As a consequence, the number of home care workers per 100 HCBS participants declined by 11.6 percent between 2013 and 2019, with preliminary estimates suggesting that further declines occurred in 2020. Improving access to HCBS will require not just expanded insurance coverage but also new workforce investments.</p> <p>Home Care Workforce</p>
Alzheimer’s and Dementia Care	<p>10. Health Affairs June 26, 2023 <i>Dementia Care Is Widespread in US Nursing Homes; Facilities with The Most Dementia Patients May Offer Better Care</i> By Dana B. Mukamel, Debra Saliba, Heather Ladd, and R. Tamara Konetzka Abstract</p>

	<p>More than three million US nursing home residents were diagnosed with Alzheimer’s disease and related dementias (ADRD) between 2017 and 2019. This number is expected to increase as the population ages and ADRD prevalence increases. People with ADRD require specialized care from trained staff. This study addressed two questions: Are residents with ADRD concentrated in nursing homes where they are the majority? If not, what are the implications for their quality of care and life? We answered the first question by determining the ADRD census for each nursing home in the country during the period 2017–19. Using the Minimum Data Set and Medicare claims, we compared characteristics of nursing homes with high and low ADRD census along several dimensions, including staffing, resident outcomes, and resident characteristics. We found that residents with ADRD were dispersed throughout all nursing homes, with fewer than half residing in nursing homes where residents with ADRD accounted for 60–90 percent of the census. Furthermore, only facilities exceeding 90 percent of residents with ADRD seemed to offer better care. These findings raise concerns about the quality of care and life for the majority of residents with ADRD, suggesting that current National Institutes of Health dementia research initiatives and the Biden administration’s policies to improve nursing home care should be coordinated.</p> <p>Dementia Care</p>
Behavioral Health	<p>11. *New York Times June 25, 2023 <i>He Was Handcuffed and Hospitalized. Now He’s on Track for Housing.</i> A contentious New York City policy to send more mentally ill homeless people to hospitals has helped some move into permanent homes. The mayor’s directive calls for the police, paramedics and groups that work with homeless New Yorkers to send people to hospitals when mental illness leaves them unable to “meet basic living needs,” even if they’re not threatening to hurt themselves or others. It has met with criticism and a legal challenge. But one social-service agency in the Bronx that has been sending people to hospitals says the policy is yielding encouraging results, thanks largely to more diligent and longer-term hospital treatment. . . One woman who was hospitalized was in her late 70s and had been homeless for so long that her campsite on White Plains Road shows up in Google Street View images going back to 2016. BronxWorks said that city hospitals, which have been criticized for quickly discharging homeless psychiatric patients without helping them, now often keep people long enough to give them meaningful treatment and get them ready for housing. “These are severely mentally ill people we’ve been chasing after for years,” said Scott Auwarter, BronxWorks’s assistant executive director. “Something’s changed out there. It’s working.” He Was Handcuffed</p>
Medicaid	<p>12. Commonwealth Daily Download June 20, 2023 <i>Medicaid redetermination process off to fast start</i> By Bruce Mohl A top state official says 9,000 residents have transferred from MassHealth to the Massachusetts Health Connector since April as part of the post-COVID Medicaid</p>

	<p>redetermination process.</p> <p>“That’s a little bit more than we were even expecting for this time,” said Audrey Morse Gasteier, executive director of the Massachusetts Health Connector, on The Codcast. “The topline is it’s early days but we are seeing strong activity. The operations are holding.”</p> <p>After a three-year hiatus brought about by COVID, April 1 was the start date for the redetermination process, which seeks to verify that those on Medicaid are entitled to receive it. Roughly 2.3 million Medicaid recipients need to be assessed, with early predictions estimating 300,000 residents on MassHealth could be dropped from the rolls. The big concern is that those who are dropped quickly find new coverage, which is why those affected are automatically told whether they qualify for health plans at the Connector.</p> <p>Medicaid Redetermination Fast Start</p>
<p>Incarcerated Populations</p>	<p>13. Health Affairs June 2023 <i>Jail Conditions and Mortality: Death Rates Associated with Turnover, Jail Size, And Population Characteristics</i> By Jessica L. Adler and Weiwei Chen Abstract In 2019, there were approximately ten million admissions to more than 3,000 US jails—facilities that had become increasingly deadly in the prior decades. Between 2000 and 2019, jail mortality rose by approximately 11 percent. Although incarceration is widely viewed as a health hazard, relationships between jail conditions and jail deaths are understudied. Using data from the Bureau of Justice Statistics and Reuters journalists, we assessed mortality rates and conditions in approximately 450 US jails in the period 2008–19. During those years, certain facility characteristics were related to mortality. For example, high turnover rates and high populations were associated with higher death rates. Greater proportions of non-Hispanic Black people in jail populations were associated with more deaths due to illness, and the presence of larger shares of non-US citizens was associated with lower overall mortality rates. Our findings suggest that heavy reliance on incarceration and the prevalence of broad health disparities escalate jail mortality.</p> <p>Jail Conditions and Mortality</p> <p>14. Health Affairs June 2023 <i>COVID-19 Restrictions in Jails and Prisons: Perspectives from Carceral Leaders</i> By Brendan Saloner, Camille Kramer, Minna Song, Brandon Doan, Gabriel B. Eber, Leonard S. Rubenstein, and Carolyn Sufrin Abstract COVID-19 has been an unprecedented challenge in carceral facilities. As COVID-19 outbreaks spread in the US in early 2020, many jails, prisons, juvenile detention centers, and other carceral facilities undertook infection control measures such as increased quarantine and reduced outside visitation. However, the implementation of these decisions varied widely across facilities and jurisdictions. We explored how carceral decision makers grappled with ethically fraught public health challenges during the pandemic. We conducted semi structured interviews during May–October 2021 with thirty-two medical and security leaders from a diverse array of US jails and prisons. Although some facilities had existing detailed outbreak plans, most plans were inadequate for a</p>

	<p>rapidly evolving pandemic such as COVID-19. Frequently, this caused facilities to enact improvised containment plans. Quarantine and isolation were rapidly adopted across facilities in response to COVID-19, but in an inconsistent manner. Decision makers generally approached quarantine and isolation protocols as a logistical challenge, rather than an ethical one. Although they recognized the hardships imposed on incarcerated people, they generally saw the measures as justified. Comprehensive outbreak control guidelines for pandemic diseases in carceral facilities are urgently needed to ensure that future responses are more equitable and effective.</p> <p>Covid-19 Restrictions in Jails</p>
<p>Health Policy: Private Equity</p>	<p>15. Health Affairs Scholar June 23, 2023 <i>Ten health policy challenges for the next 10 years</i> By Kathryn A Phillips, Deborah A Marshall, Loren Adler, Jose Figueroa, Simon F Haeder, Rita Hamad, Inmaculada Hernandez, Corrina Moucheraud, Sayeh Nikpay</p> <p>Abstract Health policies and associated research initiatives are constantly evolving and changing. In recent years, there has been a dizzying increase in research on emerging topics such as the implications of changing public and private health payment models, the global impact of pandemics, novel initiatives to tackle the persistence of health inequities, broad efforts to reduce the impact of climate change, the emergence of novel technologies such as whole-genome sequencing and artificial intelligence, and the increase in consumer-directed care. This evolution demands future-thinking research to meet the needs of policymakers in translating science into policy. In this paper, the <i>Health Affairs Scholar</i> editorial team describes “ten health policy challenges for the next 10 years.” Each of the ten assertions describes the challenges and steps that can be taken to address those challenges. We focus on issues that are traditionally studied by health services researchers such as cost, access, and quality, but then examine emerging and intersectional topics: equity, income, and justice; technology, pharmaceuticals, markets, and innovation; population health; and global health.</p> <p>Ten Health Policy Challenges</p> <p>Excerpt: The private equity “takeover” of health care: What does it mean? Private equity investment into health care accelerated rapidly over the last decade and shows no signs of slowing down. Private equity firms now play a meaningful role across the health care industry, from hospitals and nursing homes to physician practices and dental clinics to biotechnology, medical devices, and information technology. This infusion of capital offers the potential for investments that may improve patient care and generate economies of scale, but private equity's focus on short-term profits and efficiency also raises concerns about patient harms and higher costs.</p> <p>Numerous news stories have identified examples of fraudulent activity,⁴³ overtreatment,⁴⁴ aggressive billing practices,⁴⁵ and widespread use of noncompete and nondisclosure agreements associated with private equity-owned facilities and medical groups. Also, recent empirical evidence suggests that private equity acquisitions of medical practices lead to higher prices and, perhaps more concerningly, that their acquisitions of nursing homes tend to increase mortality rates.^{46–48} The future is likely to bring the further consolidation of many physician specialties by private equity firms and expanded</p>

	<p>investments in primary care, behavioral health, and specialty practices with significant exposure to value-based payment models. Inevitably, this investment will bring with it both pros and cons.</p> <p>The trillion-dollar question is how legislators and regulators should respond to private equity's "takeover" of health care. One school of thought is that a presumption of patient harm should accompany private equity acquisitions in health care and that lawmakers, therefore, should enact roadblocks to such acquisition through stronger corporate practice of medicine rules or similar means. Others argue that lawmakers should instead focus on weeding out the market failures and payment loopholes that private equity (and other acquirers) can exploit, such as laws regulating surprise billing, the Federal Trade Commission's decision to prohibit non-competes, and stronger antitrust and fraud enforcement.</p> <p>Not enough is known, though, about private equity's net effects on quality of care and patient experience. More research—qualitative, descriptive, and empirical—is needed to help policymakers, providers, and patients understand the effects of and respond to this growing trend. The research community is forced to play catch-up as private equity continues to expand into new arenas of health care.</p> <p>43 Bannow T, Herman B Private equity's Welsh Carson, casting itself as a noble force, relentlessly pursues profits in health care. STAT 2022 https://www.statnews.com/2022/10/31/welsh-carson-investment-strategy-innovage-caresource-emerus-usap/</p> <p>44 Schulte F. Sick Profit: Investigating Private Equity's Stealthy Takeover of Health Care Across Cities and Specialties. <i>Kaiser Health News</i>, November 14, 2022 - https://khn.org/news/article/private-equity-takeover-health-care-cities-specialties/</p> <p>45 Creswell J., Abelson R, Sanger-Katz M. The Company Behind Many Surprise Emergency Room Bills. <i>The New York Times</i>, July 24, 2017, The Upshot - https://www.nytimes.com/2017/07/24/upshot/the-company-behind-many-surprise-emergency-room-bills.html</p> <p>46 Singh Y, Song Z, Polsky D, Bruch JD, Zhu JM Association of private equity acquisition of physician practices with changes in health care spending and utilization. <i>JAMA Health Forum</i>. 2022; 3(9):e222886. https://doi.org/10.1001/jamahealthforum.2022.2886 Google Scholar WorldCat</p> <p>47 La Forgia A, Bond AM, Braun RT, et al. Association of physician management companies and private equity investment with commercial health care prices paid to anesthesia practitioners <i>JAMA Intern Med</i> 2022; 182 (4): 396 – 404 https://doi.org/10.1001/jamainternmed.2022.0004 Google Scholar Crossref PubMed WorldCat</p> <p>48 Gupta A, Howell ST, Yannelis C, Gupta A. Does private equity investment in healthcare benefit patients? Evidence from nursing homes. National Bureau of Economic Research (February 2021) https://www.nber.org/papers/w28474 https://academic.oup.com/healthaffairsscholar/article/1/1/qxad010/7203673 Ten Health Policy Challenges</p>
Global Perspective	<p>16. Health Affairs June 2023</p>

	<p><i>Controlling Spending for Health Care and Long-Term Care: Japan's Experience with A Rapidly Aging Society</i> By Naoki Ikegami and Thomas Rice</p> <p>Abstract As the Japanese population has aged rapidly, Japan's experience has implications for other high-income countries, including the United States. The aging of Japan's population, coupled with the government's decision to implement a public long-term care insurance program in 2000, has increased the nation's expenditures. In acute care, costs have been relatively contained by biennially revising the fee schedule for all physician and hospital services and by lowering pharmaceutical prices. The fee schedule not only sets prices but also controls volume by setting the conditions of billing for each item. This fee schedule is applied to all social health insurance plans (which enroll all permanent residents of Japan) and to virtually all providers. In contrast, despite the use of a similar fee schedule, spending in long-term care insurance has increased more than spending in health care. This is both because long-term care became an entitlement and because aging has had a greater impact on long-term care insurance spending than on health insurance spending. In this article we analyze Japanese expenditure data to provide essential information to the US as the percentage of its population ages sixty-five and older continues to rise. A key lesson that the US can learn from Japan's experience is that as its population ages, the need for long-term care will increase, necessitating better control of acute care spending.</p> <p>Long Term Care in Japan</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores473@charter.net.</p>
Websites	<p>Lown Institute https://lowninstitute.org/</p> <p>The Lown Institute is a nonpartisan think tank advocating bold ideas for a just and caring system for health.</p>
Previously recommended websites	<p>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>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i></p> <p>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</p>

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 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

Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A

Massachusetts Department of Public Health
Determination of Need Projects

Massachusetts Department of Public Health
Determination of Need Projects: Long Term Care
Currently Pending
[Care Realty, LLC – Long-Term Care Conservation {Newton}](#)
[Sudbury Pines Extended Care Facility-Significant Amendment](#)
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.](#)

<p>List of Special Focus Facilities</p>	<p style="text-align: center;"><u>Belmont Manor Nursing Home, Inc.</u></p> <p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023</p> <p>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.</p> <p>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.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>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. <p>Massachusetts facilities listed (updated March 29, 2023)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridgerehab.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 <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough
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<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:

<https://projects.propublica.org/nursing-homes/homes/h-225366>

- 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>

<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> <tr> <td>2</td> <td>L</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	2	L
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<p>Nursing Home Compare</p>	<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>																								
<p>Data on Ownership of Nursing Homes</p>	<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</p>																								

	ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.																																																			
Long-Term Care Facilities Specific COVID-19 Data	<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 																																																			
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<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td rowspan="2">General Membership</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Paul Lanzikos</td> <td>paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td rowspan="2">Communications</td> <td>Pricilla O'Reilly</td> <td>prisoreilly@gmail.com</td> </tr> <tr> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <td>Interest Group</td> <td>Group lead</td> <td>Email</td> </tr> <tr> <td>Assisted Living and Rest Homes</td> <td>In formation</td> <td></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td rowspan="2">Transportation</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Chris Hoeh</td> <td>cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jiplomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning	bhenning@bostoncil.org	Paul Lanzikos	paul.lanzikos@gmail.com	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com	Communications	Pricilla O'Reilly	prisoreilly@gmail.com	Lachlan Forrow	lforrow@bidmc.harvard.edu	Facilities (Nursing homes)	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	Assisted Living and Rest Homes	In formation		Housing	Bill Henning	bhenning@bostoncil.org	Veteran Services	James Lomastro	jiplomastro@comcast.net	Transportation	Frank Baskin	baskinfrank19@gmail.com	Chris Hoeh	cdhoeh@gmail.com	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net	Incarcerated Persons	TBD	info@DignityAllianceMA.org
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<i>The Dignity Digest</i>	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 • Brianna Zimmerman 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 <u>The Dignity Digest</u> 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>	