



# The Dignity Digest

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

**\*May require registration before accessing article.**

## Spotlight

***It's Time to Bring Back Asylums***, an opinion essay by David Oshinsky, published in the July 21, 2023 edition of the **Wall Street Journal** [[Time to Bring Back Asylums](#) (free access)], was the "Spotlight" feature in Issue #147 of *The Dignity Digest*. Comments from readers were solicited.

James Lomastro, PhD, from Conway, MA and a member of Dignity Alliance Massachusetts's Coordinating Committee, has submitted these comments:

Many things could be improved in this opinion piece:

1. The opinion piece uses exceptional incidents and sensationalism to prove its point but denies it to others.
2. It misquotes Thomas Szasz, as Szasz applied his image of the Titanic to the institutions rather than the effort to deinstitutionalize them.
3. According to the National Institute of Mental Health, people who are mentally ill are more likely to be victims of crime than to victimize others.
4. It ignores factors including poverty, the inadequacy of treatment, and the actual rights of the persons.
5. The use of the word asylum is betraying its current understanding.
6. Worcester is hardly a state-of-the-art treatment facility.

Many of us view reducing the number of people in these state institutions as an achievement rather than a failure. Many incarcerated in these institutions had life sentences, and parole was grave. Many of us who were present, inmates, worked in these institutions, or oversaw their closure know the dehumanized and depersonalized situation they presented. Thorazine and other drugs allowed many of them to be released into the community and for some to lead productive lives. But Thorazine itself has side effects and is not effective without supportive services. When the institutions closed, the state promised and reneged on developing alternative supportive services relying on low-cost but not cost-effective drugs. The failure was on the part of the state to deliver, choosing to pocket the saving from their closure rather than reinvesting them in an alternative system. There is little evidence that forced treatment works. Civil libertarians, disability rights advocates, and the person served have not replaced psychiatrists as the arbiters of care for the severely mentally ill as much as tempered their control and power by humanizing it. Would we want to return to the past situation in which

	<p>the psychiatrist was the only arbitrator on whether one was sick or could be deprived of freedom?</p> <p>We can learn from the models used in immigration and migrant studies about "displacement" to understand the mentally ill and unhoused plight. Displacement is separating people from the mainstream of society by their "status," whether seeking refuge, mental illness, or being unhoused. The quest for security (securitization) on the part of society leads to the insecurity of those with mental illness and unhoused. Securitization of them has contributed to making the plight less visible. As in the case of refugees, "housing" them in refugee camps, even with amenities such as private spaces, removes them from the purview of society and gives a false notion that somehow, we solved the problem. Society securitizes at an unprecedented scale those mentally ill and unhoused as threats. Protection through confinement has become one aspect of various management and risk reduction practices. In the case of people who are mentally ill and unhoused, securing them has a specific capacity for fabricating and sustaining a false sense of security between the displaced group and mainstream society. It is not to undermine or deny that there are issues, such as crime among these groups, and that they are exploited. The task is not to repress security concerns as illegitimate but to base responses on considered analysis rather than the alarmist notions of fear and unease.</p> <p>We need a positive securitization of people with mental illness and unhoused, which reinforces the sense of solidarity with them and encourages solutions to the root causes of displacement. The aim is to harness the power of the concept of security to forge coalitions and action plans to affect those with mental illness significantly and who are unhoused.</p> <p>We have moved beyond the use of asylum for people in institutions. We need to keep it that way. We relegate asylum to those fleeing persecution from one country and seeking safety and security in another. There is no room for institutional asylums within one's country. We have a history of creating "asylums" for Native Americans with devastating impacts. We have no doubts that the problem is that the treatment system is inadequate. Still, the return to institutional incarceration is certainly not the answer or any part of the solution.</p> <p>Additional comments can be submitted to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</p>
Quotes	<p><i>"We are struggling quite a bit with the staffing [for The Ride]. Which means we are scheduling trips less efficiently because we have less drivers. That has a direct impact on on-time performance, and when on-time performance is</i></p>

*impacted, it increases call volume. Our call center is also understaffed.”*

Michele] Stiehler, MBTA’s chief of paratransit services, *Long a sore spot for riders with disabilities, service on the RIDE has gotten worse because of staffing shortages*, \***Boston Globe**, July 29, 2023, [Long a Sore Spot](#)

*“Twenty-year-olds can go out in 80-degree weather for hours and generally be OK. That’s not true for older adults.”*

Dr. Angela Primbas, a geriatrician at U.C.L.A. Health. *Heat Affects Older People More. Here’s How to Stay Safe*. **New York Times (free access)**, July 20, 2023, [Heat Affects Older People](#)

*We all get hot. We all need water. We all need breaks. Lawmakers can ignore this reality because they work (on legislation like this bill) in air-conditioned offices. They drive home on roads made by the workers whose lives they are endangering. They pull inside their garages, close the door to the blistering heat and enter their comfortable homes, where their family members do not have to worry about dying of heat. It is unconscionable that in our wealthy country, we let blue-collar workers and the economically disadvantaged needlessly die in oppressive heat.*

Tish Harrison Warren, Opinion Writer, *Rising Heat Deaths Are Not Just About the Temperature*, **New York Times (free access)**, July 23, 2023, [Rising Heat Deaths](#)

*Without sustainable interventions, increased reliance on air-conditioning will contribute to a cycle of accelerated fossil fuel burning to keep people cool as the world outside gets hotter.*

*As Heat Waves Intensify, Europe’s Cities Rely on Age-Old Ways to Stay Cool*, **New York Times**, July 28, 2023, [Heat Waves Intensify](#)

*Through their performances, dip hop artists not only subvert preconceived notions of music but also of Deaf culture and deafness, changing what it means for music to be heard.*

*Deaf rappers who lay down rhymes in sign languages are changing what it means for music to be heard*, **The Conversation**, July 27, 2023, [Deaf Rappers](#)

*So how blind you have to be to be blind? How much vision do you have to remove from the heap of sight before it becomes blindness?*

Andrew Leland, *Blindness isn't a tragic binary -- it's a rich spectrum*, TED Talk, [Blindness Isn't a Tragic Binary](#)

*"It's actually really impressive to see what has been accomplished by both the state and the providers [with the [Roadmap for Behavioral Health Care Reform](#)]. . . Everyone wants it to be at its full potential now. The reality is we still have work to do."*

Karin Jeffers, president and chief executive of Clinic and Support Options, *First six months of the state's mental health overhaul reveal promise and challenges*, \*Boston Globe, July 27, 2023, [Road Map for Behavioral Health Reform](#)

*"For too long, it's been this idea of collaboration. That's not the job of state survey agencies. We believe that strong enforcement, strong corrective action incentivizes change. Many of these operators are in it for the money. And until you reduce the amount of money they can suck away without repercussions, you're not going to really change the behavior. Five-thousand-dollar fines, that doesn't do anything to them.*

*"If you look at the amount of fines and you look routinely at the type of severe, endemic problems that are hurting nursing home residents, it's pathetic. ... There's no real incentive to change. What we're hearing is there's just this huge decline in quality of care across the country. ... And the fact is, it's made worse by poor enforcement."*

Sam Brooks, The Consumer Voice's director of public policy, *CT nursing home conditions raise alarms as inspections lag*, CT Mirror, July 30, 2023, [CT Nursing Home Conditions Raise Alarms](#)

*"Imagine if [twelve] day care centers in the first half of this year had been found to be putting children at risk of serious injury or death. Imagine what kind of reforms would be happening. We need to see this as an opportunity to rethink*

*how we provide care to older adults and people with disabilities.”*

Anna Doroghazi, associate state director of advocacy and outreach for the AARP in Connecticut, *CT nursing home conditions raise alarms as inspections lag*, **CT Mirror**, July 30, 2023, [CT Nursing Home Conditions Raise Alarms](#)

*“It makes me feel sick. People deserve better. Everybody deserves better care than this.”*

Anna Doroghazi, associate state director of advocacy and outreach for the AARP in Connecticut, *CT nursing home conditions raise alarms as inspections lag*, **CT Mirror**, July 30, 2023, [CT Nursing Home Conditions Raise Alarms](#)

*“My first reaction is I want to cry. I cannot grasp that this is happening [in nursing homes] in our communities. It’s beyond comprehension. I just know we have to react. We have to work on this.”*

Rep. Jane Garibay, a co-chair of the Connecticut legislature’s Aging Committee, *CT nursing home conditions raise alarms as inspections lag*, **CT Mirror**, July 30, 2023, [CT Nursing Home Conditions Raise Alarms](#)

*“[Gouverneur Morris, a founding father of America, who was disabled due to a severely impaired right arm and an amputated left leg,] had a different lived experience than [other Founding Fathers] because of his embodiment and I think we should be able to read some of the things he’s done with that in mind. I don’t want to essentialize Morris as only a disabled person because he was so much more than that. He was amazing. But in how we think about how he came to be that kind of person, we need to think about his embodiment.”*

Jennifer W. Reiss, an attorney in London with a PhD in history who has a form of cerebral palsy, *The disabled Founding Father who put the ‘United’ in ‘United States’*, **\*Washington Post**, July 31, 2023 (updated), [Disabled Founding Father](#)

*“We are very full. We have everything from heat cramps to heat stroke and death.”*

Dr. Kara Geren, an emergency-medicine doctor at Valleywise Health Medical Center in central Phoenix, *Phoenix’s Month in Hell: 31 Days of Extreme Heat Tests the City*, **\*New York Times**, July 31, 2023, [Phoenix's Month in Hell](#)

	<p><i>[S]taffing in the [nursing home] sector is still a significant burden on skilled nursing operators and is limiting additional admissions in many markets around the country."</i></p> <p><i>Skilled nursing occupancy dips: NIC, McKnight's Senior Housing News, June 6, 2023, <a href="#">Skilled Nursing Occupancy Dips</a></i></p> <p><i>"This program has been wildly successful and effective in keeping people in their homes and has helped avert the tsunami of evictions in the commonwealth that many have been concerned about since the 2020 pandemic started."</i></p> <p><i>State Representative Aaron Michlewitz, Chair, House Ways and Means Committee, Legislature Reviving Program to Prevent Evictions, *State House News, July 31, 2023, <a href="#">Reviving Eviction Protection</a></i></p>
<p>Regulatory Amendment: Opportunity for Comment</p>	<p><b>1. Massachusetts Department of Public Health</b> <i>COVID-19 vaccine requirements for nursing home personnel</i> Public Hearing Tuesday, August 1, 2023, 10:00 a.m.</p> <p>The Massachusetts Department of Public Health has issued proposed amendments to regulations for long term care facilities and other providers aligning the flu and COVID-19 vaccine requirements for personnel, eliminating the mandate that all personnel be vaccinated with COVID-19 vaccine. Under the proposed amendments, personnel will need to be vaccinated with both COVID-19 and influenza vaccines, unless an individual is subject to an exemption. Personnel will be exempt from receiving the flu and COVID vaccine if they decline for any reason to be vaccinated. Such individuals will then be required to take mitigation measures (consistent with guidelines to be issued by DPH). A copy of the proposed amendments can be found <a href="#">here</a>. Proposed amendments for the other health care providers can be found here. <a href="https://www.mass.gov/info-details/vaccinations-for-health-care-personnel">https://www.mass.gov/info-details/vaccinations-for-health-care-personnel</a>.</p> <p>The Department will hold a public hearing on the proposed amendments on August 1, 2023, at 10AM. The hearing will be conducted on a moderated conference call.</p> <p>The login information for the moderated conference call is: Dial in: 800-857-9842 Participant code: 3262206</p> <p>For additional information on the hearing and the process for submitting written testimony can be found here: <a href="https://www.mass.gov/doc/public-hearing-notice-105cmr130-140-141-150-158-170/download">https://www.mass.gov/doc/public-hearing-notice-105cmr130-140-141-150-158-170/download</a>.</p> <p>All comments must be submitted to the Department by 5:00 p.m. on August 1, 2023.</p>
<p>FY 2024 State Budget</p>	<p><b>2. Report of the DignityMA Legislative Work Group 7/31/2023</b> <i>FY 24 DignityMA Supported Budget Items in the Final Conference Report</i></p>

The following items, under consideration by the Conference Committee, were all approved in the final budget that is being presented to the House and Senate today. Twenty-eight Dignity Advocates “took action” by contacting 47 legislators asking for support of the budget items that were under consideration. They utilized DignityMA’s newly implemented advocacy software application available at <https://dignityalliancema.org/take-action/#/>. Currently, we are asking members of the Massachusetts Congressional Delegation to support “National Nursing Home Reforms”.

Thank you to all Dignity participants and friends who advocated for these items either during the budget process and/or with the Conference Committee.

- **Require reporting on compliance with state closure regulations by nursing home administrators.**

4510-0721, by adding the following words:- “; provided further, that the board of nursing home administrators shall review compliance, as established in 105 CMR 150, of facilities closed between January 1, 2023 and July 31, 2024; and provided further, that not later than September 1, 2024, the board shall submit a report to the house and senate committees on ways and means and the joint committee on elder affairs that shall include, but not be limited to, compliance issues and violations of said nursing home closure regulations, as established in 105 CMR 150.”

- **Allows subcontractors for home care agencies to comply with C.257.**

1599-6903, by inserting after the words “any human service provider receiving revenue under said Chapter 257” the following:- “, and any home care agency subcontracting with such human service providers to provide home care services,”

- **Increase funding for Asian Elders by \$50,000 (Dignity’s original email mistakenly used the figure \$75,000)**

line item 7008-1116 by inserting the following: “; provided further, that not less than \$75,000 shall be expended for the Asian Community Development Corporation for the purposes of expanding their retirement matched savings program for low-income Asian elders

- **Increases PACE funding by \$150,000 for Harbor Health.**

4000-0601, by inserting after the words “birthday occurs” the following words:- “; provided further, that not less than \$150,000 shall be expended to Harbor Health Services, Inc. for eldercare workforce development, training programs, infrastructure and operational upgrades to its Program of All-Inclusive Care for the Elderly (PACE) day centers in Mattapan, Brockton and in any new communities for which Harbor Health Services has been contracted to help meet the commonwealth’s PACE expansion goals

- **Preserve the nursing home bed hold requirements.**

Item 4000-0601 provided further, that MassHealth shall reimburse nursing home facilities for up to 20 medical leave-of-absence days and shall reimburse the facilities for up to 10 non-medical leave-of-absence days; provided further, that medical leave-of-absence days shall include an observation stay in a hospital in excess of 24 hours; provided further, that no nursing home shall reassign a patient's bed during a leave of absence that is eligible for reimbursement under this item; provided further, that not later than January 16, 2024, MassHealth shall submit a report to the house and senate committees on ways and means detailing, for fiscal year 2023, the: (a) number of nursing facility clients on a leave of absence, delineated by the nursing facility, medical leave-of-

absence days and medical leave of-absence days that exceeded 10 days per hospital stay, nonmedical leave-of-absence days and the total number of days on leave of absence unduplicated member count; (b) monthly licensed bed capacity level per nursing home and the monthly total number of empty beds per nursing facility, total number of all nursing home residents and total MassHealth nursing home residents; (c) 6 separate MassHealth payment rates and the average payment amount rate per nursing facility client resident; (d) actual number of nursing home residents for each of the 6 payment rates in clause (c); and (e) aggregate payment amount per nursing facility by month; and provided further, that the information in the report shall be delineated by nursing facility, including grand totals where appropriate \$4,486,764,509

- **Expand access to the Dementia Care Coordination program of the Alzheimer's Association (an increase of \$200,000 over the House budget). Senate Language**

Item 9110-1630, by adding the following words:- “; provided further, that not less than \$300,000 shall be expended for the Alzheimer's Association, Massachusetts Chapter, to expand access to an evidence-based program, Dementia Care Coordination, DCC, in order to reduce hospitalizations, emergency department visits and delay long-term care placements; and by striking the figure “\$213,760,442” and inserting in place thereof the following figure:- “\$214,060,442.”

- **Geriatric Psychiatric Patients Task Force**

Inserting after section 53 the following section:-

- "SECTION 53A. (a) There shall be a task force to study geriatric psychiatric patients who are ready to be discharged from acute care in a geriatric psychiatric unit to a nursing home but for whom placement beds are not available for extended periods and to issue recommendations to support the geriatric psychiatric care pipeline.
- (b) The task force shall consist of: the secretary of elder affairs or a designee, who shall serve as co-chair; the commissioner of mental health or a designee, who shall serve as co-chair; the commissioner of public health or a designee; the assistant secretary for MassHealth or a designee; and 5 members appointed by the co-chairs, 1 of whom shall be a representative of the Massachusetts Association of Behavioral Health Systems, Inc., 1 of whom shall be a representative of Massachusetts Health and Hospital Association, Inc., 1 of whom shall be a representative of Massachusetts Senior Care Association, Inc., 1 of whom shall be a representative of LeadingAge Massachusetts, Inc. and 1 of whom shall be a representative of Dignity Alliance Massachusetts, Inc..
- (c) Not later than January 31, 2024, the task force shall submit its report, including any proposed legislation necessary to carry out its recommendations, to the clerks of the senate and house of representatives, the joint committee on elder affairs.

- **Increasing Meals on Wheels funding by \$1 million over the amount in the House budget. Senate Language**

item 9110-1900, by striking out the figure "\$11,872,860" and inserting in place thereof the following figure:- “\$12,872,860”.

- **Expending \$500,000 for the Requirement Durable Medical Equipment and Assistive Technology Reuse Program. Senate Language**

"4120-4000 For community-based services, which shall include, but not be limited to, protective services, adult support services, assistive technology



services and the annualization of funding for turning 22 program clients who began receiving services in fiscal year 2023 under item 4120-4010 of chapter 126 of the acts of 2022; provided, that not less than \$2,420,000 shall be expended for assistive technology services .....\$13,825,279".

- **Amending permissible use standards for home care agencies. Senate Language**

1599-6903, by inserting after the words "any human service provider receiving revenue under said Chapter 257" the following:- " , and any home care agency subcontracting with such human service providers to provide home care services,".

- **Amending the renaming the "LGBT Aging Project" in the House budget to the "LGBTQIA+ Aging Project." Senate Language**

item 9110-1630, by striking out the words "LGBT Aging Project" and inserting in place thereof the following words:- "LGBTQIA+ Aging Project".

- **Expending \$50,000 for the LGBTQIA+ Aging Project at Fenway Health.**

item 9110-0100, by inserting at the end the following: "provided further, that not less than \$50,000 shall be expended for the LGBTQIA+ Aging Project of Fenway Health to support the Massachusetts Special Legislative Commission on LGBT Aging".

- **Expending \$500,000 for an independent actuarial study of long-term care financing in Massachusetts. Senate Language**

item 4000-0300, by adding the following words:- "; provided further, that not less than \$500,000 shall be expended for a contracted independent study for actuarial modeling of public, private and public-private hybrid long-term care services and supports financing options to help individuals prepare for, access and afford such services; provided further, that the study shall include, but not be limited to: (aa) an analysis of public and private long-term care financing programs that exist in the commonwealth, the participation rates for those programs and any clear gaps that exist, including, but not limited to, gaps in coverage, affordability, participation and any factors relevant to the design of a public program; (bb) modeling of 3 public long-term care insurance programs funded through a payroll deduction, including a front-end limited duration program, a limited duration, back-end catastrophic program and an unlimited duration program; provided further, that key modeling outputs shall include estimated program participation rates, program costs, the distribution of program benefits, the impact on Medicaid expenditures and any financial and legal risks to the commonwealth; provided further, that sensitivity analysis on key program parameters shall be completed and include daily benefit amounts, coverage duration, benefit increase options, form of benefit and premium levels; and (cc) modeling the impact of tax alternatives and other incentives for the purchase of private long-term care insurance on take-up rates in the commonwealth; provided further, that key outputs shall include the impact on insurance take-up rates, the socio-demographic profile of individuals projected to purchase long-term care insurance, program costs and the impact on Medicaid expenditures; provided further, that the actuarial analysis shall be submitted to the executive office of health and human services, the house and senate committees on ways and means, the clerks of the senate and house of representatives and the joint committee on elder affairs not later than 270 days after the passage of this act"; and by striking out the figure "\$133,800,335" and inserting in place thereof the following figure:- "\$134,300,335".

	<ul style="list-style-type: none"> <li>• <b>Expending \$125,000 for a virtual senior center for LGBTQIA+ older adults. Senate Language</b> item 9110-9002, by adding the following words:- "; provided further, that not less than \$125,000 shall be allocated to Outstanding Life for the operation of a statewide Virtual Senior Center for LGBTQIA+ older adults"; and by striking out the figure "\$26,300,000" and inserting in place thereof the following figure:- "\$26,425,000".</li> <li>• <b>Requiring DPH to offer CNA exams in Spanish, Chinese, and other languages. House Language</b> SECTION 18B. Section 72W of said chapter 111, as appearing in the 2020 Official Edition, is hereby amended by striking out the last paragraph and inserting in place thereof the following 2 paragraphs:- A nurses' aide who receives their training and works in a facility whose resident population is predominantly non-English speaking shall be offered the option to take the nurses' aide certification exam in a language other than English, including, but not limited to, Spanish and Chinese; provided, however, that the department shall determine which languages the exam shall be offered in. The department shall make such rules and regulations as may be necessary to carry out this section.</li> </ul> <p><b>ADDITIONAL ITEMS IN THE CONFERENCE REPORT SUPPORTED BY DIGNITY ALLIANCE DURING BUDGET PROCESS</b></p> <ul style="list-style-type: none"> <li>• AHVP was funded at \$16.8 million, and with prior appropriations continued, this means we got our ask of \$26 million for AHVP! We also got the language change that would allow AHVP to be used for both mobile and project-based vouchers.</li> <li>• The Accessible Affordable Housing Grants were funded at \$2.5 million, also what we asked for.</li> </ul> <p><a href="https://malegislature.gov/Budget/ConferenceCommittee">https://malegislature.gov/Budget/ConferenceCommittee</a></p>
Health Equity Summit	<p><b>3. Boston Medical Center</b> <i>EQTY 2023 - A Health Justice Summit</i> Thursday, September 14, 2023, 8:00 a.m. to 6:30 p.m. <b>EQTY 2023</b> will explore the past, present, and future of health equity. The Summit convenes an audience from across the country that is actively working toward advancing racial health equity in their communities, including hospital leaders, providers, community organizations, payers, and more. Network with other advocates, activists, and leaders who will share their expertise, and showcase their latest innovations around health equity. <b>Keynote Speaker:</b> Harriet A. Washington, award-winning medical writer and editor, "captivates audiences with her unique and courageous voice as a medical ethicist, deconstructing the politics surrounding medical issues." <a href="#">See the list of Panel Speakers Here.</a> Early bird fee: \$250 Regular fee: \$375 <b>Early bird pricing ends on Friday August 4<sup>th</sup> at 11:59 p.m.</b> <b>Click here to <a href="#">Register Today!</a></b></p>
Podcasts	<p><b>4. The Consumer Voice</b> <i>The U.S. Supreme Court Case on Nursing Home Residents' Rights</i> Few lawsuits make it all the way to the U.S. Supreme Court. However, one brought by the family of Gorgi Talevski did just that -- and they won! The Talevski case decision is important in that it addresses the rights of nursing</p>

	<p>home residents, their ability to sue a state run (publicly owned) nursing home, and addresses the importance of the Nursing Home Reform Act in establishing the standard of care.</p> <p>Join our discussion with Suzana Talevski, attorney and daughter of Mr. Talevski; Maame Gyamfi, Senior Attorney at AARP Foundation Litigation; and Toby Edelman, Senior Policy Attorney with the Center for Medicare Advocacy. Ms. Gyamfi authored an amicus curiae, or friend of the court, brief on behalf of AARP and several other groups, including Consumer Voice. Ms. Edelman authored an amicus brief addressing the background and history of the Nursing Home Reform Act.</p> <p>In this episode, we discuss the lawsuit, the Supreme Court decision, and what this means for residents. To access the U.S. Supreme Court decision and briefs filed in this case, visit the U.S. Supreme Court website, <a href="#">Docket No. 21-806</a>. <a href="#">Supreme Court Nursing Home Resident Rights</a></p>
<p>Webinars and Online Sessions</p>	<p><b>5. Bipartisan Policy Center</b>  Tuesday, August 8, 2023, 11:00 a.m.  <i>Virtual Leaders Speakers Series - Ginnie Mae President Alanna McCargo</i>  The Government National Mortgage Association, more commonly known as Ginnie Mae, plays a critical role in the U.S. housing finance system. Ginnie Mae’s impact is significant: By providing a full faith and credit guaranty for \$2.4 trillion in securities consisting of mortgages insured by the Federal Housing Administration, the U.S. Department of Veterans Affairs, USDA’s Rural Housing Service, and HUD’s Indian Home Loan Guarantee program, Ginnie Mae helps connect investors from across the globe to the U.S. housing market. This promotes the availability of mortgage credit to the millions of households served by federal housing programs.</p> <p>Join us for a fireside chat with Ginnie Mae President Alanna McCargo as we explore the unique features of the "Ginnie Mae model," her goals and priorities for the organization, and the opportunities she sees for Ginnie Mae to expand homeownership opportunities for underserved people and communities. The fireside chat will conclude with an assessment of the future of the U.S. housing finance system.</p> <p><b>Fireside Chat</b></p> <ul style="list-style-type: none"> <li>• The Honorable Alanna McCargo   President, Ginnie Mae</li> <li>• Dennis Shea   Executive Director, J. Ronald Terwilliger Center for Housing Policy, Bipartisan Policy Center</li> </ul> <p><a href="#">ATTEND VIRTUALLY</a></p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at:  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>Nursing Homes</p>	<p><b>6. McKnight’s Senior Housing News</b>  June 6, 2023  <i>Skilled nursing occupancy dips: NIC</i>  By Kathleen Steele Gaivin  Occupancy decreased among skilled nursing facilities in March, after increasing for two months in a row, according to the National Investment Center for Seniors Housing &amp; Care’s most recent skilled nursing monthly report, <a href="#">released</a> Thursday.</p> <p>SNF occupancy dipped 27 basis points month over month, ending March at 81%. That level is down 7.8 percentage points from the pre-pandemic February 2020 level of 88.9%.</p>

	<p>“There has been positive momentum in occupancy throughout 2022 and the first couple months of 2023. It is up 6.3 percentage points since the low (74.7%) point reached in January 2021,” NIC Senior Principal Bill Kauffman wrote in a <a href="#">blog post</a>. “However, staffing in the sector is still a significant burden on skilled nursing operators and is limiting additional admissions in many markets around the country.”</p> <p>In the short term, skilled nursing remains challenged by economic pressures, “but the long-term demand for skilled nursing services is expected to grow over time,” Kauffman said.</p> <p>Both Medicare revenue mix and the revenue per patient day increased in March. According to the data, Medicare revenue mix ended March at 22.2%. Medicare RPPD was \$591 at the end of March, which is a 0.78% increase from a year ago. Managed Medicare revenue mix decreased 28 basis points to 11.4% in March. That’s still 220 basis points above the pandemic low of 9.2% set in May 2020. Managed Medicare RPPD increased slightly in March, but it is down 0.8% from a year ago.</p> <p>“Depending on an operator’s business model, the continued decline in managed Medicare revenue per patient day can pose a challenge as the reimbursement differential between Medicare fee-for-service and managed Medicare has increased during the past two years. However, some operators see opportunity to capture patient volume with the growth of managed care,” Kauffman said. Medicare fee-for-service RPPD was \$591 at the end of March, and managed Medicare ended the month at \$478, a differential of \$113.</p> <p>Medicaid patient day mix was flat month over month, at 64.9%, according to the data. It sits 188 basis points from the pandemic low of 63.1% set in February 2022, Kauffman noted. Medicaid revenue mix declined 45 basis points from the previous month, ending March at 50.1%.</p> <p>“One element of the Medicaid revenue share of a property’s revenue is RPPD, and that declined 0.23% from February. However, it is up 3.44% since last year in March 2022,” Kauffman said.</p> <p><a href="#">Skilled Nursing Occupancy Dips</a></p>
Housing	<p><b>7. *State House News</b>  July 31, 2023  <i>Legislature Reviving Program to Prevent Evictions</i>  By Chris Lisinski</p> <p>A pandemic-era program that paused roughly 10,000 eviction cases while tenants sought financial aid could return as a permanent tool if Gov. Maura Healey joins lawmakers in support.</p> <p>The compromise fiscal year 2024 annual state budget approved by the Legislature on Monday revives "Chapter 257" protections. Anti-homelessness advocates say the protections are a key strategy to keep Bay Staters in their homes while landlord groups say tenants have exploited the program. . . . Language in the conference committee report filed Sunday night effectively mirrors the previous program, which lawmakers kept in place for much of the COVID-19 emergency before allowing it to expire on March 31.</p> <p>"This program has been wildly successful and effective in keeping people in their homes and has helped avert the tsunami of evictions in the commonwealth that many have been concerned about since the 2020 pandemic started," Rep. Aaron Micklewitz said Monday before the House approved the budget accord.</p>

	<p>If the measure again becomes law, courts would be required to grant a stay in cases where a landlord is seeking to evict a tenant for failing to pay rent, the tenant did not pay due to a financial hardship, and the tenant has an application waiting review for relief money that could cover the back rent. . .</p> <p>Between when the temporary law took effect in late 2020 and the <a href="#">final report</a> issued in November 2022, courts granted more than 9,000 continuances pausing an eviction case while the tenant involved awaited review of a rental aid application. Turley said she expects the total number of affected cases to be closer to 10,000 given that the law remained in effect through March. . .</p> <p>The budget includes \$190 million for RAFT, which Michlewitz described as "historically high."</p> <p>For part of the COVID-19 pandemic, households could receive a maximum RAFT benefit of \$10,000, but that decreased to \$7,000 on July 1 under a change previously approved in the fiscal 2023 state budget.</p> <p>The new FY24 budget accord also embraced an expansion to the HomeBASE program designed to support families in the emergency shelter assistance system, which is <a href="#">facing a record level of demand</a> amid an influx of migrants. It would increase the maximum benefits from \$20,000 over two years to \$30,000 over two years, plus allow families to renew beyond the two-year period, according to Turley.</p> <p>HomeBASE funds can be used to pay security deposits, utilities, furniture, travel, and many other costs that pose obstacles for families trying to overcome homelessness.</p> <p><a href="#">Reviving Eviction Protection</a></p>
Behavioral Health	<p><b>8. *Boston Globe</b>  July 27, 2023  <i>First six months of the state’s mental health overhaul reveal promise and challenges</i>  By Felice J. Freyer</p> <p>New help line wins praise for helping in crises, but ongoing care remains a challenge amid workforce shortages. . .</p> <p>The help line — 833-773-BHHL — is a key aspect of a <a href="#">broader overhaul</a> of mental health services in Massachusetts launched on Jan. 1 by the Department of Health and Human Services. Providers and advocates say the overall project — which includes urgent care centers, short-term “crisis stabilization” beds, and a team-based approach to ongoing care — is showing promise but remains very much a work in progress amid severe staffing challenges.</p> <p>The help line, in the eyes of many, is a bright spot — “beautifully managed,” as one advocate put it. . .</p> <p>Officials at three mental health agencies interviewed by the Globe said their mobile crisis teams are fully staffed and usually able to make home visits within an hour.</p> <p>But Pam Sager, executive director of the Parent/Professional Advocacy League, which works for improved access to mental health services for children, youth, and their families, said some of the 25 mobile crisis teams “are struggling.” They’re finding it difficult to recruit staff willing to visit people’s homes, and parents sometimes wait hours for someone to arrive, Sager said. . .</p> <p>Providing an alternative to ER visits is one of the key goals of the <a href="#">Roadmap for Behavioral Health Care Reform</a>. Today, in emergency rooms throughout the</p>

	<p>state, hundreds of patients in crisis — many of them children — “board” for weeks or days awaiting a psychiatric bed. . .</p> <p>The centers received 90,000 visits in their first three months of this year, while mobile crisis teams provided 13,000 visits on-site and in schools, homes, and group living environments, about 20 percent more than the previous year. The centers are currently serving primarily MassHealth patients, one-third of the state’s population. But <i>if</i> commercial insurers were to contract with these centers, their services would be available to privately insured people as well. So far, few have. State officials say a major goal in the coming months is to persuade more private insurers to sign on.</p> <p><a href="#">Road Map for Behavioral Health Reform</a></p>
Covid	<p><b>9. Littler</b> June 6, 2023 <i>CMS Withdraws COVID-19 Vaccine Mandate</i> By Yvette V. Gatling, Sherry L. Travers, and Nicole Bermel Dunlap</p> <p>In conjunction with the Biden administration’s declaration that the COVID-19 national public health emergency ended effective May 11, 2023, the Centers for Medicare and Medicaid Services (CMS) <a href="#">announced</a> it would “soon end” its mandatory vaccination requirement and that additional guidance would be forthcoming. As anticipated, on June 5, the CMS <a href="#">published a final rule</a> providing guidance to healthcare employees about unwinding provisions of its <a href="#">interim final rule</a>, which mandated COVID-19 testing, education, and vaccinations. The final rule will take effect on August 4, 2023, and address three specific COVID-19 mandates.</p> <p>First, the final rule withdraws the <a href="#">interim rule’s requirement</a> that all healthcare workers regulated by CMS be fully vaccinated. Although the final rule will not be effective until August 4, CMS has explicitly stated that it will not enforce the vaccination requirement in the interim. As such, CMS has immediately ended its vaccination mandate, which would have otherwise sunset in November 2024. Meanwhile, CMS still intends to encourage ongoing COVID-19 vaccination through its quality reporting and value-based incentive programs.</p> <p>Second, the final rule permanently adopts policies requiring covered healthcare providers to continue to educate and offer COVID-19 vaccinations to staff and residents, essentially aligning CMS’ approach for COVID-19 with that for other infectious diseases, specifically influenza.</p> <p>Third, the final rule removes expired COVID-19 testing requirements, which were first implemented on September 2, 2020.</p> <p>Similarly, many states and territories, such as <a href="#">New York</a> and <a href="#">Puerto Rico</a>, are repealing state-specific COVID-19 measures. Withdrawal of mandatory vaccination rules do not generally prohibit employers from requiring employees be vaccinated, and absent state-specific prohibitions, healthcare employers may continue to require COVID-19 vaccinations. However, moving forward, healthcare providers may no longer rely upon the presumption that <a href="#">CMS’ vaccination rule preempts</a> legislation in <a href="#">other states</a>, such as <a href="#">Utah</a>, which restrict employers from requiring vaccination or making employment decisions based on immunity status. As such, healthcare providers that wish to implement or continue mandatory COVID-19 vaccinations for their staff should undertake a detailed analysis of state-specific prohibitions to ensure that their company-mandated requirement does not violate applicable state law.</p> <p><a href="#">CMS Withdraws Vaccine Mandate</a></p>

Workforce	<p><b>10. Boston Review</b>  <i>Six Labor Policies We Need Now</i>  September 4, 2020  By Paul Osterman, Thomas A. Kochan, Erin L. Kelly, Emilio J. Castilla, Barbara Dyer, and Nathan Wilmers  Here are six urgent changes we can make:</p> <ul style="list-style-type: none"> <li>• <b>Through labor law reforms, empower the workforce and treat workers and their representatives as legitimate, valued partners.</b></li> <li>• Give workers representation on corporate boards.</li> <li>• During a time of rapid technological change, incentivize companies to invest in workers’ development and involve workers in the change process.</li> <li>• Provide all workers with paid medical leave and support for health and safety.</li> <li>• Work to eradicate structural racism and ensure that everyone may live without fear and work with dignity.</li> <li>• Recognize the potential of America’s low-wage workers—and the intersection between race and low-wage work.</li> </ul> <p><a href="#">Six Labor Policies</a></p>
News from Around the Country	<p><b>11. CT Mirror</b>  July 30, 2023  <i>CT nursing home conditions raise alarms as inspections lag</i>  By Jenna Carlesso and Dave Altimari  Serious violations in Connecticut’s nursing homes have increased over the last 18 months, while the state has failed to conduct routine inspections in nearly half of all facilities, a CT Mirror review has found.  Ninety-five of Connecticut’s 203 nursing homes are overdue for recertification inspections that are required in facilities every 16 months, according to state data. At the same time, immediate jeopardy orders — findings that indicate violations in a nursing home caused or were likely to cause harm or death to residents — have escalated. The state Department of Public Health issued 17 such orders in 2018, nine in 2019, 15 in 2020 and 16 in 2021. By 2022, the number jumped to 24, and the state reported 12 in the first six months of this year.  Since April 2019, 20 people have died in connection with those violations, state data show. More than a third of those have occurred since October. . .  Advocates also called on the health department to speed up the hiring process for new inspectors so the state can catch up on recertification surveys.  The problem isn’t unique to Connecticut. In May, the U.S. Senate Special Committee on Aging released a 98-page report that revealed survey agencies across the country are severely understaffed and nursing homes in some cases have gone uninspected for years. . .  Advocates have suggested several strategies to put pressure on nursing homes. One is to mandate that facilities halt new admissions if they are not meeting the state’s minimum staffing threshold of three direct care hours per resident each day.  Another is requiring nursing homeowners to pay fines to state or federal agencies with money only from administrative fees that their companies collect. Lawmakers could also designate a certain portion of taxpayer money to go directly toward resident care, they said. New York, New Jersey and Massachusetts <a href="#">have adopted policies</a> setting requirements for how much</p>

	<p>nursing homes must spend on care and limiting what they can spend on other expenses, such as administrative costs and salaries.</p> <p><a href="#">CT Nursing Home Conditions Raise Alarms</a></p>
<p>Emergency Preparedness: Heat</p>	<p><b>12. *New York Times</b> July 31, 2023 <i>Phoenix's Month in Hell: 31 Days of Extreme Heat Tests the City</i> A continuous stretch of days reaching or exceeding 110 degrees has filled emergency rooms and even withered the mighty saguaro cactus. Patients with heat stroke and burns from the asphalt are swamping hospitals. Air-conditioners are breaking down at homeless <a href="#">shelters</a>. The medical examiner's office is deploying trailer-sized coolers to store bodies, for the first time since the early days of Covid. For 31 straight days — from the last day of June through Sunday, the second-to-last day of July — Phoenix has hit at least 110 degrees, not merely breaking its 18-day record in 1974, but setting a significant new one. The city smashed through another record last week, racking up the most 115-degree days ever in a calendar year, part of a global heat wave that made July Earth's <a href="#">hottest month</a> on record. This has been Phoenix's July in hell — an entire month of merciless heat that has ground down people's health and patience in the city of 1.6 million, while also straining a regionwide campaign to protect homeless people and older residents who are most vulnerable. . . The medical examiner in Phoenix has <a href="#">reported</a> 25 heat-related deaths this year, and said it is also investigating an additional 249 deaths for ties to heat. There were a record-breaking 425 heat-related deaths last year across Maricopa County. Hospitals around Phoenix also say they treated <a href="#">more people</a> for heat ailments and burns in July compared with previous summers, infusing them with cold saline or packing them into ice-filled body bags that sometimes leak and cause nurses to slip in icy puddles. . . Dr. Geren said the emergency department was treating more homeless patients and drug users with heat-related illnesses this summer, as well more people who burn their legs and backs by falling on pavement that can heat up to 180 degrees. This week, a woman in her 80s came to the hospital for burn treatment after falling outside her home, then lying on the searing pavement for two hours before anyone heard her calls for help. <a href="#">Phoenix's Month in Hell</a></p> <p><b>13. *New York Times</b> July 28, 2023 <i>As Heat Waves Intensify, Europe's Cities Rely on Age-Old Ways to Stay Cool</i> By Jenny Gross There is no single architectural technique that can solve the problem of sweltering heat, which has gripped large parts of Europe this summer. But on a continent where air-conditioning is relatively limited, sustainable building techniques can go a long way in protecting residents, according to experts. Those features, which include courtyards, heavy shutters, reflective painting, and white-stone facades, can keep homes cool naturally and reduce the need for air-conditioning. The problem, particularly for Mediterranean cities that have endured <a href="#">scorching temperatures this summer</a>, is that many newer buildings</p>



have been built using Western styles that trap heat, said Marialena Nikolopoulou, a professor of sustainable architecture at the University of Kent in England.

“We’ve started importing Western architecture and forgetting about local traditions,” Dr. Nikolopoulou said, speaking from Athens, the hottest capital on the continent — with an average daily maximum temperature of 92 degrees Fahrenheit (33.4 Celsius) in July — and one of the most densely populated. Modern, high-rise buildings and the use of materials like asphalt for roads trap heat, contributing to the [“heat island” effect](#), in which cities are hotter than surrounding rural areas. A heat wave in Greece has led to tinder-dry conditions that [have stoked wildfires](#) in parts of the country. . .

Cooling experts say that increased reliance on energy-guzzling air-conditioning is not a sustainable solution. Conventional cooling devices, including air-conditioners and refrigerators, already account for as much as 10 percent of all global greenhouse gas emissions, according to [a World Bank report](#) published in 2019. That amount is twice the emissions generated from aviation and sea travel combined, the report found.

Annual sales of air-conditioning units around the world have tripled since 1990, according to the International Energy Agency, an intergovernmental organization that provides policy recommendations on the global energy sector. In 2022, 89 percent of U.S. households had air-conditioning, compared with 19 percent in Europe, the I.E.A. found.

Particularly in places where air-conditioning is not available, lifestyle changes are critical for adapting to rising temperatures, cooling experts say. Those include avoiding outdoor activities during the hottest parts of the day, checking in on vulnerable neighbors and embracing [the siesta](#) — even in Northern Europe and places with cooler climates where people are unaccustomed to stopping work or activities in the afternoon heat.

[Heat Waves Intensify](#)

#### **14. New York Times (free access)**

July 23, 2023

*Rising Heat Deaths Are Not Just About the Temperature*

By Tish Harrison Warren, Opinion Writer

*Rising Heat Deaths Are Not Just About the Temperature*

The day I found out that 10 people [had died of heat-related illness in Laredo, Texas](#), I happened to be on a road trip with my daughter from our home in Austin to the Gulf Coast. Our hotel had a pool with an outdoor bar. As I read about this tragedy on a cushioned lounge chair, the contrast between these horrific deaths, just a few hours away, and the happy sunbathers sipping boozy frozen drinks around me was troubling and revelatory. We are all experiencing record-breaking heat, but it’s clear that we do not all experience it in the same way.

In the very county where I sat by the pool, a 46-year-old construction worker [died from hyperthermia](#) while pouring concrete a few weeks before. According to The Times, extreme heat, the [leading weather-related cause of death](#), killed at least 306 people in Texas last year — the highest annual total in more than two decades. The Centers for Disease Control and Prevention [reports](#) around 700 deaths and about 9,000 hospitalizations each year related to heat. But

[studies](#) have shown that the actual toll of heat is likely to be [much higher](#), possibly contributing to [tens of thousands of deaths](#). Researchers in Britain predict that heat-related deaths [will rise 257 percent](#) by 2050 because of climate change.

I grew up in Texas and for as long as I can remember, summer brought news stories of heat deaths. But I also remember when summers were more bearable. Now, the heat is getting worse and more people are dying. While it is important to highlight heat deaths as another example of the [devastating toll of climate change](#), it is also important to say that, often, when people die of heat, they are actually dying of poverty. And as with climate change, the rippling effects of poverty must also be addressed, battled, and curbed.

To be sure, poverty is not a factor in every heat death. Wealthier people can end up in dangerous situations, and all of us must [take precautions](#) to stay cool and hydrated as we face [record-breaking temperatures](#) across the country.

Those most likely to die from heat, however, tend to be [older people](#), [migrants](#), [those in poverty](#), [those experiencing homelessness](#) or [inadequate housing](#) and those who [work outside](#), like construction workers and [agricultural laborers](#).

Dangerous heat [disproportionally affects Black](#) and Latino families. Much as Covid-19 endangers and affects everyone but has disproportionately affected historically disadvantaged communities, heat deaths expose deep societal inequality. Soaring heat deaths represent a societal failure. They demonstrate not only the harm of environmental destruction but also how the poor fall through the cracks, how we as a society do not adequately care for one another, how we leave the vulnerable to die.

This is usually a sin of omission. We do not *want* the economically disadvantaged to not have access to working air-conditioners. We do not *want* the poor to be endangered. But we often do not see or know our most vulnerable neighbors.

Demographic sorting and the emergence of what the political scientist Charles Murray called “super ZIPS,” neighborhoods where the nation’s wealthiest families cluster, means that those with plenty of resources seemingly live on a different planet than those with few or none, even as we share the same city or state. The lives of the wealthy, the middle class and those in poverty are increasingly separated and utterly different. So, Alfredo Garza Jr. died in Laredo last month, sweltering in a home with two broken air-conditioners, while my house, with a functioning air-conditioner, sat empty for a week as I traveled for work.

Then there are times when these deaths are caused by a sin of commission — an intentional act of greed and callousness. Gov. Greg Abbott of Texas, for instance, signed a bill into law, amid triple-digit temperatures, that eliminated local regulations in Austin and Dallas mandating 10-minute water breaks every four hours for construction workers. It also prevented other cities from requiring even these modest safety measures. Applauded by supporters as pro-business, [this bill expresses a shocking and inhumane disregard for human lives](#). Texas lawmakers appear to be punishing people for having the audacity to be working-class while also [having basic bodily needs](#).

We all get hot. We all need water. We all need breaks. Lawmakers can ignore this reality because they work (on legislation like this bill) in air-conditioned offices. They drive home on roads made by the workers whose lives they are endangering. They pull inside their garages, close the door to the blistering heat

and enter their comfortable homes, where their family members do not have to worry about dying of heat.

It is unconscionable that in our wealthy country, we let blue-collar workers and the economically disadvantaged needlessly die in oppressive heat. Many of these deaths could be prevented by better access to air-conditioned, safe places or hydration, by outreach workers who give information about heat safety or by people who check in on those most vulnerable to heat.

There are already good examples of what can be done. Dallas, for instance, began an assistance program [that distributes and installs free air-conditioning units](#) for low-income families, the elderly and those with disabilities. We can help offset and limit energy bills for those who are economically struggling. We can create more [cooling stations](#) and reduce heat islands [through having more tree canopies](#). We can provide [water stations](#) for [migrants](#). We can ensure that those who work outside are protected by law. And we can each volunteer, donate to and support organizations that lift the burden on struggling neighbors around us.

The economic disparities in our country are deadly. Families like mine spend our summer complaining about the heat, but we can find ways to beat it. We go to the pool. We take trips to the beach or cooler places farther north. We spend afternoons hanging out in bookstores, coffee shops or our well-air-conditioned homes. All of this costs money.

And, importantly, we have a safety net, of both relationships and resources that help reduce the threats posed by extreme heat. If our air-conditioner breaks, my family has dozens of people we could call who would take us in until we could get it repaired. These relational resources and community connections are where the roles of religious and civic institutions become most clear. The sociologist Robert Putnam writes about how religious organizations like churches offer social capital — informal networks of community that help people out and rescue people from invisibility and isolation. As a pastor, I've seen the power of this, as church members check in on and care for one another, especially the vulnerable in a community.

We, as a society, cannot simply wash our hands of these deaths, passively blaming them on a number on a thermometer. Human society and industry have contributed to the rising heat of climate change. And human society — the government, the church, and individuals alike — has failed to ensure that those most at risk are kept safe. So, as heat deaths rise, when we speak of those who die, don't just say they died of heat. Say they died of poverty, of neglect, of a world that values the wealthy more than those who are not, of a society that looks away from the preventable suffering of the vulnerable.

[Rising Heat Deaths](#)

**15. New York Times (free access)**

July 20, 2023

*Heat Affects Older People More. Here's How to Stay Safe.*

By Dana G. Smith

If you're over 65, it's important to take high temperatures seriously.

We are experiencing the [hottest days in history](#). Heat waves have blanketed the Northern Hemisphere this week, with temperatures [reaching 100 degrees Fahrenheit on three continents](#).

Extreme heat can be deadly for anyone, but [older adults are uniquely vulnerable](#). In the heat wave that suffocated Europe in the summer of 2022,

people age 65 and older accounted for approximately [90 percent](#) of heat-related deaths.

Experts say that three factors combine to increase older adults' risk: biological changes that occur naturally with age, higher rates of age-related chronic diseases and greater use of medications that can alter the body's response to heat.

Here's how to gauge the risk for a heat-related illness for you or a loved one and how to stay safe.

### **How heat affects an aging body**

The human body has two main mechanisms to cool itself: sweating and increasing blood flow to the skin. In older adults, those processes [are compromised](#) — they sweat less and they have poor circulation compared with younger adults.

"Because older individuals are not able to release the heat as well, their core temperature goes up faster and higher," said Craig Crandall, a professor of internal medicine specializing in thermoregulation at the University of Texas Southwestern Medical Center. "And we know that core temperature is the primary driver for heat-related injury and death."

These changes don't suddenly emerge when someone reaches 65; they start gradually in middle age, said Glen Kenny, a professor of physiology at the University of Ottawa. "It's a slow decline," he said. But you start to see noticeable differences "by the age of 40, no question."

Chronic conditions that are more common in old age, most notably cardiovascular disease and diabetes, can exacerbate these issues. A diseased heart isn't able to pump as much blood, further reducing blood flow to the skin. And if the nerves become affected in people with severe diabetes, the body might not receive the message that it needs to start sweating. (Younger people with these conditions are also at a heightened risk for heat-related problems.) As people age, they also stop feeling as thirsty and so they tend to [drink less](#). In hot conditions, that can cause them to become dehydrated faster, which is "hugely detrimental for temperature control," Dr. Crandall said.

In addition, some older adults, particularly if they have some form of dementia or cognitive decline, may not perceive temperature changes as well. As a result, they won't respond appropriately to heat, both biologically (through sweating) and behaviorally (by moving to someplace cool).

Finally, certain medications can affect people's hydration, blood flow and even the sweat response, so be sure to ask your doctor about any medications you're taking.

Of course, not everyone the same age responds to heat in the same way. Older adults who are physically fit are typically more resilient, Dr. Crandall said, because they have better blood flow and they sweat more than their sedentary peers.

### **How to stay safe**

People often think that heat needs to be extreme (say, over 100 degrees) to cause illness, but in older adults, signs of heat exhaustion can emerge when temperatures [are as low as 80 degrees](#).

"Twenty-year-olds can go out in 80-degree weather for hours and generally be OK," said Dr. Angela Primbas, a geriatrician at U.C.L.A. Health. "That's not true for older adults."

	<p>Physical exertion increases a person’s risk for heat illness because the body starts to generate even more heat. On hot days, Dr. Primbas said, older adults and people with serious health conditions should limit outdoor activities like walking and gardening to the cooler mornings and evenings, take frequent breaks and drink plenty of water. Listen to your body, too: If the activity starts to feel harder than normal, that’s a signal to stop and find a place to cool down. Signs of dehydration or heat exhaustion include dizziness, lightheadedness, headache, a racing heart or feeling lethargic. Low energy — if someone is not talking or interacting as much as usual — is especially important to watch out for in people with cognitive impairment, who may not realize how hot they are or be able to express it.</p> <p>While older adults face unique challenges when it comes to heat, the <a href="#">ways to cool down</a> are the same for any age. If you or a loved one start to experience any of the above symptoms, the best thing you can do is to go somewhere that has air-conditioning, Dr. Kenny said. The indoor temperature doesn’t have to be “subzero,” he added, just aim for 77 degrees or below. If AC isn’t available in the home, check if there’s a local <a href="#">cooling center</a>.</p> <p>In the absence of air-conditioning, water is “extremely helpful in reducing our risk for heat-related injury,” Dr. Crandall said. He advised rubbing an ice cube over your skin, spraying yourself with cool water, drenching your shirt, or taking a cool shower or bath.</p> <p>Whatever you do, take heat seriously. It’s the <a href="#">No. 1 cause</a> of weather-related deaths in the United States, and many of those fatalities are preventable.</p> <p><a href="#">Heat Affects Older People</a></p>
Disability Topics	<p><b>16. *Washington Post</b>  July 31, 2023 (updated)  <i>The disabled Founding Father who put the ‘United’ in ‘United States’</i>  By Gillian Brockell</p> <p>Even if you don’t know Gouverneur Morris’s name, you probably know his words. You may even have been forced to memorize a string of them in school, which start: “We the People of the United States, in order to form a more perfect union ...”</p> <p>While James Madison gets most of the credit for writing the Constitution, it was Morris who wrote the Preamble and who, in a last-minute flourish, added the word “United” to “States.” A congressman, senator, diplomat, attorney and vocal opponent of slavery, Morris looms large in the nation’s founding. He was also disabled. Two major accidents in his life left him with a severely impaired right arm and an amputated left leg.</p> <p>While his disabilities have never been a secret to historians, they are also not common knowledge and came as a surprise to Jennifer W. Reiss, an attorney in London, when she learned about it during a talk by scholar <a href="#">Thomas A. Foster</a>. . .</p> <p>Morris was born into a life of privilege on a family estate in New York now occupied by the Bronx, the son of a judge and grandson of a colonial governor. College students tended to be younger back then, but Morris was <i>really</i> young when, at only 12 years old, he started studying at Kings College, now Columbia University. By 22, he had undergraduate, graduate and law degrees. (Scholars today generally pronounce his first name like the word “governor.”)</p> <p>It was during a visit home from college at 14 when he acquired his first disability, after a large kettle of boiling water fell on him. His right side was severely</p>

burned, and his right arm had “all the flesh taken off,” as one colleague wrote years later. . .

The second injury, a carriage accident, happened in 1780, while he was in his late twenties and serving in the Second Continental Congress in Philadelphia. His left foot was crushed, and soon his leg was amputated below the knee. He wore a series of wooden prosthetic legs, one of which a [museum](#) still preserves. These were large, probably uncomfortable and would have given him the gait of someone with an above-the-knee amputation now, according to historian [Jennifer Van Horn](#). . .

Morris describes trying to get more comfortable prosthetics to relieve the pain from his ulcers, so he had at least some awareness of pain caused by his disability, but, Reiss said, “whether he had this physio-therapeutic sense that possibly pain in his good leg was related to the amputation, I don’t know.” He also describes how others interacted with him, and how his disability set him apart from the other privileged White men in his social sphere. In a 1790 entry, he says that everyone from aristocrats to the enslaved “don’t know what to make of me.”

[Disabled Founding Father](#)

#### 17. \*Boston Globe

July 29, 2023

*Long a sore spot for riders with disabilities, service on the RIDE has gotten worse because of staffing shortages*

By Daniel Kool

Jim Wice’s afternoon lunch was about to become an all-day affair.

The South Boston resident, who uses a powered wheelchair to get around, had requested a noon pickup from the MBTA’s paratransit service, the RIDE, for a 1 p.m. lunch with a friend. The night before, a RIDE dispatcher called to tell Wice he could expect the van outside his apartment at 11:45 a.m.

But the van arrived early, sometime before 11:25 a.m., forcing Wice to cut preparations short and greet his driver for fear of being labeled a no-show. His journey back would also come with its share of time-warping trouble.

The RIDE provides transit service for Boston-area residents with disabilities who may be unable to use fixed-route service, such as buses and subways. Long a sore spot, service has gotten worse for some users as the acute labor shortage that has hit so many parts of the economy has left the RIDE well short of drivers and staffers for its call center.

There is no app or real-time GPS tracking; the limited call and text alerts are unreliable. Seasoned RIDE users have become chary of taking the “arriving shortly” messages at face value. If their car doesn’t show, commuters have to call a hot line and wait on average more than five minutes for a dispatcher to provide an update. Meanwhile, drivers only have to wait five minutes before they can request to leave. . .

The [MBTA says on its website](#) that “travel times are comparable to the same trip taken on fixed-route transit (bus, subway, or trolley), plus an additional 20 minutes.” But RIDE users say that’s not always true, and issues with the service, which costs \$3.35 or \$5.60 per trip, go deeper than delays. . .

In January 2020, fewer than 1 percent of pickups were delayed by more than 30 minutes. This year, it’s been between 2 and 3 percent, and each month, thousands of riders wait on the curb for at least 45 minutes.

In periods of extreme cold or heat, riders say, that can feel like forever. . .

[The T's chief of paratransit services, Michele] Stiehler said the service had 21 percent fewer drivers than are needed, and its call and dispatching center, called The Ride Access Center, or TRAC, is also "close to 20 percent understaffed." . . . In May, the last month for which data is available, wait times to schedule a RIDE were up to 9.87 minutes, compared to just 36 seconds in 2020, according to data provided by the MBTA. Checking on the status of a scheduled pickup required a 5.55-minute wait in May, versus just 21 seconds three years ago. . . . Multiple drivers told a Globe reporter the RIDE's hiring issues stem from poor pay, and that wages don't match the importance and difficulty of their work. One RIDE driver, interviewed while dropping off a passenger by Government Center Station, noted that MBTA bus operators make more for what he called an easier job.

The starting wage for RIDE drivers ranges from just under \$19 to around \$20 per hour, Stiehler said. Meanwhile, regular T bus drivers start at \$22.21 an hour, she said.

[Long a Sore Spot](#)

## 18. The Conversation

July 27, 2023

*Deaf rappers who lay down rhymes in sign languages are changing what it means for music to be heard*

In April 2023, [DJ Supalee](#) hosted [Supafest Reunion 2023](#) to celebrate entertainers and promoters within the U.S. Deaf community.

The event included performances by R&B artist and rapper [Sho'Roc](#), female rapper [Beautiful The Artist](#), the group [Sunshine 2.0](#), DJs [Key-Yo](#) and [Hear No Evil](#), as well as ASL performer and former rapper Polar Bear, who now goes by [Red Menace](#).

Many of these artists, activists and entrepreneurs have contributed to an ever-growing hip-hop scene within the Deaf community, which includes a subgenre of rap known as [dip hop](#). . . .

In the late 1990s and early 2000s, Deaf DJs and entertainment entrepreneurs organized DIY parties, nightlife events and social gatherings. These venues provided opportunities for rappers, DJs, dancers, and other artists to begin to develop and explore their own style of hip-hop and connect with other rappers and DJs.

Cities with Deaf schools served as cultural hubs for musical networking.

[Gallaudet University](#) in Washington, D.C. and the [National Technical Institute for the Deaf](#) in Rochester, New York, have acted as significant sites of production within the U.S. by connecting deaf and hard of hearing students from all over the world.

Additionally, greater access to recording technology, video streaming sites and social media have given Deaf artists tools to create music and connect with other artists and fans. . . .

Alternatively, there are rappers who create music for Deaf audiences and solely rap in sign languages. These songs, however, may still have auditory components, which often consist of artists composing their own beats or raising the volume of previously recorded songs to rap over. . . .

In 2009, Finnish rapper Marko "[Signmark](#)" Vuoriheimo signed a record deal with Warner Music Finland and released "[Smells Like Victory](#)" and "[Speakerbox](#)" that same year.

	<p>This marked the first time in history a Deaf artist was signed to a major record label. The following year, Detroit-based rapper and National Technical Institute for the Deaf alumnus <a href="#">Sean Forbes signed a contract</a> with WEB Entertainment and released the single "<a href="#">I'm Deaf</a>," attracting mainstream attention to this style of rap. . .</p> <p>As dip hop evolves, it continues to push the boundaries of convention. In the spirit of hip-hop, dip hop rebels both musically and socially against cultural norms, breaking the mold and expanding possibilities for musical artistry. Through their performances, dip hop artists not only subvert preconceived notions of music but also of Deaf culture and deafness, changing what it means for music to be heard.</p> <p><a href="#">Deaf Rappers</a></p> <p><b>19. TED Talk</b>  <i>Blindness isn't a tragic binary -- it's a rich spectrum</i>  By Andrew Leland  When does vision loss become blindness? Writer, audio producer and editor Andrew Leland explains how his gradual loss of vision revealed a paradoxical truth about blindness -- and shows why it might have implications for how all of us see the world.  <a href="#">Blindness Isn't a Tragic Binary</a></p>
Aging Topics	<p><b>20. *Boston Globe</b>  July 21, 2023  <i>Abenaki filmmaker offers advice to young filmmakers</i>  By Amanda Gokee  Alanis Obomsawin, 90, has dedicated her six-decade career to covering Indigenous communities. Her lifetime of work will be recognized in Peterborough, N.H., on Sunday, when the Abenaki artist will receive a prestigious Edward MacDowell Medal, joining a club that includes Toni Morrison, David Lynch, and others.  She will be the 63rd recipient of the award, and the first woman filmmaker to receive the honor. She is also the first Abenaki person to win the medal, according to the <a href="#">Associated Press</a>. . .  Her advice to young people who want to make documentary films is to listen, keeping in mind that it's someone else's story, and to take the time to truly hear them. If you don't understand something, she said, go back and ask again.  <a href="#">Abenaki Filmmaker</a></p>
Ageism	<p><b>21. *The Guardian</b>  July 30, 2023  <i>Nikki Haley suggests Mitch McConnell should step aside amid health concerns</i>  Presidential hopeful Nikki Haley has suggested her fellow Republican Mitch McConnell – the longtime powerful US Senate leader – <a href="#">should step aside</a> after an episode in which he physically froze and was unable to speak at the Capitol this week.  Appearing on CBS's Face the Nation on Sunday, Haley was asked by the host Margaret Brennan whether she still had confidence in McConnell's ability to lead.  "I think Mitch McConnell did an amazing job when it comes to our judiciary, when we look at the judges, when we look at the supreme court, he's been a great leader," said Haley, the former South Carolina governor and ex-UN</p>



	<p>ambassador during the Donald Trump presidency. “But we’ve gotta stop electing people because they look good in a picture and they hold a baby well.”</p> <ul style="list-style-type: none"> <li>• <b>What is Haley calling for?</b> She thinks there should be congressional term limits and mental acuity tests for politicians aged 75 and above. She also said the 90-year-old US senator Dianne Feinstein, the 80-year-old president Joe Biden, and 83-year-old congresswoman Nancy Pelosi – all of whom are prominent Democrats – should “know when to walk away”.</li> <li>• <b>What has McConnell said?</b> His spokesperson said last week that the 81-year-old intends to fulfil his term, which ends in 2026. He has led the US Senate’s Republican conference since 2007. McConnell’s office said the senator felt lightheaded but has not released more details on what caused the episode in question.</li> </ul> <p><a href="#">Nikki Haley: Mitch McConnell Should Step Aside</a></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: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a>. 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 <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a>.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b> <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p><b>Massachusetts Department of Public Health</b> <b><i>Determination of Need Projects: Long Term Care</i></b> <b>2023</b> <a href="#">Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</a> <a href="#">Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</a> <b>2022</b> <a href="#">Ascentria Care Alliance – Laurel Ridge</a> <a href="#">Ascentria Care Alliance – Lutheran Housing</a> <a href="#">Ascentria Care Alliance – Quaboag</a> <a href="#">Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</a> <a href="#">Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</a> <a href="#">Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</a> <a href="#">Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</a> <a href="#">Next Step Healthcare LLC-Conservation Long Term Care Project</a> <a href="#">Royal Falmouth – Conservation Long Term Care</a> <a href="#">Royal Norwell – Long Term Care Conservation</a> <a href="#">Wellman Healthcare Group, Inc</a></p>

	<p><b>2020</b>  <a href="#">Advocate Healthcare, LLC Amendment</a>  <a href="#">Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</a>  <a href="#">Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</a>  <a href="#">Notre Dame Health Care Center, Inc. – LTC Conservation</a></p> <p><b>2020</b>  <a href="#">Advocate Healthcare of East Boston, LLC.</a>  <a href="#">Belmont Manor Nursing Home, Inc.</a></p>
<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  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.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed (updated March 29, 2023)</b></p> <p><b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Somerset Ridge Center, Somerset  <a href="https://somersetridgerehab.com/">https://somersetridgerehab.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a></li> <li>• South Dennis Healthcare  <a href="https://www.nextstephc.com/southdennis">https://www.nextstephc.com/southdennis</a></li> </ul>

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:

<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:

	<p><a href="https://projects.propublica.org/nursing-homes/homes/h-225295">https://projects.propublica.org/nursing-homes/homes/h-225295</a></p> <ul style="list-style-type: none"> <li>• Vantage at South Hadley (12) No website Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a> <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																								
<i>Nursing Home Inspect</i>	<p><b>ProPublica</b> <b><i>Nursing Home Inspect</i></b> 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: <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a> <b>Deficiencies By Severity in Massachusetts</b> <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <tr> <td><a href="#">250</a></td> <td><a href="#">B</a></td> </tr> <tr> <td>82</td> <td><a href="#">C</a></td> </tr> <tr> <td>7,056</td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,850</a></td> <td><a href="#">E</a></td> </tr> <tr> <td>546</td> <td><a href="#">F</a></td> </tr> <tr> <td>487</td> <td><a href="#">G</a></td> </tr> <tr> <td>31</td> <td><a href="#">H</a></td> </tr> <tr> <td>1</td> <td><a href="#">I</a></td> </tr> <tr> <td>40</td> <td><a href="#">J</a></td> </tr> <tr> <td>7</td> <td><a href="#">K</a></td> </tr> <tr> <td>2</td> <td><a href="#">L</a></td> </tr> </table>	# reported	Deficiency Tag	<a href="#">250</a>	<a href="#">B</a>	82	<a href="#">C</a>	7,056	<a href="#">D</a>	<a href="#">1,850</a>	<a href="#">E</a>	546	<a href="#">F</a>	487	<a href="#">G</a>	31	<a href="#">H</a>	1	<a href="#">I</a>	40	<a href="#">J</a>	7	<a href="#">K</a>	2	<a href="#">L</a>
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2	<a href="#">L</a>																								
<i>Nursing Home Compare</i>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b> <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"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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. <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																								

Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <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 <a href="http://data.cms.gov">data.cms.gov</a> and updated monthly.</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>          Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>		
DignityMA Call Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA</a>.</b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>          Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>          Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>          LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>          Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>          Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Pricilla O'Reilly Lachlan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>
	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
	Assisted Living and Rest Homes	In formation	
Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>	

Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group lead for more information.	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b><i>The Dignity Digest</i></b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> 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"> <li>• Charles Carr</li> <li>• Dick Moore</li> </ul> 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 <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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 <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			