

The Dignity Digest

Issue # 152

August 28, 2023

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

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

Editor's note

***The Dignity Digest* will not be distributed on September 4, 2023. The next issue, #153, will be distributed on September 11, 2023.**

Spotlight

Graying of Massachusetts prisons cries out for a dose of compassion

***The Boston Globe**

By The Editorial Board

August 27, 2023 (updated)

That starts with increased use of medical parole for those with dementia and Alzheimer's.

D.B., as his lawyers refer to him, was 87, suffering from dementia and other age-related illnesses. Doctors had already confirmed he was both terminally ill and permanently incapacitated. But he was also serving a life sentence for a 1976 murder, spending his days in a Massachusetts prison infirmary unit.

Prisoners' Legal Services of Massachusetts filed its first medical parole petition on his behalf in January 2020, then again in July 2020. Both were denied along with a petition for reconsideration that December. The Correction Department report acknowledged his worsening dementia with "progressive confusion and forgetfulness," glaucoma had left him blind in one eye, he had limited mobility, wore adult diapers, and spent most of his day sleeping. But DOC insisted he was "not so debilitated that he does not pose a public safety risk within the meaning of 'permanent incapacity.'" An August 2021 fall left him completely bedridden. He was finally released to a secure nursing facility — a stipulation by the DOC commissioner despite the availability of a family placement — in October 2021.

D.B. was one of the lucky ones — lucky to have made it through the years-long medical parole process alive. Lucky to have had someone to advocate on his behalf.

The "graying" of the nation's prison system — and with it the challenges posed by an aging population — is now a well-recognized phenomenon.

"The number of state prisoners age 55 and older has increased by 400 percent from 1993 to 2013, and it is predicted that by 2030, this age group will account for one-third of the US prison population," according to a 2022 report by the [American Bar Association](https://www.americanbar.org/).

"As the US population ages and rates of dementia increase, the prevalence of dementia among those involved in the criminal legal system can also be expected to increase," it noted.

S.G. was one of them. Sentenced to life behind bars as a teenager for a murder committed in 1975, S.G. was 63 and living in a prison infirmary unit when a petition for medical parole was first filed on his behalf based on his advanced Alzheimer’s disease. In fact, a 2017 parole hearing had to be halted because even then he was unable to answer simple questions. In the infirmary unit he had a fellow inmate designated as his caretaker to assist him with “tasks of daily living. He needed constant reminders about where he was going or what he was doing and was not oriented to time or location,” his lawyers report. S.G. had no guardian appointed for him for all of those intervening years. It was just by chance that another inmate in the medical unit told a visiting lawyer about S.G.’s condition. DOC eventually approved him for medical parole in January 2020 although it took until May 2021 to find a placement, thus allowing his release.

Again, he was one of the lucky ones. In the [latest report](#) available from DOC, issued last December for the year ending June 30, 2022, of the 67 inmates who petitioned for medical parole, 15 were actually released, and the petitions of two others were granted, but they died prior to their release.

Since the state’s medical parole law went into effect as part of the landmark Criminal Justice Reform Act in 2018, only 69 inmates have been granted medical parole. The department includes in that tally those who never got to actually leave prison before their deaths.

A case decided last April by the [Supreme Judicial Court](#) clarified some parts of the medical parole law but didn’t expand the regulatory definition of what constitutes a “debilitating” condition, clearly at the heart of most cases involving inmates with dementia or Alzheimer’s. “The commissioner seems to focus on physical incapacity,” said Ada Lin, an attorney at Prisoners’ Legal Services of Massachusetts, who worked on that case. “Meanwhile we have several clients with significant cognitive impairment. Sometimes we only find out about such people from their [inmate] caretakers.”

“People linger in DOC without an advocate, when they have every right to be out on medical parole,” Lin said.

But without family or lawyers to advocate on their behalf, most will continue to linger and to roam.

DOC acknowledged to the Globe it doesn’t even have data on those incarcerated with dementia or Alzheimer’s.

Legislation filed by state [Senator Pat Jehlen](#) and state [Representative Mindy Domb](#) would clarify the 2018 law, especially with respect to prisoners with cognitive impairment. It would require DOC to routinely screen prisoners 55 and older for cognitive decline and, when found, would require the department to identify someone — a family member, guardian, lawyer — to petition on their behalf for medical parole. Failing that, it would put the burden on the department to initiate a petition itself.

The Massachusetts Bar Association Clemency Task Force has also urged Governor Maura Healey to adopt [clemency guidelines](#) that would recognize “advanced age and diminished health” as relevant factors in granting sentence commutations that could make those serving life sentences eligible for parole.

The aging of the state’s prison population is an issue that isn’t going away. It will get worse. Assuring a way to diagnose those with cognitive issues in that population and setting up a humane and workable path for their end-of-life care is the least that any civilized society should do.

[Graying of Massachusetts Prisons](#)

Quotes

It is only fitting that a man who has built homes for so many others would return to his own home as he sees his time growing short. And when his time in hospice draws to a close, there is likely to be no medical team rushing in, no chest compressions or shocks. There will be only a final breath, and then there will be quiet.

Dr. Daniela Lamas, a pulmonary and critical-care physician at Brigham and Women’s Hospital commenting about Jimmy Carter and his hospice care, *Fitting Final Gift From Jimmy Carter*, *The New York Times, August 28, 2023, [Fitting Final Gift](#)

Lavender [Darcangelo]’s story isn’t just a heartwarming tale; it is an important story. It shows us all that we should embrace the differences we have and not always worry about what people may think of our differences. In fact, it is our differences that make life interesting and worth living. Lavender’s goal is to show people that there are many different ways to live a happy and successful life.

Lavender Darcangelo A Blind And Autistic Singer From Fitchburg, Massachusetts, *The Music Man (text with video)*, August 23, 2023, <https://www.themusicman.uk/lavender-darcangelo/> [Editor’s note: Lavender is currently a finalist competing on NBC’s *America’s Got Talent* (<https://www.nbc.com/americas-got-talent>)]

"Despite hearing and sight issues (age related) the dog had a healthy appetite for food and human company and had a lovely friendly temperament. On assessment we realized that this dog could still have a good quality of life in the right environment

Helen Hewett, the manager of Carrick Dog Shelter, *Tears As Elderly Dog, 21,*

Abandoned at Shelter by Owner for Being 'Too Old', **Newsweek**, August 24, 2023, [Elderly Dog](#)

"I think the new approach [regarding masking mandates] is we want to make that information available to the public and give people some warning that there may be some increases in disease activity [a]nd then people decide for themselves sort of how they want to react and what kind of precautions they want to take.

Dr. Marcus Plescia, chief medical officer for the Association of State and Territorial Health Officials (ASTHO), *Mask mandates reemerge amid upturn in COVID-19 cases*, **The Hill**, August 24, 2023, [Mask Mandates Reemerge](#)

Rural communities embody a unique way of life that appeals to many, and many have inherent strengths. However, the challenges confronting rural communities, including workforce shortages, healthcare inequities, and support system inadequacies, cannot be ignored.

Ensuring Age-Friendly Public Health in Rural Communities: Challenges, Opportunities, and Model Programs, **Trust for America's Health and Age-Friendly Public Health Systems**, August 23, 2023, [Age Friendly in Rural Communities](#)

"The number of state prisoners age 55 and older has increased by 400 percent from 1993 to 2013, and it is predicted that by 2030, this age group will account for one-third of the US prison population. . . As the US population ages and rates of dementia increase, the prevalence of dementia among those involved in the criminal legal system can also be expected to increase."

*according to a 2022 report by the [American Bar Association](#). *Graying of Massachusetts prisons cries out for a dose of compassion*, ***The Boston Globe**, The Editorial Board, August 27, 2023 (updated), [Graying of Massachusetts Prisons](#)*

"People linger in [state prisons] without an advocate, when they have every right to be out on medical parole."

Ada Lin, an attorney at Prisoners' Legal Services of Massachusetts, *Graying of Massachusetts prisons cries out for a dose of compassion*, ***The Boston Globe**, The Editorial Board, August 27, 2023 (updated), [Graying of Massachusetts Prisons](#)

Racially and ethnically minoritized populations and tribal communities often face preventable inequities in health outcomes due to structural disadvantages and diminished opportunities around health care, employment, education, and more.

Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities, National Academies, 2023, [Racial and Ethnic Health Inequities](#)

“On this first anniversary of the Inflation Reduction Act, Americans are seeing the benefits – such as free recommended vaccines, lower insulin costs, and the enhanced tax credits that help more people afford their premiums in the Marketplaces.”

Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure, On the First Anniversary of the Inflation Reduction Act, Millions of Medicare Enrollees See Savings on Health Care Costs, U. S. Department of Health and Human Services, August 16, 2023, [Anniversary Inflation Reduction Act](#)

Many Medicaid enrollees, including older adults, are also confused by the unwinding process and their eligibility for Medicaid or transitioning to Medicare, Marketplace, or employment-based insurance.

Unwinding of the Medicaid continuous eligibility requirements that were put in place during the COVID-19 Public Health Emergency (PHE) continues to impact Medicaid enrollees across states., Justice in Aging, Undated, [Unwinding of Medicaid](#)

Older women of color ages 50 and over were overrepresented among essential workers and disproportionately provided caregiving.

Issue Brief: The Economic Security and Health of Older Women of Color, Justice in Aging, July 12, 2023, [Economic and Health Security of Older Women of Color](#)

"Strategies to improve lifestyle factors, including smoking cessation, reducing sitting time, increasing physical activity and improving sleep, should be explored as new public health measures to help reduce the future risk of

nursing home admission."

People over 60s with the unhealthiest lifestyles more likely to require nursing home admission, News-Medical.net, August 24, 2023, [Unhealthiest Lifestyles](#)

"The extent of older persons actually believing themselves to be inferior from others because of their age is staggering."

*[Marvin Formosa](#), associate professor of gerontology at the University of Malta, *Negative thoughts about aging can be harmful. Here's how to reduce them.* *Washington Post, August 17, 2023, [Negative Thoughts about Aging](#)*

"People with dementia can be very emotionally sensitive and they can pick up on that presence. Just because someone's linear rationality is compromised that doesn't mean their consciousness is."

*[Stephen G. Post](#), a bioethicist at Stony Brook University, an expert in compassionate care, and author of "[Dignity for Deeply Forgetful People: How Caregivers Can Meet the Challenges of Alzheimer's Disease](#)." *To ease my depression, I volunteered to help dying people,* *Washington Post, August 15, 2023, [Volunteered to Help Dying People](#)*

In a [study](#) presented at the annual meeting of the American Society for Nutrition, researchers found that men who had adopted all eight habits by middle age lived 24 years longer than men whose lifestyle included few or none of the habits. Women's life expectancy increased by 23 years for those who had adopted the eight habits compared with women who had not.

*Adopting 8 therapeutic habits can add decades to your life, study says, *Washington Post, August 21, 2023, [8 Therapeutic Habits](#)*

"Aging has excited the imagination throughout the history of humankind, but it's only recently that it has been subjected to profound scientific scrutiny."

*Carlos Lopez-Otin, a biochemist at the University of Oviedo in Spain and co-author a hallmark paper on the aging process, *How We Age—and How Scientists Are Working to Turn Back the Clock*, *The Wall Street Journal, August 26, 2023, [How We Age](#)*

Who lives in America today?

Because of the government’s outdated standards for data collection, we don’t really have an accurate picture.

America Needs Better Data on Race and Ethnicity, Center for American Progress, June 11, 2023, [Better Data](#)

In the United States and around the world, extreme heat is becoming increasingly common and more dangerous. The acute damage produced by extreme heat events and the ripple effects of chronic heat exposure have broad implications, among them an increase in heat-related illnesses and heightened demand for health care services.

The Health Care Costs of Extreme Heat, Center for American Progress, June 27, 2023, [Health Care Costs of Extreme Heat](#)

“The response community is just maxed out [regarding extreme heat], there aren’t a lot of additional resources available. The summer should be a wake-up call because our systems and infrastructure are built on assumptions made in the 1950s and 1960s that just don’t exist now. We need a major rethink and need to start planning for worse to come, rather than just responding.”

*Jim Whittington, an expert on incident management at Oregon State University, After America’s summer of extreme weather, ‘next year may well be worse’, **The Guardian**, August 26, 2023, [Next year may be worse](#)*

“This is just the result of poor policymaking. I think that vaccines, all vaccines, should be accessible in all settings of care, and so this fragmentation is really just not good.”

*Richard Hughes IV, a vaccine-law expert at the firm Epstein Becker Green and the former vice president of public policy at Moderna. Commenting on the lack of a universal mandate for the R.S.V. vaccination, Some Older Adults Are Being Charged Over \$300 for the New R.S.V. Vaccine, ***New York Times**, August 25, 2023, [New R.S.V. Vaccine](#)*

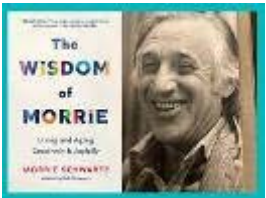
“Electronic visit verification is the equivalent of putting an ankle monitor on people with disabilities and telling us where we can and can’t go. It turns having a disability into a crime.”

*Disabled travel blogger Karen Wilson, The Vast Surveillance Network That Traps Thousands of Disabled Medicaid Recipients, **Slate**, July 26, 2023, [Vast](#)*

	<p style="text-align: center;">Surveillance Network</p> <p><i>It belongs to all of us, as does the responsibility for solving it. The cycle of shutdowns of Boston’s tent city has sent some of the unhoused there into the suburbs. Meanwhile, many of those remaining on Mass and Cass hail from places like Essex County.</i></p> <p style="text-align: center;">Editorial, <i>Homelessness, a shared problem, needs a universal solution</i>, Salem News, August 28, 2023, Homelessness a Shared Problem,</p> <p><i>“A lot of people think, ‘I got covid, I got over it and I’m fine,’ and it’s a nothingburger for them. But that’s not everything.” After a couple of years, “maybe you’ve forgotten about the SARS-CoV-2 infection ... but covid did not forget about you. It’s still wreaking havoc in your body.”</i></p> <p style="text-align: center;">Ziyad Al-Aly, a clinical epidemiologist at Washington University School of Medicine in St. Louis and chief of research at the Veterans Affairs St. Louis Health Care System, <i>Many long-covid symptoms linger even after two years, new study shows</i>, The Washington Post (free access), August 21, 2023, https://wapo.st/3qPX7lx</p> <p><i>Data also show that pedestrians over 55 on average had a death rate two times higher than younger age groups.</i></p> <p style="text-align: center;">Record 101 Pedestrians Died on Roads In 2022, State House News, July 18, 2023, Pedestrians Died</p>
Solicitation of Research Participants	<p>1. The Community Living Equity Center (CLEC) <i>Nursing Home Transitions Study Recruitment</i> The Community Living Equity Center (CLEC) is looking for people with lived experience to participate in a research study about disabled people of color who have transitioned out of nursing homes (or other institutions) and are now receiving home and community-based services (HCBS). The study will examine the community's experiences from a culture and language standpoint. Learn more about the study in this video and on CLEC’s website. Please share this screener questionnaire with people who may be interested in participating in an interview: English screener or Spanish screener. Participants who are selected will be compensated for their time.</p>
Inspirational	<p>2. NBC 10 Boston (video report) August 24, 2023 <i>Tennis Tournament Held for Young-at-Heart</i> Tennis tournament held for the young-at-heart. You're never too old to do what you love, and a tennis tournament in Chestnut Hill proves it. Young at Heart Tennis</p>

	<p>3. Access via YouTube August 23, 2023 <i>Dick Van Dyke learns to play ukulele at 97</i> Dick Van Dyke is putting the phrase "you can't teach an old dog new tricks" to bed! On Monday, the 97-year-old took to Instagram to show off the new skill he is learning – playing the Ukulele. In a sweet video he tries his hand at the instrument while working out where the chords are, " My first ukulele lesson" he wrote. After sharing the heartwarming clip, he also wrote an inspiring message, telling his fans, "It's never too late to start something new." It seems like a motto he lives by too! In February, the "Mary Poppins" star proved age is just a number again when he competed on season 9 of the hit competition series, "The Masked Singer." Dick began his decades long career in the industry in radio and on Broadway, in 1961 he landed his self-titled series, "The Dick Van Dyke Show." https://www.youtube.com/watch?v=anNo_8Ea8es</p> <p>4. The Music Man (text with video) August 23, 2023 <i>Lavender Darcangelo A Blind and Autistic Singer from Fitchburg, Massachusetts</i> Meet Lavender Darcangelo. She is a 27-year-old blind and autistic singer who has recently been in the limelight due to an incredible and heartwarming audition on season 18 of America’s Got Talent. It’s no surprise her audition has gone viral, the singer from Fitchburg, Massachusetts, has a beautiful voice. Lavender’s audition song was “Out Here on My Own” by Irene Cara. It’s clear to see that Lavender has a gift for music. She could sing before she could even talk. It became evident from a young age that despite her autism she would have a life filled with music. The judges were spellbound by her performance and many commenters online said the audition reminded them of Kodi Lee’s epic audition. Lavender received four yeses and even made Heidi Klum press the Golden Buzzer . This wasn’t the first time Lavender has been in the limelight though. In 2019 she became internet famous when she sang a song from The Little Mermaid called “Part of Your World”. Her vocals paired with this popular Disney Movie song were the perfect match and her performance went viral. Watch her sing the Disney Movie song below. Lavender is currently working on her debut studio album titled “Mosaic”. The album will celebrate the different experiences of people in the autism and disability community. A percentage of the profits made from the album will go to a foundation called the Doug Flutie, Jr. Foundation for Autism. Lavender is even a Performing Arts Fellow for that foundation! Lavender’s story isn’t just a heartwarming tale, it is an important story. It shows us all that we should embrace the differences we have and not always worry about what people may think of our differences. In fact, it is our differences that make life interesting and worth living. Lavender’s goal is to show people that there are many different ways to live a happy and successful life. https://www.themusicman.uk/lavender-darcangelo/</p>
Disability Voting Rights Week September 11 to 15, 2023	<p>5. Disability Voting Rights Week There are over 38 million people with disabilities who are eligible to vote, but access barriers keep many disabled voters from accessing their right to vote. Disability Voting Rights Week is all about protecting the rights of people with disabilities to participate fully in our democracy.</p>

	<p>AAPD (American Association of People with Disabilities) has several ideas for voter registration, and other awareness/advocacy events that you can do during this week. Visit Disability Voting Rights Week for more information.</p>
<p>Community Health Equity Initiative</p>	<p>6. Massachusetts Department of Public Health <i>Community Health Equity Initiative</i></p> <p>The Community Health Equity Initiative (CHEI) aims to understand the social and structural causes of health in Massachusetts to support community, state, and local action.</p> <p>The Community Health Equity Initiative (CHEI) collects data on the social and structural causes of health needs facing Massachusetts residents, specifically among communities who are disproportionately affected by health emergencies. Through this data collection CHEI strives to help communities, along with state and local partners, prioritize changes to policy and how and where resources go.</p> <p>CHEI was previously known as CCIS, the COVID-19 Community Impact Survey. For more information about CCIS, please visit About the CCIS.</p> <p>Join DPH and Health Resources in Action (HRiA) to learn more about the Community Health Equity Survey!</p> <p>The Community Health Equity Survey aims to help communities address barriers to health by collecting data on the social and structural health needs facing Massachusetts residents, specifically those disproportionately affected by health inequities. The Massachusetts Department of Public Health will use survey results to improve programs, make decisions about funding and resources, and support policies to improve health inequities. CHES continues efforts that began in 2021 with the COVID-19 Community Impact Survey (CCIS).</p> <p>The information collected will help DPH and community partners determine how best to allocate funding, improve programming, and develop policies to address health inequities.</p> <p>During these webinars, DPH & HRiA will share more about the survey, outreach materials available and answer any questions. All webinars will be in English and simultaneous ASL interpretation. Please send any other language interpretation needs for the September 5th and September 14th webinars at least 5 days before the scheduled event, by emailing cespinosamarrero@hria.org.</p> <p>When: Monday, August 28th Time: 4pm-5pm EST Register here</p> <p>When: Tuesday, September 5th Time: 3pm-4pm Register here</p> <p>When: Thursday, September 14th Time: 3:30pm-4:30pm Register here</p> <p>Take the Community Health Equity Survey</p> <p>The Massachusetts Department of Public Health (DPH) is committed to better serving communities that experience barriers to health. The Community Health Equity Survey was developed in collaboration with community members and partners across the state and reflects the priorities and experiences of Massachusetts residents. The information you share will help DPH and community partners determine how best to allocate funding, improve programming, and develop policies to address health inequities.</p>

	<p>Who should take this survey? This survey is intended for anyone over the age of 14 who lives in Massachusetts. DPH specifically seeks to hear from communities who have been impacted by health inequities.</p> <p>How to take the survey: You can take the survey online with a computer, phone, or tablet. It will take around 15-30 minutes to complete. You can choose to complete the survey in Arabic, Cape Verdean Creole, Chinese (simplified or traditional), English, Haitian Creole, Khmer, Portuguese, Russian, Spanish, and Vietnamese. Those who are deaf or hard of hearing can also take the survey in American Sign Language later this summer.</p> <p>All survey responses are anonymous and cannot be traced back to you.</p> <p>Take the survey: mass.gov/healthsurvey</p> <p>Community Health Equity Survey (CHES) 2023 Resources:</p> <ul style="list-style-type: none"> • About the CHES • Community Health Equity Initiative Resource List • Community Engagement Advisory Committee Members • Community Health Equity Survey Promotion Toolkit • Community Health Equity Survey 2023 Mini-grantees <p>https://www.mass.gov/resource/community-health-equity-initiative</p>
Nominations Solicited	<p>7. The Foundation for Social Connection <i>Marcia Slater Johnston Award</i></p> <p>The Foundation for Social Connection is accepting nominations for the Marcia Slater Johnston Award. This is to honor someone who exemplifies leadership and dedication in reducing social isolation and loneliness and/or promoting connection in their community. The awardee will be announced during our virtual stream of the 2023 Building Connected Communities national event in October 2023 and will be eligible to receive a micro-grant to support the continuation of their work.</p> <p>Nominate Here</p>
<p>Events</p> 	<p>8. Brookline Council on Aging Wednesday, September 27, 2023, 1:00 p.m. Brookline Senior Center <i>The Wisdom of Morrie</i></p> <p>Rob Schwartz, a Brookline native and son of Morrie Schwartz, the beloved subject of the classic, multimillion-copy, number one bestseller "Tuesdays with Morrie," will give a talk on the recently released book, "The Wisdom of Morrie." Before becoming ill with ALS, Morrie wrote a poignant manuscript on aging joyfully and creatively. Rob has edited the monograph and added essays. Let "The Wisdom of Morrie" be your guide in exploring deep questions of how to live and how to love. Joining Rob in his presentation will be Jean Stehle, an educator, writer, educational consultant, and Newton school librarian. Photographer Heather Pillar will also stage a small exhibition of photos she took of Morrie at the end of his life. A limited number of books will be available for purchase, so get here early! Special discount for the first five purchases. Register at 617-730-2770.</p>
Podcast	<p>9. The Consumer Voice <i>New Podcast Episode on Arbitration Agreements in Nursing Home Contracts</i></p> <p>When a person enters a nursing home, one of the first things they usually do is sign their admissions contract. Typically, these contracts contain pre-dispute arbitration agreements. These agreements take away your right to hold your nursing home accountable in court for any potential negligence or wrongdoing.</p>

	<p>“Pre-dispute” arbitration agreements require you to give up this right before the harm even occurs so you will never have the chance to decide if going to court is the right option for you. Nursing home residents have the right to refuse pre-dispute arbitration.</p> <p>In a new episode of the Pursuing Quality Long-Term Care podcast, Consumer Voice's Jocelyn Bogdan speaks with Victoria Schall, an experienced trial attorney in the field of elder law, about why nursing home residents should not sign pre-dispute arbitration agreements, what rights residents have regarding these agreements, and what arbitration may look like for residents who have already signed their contracts.</p> <p>Watch this video for a quick explanation of arbitration agreements.</p>
Recorded Webinars	<p>10. Justice in Aging Recorded August 16, 2023 <i>Using an Equity Framework to Evaluate & Improve Medicaid Home and Community-Based Services (HCBS)</i></p> <p>Most older adults and people with disabilities want to be able to receive help with daily activities at home and in their communities. This type of help, which is called Home and Community-Based Services (HCBS), enables older adults to remain independent at home rather than being forced to move into an institution. The Medicaid HCBS “system,” however, is a patchwork of programs with wide variation among and within states, leading to disparities in who has access to the supports and services needed to live in the community and who has no option but to receive care in an institutional setting. To address these disparities and achieve health equity for older adults and people with disabilities, policymakers, advocates, and other stakeholders must begin by evaluating HCBS programs to ensure they are neither preserving nor causing inequities driven by systemic racism, ageism, ableism, classism, sexism, xenophobia, and homophobia. Justice in Aging developed an HCBS Equity Framework to support stakeholders in making equity a primary focus at every stage of HCBS program design and implementation.</p> <p>This webinar, <i>Using an Equity Framework to Evaluate & Improve Medicaid Home and Community-Based Services</i>, will use Justice in Aging’s HCBS Equity Framework to help advocates and other stakeholders think about the ways in which equity is embedded in HCBS and to advance policies to ensure all eligible individuals have access to adequate and quality services. Presenters will walk through the Framework and provide examples of inequities in policies, program rules, and decision points. The webinar will help attendees use the Framework to identify similar issues and equity-centered solutions in the HCBS programs they work on.</p> <p>Who Should Participate: Aging, disability, and legal advocates, HCBS program administrators, providers, community-based organizations working with older adults and people with disabilities, and policymakers.</p> <p>Presenters: Amber Christ, Managing Director of Health Advocacy, Justice in Aging Natalie Kean, Director of Federal Health Advocacy, Justice in Aging Gelila Selassie, Senior Attorney, Justice in Aging</p> <p>Watch the webinar Get the slides Get the transcript</p>

11. REV UP Massachusetts

Wednesday, September 20, 2023, 12:30 to 2 p.m.

REV UP MA Disability Voting Webinar

Tentative Agenda:

- **Federal Voting Rights and News** - Alexia Kemmerling from REV UP National will discuss work that other REV UP Groups around the country are doing and any upcoming legislation or policy changes related to voting rights for people with disabilities on the federal level.
- **Massachusetts Voting Rights and News** - Panel of representatives from organizations including the League of Women Voters of Massachusetts, CareVote at the Provider's Council, Disability Law Center, and others discuss the importance of accessible local elections, explain upcoming legislation that may affect voters with disabilities in Massachusetts.
- **Accessible Electronic Vote by Mail in Massachusetts** - Updates from Disability Law Center on the implementation and need for greater usage of the Accessible Electronic Vote by Mail system in Massachusetts.
- **Registering to Vote** - *Members of the REV UP Coalition will make online voter registration and assistance available during the webinar.*

[Register for the Disability Voting Webinar.](#)

<https://revupma.org/wp/2023/08/24/rev-up-ma-online-webinar/>

12. REV UP Massachusetts

Wednesday, September 20, 2023, 2:15 to 3:15 p.m.

MA has decent accessibility laws, but right now, it's up to volunteers to ensure our polling sites are accessible for all. The Disability Law Center (DLC) is coordinating efforts to evaluate the hundreds of polling sites in MA. You can help us by learning what to look for and sending evaluations to DLC.

A training for evaluating polling sites in MA will be held right after the REV UP MA Webinar. This training session will include all the information and tools you need to become a *Voter Accessibility Advocate!*

[Registration for the Voting Rights Webinar](#) includes this training.

<https://revupma.org/wp/2023/08/24/help-evaluate-polling-sites-in-ma/>

13. Administration for Strategic Preparedness & Response

Tuesday, September 19, 2023, 1:00 to 3:00 p.m.

Joint Meeting of Advisory Committees on Seniors and Individuals with Disabilities and Disasters

The Administration for Strategic Preparedness & Response at the U.S. Department of Health and Human Services (HHS) is hosting the next virtual joint meeting of the [National Advisory Committee on Seniors and Disasters](#) (NACSD) and the [National Advisory Committee on Individuals with Disabilities and Disasters](#) (NACIDD).

The NACSD and NACIDD will provide expert advice and guidance to HHS and discuss recommendations regarding the specific needs of older adults and people with disabilities, respectively, related to disaster preparedness and response.

Anyone may submit questions or comments ahead of the meeting to the committee members by emailing NACSD@hhs.gov or NACIDD@hhs.gov. If time allows, committee members will address as many written comments as possible.

All meeting materials, including drafts of the recommendations for public review, will be available on the [NACSD and NACIDD public meeting page](#).

American Sign Language translation and CART will be provided during the

	<p>meeting. If you want to apply to speak at the meeting, request accessibility accommodations, or have other questions, email NACSD@hhs.gov. Register for the webinar</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>14. News-Medical.net August 24, 2023 <i>People over 60s with the unhealthiest lifestyles more likely to require nursing home admission</i> Reviewed by Megan Craig, M.Sc. Over 60s with the unhealthiest lifestyles are significantly more likely to require admission to a nursing home than their peers with the healthiest lifestyles, suggest the findings of a large population study published online in the <i>Journal of Epidemiology & Community Health</i>. Physical inactivity, smoking, poor diet, and sleep disorders between the ages of 60 and 64 seemed to be particularly influential: they were associated with a more than doubling in the risk of admission, the findings show. Modifiable lifestyle risk factors are associated with the development and progression of several long-term conditions, such as diabetes and dementia. But it's not clear whether these lifestyle factors, separately or combined, might influence the subsequent need for nursing home care. To explore this further, the researchers accessed data for 127,108 men and women aged 60 and above who had been recruited to the Australian 45 and Up Study between 2006 and 2009. At study entry all participants filled in a lifestyle questionnaire on five key risk factors for nursing home care: smoking; physical activity levels; sitting time; sleep patterns; and diet. Based on the responses, participants were categorized into low, medium, or high-risk lifestyle groups. Around 1 in 4 (24%) were allocated to the low-risk group, nearly two thirds (62%) to the medium risk group, and 14% to the high-risk group. Linkage with medical records (Medicare Benefits Schedule) showed that during an average monitoring period of 10 years, 23,094 participants (18%) were admitted to a nursing home. The researchers calculated that, compared with over 60s in the low-risk lifestyle group, the risk of nursing home admission was 43% higher for those in the high-risk group, and 12% higher for those in the medium risk group. The association between lifestyle score and risk of nursing home admission was linear, but modified by age and physical impairment. Further in-depth analysis indicated that lifestyle factors seemed to be especially influential among 60-64 year olds. Those in this age bracket with the unhealthiest lifestyles were more than twice as likely to be admitted to a nursing home than those with the healthiest. All key lifestyle factors-;bar diet-;were independently associated with nursing home admission, with the risk of admission highest (55% higher) for current smokers. This is an observational study, and as such, can't establish cause, added to which the researchers acknowledge various limitations to their findings. For example, the study relied on questionnaire data at one point in time, so was unable to account for lifestyle behavior changes. The reasons for nursing home</p>

admission and what coexisting health conditions were present at admission were also unknown. And dietary assessment wasn't comprehensive, which might explain why no independent association was found between diet and nursing home admission, say the researchers. Nevertheless, they conclude their findings show that: "lifestyle factors are strongly associated with the risk of long-term nursing home admission in men and women older than 60 years," at least in Australia. The need for nursing home care is "an outcome of great societal and economic importance with increased population aging," they point out. "Strategies to improve lifestyle factors, including smoking cessation, reducing sitting time, increasing physical activity and improving sleep, should be explored as new public health measures to help reduce the future risk of nursing home admission," they suggest.

[Download PDF Copy](#)
[Unhealthiest Lifestyles](#)

15. McKnights Long Term Care News

August 23, 2023

Widening data pool dangerously 'chumming the waters' in nursing home lawsuits

By Kimberly Marselas

A broader public data pool that captures practices of individual nursing homes and patterns across portfolios is being used out of context and further complicating the legal landscape for operators, experts warned as two data-fueled class action lawsuits head toward trial in Kentucky.

The lawsuits allege business owner Terry Forcht and companies that manage two of his nursing homes violated laws that require sufficient nurse staffing levels. Patients and former patients are seeking reimbursement for "services not provided." To build the cases, a [firm representing the plaintiffs](#) has said it used Medicare cost report data alongside expanded Payroll Based Journal data available through Care Compare to measure sufficiency.

The firm is alleging Hazard Nursing Home had far too few registered nurse hours and 6% fewer total nursing hours than required in 2019, with 9% fewer total hours in 2020. But one of the nursing homes named, Hazard Nursing Home in Perry County, has a 4-star staffing rating.

Attorneys for the nursing home hope to discredit that rating, arguing that staffing metrics are self-reported by nursing homes.

That's just one example of how some plaintiffs' attorneys are leveraging new data sources to build cases that look convincing to those outside the nursing home — and to jurors, especially.

"The availability of turnover and weekend vs. weekday staffing data gives the illusion of deep insight into a nursing home's commitment to their residents in terms of staffing; however, without subject matter expertise, it's just more noise," Littlehale added.

"Staffing needs to be put in context of resident acuity, market factors and additional staff present that goes beyond nursing staff who are transitionally considered in Five-Star." . . .

Such recently expanded data includes more turnover and weekend staffing data captured by automated PBJ reporting; new ownership details; and provider ratings that average scores across holdings. Some have come at the backing of

	<p>the White House, specifically, while others are a natural progression of the Center for Medicare & Medicaid Services push to expand both its Quality Reporting and Value-Based Purchasing programs. . .</p> <p>“Care Compare was developed as a tool to help consumers make healthcare decisions. Not unlike other complex projects, there is disagreement between stakeholders as to whether it has helped or hurt. However, there is no question that many people worked hard to develop methods to interpret the available data reasonably,” added Graham, who heads up his firm’s aging services practice.</p> <p>Widening Data Pool</p>
Homelessness	<p>16. Salem News August 28, 2023 <i>Homelessness, a shared problem, needs a universal solution</i> Editorial</p> <p>Homelessness does not respect borders. Neither does addiction. Those truths are becoming increasingly evident as the city of Boston continues to struggle with the sprawling encampment of unhoused people at Massachusetts Avenue and Melnea Cass Boulevard.</p> <p>Colloquially known as Mass and Cass, the tent city has become the statewide symbol of the concurrent housing, opioid and mental health crises. Attempts to address the problem by the administration of Boston Mayor Michelle Wu have been met with resistance from neighboring communities. In many respects, the city is being abandoned.</p> <p>It’s easy to look at Boston from afar and assume the city’s problem is its own. It is not. It belongs to all of us, as does the responsibility for solving it. The cycle of shutdowns of Boston’s tent city has sent some of the unhoused there into the suburbs. Meanwhile, many of those remaining on Mass and Cass hail from places like Essex County. There are no borders here. “The crew around Wendy’s is a particularly vexing one,” Salem police Chief Lucas Miller said of a homeless encampment that has grown in his city. “Some of them are locals, which is to say people we’ve encountered before. Some of them aren’t – they’re coming from Boston, probably displacements from Mass and Cass.” Salem, like Boston, has struggled to get people in crisis – ranging from a lack of housing, to drug addiction and mental health issues – into secure housing and effective treatment.</p> <p>Besides the tent community by the Wendy’s along Salem’s South River, there are encampments dotted throughout the city’s extensive woodlands and in parks like Leslie’s Retreat. And there is no shortage of encampments throughout the North of Boston region.</p> <p>Like those on Mass and Cass, some of the homeless people have resisted assistance.</p> <p>“The whole goal is to engage, to try to find a way to work together, and to offer anything we can to get them where they have to be,” said Jason Etheridge of the Salem-based shelter program Lifebridge and Beverly-based River House. Why some people won’t engage, he said, is “the million-dollar question. “We see it, we’re part of the response. We want to work with these folks and figure out what they need and want.”</p> <p>Wu is correct when she says, as she did in May, that the crisis at Mass and Cass is a statewide issue rather than just a Boston issue.</p> <p>And she could have been talking about many other North of Boston</p>

	<p>communities – not just Boston – when she said, “the reality is that a large number of people, including new people every month, are arriving who are not from Boston.”</p> <p>“And you know, that’s our role, right? That’s our role in the migrant crisis. That’s our role – welcoming new residents from whatever walk of life,” she said.</p> <p>“Boston has always been that safe harbor for people. But we have to recognize this opiate crisis, just like what we’re experiencing with migrant families, is a statewide and even a national issue, where the city and the state really have to work together on this. ... We really need a comprehensive plan.”</p> <p>Salem Mayor Domenic Pangallo recently said, “Like many communities across Massachusetts, Salem is grappling with the escalating cost of housing and the dearth of sufficient housing supply. These are compounded by the substantial and complex challenges presented by diminished access to mental health care and the scourge of substance use disorder. As a result, far too many neighbors lack access to a safe roof over their head.”</p> <p>Both mayors are correct. It’s long past time for a regional solution to a regional problem.</p> <p><i>It is not. It belongs to all of us, as does the responsibility for solving it. The cycle of shutdowns of Boston’s tent city has sent some of the unhoused there into the suburbs. Meanwhile, many of those remaining on Mass and Cass hail from places like Essex County.</i></p> <p>Homelessness a Shared Problem</p>
Hospice	<p>17. *The New York Times</p> <p>August 28, 2023</p> <p><i>A Fitting Final Gift from Jimmy Carter</i></p> <p>By Daniela J. Lamas</p> <p>When former President Jimmy Carter entered hospice care in February, many assumed that his death would be imminent, a matter of weeks at most. But six months later, he is still spending time with family and friends, still enjoying moments with his wife of nearly eight decades. Life continues, albeit under a shadow.</p> <p>As he now approaches what has been reported to be his “final chapter,” Mr. Carter’s decision to enter hospice and to continue publicizing that choice is a fitting final gift of candor from a former president to an American public that has long been uncomfortable with our own mortality. . .</p> <p>Just a few days ago, I found myself in a conference room with a man whose wife was dying. . . I tried to explain that hospice care could help his wife stay at home – which had been her goal – with the tools to manage her symptoms as they worsened. I tried to explain that this was not about “giving up,” but about maximizing the quality of the time that she had. There was so little that we could do for her in the hospital, ultimately. But all he could hear was a word that made him think of endings and loss.</p> <p>That is why hospice services are so often engaged late, in the days immediately before death, if at all. Half of all patients in hospice are enrolled for only 18 days or less. One in 10 are in hospice for only one or two days before they die. It is easy to understand how this happens. After all, to choose this path is to acknowledge that we will all end, a reality that few of us are willing to face until there is no choice left. . .</p> <p>Mr. Carter is surrounded by family with the resources to care for him if his symptoms worsen. Home hospice is not designed to offer care 24 hours a day,</p>

seven days a week. Instead, the system largely relies on families to care for the people they love, and there are many families for whom this is not possible or for whom the harsh realities of the dying process are simply too much to bear. Dying at home is not the only way to preserve grace and dignity at the end, but for some, it is the right way.

[Fitting Final Gift](#)

18. *Washington Post

August 15, 2023

To ease my depression, I volunteered to help dying people

Perspective by Keri Wiginton

As a hospice volunteer, I expected tears and anger. What I didn't expect was the laughter and joy.

My 90-something friend is relieved as I help him collect coats. He's taking a trip somewhere his family can't follow, he says, but he doesn't want them to get cold after he leaves. I keep packing even though his story doesn't make sense, at least not to me.

Gray clouds catch his eye, and he switches gears to the weather. I ask him what else he sees out the window. He dives in and out of his past, joking and smiling along the way. He was quite the ladies' man, he says with a wink.

Twice a week for more than a year, I've given my time to the dying. Most people I visit have Alzheimer's disease or another form of dementia. As a hospice volunteer, I expected tears and anger. What I didn't expect was the laughter and joy. . .

[M[y doctor set me up with a goal-oriented behavioral counselor.

I told the therapist about my stepdad and that I felt a profound pull to help others process grief or make meaning before their death.

We agreed that volunteering in a hospice might be a good fit, but I felt too overwhelmed to get started. He said to take one small step each week. . .

Many of the folks I spend time with have memory challenges, so conversations may take twists and turns. I've learned to explore with them whatever path they're on, and we often have fun doing it.

I find immense value and grounding in offering companion care to someone who's nearing the end of life. I look forward to it every week. . .

"People with dementia can be very emotionally sensitive and they can pick up on that presence," said Post, who explores this topic in his book "[Dignity for Deeply Forgetful People: How Caregivers Can Meet the Challenges of Alzheimer's Disease](#)." "Just because someone's linear rationality is compromised that doesn't mean their consciousness is."

I feel a sense of loss when people die, but our time together matters more because I know it's short term. I also have found myself to be more present and less anxious, both when I'm volunteering and when I'm not.

I sleep easier at night and am less distracted at work. I have more energy to exercise and stronger shock absorbers for life stressors, including handling little problems such as someone cutting me off in traffic or big challenges like a family member's Alzheimer's diagnosis. . .

My social anxiety skyrocketed after the pandemic. But volunteering offered a structured, time-limited way for me to get out of the house. The more I did it, the more comfortable I felt in my role and around other people. . .

"There's value in being able to help somebody else who's going through something that you went through," said Basch. "That absolutely helps

Age Friendly Policy	<p>volunteers heal.” Volunteered to Help Dying People</p> <p>19. Trust for America’s Health and Age-Friendly Public Health Systems August 23, 2023 <i>Ensuring Age-Friendly Public Health in Rural Communities: Challenges, Opportunities, and Model Programs</i> By M. Aaron Guest, Ph.D., Arizona State University, Megan Wolfe, Trust for America’s Health, Karon Phillips, Ph.D., Trust for America’s Health, and Jane Hook, Arizona State University</p> <p>The Age-Friendly Ecosystem originated from the World Health Organization’s (WHO) efforts to develop Age-Friendly Communities. The WHO identified eight “Domains of Livability” that enhance the experience of individuals across the life course. These domains span the built, social, and service-related factors that influence the health of all ages, including 1) housing; 2) transportation; 3) outdoor spaces and buildings; 4) civic participation and employment; 5) social participation; 6) respect and social inclusion; 7) communication and information; and 8) community supports and health services.</p> <p>The Age-Friendly Public Health System (AFPHS) framework identifies public health professionals’ core roles in promoting older adult health and well-being. This 6Cs framework organizes these roles as follows:</p> <ol style="list-style-type: none"> 1. Creating and leading policy, systems, and environmental changes to improve older adult health and well-being. 2. Connecting and convening multi-sector stakeholders to address the health and social needs of older adults through collective impact approaches focused on the social determinants of health. 3. Coordinating existing supports and services to help older adults, families, and caregivers navigate and access services and supports, avoid duplication, and promote an integrated system of care. 4. Collecting, analyzing, and translating relevant and robust data on older adults to identify the needs and assets of a community and inform the development of interventions through community-wide assessment. 5. Communicating important public health information to promote and support older adult health and well- being, including conducting and disseminating research findings, and emerging and best practices to support healthy aging. 6. Complementing existing health promoting programs to ensure they are adequately meeting the needs of older adults. . . <p>Conclusion</p> <p>Rural communities embody a unique way of life that appeals to many, and many have inherent strengths. However, the challenges confronting rural communities, including workforce shortages, healthcare inequities, and support system inadequacies, cannot be ignored. To create healthy environments that support aging in the present and future, innovative, multi-sector solutions must be developed to address these and emerging challenges.</p> <p>Effective policies and programs must recognize the vast uniqueness of rural communities. Despite sharing common features, differences in geography, demographics, and culture will always result in needs, strengths, and challenges unique to each community. Programs, activities, and policies will require adaptation based on the community. Public health is well-positioned to serve a critical role in creating age-inclusive rural communities that offer the ideal combination of services to support individuals as they age. Through the</p>
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	<p>engagement of and coordination by public health, it is possible to allow individuals to age-in-community while creating a healthier community for all. Age Friendly in Rural Communities</p>
<p>Medicaid Policy</p>	<p>20. Justice in Aging Undated <i>Unwinding of the Medicaid continuous eligibility requirements that were put in place during the COVID-19 Public Health Emergency (PHE) continues to impact Medicaid enrollees across states.</i> Although data is still limited, early reports show a high number of terminations due to procedural issues such as failure to complete forms or submit verification documents. Many Medicaid enrollees, including older adults, are also confused by the unwinding process and their eligibility for Medicaid or transitioning to Medicare, Marketplace, or employment-based insurance. Here are some helpful tips and new resources from the Centers for Medicare and Medicaid Services (CMS) regarding the unwinding. Transitioning to Medicare CMS previously announced a new Medicare Special Enrollment Period (SEP) for individuals who were enrolled in Medicaid during the PHE and missed their Initial Enrollment Period (IEP) for Medicare. Individuals can use the SEP to enroll in Medicare within 6 months of losing Medicaid without facing a late enrollment penalty. Because the SEP is new, Social Security Administration (SSA) employees may not be familiar with it. Advocates often find providing the relevant SSA Program Operations Manual System (POMS) cite to the SSA employee helps speed up the enrollment process: HI 00805.385 Exceptional Conditions Special Enrollment Period (SEP) for Termination of Medicaid Eligibility. A similar SEP also exists for the Health Insurance Marketplace for people who are not eligible for Medicare or employer-based coverage. Webinars on Outreach for Older Adults and Other Special Populations CMS is beginning a weekly webinar series this Thursday August 3rd to help advocates reach out to special populations that will be impacted by Medicaid unwinding. The August 17th webinar will focus on older adults and people with disabilities. RSVP to the webinars. Data Snapshot This week, CMS posted the first snapshot of data submitted by states including the total number of Medicaid renewals, terminations, and pending renewals. While procedural terminations are still high, this data indicates people who are completing their first redetermination process remain eligible and have their Medicaid renewed. More specific data with additional metrics is expected soon. For additional CMS resources, see Unwinding and Returning to Regular Operations after COVID-19. Justice in Aging is interested in hearing from advocates about how the unwinding process is impacting older adults in your state. Please email us to share information or request technical assistance. For additional resources and tips for advocates serving people dually eligible for Medicare and Medicaid, see COVID-19 and Public Health Emergency (PHE) Unwinding Resources. Unwinding of Medicaid</p>

21. Kaiser Family Foundation

August 14, 2023

How Many People Use Medicaid Long-Term Services and Supports and How Much Does Medicaid Spend on Those People?

By Priya Chidambara and Alice Burns

In 2020, KFF estimates that 4.2 million people used Medicaid long-term services and supports (LTSS) delivered in home and community settings and 1.6 million used LTSS delivered in institutional settings (Figure 1). LTSS encompass the broad range of paid and unpaid medical and personal care services that assist with activities of daily living (such as eating, bathing, and dressing) and instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping). They are provided to people who need such services because of aging, chronic illness, or disability and may be provided in institutional settings such as nursing facilities or in people's homes and the community. Services provided in non-institutional settings are usually referred to as home- and community-based services (HCBS) and include a wide range of services such as adult daycare, home health, personal care, transportation, and supported employment. In 2020, Medicaid was the primary payer for LTSS, covering over [half](#) of all LTSS spending in in the U.S. Despite Medicaid's significant role in funding LTSS in the U.S., [eligibility](#) for Medicaid LTSS is complex and varies widely by state. This data note provides an overview of Medicaid coverage of LTSS, KFF estimates of how many Medicaid enrollees used LTSS in 2020, how much Medicaid spent on enrollees who used LTSS, and policy issues to watch in the coming years. Key takeaways include:

- In 2020, there were 5.6 million people who used Medicaid LTSS, of which 4.0 million (72%) used only HCBS, 1.4 million (24%) used only institutional care, and 0.2 million used both (4%) (Figure 1). The share of people using Medicaid LTSS only in home and community-based settings ranged from 45% in Maine to 94% in North Carolina (Figure 2).
- Medicaid spending per-person was nearly nine times higher for people who used LTSS than for those who did not use LTSS (\$38,769 vs. \$4,480), with particularly high spending for people who used institutional LTSS (Figure 4).
- People who used Medicaid LTSS comprised 6% of Medicaid enrollment but 37% of federal and state Medicaid spending, reflecting the [generally high cost of LTSS](#) and more extensive health needs that lead to higher use of other health care services and drugs (Figure 5). . .

• **What are Medicaid Long-Term Services and Supports?**

- Medicaid LTSS are generally classified by the location in which they are provided: either in an institutional setting or in home- and community-based settings, also known as HCBS. . .
- In the last 20 years, several new [authorities](#) have been created, allowing states to also offer HCBS through the Medicaid state plan (see [Appendix Table 1](#) for a list of HCBS authorities). . .

• **How Many People Used Medicaid LTSS in 2020?**

- In 2020, there were 5.6 million people who used Medicaid LTSS, of which 4.0 million (72%) used only HCBS, 1.4 million (24%) used only institutional care, and 0.2 million used both (4%) (Figure 1). . .
- In 2020, nearly three-quarters (72%) of people who used Medicaid LTSS were exclusively served in home and community-based settings, but this

	<p>ranged from 45% in Maine to 94% in North Carolina (Figure 2). . .</p> <ul style="list-style-type: none"> • Among the 4.2 million people who used HCBS in 2020, at least 1.9 million used services provided through a state plan such as home health and personal care and at least 1.7 million received services through a waiver (Figure 3). . <p>What Do We Know About Spending for People Who Used Medicaid LTSS in 2020?</p> <ul style="list-style-type: none"> • Medicaid spending per-person is higher for people who use institutional LTSS and people who use HCBS when compared to those who do not use any LTSS, but spending for people using institutional LTSS is particularly high (Figure 4). . . • People who used Medicaid LTSS comprised 6% of Medicaid enrollment but 37% of federal and state Medicaid spending (Figure 5). . . <p>What Current Policy Questions Could Affect People Who Use Medicaid LTSS?</p> <ul style="list-style-type: none"> • The COVID-19 pandemic greatly exacerbated shortages of LTSS workers, and many policy questions pertain to expanding the workforce caring for people who use Medicaid LTSS. . . • The federal government may use its authority to require increased staffing for Medicaid LTSS, but it is not clear what the exact policies will be or how they will be implemented. . . • Although most states have increased payment rates for LTSS, it is unclear where additional funding would come from to further increase payment rates and engage additional staff. . . • Looking ahead, as the population continues to age, it is likely that more people will need Medicaid LTSS and that workforce challenges will persist. <p>Medicaid LTSS</p> <p>22. Centers for Medicare and Medicaid Services August 2, 2023 <i>Extension of 1915(c) Home and Community-Based Services Waiver Appendix K Expiration Dates (8/2)</i> The Centers for Medicare & Medicaid Services (CMS) is issuing the following guidance to states as they take actions to return to normal operations after the end of the flexibilities available to support states and beneficiaries during the COVID-19 Public Health Emergency (PHE). Specifically, this guidance announces an update to CMS’s policy regarding the end date for flexibilities approved in states’ section 1915(c) Home and Community-Based Services (HCBS) waiver Appendix K amendments. Under our prior policy, these flexibilities were set to expire six months after the expiration of the COVID-19 PHE. However, these flexibilities may remain in effect for a longer period of time. Extension of 1915(c) waivers</p>
Health Policy	<p>23. U. S. Department of Health and Human Services August 16, 2023 <i>On the First Anniversary of the Inflation Reduction Act, Millions of Medicare Enrollees See Savings on Health Care Costs</i> One year ago today, on August 16, 2022, President Biden signed into law landmark legislation to lower health care costs for millions of Americans, known as the Inflation Reduction Act. This historic law extends Marketplace affordability, caps the cost of insulin at \$35 per month for people with Medicare, and improves access to affordable prescription drugs for millions of Americans. .</p>

	<p>The Inflation Reduction Act extends enhanced financial help to purchase plans on HealthCare.gov and State-based Marketplaces, saving enrollees money on their premiums. National estimates show that, on average, consumers receiving tax credits continue to save over \$800 in premiums per year.</p> <p>The extension of the enhanced financial help has led to record enrollment—16.4 million people signed up or were automatically re-enrolled in health insurance coverage through HealthCare.gov Marketplaces and State-based Marketplaces during the 2023 Open Enrollment Period. Nationwide, 4.6 million more consumers are receiving financial assistance in 2023, compared to 2021, representing 90% of all 2023 plan selections, meaning, 90% of people selecting plans are receiving help to pay for premiums. . .</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Monthly Cost for Insulin Capped at \$35 under Medicare • Recommended Vaccines Covered in Medicare without Cost-sharing • Medicare Part D Benefit Redesign and Out-of-Pocket Cap <p>The full HHS report, “The Inflation Reduction Act of 2022: One Year Anniversary Highlights from ASPE Drug Pricing Reports”, is available at https://aspe.hhs.gov/reports/inflation-reduction-act-2022-one-year-anniversary-highlights-aspe-drug-pricing-reports</p> <p>In addition to this comprehensive report detailing the benefits of the Inflation Reduction Act, ASPE also recently released state by state fact sheets that demonstrate enrollee savings on Medicare Part D out-of-pocket costs, insulin, vaccines, and Marketplace premiums. Fact sheets for all 50 states and the District of Columbia can be found here: https://www.aspe.hhs.gov/reports/state-fact-sheets-impacts-ira-aca-lowering-health-care-costs</p> <p>A fact sheet on the Inflation Reduction Act accomplishments and its implementation is available at https://www.cms.gov/newsroom/fact-sheets/anniversary-inflation-reduction-act-update-cms-implementation-Anniversary-Inflation-Reduction-Act</p>
Health Equity	<p>24. Justice in Aging July 12, 2023</p> <p><i>Issue Brief: The Economic Security and Health of Older Women of Color</i></p> <p>During the COVID-19 pandemic and continuing to today, older women of color—especially those with disabilities and LGBT people—disproportionately weathered income losses and illness, served as caregivers, and struggled to afford food, housing, and health care.</p> <p>A new issue brief co-authored by Justice in Aging and the National Women’s Law Center, The Economic Security and Health of Older Women of Color analyzes recent data about the employment, incomes, and health of older women of color and highlights policy solutions that are targeted to support them. This issue brief is a follow-up to the original brief released in October 2021 and features data reflecting the experience of older women of color during the COVID-19 pandemic.</p> <p>Key findings from the issue brief include:</p> <ul style="list-style-type: none"> • Older women of color were more likely to live in poverty than their white counterparts. • Facing an uneven economic recovery, older Black and Latina women experienced a slower decline in unemployment rates and were more likely to report lost employment income.

	<ul style="list-style-type: none"> • Older women of color ages 50 and over were overrepresented among essential workers and disproportionately provided caregiving. • Higher shares of older women of color reported having long COVID symptoms, while stark racial and ethnic disparities in health care affordability persist among older adults. • Older women of color were also more likely to have trouble affording a prescription or paying a medical bill. <p>The brief calls for immediate policy solutions so older women of color can age with economic dignity and with the health supports they need, and is the latest addition to work under our Strategic Initiative to Advance Equity in Aging.</p> <p>Read the Brief Read the Executive Summary Economic and Health Security of Older Women of Color</p> <p>25. Center for American Progress June 11, 2023 <i>America Needs Better Data on Race and Ethnicity</i> Who lives in America today? Because of the government’s outdated standards for data collection, we don’t really have an accurate picture. Currently, the data that are collected and reported on race and ethnicity by the federal government are not illustrative of the full diversity of the American people. We can redress this issue by modernizing data-collection methods, offering respondents more options for providing race and ethnicity, as well as ensuring that any changes are accompanied by clear guidance and community engagement. <i>The above excerpt was originally published in The Messenger. Click here to view the full article.</i> Better Data</p> <p>26. National Academies 2023 <i>Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities</i> A new National Academies committee was appointed to conduct an analysis of federal policies (e.g., social, economic, environmental) that contribute to preventable and unfair differences in health status and outcomes experienced by all U.S. racial and ethnic minority populations. The committee conducted a report with conclusions and recommendations that identify the most effective or promising approaches to policy change with the goal of furthering racial and ethnic health equity. Racially and ethnically minoritized populations and tribal communities often face preventable inequities in health outcomes due to structural disadvantages and diminished opportunities around health care, employment, education, and more. Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity analyzes how past and current federal policies may create, maintain, and/or amplify racial, ethnic, and tribal health inequities. This report identifies key features of policies that have served to reduce inequities and makes recommendations to help achieve racial, ethnic, and tribal health equity. Racial and Ethnic Health Inequities</p>
Covid / Long Covid	<p>27. The Hill August 24, 2023 <i>Mask mandates reemerge amid upturn in COVID-19 cases</i> The recent upturn in COVID-19 cases in some regions has spurred a handful of</p>

entities around the country to reinstate mask mandates, reigniting the debate over what place masking requirements have in an era of living with the coronavirus.

Earlier this week, Hollywood movie studio Lionsgate [asked its employees](#) to wear masks on certain floors of its facilities in Santa Monica, Calif., in response to a few staff members testing positive for COVID-19.

Kaiser Permanente [began to require](#) staff, patients and visitors to wear masks at its facility in Santa Rosa, Calif., this week in response to a spike in cases. Upstate Medical University in New York [announced a similar decision](#) last week for two of its hospitals.

Schools including Morris Brown College have issued mask mandates for their campuses, with the Atlanta-based school reinstating masks as a two-week precautionary measure.

Georgia Rep. [Marjorie Taylor Greene](#) (R) spoke out against the news from Morris Brown College, [writing on X](#), the platform formerly known as Twitter, “Americans have had enough COVID hysteria. WE WILL NOT COMPLY!”

Nationally, hospitalizations due to COVID-19 have been rising the past few weeks. Data from the Centers for Disease Control and Prevention (CDC), however, shows that hospital admission rates are still considered low in 97 percent of the U.S. . .

There is no universal threshold for when masking should be deemed appropriate, but the CDC has established some [recommendations for counties](#). Hospital admission levels have replaced the COVID-19 community levels as the key indicator for such decisions, as case surveillance largely diminished.

The CDC categorizes admission levels as green, yellow and red. If hospital admission rates in a county are classified as yellow or red — when there are 10 to more than 20 COVID-19 hospital admissions per 100,000 people — then it is recommended that people at a high risk of getting very sick wear a mask while at an indoor, public space.

When COVID-19 hospital admissions are red, this recommendation is applied to everyone, and high-risk individuals are advised to avoid public “non-essential indoor activities.”

Just 3 percent of U.S. counties are currently in the yellow category, and none are in the red.

[Mask Mandates Reemerge](#)

28. The Washington Post (free access)

August 21, 2023

Many long-covid symptoms linger even after two years, new study shows

By Amy Goldstein

People who endured even mild cases of covid-19 are at heightened risk two years later for lung problems, fatigue, diabetes, and certain other health problems typical of long covid, according to a new study that casts fresh light on the virus’s true toll.

The analysis, published Monday in the journal Nature Medicine, is believed to be the first to document the extent to which an array of aftereffects that patients can develop — as part of the sometimes debilitating syndrome known as long covid — linger beyond the initial months or year after they survived a [coronavirus](#) infection.

According to the findings, patients who suffered bouts of covid severe enough to put them in the hospital are especially vulnerable to persistent health problems

and death two years after they were first infected. But people with mild or moderate cases are not spared from the consequences when compared with those who never had covid, showing an elevated risk of two dozen medical conditions included in the analysis.

[The study](#) highlights the burden that continues to confront millions of people in the United States and the nation's health-care system even though the federal government canceled the coronavirus public health emergency three months ago and the World Health Organization has declared the pandemic no longer a public health emergency of international concern.

"A lot of people think, 'I got covid, I got over it and I'm fine,' and it's a nothingburger for them. But that's not everything," said the study's senior author, Ziyad Al-Aly, a clinical epidemiologist at Washington University School of Medicine in St. Louis. After a couple of years, "maybe you've forgotten about the SARS-CoV-2 infection ... but covid did not forget about you. It's still wreaking havoc in your body," said Al-Aly, chief of research at the Veterans Affairs St. Louis Health Care System.

Long covid remains a murky syndrome. Investigators participating in a growing body of research define it by different symptoms and different time frames, and some clinicians still do not always regard patients' complaints as a serious phenomenon. According to Al-Aly, just two other known studies have used two-year time horizons, but they focused on a narrow group of symptoms, such as effects on the nervous system.

Estimates vary of how many people go on to suffer significant aftereffects. [One analysis](#) of nearly 5 million U.S. patients who had covid, based on a collaboration between The Washington Post and electronic health records company Epic, found that about 7 percent of those patients sought care for long-covid symptoms within six months of their acute illness. At the time, about 200 million people in the United States were known to have had covid, according to federal estimates, so that percentage translated into about 15 million with symptoms typical of long covid.

The new study is based on electronic medical records from VA databases of nearly 139,000 military veterans diagnosed with covid early in the pandemic, from March 2020 through the end of that year. They were compared with a group of nearly 6 million veterans not known to be infected with covid during that time. Both groups were tracked every six months to the two-year mark, looking at whether those who had been infected had higher rates of about 80 conditions typical of long covid. The study also looked at hospitalizations and deaths.

For the relatively small share of covid survivors who had been hospitalized, they had a heightened risk two years later of death, subsequent hospitalization and two-thirds of the medical conditions included in the analysis. Among those conditions: cardiovascular issues, blood clotting trouble, diabetes, gastrointestinal problems, and kidney disorders. The survivors and the uninfected had started out in similar health, Al-Aly said, so the findings suggest the virus actually produced the heightened risk of lingering medical problems. For the bulk of covid survivors in the study with milder cases, their long-term risks were less but not entirely gone. By six months after having tested positive, they were no more likely to die than people uninfected by covid. And their elevated risk had virtually disappeared by then for two-thirds of the conditions measured in the study, though they still displayed greater odds after two years

	<p>of medical problems involving some organ systems, including cardiovascular and gastrointestinal trouble and blood clotting, along with diabetes, fatigue, and lung issues.</p> <p>Francesca Beaudoin, an emergency room physician and clinical epidemiologist who directs Brown University’s long-covid initiative, said the findings “capture what we are hearing at the narrative level from patients — that ... the systems [affected after recovery from covid’s acute phase] are varied, that it results in loss of quality of life, loss of work and school.” Beaudoin said patients send her updates, reporting they still cannot walk one block without becoming worn out. The study’s good news is that some people with milder covid cases do have fewer aftereffects over time, said Eric Topol, the director of the Scripps Research Translational Institute, who has been immersed in coronavirus research. But he said, “you don’t see a lot of optimism in these data. It’s basically a continuation of what we see at one year.”</p> <p>The Nature Medicine paper noted that the covid survivors tracked in the analysis are not entirely representative of who is most likely to develop long covid. Because the patients in the study are veterans, the group is older than typical, and 9 out of 10 are men, while women account for more than half of long-covid patients in the general population.</p> <p>Topol pointed out that because the study included only patients infected in 2020 — which allowed a two-year time span to follow them — they had the virus before coronavirus vaccines were widely available and before antiviral treatments such as Paxlovid had been developed. That also was a period before people tended to have built up immune defenses from one or more coronavirus infections.</p> <p>“The whole landscape has evolved,” Topol said. Compared with people infected later in the pandemic, those in the study were “a defenseless population.”</p> <p>Al-Aly said he and co-authors are working on a three-year analysis and plan to assess the same patients five years and a decade after they first developed covid.</p> <p>“Obviously, we can’t predict the future,” said Akiko Iwasaki, an immunologist at the Yale School of Medicine who researches long covid. But she noted that omicron — a coronavirus variant that has spawned subvariants and dominated since late 2021 — is known to cause long covid. “We would expect some sort of parallel” with the study’s findings, she said. “It’s not a different virus, even though it’s a variant.”</p> <p>Covid is not the only viral outbreak that has produced long-term aftereffects. Topol noted that people who survived the 1918 influenza pandemic had an elevated risk of developing Parkinson’s disease years later, while some people who had polio in the first half of the 20th century developed a constellation of symptoms known as post-polio syndrome decades afterward.</p> <p>The study was funded by the Department of Veterans Affairs. It was not part of a \$1.2 billion long-covid initiative of the National Institutes of Health called RECOVER, which patient advocates and some researchers wish had produced treatments in the two years since it began.</p> <p>Slightly more than 1 million people in the United States have died of covid, according to the Centers for Disease Control and Prevention. The WHO reports more than 103 million confirmed cases in this country.</p> <p>https://wapo.st/3qPX7lx</p>
Vaccinations	29. *New York Times

	<p>August 25, 2023</p> <p><i>Some Older Adults Are Being Charged Over \$300 for the New R.S.V. Vaccine</i></p> <p>By Dana G. Smith</p> <p>Lucien Dhooge, 63, likes to get his flu shot early every year before being around college students at the University of Washington Tacoma, where he teaches law and ethics. This year, he decided to get the new vaccine for respiratory syncytial virus at the same time, so he made an appointment earlier this month for both shots at his local Walgreens in Gig Harbor, Wash.</p> <p>But when he arrived at the pharmacy, he was told that the R.S.V. vaccine wasn't covered by his insurance provider, Anthem Blue Cross Blue Shield. The out-of-pocket cost? About \$330. . .</p> <p>When the Food and Drug Administration approved two R.S.V. vaccines earlier this year for adults aged 60 and up, they were heralded as a potentially lifesaving breakthrough. Every year, between 6,000 and 10,000 people in the United States over the age of 65 die from R.S.V., and 60,000 to 160,000 are hospitalized because of it. The vaccines, which are manufactured by Pfizer and GSK, are both over 80 percent effective at preventing lower respiratory symptoms, such as cough and shortness of breath, associated with an R.S.V. infection.</p> <p>But currently, some insurance plans aren't covering the cost, forcing people to pay hundreds of dollars if they want to be protected. . .</p> <p>Several common vaccines, including those for the flu and Covid-19, are included under Medicare Part B, which provides medical coverage. However, the R.S.V. vaccines, as well as a few others, including the vaccine for shingles, are covered under Medicare Part D, which pays for prescription drugs. As a result, Medicare enrollees without a Part D plan — roughly 16 million people — may have to pay for the R.S.V. vaccine out of pocket depending on their non-Medicare prescription drug coverage.</p> <p>New R.S.V. Vaccine</p>
Incarcerated Persons	<p>30. Justice in Aging</p> <p>July 10, 2023</p> <p><i>Issue Brief: Medicare Special Enrollment Period for Formerly Incarcerated Individuals: What Advocates Need to Know</i></p> <p>As the overall population ages, the prison and jail population is aging too. And, as older adults leaving incarceration reenter our communities, they need support to connect them to health care benefits and other essential programs. Justice in Aging is releasing a series of issue briefs to ensure advocates and service providers are aware of the unique challenges older adults reentering the community after incarceration face and to provide them with tools to connect their older adult clients to the safety net benefits they need. This issue brief, Medicare Special Enrollment Period for Formerly Incarcerated Individuals: What Advocates Need to Know is the first in the series, supported by AARP Public Policy Institute, on topics related to reentry. The brief provides advocates with information to connect their older adult clients with Medicare benefits, including those who are dually-eligible for Medicaid.</p> <p>Justice in Aging launched its reentry program under its Strategic Initiative to Advance Equity in Aging. Older adults reentering our communities are disproportionately older adults of color, especially Black men. The unique and significant disadvantages caused by structural racism in the criminal justice system and throughout their lives follow them outside of the prison walls, so</p>

	<p>older adults leaving incarceration are at risk of being unable to see a doctor, find housing, and meet their basic needs.</p> <p>The second issue brief in the series will discuss the reinstatement policies for Supplemental Security Income, Social Security Disability Insurance, and Social Security and will be released in early fall. Later in the year, we'll release a resource on connecting older adults reentering the community to housing, and we'll wrap up the series with a webinar. Stay tuned!</p> <p>Medicare Special Enrollment Period for Formerly Incarcerated Individuals: What Advocates Need to Know</p>
Disability Topics	<p>31. Social Security Administration August 14, 2023 <i>Social Security Administration Expedites Decisions for People with Severe Disabilities</i> Kilolo Kijakazi, Acting Commissioner of Social Security, today announced 12 new Compassionate Allowances conditions: 1p36 Deletion Syndrome, Anaplastic Ependymoma, Calciphylaxis, Cholangiocarcinoma, FOXG1 Syndrome, Leber Congenital Amaurosis, Metastatic Endometrial Adenocarcinoma, Paraneoplastic Cerebellar Degeneration, Pineoblastoma – Childhood, Primary Omental Cancer, Sarcomatoid Carcinoma of the Lung – Stages II-IV, and Trisomy 9.</p> <p>The Compassionate Allowances program quickly identifies claims where the applicant's medical condition or disease clearly meets Social Security's statutory standard for disability. Due to the severe nature of many of these conditions, these claims are often allowed based on medical confirmation of the diagnosis alone. To date, nearly 900,000 people with severe disabilities have been approved through this accelerated, policy-compliant disability process, which now includes a total of 278 conditions.</p> <p>"The Social Security Administration remains committed to reducing barriers and ensuring people who are eligible for benefits receive them," said Acting Commissioner Kijakazi. "Our Compassionate Allowances program allows us to reinforce that commitment by expediting the disability application process for people with the most severe disabilities."</p> <p>When a person applies for disability benefits, Social Security must obtain medical records in order to make an accurate determination. The agency incorporates leading technology to identify potential Compassionate Allowances cases and make quick decisions. Social Security's Health IT brings the speed and efficiency of electronic medical records to the disability determination process. With electronic records transmission, Social Security can quickly obtain a claimant's medical information, review it, and make a faster determination. For more information about the program, including a list of all Compassionate Allowances conditions, please visit www.ssa.gov/compassionateallowances. To learn more about Social Security's Health IT program, please visit www.ssa.gov/hit.</p> <p>People may apply online for disability benefits by visiting www.ssa.gov.</p> <p>32. Slate July 26, 2023 <i>The Vast Surveillance Network That Traps Thousands of Disabled Medicaid Recipients</i> By Ariana Aboulafia and Henry Claypool n Arkansas, the Guardian reported on a disabled Medicaid recipient who depleted his savings to pay for a smartphone for his Medicaid-covered</p>

caregiver—and then had to pay even more to cover caregiver wages that were withheld due to technical glitches. In Ohio, [the Mighty reported](#) on someone who placed the electronic device meant to certify his caregiver’s activities in the refrigerator when not in use because he was concerned about privacy. And throughout the U.S., other outlets have reported on disabled people who have been forced to share [photographs](#) and biometric data with third-party apps if they want to continue receiving government support to pay for their in-home care.

All of this is thanks to a program known as electronic visit verification, or EVV. EVV ostensibly aims to reduce waste, fraud, and abuse in the Medicaid system by requiring that caregivers of disabled people “prove” that the covered individual is actually receiving their approved care. Under federal law, all states must require that health and home care providers utilize some form of electronic visit verification; if they do not, they risk a reduction in funding for their Medicaid programs.

Medicaid-funded in-home care helps to make life more accessible for many Americans with disabilities and has done so for decades. However, EVV creates barriers to accessing that care, and in doing so contravenes the intent of anti-discrimination statutes like the Americans with Disabilities Act. When the ADA was signed into law on July 26, 1990, it marked a critical turning point in the modern disability rights movement. The ADA had the noble intention of eliminating discrimination against people with disabilities, partially by providing for accessibility in all arenas of American life. But 33 years later, the law has been unable to entirely fulfill its ideals—and in many cases, the rapid proliferation of technology can serve as a barrier, not only to the mission of advancing accessibility, but also to reducing discrimination against disabled people more generally. Electronic visit verification illustrates what discrimination can look like for people with disabilities in a digital age and serves as a reminder that successfully combating disability discrimination requires looking beyond accessibility.

Technology can intersect with disability in unique and devastating ways. For example, algorithmic bias—which shows up in employment via the use of [algorithm-driven hiring tools](#) and tests—can [harm people with disabilities](#) by unfairly screening them out of jobs. Because a significant amount of their health-related data may be stored on devices or apps, disabled people are also especially at risk when it comes to issues of data privacy—which have become even more important [in the wake of the 2022 Dobbs decision](#). The use of surveillance technology in schools, like student activity-monitoring software and [student threat assessment software](#), can lead to adverse consequences for disabled students, including a [disproportionate chilling effect](#) on speech both in and outside of school. As is the case with electronic visit verification, many of these concerns—data privacy, surveillance, and personal privacy—often manifest simultaneously, thus amplifying their effects. . .

While EVV was initially required as an alleged attempt to prevent public benefits fraud, whatever preventative benefit it may provide (most of which seems, at this point, to still be largely speculative) is largely outweighed by its detriments. On the financial front, [according to the Guardian](#), the state of Arkansas secured only three convictions for personal care-services fraud in 2020, recovering a total of \$1,930; as of mid-2021, EVV had cost the state \$5.7 million to implement. Outside of this, EVV creates a system in which disabled people who

	<p>require Medicaid-funded in-home services are frequently surveilled by the government; their photographs or location data are uploaded to apps via their caregivers' personal devices; the services they need and are entitled to are disrupted; and their independence, freedom to leave their homes, and legally protected right to participate fully in their communities is hindered. Disabled travel blogger and professional editor Karin Willison has written that "Electronic visit verification is the equivalent of putting an ankle monitor on people with disabilities and telling us where we can and can't go. It turns having a disability into a crime."</p> <p>Vast Surveillance Network</p>
Aging Topics	<p>33. Nice News August 26, 2023 <i>"Our Jaws Dropped": The Small Protein Restoring Youth to Older Brains</i> By Rebekah Brandes Scientists have identified the common denominator behind three different processes that all boost brain function. Injections of the anti-aging hormone klotho, infusions of young blood, and exercise have each been shown to promote cognitive rejuvenation in older mice, but until now, researchers didn't know precisely why. On August 16, three teams — two from the University of California, San Francisco, and one from the University of Queensland in Australia — published studies naming a small protein called platelet factor 4 (PF4) as the powerhouse behind the processes. . . . "When we realized we had independently and serendipitously found the same thing, our jaws dropped," explained Dr. Dena Dubal, study lead for the research into klotho. "The fact that three separate interventions converged on PF4 truly highlights the validity and reproducibility of this biology." Our Jaws Dropped</p> <p>34. *The Wall Street Journal August 26, 2023 <i>How We Age—and How Scientists Are Working to Turn Back the Clock</i> By Dominique Mosbergen Scientists obsessed with aging are sketching a road map of how our bodies change as we grow old in the hopes that it will lead to treatments that could help us live longer, healthier lives. They call this road map the "hallmarks of aging"—a set of biological features and mechanisms linked to our inexorable march toward death. Over the past decade, the hallmarks have helped guide the development of drugs that clear away cells that have stopped dividing and gene therapies that appear to restore cells to a more youthful state. Scientists in Europe codified nine hallmarks in a 2013 paper in the journal Cell that is widely cited in the aging field. They include: shortening of telomeres (DNA segments at the ends of chromosomes); cell senescence when cells stop dividing; and breakdowns in how cells regulate nutrients. The hallmarks appear to manifest with age and accelerate aging when enhanced. They are interconnected in ways researchers are trying to understand. Some believe this could unlock insights into why we age. Scientists are getting closer to solving mysteries that have long vexed thinkers. Gilgamesh, the titular character of an epic poem etched some 4,000 years ago on clay tablets, was obsessed with overcoming mortality. Chinese Emperor Qin Shi-Huang, who died in 210 B.C., drank mercury hoping to cheat death.</p>

“Aging has excited the imagination throughout the history of humankind,” said Carlos Lopez-Otin, a biochemist at the University of Oviedo in Spain who co-wrote the hallmarks paper, “But it’s only recently that it has been subjected to profound scientific scrutiny.”

One hallmark attracting attention is changes in the epigenome, which consists of chemical compounds and proteins that can attach to DNA and regulate whether genes are turned on or off. Some researchers think an accumulation of errors in the epigenome drives aging and that removing the errors by “reprogramming” cells could lengthen life.

Shinya Yamanaka, a Japanese stem-cell researcher, shared [a Nobel Prize in 2012](#) for discovering proteins that reprogram a cell’s epigenome to its embryonic state.

Scientists have used the proteins to extend the lifespan of mice and reverse blindness in mice and monkeys. Biotechnology companies [such as Altos Labs](#), which Yamanaka advises, Retro Biosciences and Calico Life Sciences, part of Google parent [Alphabet](#), are probing whether cellular reprogramming could extend lifespans or improve health.

Dorian Therapeutics and Senolytic Therapeutics are developing drugs that eradicate or prevent the formation of senescent cells, another hallmark, to see if that slows aging and [mitigates age-related diseases](#).

Other scientists are experimenting with drugs targeting a hallmark called nutrient-sensing pathways: sensors that cells use to recognize fuel sources such as sugars and proteins. The sensors become less effective with age and their deterioration has been [linked to myriad health problems](#) including metabolic disorders and cancer.

Nutrient-sensing pathways are affected by restricted diets, which research shows [can bolster longevity](#). Diets that significantly cut calories increase lifespans and improve health, studies have shown. One theory is that calorie restriction stresses cells and increases their resilience.

Drugs including rapamycin that [appear to mimic the effects of calorie restriction](#) have increased life expectancy in mice. Rapamycin, which blocks a type of nutrient sensor, is typically taken by organ-transplant recipients to suppress the immune response.

The Dog Aging Project, headquartered at the University of Washington, is testing whether rapamycin can extend lifespan in pet dogs. AgelessRx and researchers at Columbia University are among the groups helping to develop clinical trials to test rapamycin’s antiaging potential in people.

A popular theory that emerged in the past century held that telomeres, another hallmark, could offer a silver-bullet solution to aging. Researchers who discovered the molecular nature of telomeres and telomerase, an enzyme that can maintain or extend their lengths, [won a Nobel Prize in 2009](#).

Telomeres shorten as people age, and shorter telomeres appear to be associated with disease, studies show. But it isn’t clear that extending telomeres would lengthen life. Activating telomerase can allow cancer cells to replicate unchecked. People who have unusually long telomeres have an increased risk of developing tumors and a blood disorder, according to a study [published in May](#) in the New England Journal of Medicine.

Still, some researchers and companies including Telomere Therapeutics and Geron are manipulating telomeres in efforts to treat cancers and other age-related disorders.

“It’s like Dr. Jekyll and Mr. Hyde: We want to stop telomerase in cancer cells...but elongating telomeres safely could be useful for a variety of age-related conditions,” said Jerry Shay, a molecular biologist at the University of Texas Southwestern Medical Center in Dallas and co-founder of Telos Biotech, which is lengthening telomeres to try to improve immune function in cancer patients. Researchers of aging said the hallmarks have helped shape a shared vision for the field. But while they describe some of what happens during aging, they don’t explain why these changes occur, said David Gems, a geneticist at University College London.

They fall short of what philosopher Thomas Kuhn [defined in the 1960s as a paradigm](#): shared values and ideas that explain a scientific phenomenon. “You can’t have a field without a paradigm,” Gems said.

The group behind the original hallmarks of aging suggested three more earlier this year based on subsequent research: chronic inflammation; [imbalance in the microbiome](#), the community of microorganisms that live inside people; and defects in autophagy, a cell’s ability to recycle damaged parts of itself.

More hallmarks will likely emerge and others will be discarded or combined as research advances, said Danish geneticist Lene Juel Rasmussen, [who suggested a few others](#) with colleagues last year.

“The hallmarks are dynamic,” Rasmussen said.

Nine Hallmarks of Aging

Here are some of the key biological changes identified by researchers that appear to happen with age

Genomic instability: As DNA damage builds up over time, mutations accumulate in the genome

Telomere attrition: Telomeres, protective structures at the ends of chromosomes, have been found to shorten

Epigenetic alterations: Processes that regulate whether genes are turned on or off can change over time

Loss of proteostasis: Machinery in cells that controls protein synthesis, maintenance and cleanup becomes impaired

Deregulated nutrient-sensing: Sensors that cells use to regulate fuel sources such as glucose become less effective

Mitochondrial dysfunction: Mitochondria, the power plants of cells, can become damaged and dysfunctional

Cellular senescence: Cells that stop dividing but don’t die accumulate as people age

Stem-cell exhaustion: Stem cells, which can develop into many cell types and serve as bodily repair systems, lose their regenerative power and other functions

Altered intercellular communication: Cells can lose the ability to properly communicate with each other

[How We Age](#)

35. *Washington Post

August 21, 2023

Adopting 8 therapeutic habits can add decades to your life, study says

By Linda Searing

New research points to eight healthy lifestyle habits that could add years to your life.

In a [study](#) presented at the annual meeting of the American Society for

	<p>Nutrition, researchers found that men who had adopted all eight habits by middle age lived 24 years longer than men whose lifestyle included few or none of the habits. Women’s life expectancy increased by 23 years for those who had adopted the eight habits compared with women who had not.</p> <p>The study was based on data from nearly 720,000 U.S. veterans 40 and older, which is considered a nationally representative sample. Described by the researchers as “therapeutic lifestyle factors,” the eight key habits were:</p> <ul style="list-style-type: none"> • Not smoking. • Being physically active. • Managing stress. • Eating a healthy diet. • Having good sleep hygiene. • Avoiding binge drinking. • Not being addicted to opioids. • Having positive social relationships. <p>Overall, people who adopted all eight were 13 percent less likely to die for any reason during the study period of about eight years, researchers said, and the mortality rate for participants declined as the number of healthy habits they followed increased.</p> <p>The greatest mortality risk was linked to smoking, low physical activity, and opioid use. The researchers categorized adopting healthy behaviors such as the eight habits as “lifestyle medicine,” which focuses on addressing “the underlying causes of chronic diseases rather than their symptoms.”</p> <p>8 Therapeutic Habits</p>
Ageism	<p>36. Newsweek August 24, 2023 <i>Tears As Elderly Dog, 21, Abandoned at Shelter by Owner for Being 'Too Old'</i> By Jack Beresford</p> <p>There was heartbreak at an animal shelter in Ireland after a 21-year-old dog was surrendered having been deemed "too old" to take care of by her former owner. Holly the Labrador mix was brought in to Carrick Dog Shelter in County Monaghan earlier this month by a Monaghan County Council dog warden. "She had been surrendered to him by her owners, presumably to be euthanized," Helen Hewett, the manager of Carrick Dog Shelter, told <i>Newsweek</i>. "The warden had been advised that the dog was 21 years old, housed outside on a chain and that the owners could no longer care for the dog."</p> <p>Hewett and the rest of the staff at the shelter quickly discovered that Holly still had plenty of life left in her. "Despite hearing and sight issues (age related) the dog had a healthy appetite for food and human company and had a lovely friendly temperament," she said. "On assessment we realized that this dog could still have a good quality of life in the right environment and placed her details on our Facebook page to help find her a placement."</p> <p>In the U.S, older dogs are significantly less likely to be adopted from animal shelters than young ones. According to Pet Pardon, an organization campaigning to bring an end to the use of kill shelters, it's estimated that older dogs spend as much as four times longer in shelters than younger ones.</p> <p>However, over in County Monaghan, staff at Carrick Dog Shelter were determined to ensure Holly did not fall foul of that particular statistic, so turned to social media for help. Writing in a post shared to the shelter's Facebook account, they explained how she had been dumped by her owner "for being too</p>

old" adding that "sometimes it's very hard to have faith in the human race." That faith was quickly restored by the response to the post, with animal lovers flocking to offer help to Holly. "The response to the plea was overwhelming with many people offering her a retirement home as well as some animal rescue centers," Hewett said.

In the end, they accepted an offer from Almost Home Animal Rescue, an established animal welfare charity in Northern Ireland that works to rescue, rehabilitate, and rehome companion animals and other small animals.

"They offered a space in their specialized dog retirement village," Hewett said. "We opted for this offer as we knew that a full vet assessment and continuing veterinary care would be provided along with all the other support required."

Hewett is delighted with how things turned out for Holly, given the heartbreaking circumstances in which she arrived at the shelter.

"Despite being initially shocked that such an old dog was surrendered to the pound by her owners, the outcome for Holly has now been the best ever we could have wished for," she said.

She paid tribute to the work of everyone connected with Carrick Dog Shelter, which was first established in 1995. Since then, working under Monaghan County Council, staff, volunteers, and supporters across social media have been doing everything in their power to share the plight of the dogs that end up in their care, in the hopes of rehoming as many as possible.

"The results have been phenomenal with the 'kill rate' hugely reduced," Hewett said. "Monaghan now has one of the lowest pound kill rates in the country."

Holly, in the meantime, is settling into her new home. A Facebook update from Almost Home Animal Rescue NI confirmed: "After a long and no doubt confusing journey from Monaghan, [Holly] was settled in with her new friends. Despite the disruption in her life, this sweet girl's tail hasn't stopped wagging. Who knows how much longer [Holly] has but one thing we can promise is that for whatever time she has, she will be truly loved and cared for...Welcome to the family."

[Elderly Dog](#)

37. *Washington Post

August 17, 2023

Negative thoughts about aging can be harmful. Here's how to reduce them.

By Emily Laber-Warren

Age bias doesn't show up only as discrimination or snarky birthday cards. One potent source of ageism comes from older people themselves. . .

Age bias doesn't show up only as blatant discrimination ("We want someone younger for that job.") or snarky birthday cards. One of the most potent sources of ageism comes from older people themselves, and like [other forms of ageism](#), the self-inflicted kind is associated with lower levels of emotional and physical health and can slash years off people's lives.

People, however, can shift these negative feelings to improve their well-being. When older people are reminded of the many positive things about aging, they can experience immediate benefits such as becoming stronger and having more will to live, said [Becca Levy](#), a professor of epidemiology and psychology at the Yale School of Public Health who is a leading expert on the health effects of ageism.

"Age beliefs are not set in stone," said Levy, author of "[Breaking the Age Code: How Your Beliefs About Aging Determine How Long & Well You Live](#)." "They're malleable. That's a really key piece."

What is internalized ageism?

Internalized ageism is the negative voice in a person’s head that may push them to take extreme measures to look younger ([Madonna’s radical facelift](#)) or tell themselves they’re having a “senior moment” every time they forget a name. These attitudes are nearly universal: Over 80 percent of people between ages 50 and 80 subscribe to ageist stereotypes, according to a [study](#) led by [Julie Ober Allen](#), assistant professor of health and exercise science at the University of Oklahoma.

The irony is that in reality, the vast [majority of older people feel in good health](#) and are [satisfied with their lives](#). But you’d never know that from how older people are portrayed in advertising and entertainment — forgetful, cranky, and frail. . .

“The extent of older persons actually believing themselves to be inferior from others because of their age is staggering,” said [Marvin Formosa](#), associate professor of gerontology at the University of Malta.

People deny their age, even to themselves, he said, and the fast-growing anti-aging industry caters to those impulses. Americans spent \$5.4 billion in 2022 on anti-aging skin products, according to market research from Euromonitor International.

Age bias doesn’t just sell anti-wrinkle creams. It affects how people think, feel and act.

In her research, Levy exposes older people subliminally to charged words about aging — positive stereotypes such as wise and accomplished, or negative ones such as senile and dependent — while they are playing a computer game. Before and after the game, her team asks participants to complete tasks such as reproducing from memory a dot pattern they’d previously viewed, talking about a stressful event, walking a short distance, and balancing. . .

In another study, she found that people who had internalized more positive age beliefs lived, on average, [7.5 years longer](#). Research by other teams has confirmed [her findings](#).

Levy’s hypothesis, based on her research, is that internalized ageism worsens health through three mechanisms.

- When you think decline is inevitable, you’re less motivated to take your medicine, eat well and exercise.
- Feeling bad about getting old can lower self-confidence, which can make people withdraw (one recent study, for example, found that internalized ageism [made people want to retire early](#)).
- Negative emotions about aging can raise people’s biological stress levels, putting them at risk for heart disease and stroke.

How to reduce internalized ageism

Changing habits is also key to Levy’s three-part strategy to reduce internalized ageism.

- **Recognize ageism.** “If we’re not aware of some of that messaging, then it’s hard to resist it and question it and not take it in,” Levy said.
- **Shift the blame from age to ageism.** A doctor told Janine Vanderburg, of North Fork Valley, Colo., that her knee hurt because she was getting older. Vanderburg, 70, thought, “Then why does my other knee feel fine? It’s the same age.” She insisted on an MRI; “I had to push for that.”
- **Challenge anti-aging messages** in advertising, politics, everyday conversations — and your own thoughts.

<p>Emergency Preparedness / Extreme Heat</p>	<p style="text-align: center;">Negative Thoughts about Aging</p> <p>38. The Guardian August 26, 2023 <i>After America’s summer of extreme weather, ‘next year may well be worse’</i> By Oliver Milman</p> <p>It’s been a strange, cruel summer in the United States. From the dystopian orange skies above New York to the deadly immolation of a historic coastal town in Hawaii, the waning summer has been a stark demonstration of the escalating climate crisis – with experts warning that worse is to come.</p> <p>A relentless barrage of extreme weather events, fueled by human-caused global heating, has swept the North American continent this summer, routinely placing a third of the US population under warnings of severe heat and unleashing floods, fire and smoke upon communities, with a record 15 separate disasters causing at least \$1bn in damages so far this year. . .</p> <p>“It’s been a shocking summer,” said Daniel Swain, a climate scientist at UCLA. “We know most of this is happening because of long-term warming of the climate system so it’s not surprising, sadly, but you still get shocked by these extremes. Records are not just being broken; they are being shattered by wide margins.” . . .</p> <p>The repeated climate-driven disasters have started to tear at the fabric of American life this year, with state and federal authorities scrambling to deal with displaced people and major insurers deciding to pull out of California and parts of Florida due to the mounting costs of covering homes menaced by fire and floods. . .</p> <p>“This year is shocking and next year may well be worse. This summer will be among the cooler summers this century, it will feel like a remarkably cool summer 30 years from now even though it feels so extreme now. It is quite amazing, in fact it’s mind-blowing when you think about that.”</p> <p>Next year may be worse</p> <p>39. Center for American Progress June 27, 2023 <i>The Health Care Costs of Extreme Heat</i> By Steven Woolf, Joseph Morina, Evan French, Adam Funk, Roy Sabo, Stephen Fong, Jeremy Hoffman, Derek Chapman, and Alex Krist</p> <p>Daily climate and health care utilization data from Virginia illuminate the health care costs of extreme heat, which amount to approximately \$1 billion every summer when extrapolated nationally.</p> <p>Introduction and summary</p> <p>Hot summer days have always posed a risk of health complications, but climate change is causing an increase in prolonged periods of extreme heat. With this has come a rise in incidences of heat-related illness, as more Americans experience health complications and need to seek medical care. The resulting increases in visits to physicians, visits to emergency departments, and admissions to hospitals will inflate U.S. health care costs.</p> <p>To better understand the health impacts of extreme heat, the authors of this report used available data from Virginia to derive estimates of the increase in health care utilization—including emergency department visits and hospital by admissions—and health care costs associated with extreme heat. Daily climate data collected from 15 weather stations that serve the state of Virginia show that during the five summers of 2016–2020, an average of 80 heat event days</p>
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occurred per summer.¹

Based on insurance claims data from Virginia’s all-payer claims database,² the authors estimate that each summer, heat events resulted in:

- Almost 400 additional ambulatory—or outpatient—care visits for heat-related illness
- Almost 7,000 additional emergency department visits, including more than 4,600 visits for heat-related or heat-adjacent illness
- Almost 2,000 additional heat-related hospital admissions, mostly for heat-adjacent illness

Extrapolated nationally, heat event days would be responsible for almost 235,000 emergency department visits and more than 56,000 hospital admissions for heat-related or heat-adjacent illness, adding approximately \$1 billion in health care costs each summer.

The growing threat of extreme heat requires all levels of government and the private sector to confront the fundamental crisis of climate change by taking action to reduce greenhouse gas emissions and to pursue policies that mitigate the effects of extreme heat and the emergencies it creates. These efforts are necessary across the United States, but especially in low-income neighborhoods, communities of color, and other settings where vulnerability to severe weather and climate change is greatest. This report makes the following policy recommendations to systematically address the challenges of extreme heat:

1. **Reduce greenhouse gas emissions to slow climate change and rising temperature.** Extreme heat and heat waves will increase unless governments and the private sector take decisive action to address climate change by shifting from fossil fuel use to clean renewable energy.
2. **Establish and strengthen federal, state, and local governmental responsibilities for extreme heat protections.** Public officials should adopt a whole-of-government approach to extreme heat—and climate change broadly—to facilitate coordinated, cross-sector action.
3. **Improve data surveillance and prediction capabilities.** Jurisdictions require more detailed and timely data, as well as improved modeling methods, to adequately track and predict heat events and their effects on public health.
4. **Raise public awareness about the risks of extreme heat and protective measures.** Long before—and during—heat emergencies, the public should receive clear, timely information about the dangers of extreme heat and how to avoid becoming ill.
5. **Increase community resilience to extreme heat.** Communities should increase tree canopy and take other steps to limit public exposure to extreme heat, as well as prepare comprehensive action plans to deal with heat emergencies in real time.
6. **Strengthen health care services and early detection of heat-related illness.** The public should receive information on the warning signs of, and have access to care for, heat-related illness, while health care systems should train providers on treatment guidelines as well as strengthen infrastructure to maintain services during heat waves and power outages.

Conclusion

In the United States and around the world, extreme heat is becoming increasingly common and more dangerous. The acute damage produced by extreme heat events and the ripple effects of chronic heat exposure have broad implications, among them an increase in heat-related illnesses and

	<p>heightened demand for health care services. The research reviewed in this report estimates that visits to emergency departments and hospital admissions during heat event days are costing the nation approximately \$1 billion every summer. The human and economic costs of these trends are likely to climb unless immediate and bold actions are taken to shift away from fossil fuel use to clean energy sources, curbing rising temperatures in the long term, and to mitigate the damage of heat events in the short term. Similar concerns apply to planning for extreme cold during winter months, the increasing frequency and intensity of extreme weather events such as flooding and wildfires, and other climate change threats. The price of inaction is costly, dangerous, and unsustainable.</p> <p>Health Care Costs of Extreme Heat</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	<p>Disability Voting Rights Week https://www.aapd.com/disability-voting-rights-week/</p> <p>There are over 38 million people with disabilities who are eligible to vote, but access barriers keep many disabled voters from accessing their right to vote. Disability Voting Rights Week is all about protecting the rights of people with disabilities to participate fully in our democracy. Disability Voting Rights used to be called “National Disability Voter Registration Week” and is hosted by the American Association of People with Disabilities’ REV UP Voting Campaign.</p> <p>Trust For America’s Health (TFAH) https://afphs.org</p> <p>Trust For America’s Health (TFAH), a non-profit, nonpartisan policy, research, and advocacy organization, leads the national age-friendly public health systems (AFPHS) movement with support from The John A. Hartford Foundation to promote the health and well-being of the nation’s older adults as a public health priority.</p>
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i></p> <p>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>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i></p> <p>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</p>

	<p><u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022</u></p> <p><u>Ascentria Care Alliance – Laurel Ridge</u></p> <p><u>Ascentria Care Alliance – Lutheran Housing</u></p> <p><u>Ascentria Care Alliance – Quaboag</u></p> <p><u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u></p> <p><u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u></p> <p><u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u></p> <p><u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u></p> <p><u>Next Step Healthcare LLC-Conservation Long Term Care Project</u></p> <p><u>Royal Falmouth – Conservation Long Term Care</u></p> <p><u>Royal Norwell – Long Term Care Conservation</u></p> <p><u>Wellman Healthcare Group, Inc</u></p> <p>2020</p> <p><u>Advocate Healthcare, LLC Amendment</u></p> <p><u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u></p> <p><u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u></p> <p><u>Notre Dame Health Care Center, Inc. – LTC Conservation</u></p> <p>2020</p> <p><u>Advocate Healthcare of East Boston, LLC.</u></p> <p><u>Belmont Manor Nursing Home, Inc.</u></p>
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<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services</p> <p><i>List of Special Focus Facilities and Candidates</i></p> <p><u>https://tinyurl.com/SpecialFocusFacilityProgram</u></p> <p>Updated March 29, 2023</p> <p>CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council
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meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.

- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

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

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

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

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

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318</p> <ul style="list-style-type: none"> • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none"> • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488</p> <ul style="list-style-type: none"> • Vantage at Wilbraham (5) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295</p> <ul style="list-style-type: none"> • Vantage at South Hadley (12) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram</p>																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p>Nursing Home Compare</p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</p>																								

	<p>This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>		
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
Participation opportunities with Dignity Alliance Massachusetts	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com

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

