



The Dignity Digest

Issue # 158

October 17, 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.**

Quotes

Excessive heat erodes human health in a staggeringly wide array of ways.

[As heat-related deaths rise, a new program puts community clinics on the front lines](#), **Grist**, October 10, 2023

But in a moment like this, age, experience, and a willingness to speak uncomfortable truths are vital strengths, both practically and politically. Biden is a wise old man who has seen a lot of things. He can and does speak plainly, even when it would be narrowly more politic not to.

[Now Is the Moment for Biden’s Age to Be an Asset](#), (**New York Times** (free access), October 13, 2023)

Experts and advocates estimate that there are at least 3,000 such so-called unbefriended people. Massachusetts, unlike many other states, has no statewide public guardianship program and no funding for guardians of indigent, incapacitated, unbefriended people.

Wynn Gerhard, Guardianship Policy Institute (also a member of DignityMA), *Lawmakers seek a way to boost the role of guardians*, [Hospital backups are bad for our health. Something must be done.](#) ***The Boston Globe**, October 14, 2023

“These two things can exist at one time. You can have a lot of nurses, but really at the intersection of care that’s delivered to the public, you could have a shortage because those institutions are not hiring enough of them.”

Linda Aiken, the founding director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, [Is there a nursing shortage in the United States? Depends on who you ask](#), **STAT News**, October 16, 2023

There are 1 million more registered nurses than are

currently employed as nurses; the number of candidates who are passing the nurse licensure exam for the first time is [continually growing](#); and the registered nurse workforce is growing — but just [in settings other than acute care](#), such as insurance or ambulatory care. (The NNU published its memo in May 2023, when the tally of registered nurses was 4,604,199; when STAT [checked this month](#), that number had grown by more than 100,000 to 4,708,451.)

[Statement](#) of National Nurses United decrying the use of the term “nurse shortage,” [Is there a nursing shortage in the United States? Depends on who you ask](#), STAT News, October 16, 2023

Even before the pandemic, millions of older adults in the US struggled to pay for housing, causing them to spend less on food, healthcare, and other necessities. The pandemic exacerbated these issues: not only did its economic fallout affect older adults, but it shuttered important community resources and strained the care workforce. As a result, inequalities among older adults—some of them rooted in structural discrimination in housing and public policy—deepened.

[Advancing Housing and Health Equity for Older Adults: Pandemic Innovations and Policy Ideas](#), Joint Center for Housing Studies of Harvard University, October 6, 2022

“When more than 75% of nursing homes in a county were unionized, the facility-level presence of a union was associated with a 9.0 percentage point decrease in staff turnover.”

Adam Dean, PhD; Jamie McCallum, PhD; and Atheendar Venkataramani, MD, PhD; et al., [Unionization may decrease staffing turnover in nursing homes: study](#), McKnight’s Senior Living, October 16, 2023

These care settings are not just congregate care facilities for vulnerable, older adults but a dynamic, complex health care setting delivering a unique set of services with medical, social, and psychological needs balanced among residents, families, and staff. Nursing homes have been at

	<p><i>the center of the COVID-19 pandemic since February 2020.</i> Nursing Home Staff Turnover and the Whole-of-Person Framework for Staff Retention , JAMA Network Open, October 13, 2023</p> <p><i>Exploring policies that promote a community approach to recruitment and retention and build an organic sense of belonging-in-place may be key for legislators and health care policy experts trying to solve the problem of US nursing home staff turnover.</i> Nursing Home Staff Turnover and the Whole-of-Person Framework for Staff Retention , JAMA Network Open, October 13, 2023</p> <p><i>“Given the recently announced federal minimum staffing mandates, there is a lot of policy focus at the moment on boosting the number of staff hours per resident day. But our results suggest that we should also be giving similar weight to finding ways to retain staff and reduce turnover in an effort to improve nursing home quality.”</i> Brian McGarry, PhD, of the Division of Geriatrics and Aging, in the Department of Medicine at the University of Rochester, Researchers say retention needs more attention as feds push to increase nursing home staffing levels, McKnight’s Senior Living, October 9, 2023</p>
<p>Action Alert Responses due by October 31, 2023</p>	<p>1. Massachusetts Department of Public Health <i>Community Health Equity Survey</i> The Department of Public Health created the Community Health Equity Survey (CHES) survey to collect information directly from key stakeholders and community members that will be used to help communities improve conditions that impact health, particularly those most impacted by health inequities. The survey was developed in collaboration with DPH partners, community members and organizations across Massachusetts, and it reflects what residents want to know about how their communities experience housing, mental health, safety, and other drivers of health. DPH will use survey data to allocate funding, improve programming, and develop policies that address health inequities. Survey</p>
<p>Public hearing notice</p>	<p>2. Executive Office of Health and Human Services Friday, October 20, 2023, at 1:00 p.m. <i>101 CMR 206.00: Standard Payments to Nursing Facilities</i> Notice of public hearing PDF Word Emergency adoption PDF Word This hearing will be conducted remotely. To join the hearing online, go directly to EHS Public Hearings Meeting Room. Alternatively, go to https://zoom.us/join and enter meeting ID 935 397 8200 and passcode 800606. To join the hearing by</p>

	<p>phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted. You can view an unofficial live written recording of the hearing in progress provided by the Communication Access Realtime Transcription (CART) service at the following link: https://www.streamtext.net/player?event=EOHHS. Interested parties may submit written comments by email or regular mail, as instructed in the Notice of Public Hearing. In addition, EOHHS will publish the staff testimony on the regulation web page for 101 CMR 206.00.</p> <p>Register to testify at this hearing</p> <p>Deadline to submit comments: 5:00 p.m. on Friday, October 20, 2023</p>
<p>Opportunities to Comment</p>	<p>3. Staffing standards in long-term care facilities:</p> <p>September 1, the Department of Health and Human Services (HHS) through the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule to establish minimum staffing standards for long-term care facilities. Under the proposal, nursing homes that participate in Medicare and Medicaid would have to provide residents with a minimum of 0.55 hours of care from a registered nurse per resident per day, and 2.45 hours of care from a nurse aid per resident per day. In addition, nursing homes would be required to ensure a registered nurse is on site 24 hours per day and 7 days a week. This proposal was informed by the 2022 Nursing Home Staffing Study. EJC released a statement on the proposed rule that can be read here.</p> <p>There will be a 60-day comment period for the notice of proposed rulemaking, and comments must be submitted to the Federal Register no later than November 6, 2023. For more information on how to submit comments or to review the entire rule, visit the Federal Register.</p>
<p>Dignity Alliance Study Sessions</p> <p><i>Live one-hour sessions with key individuals or specific topics. Open to all via Zoom. Sessions will be recorded and posted on DignityMA website.</i></p>	<p>4. PACE Program 101 and More</p> <p>Presenter: Candace Kuebel, LCSW, MSW, MBA, Executive Director, MassPACE Association</p> <p>Wednesday, October 18, 2023, 10:00 a.m.</p> <p>Zoom link: https://us02web.zoom.us/j/81798483893?pwd=cWZXdIzVWG12WGMva2VUSUUrBDQxUT09</p> <p>Meeting ID: 817 9848 3893 Passcode: 334338 One tap mobile: +13052241968,,81798483893#,,,,*334338# US Telephone: +1 305 224 1968 US</p> <p>5. ReFraming Aging</p> <p>Presenter: Melissa Donegan, LSW, Director, Healthy Living Center of Excellence, AgeSpan</p> <p>Wednesday, November 8, 2023, 10:00 a.m.</p> <p>Join Zoom Meeting https://us02web.zoom.us/j/85666698185?pwd=QUp0RHR3OENJQTZNS1RSeVlxa01mZz09</p> <p>Meeting ID: 856 6669 8185 Passcode: 394342 One tap mobile: +13052241968,,85666698185#,,,,*394342# US Telephone: +1 305 224 1968 US</p> <p>6. Conversation with Dr. Lisa Iezzoni, Mass Dept of Transportation Board Member</p> <p>Wednesday, January 10, 2024, 2:00 p.m.</p>

<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes <u>House lawmakers threaten to subpoena ex-NY Gov. Cuomo for COVID nursing</u> (Gothamist, October 14, 2023)</p> <p>Housing <u>Accessory Dwelling Units: Lessons from Around the Country</u> (Joint Center for Housing Studies of Harvard University, October 13, 2023) <u>Advancing Housing and Health Equity for Older Adults: Pandemic Innovations and Policy Ideas</u> (Joint Center for Housing Studies of Harvard University, October 6, 2022)</p> <p>Homelessness <u>Will the Supreme Court Make Life Worse for America's Homeless?</u> (The New Republic, October 13, 2023)</p> <p>Guardianship / Conservatorship <u>Hospital backups are bad for our health. Something must be done.</u> (*The Boston Globe, October 14, 2023)</p> <p>Workforce <u>Unionization may decrease staffing turnover in nursing homes: study</u> (McKnight's Senior Living, October 16, 2023) <u>Is there a nursing shortage in the United States? Depends on who you ask</u> (STAT News, October 16, 2023) <u>Labor Unions and Staff Turnover in US Nursing Homes</u> (JAMA Network Open, October 13, 2023) <u>Nursing Home Staff Turnover and the Whole-of-Person Framework for Staff Retention</u> (JAMA Network Open, October 13, 2023) <u>Researchers say retention needs more attention as feds push to increase nursing home staffing levels</u> (McKnight's Senior Living, October 9, 2023)</p> <p>Medicaid <u>MassHealth Redetermination Update</u> (Massachusetts Executive Office of Elder Affairs, October 6, 2023)</p> <p>Disability Topics <u>For People with Disabilities, Technology Needs to Do More</u> (*New York Times, September 19, 2023)</p> <p>Covid / Long Covid <u>COVID-19 Cases Are on the Rise: Order Your Free Test-at-Home Kits Today</u> (CNET, October 14, 2023)</p> <p>Ageism <u>Now Is the Moment for Biden's Age to Be an Asset</u> (New York Times (free access) October 13, 2023)</p> <p>Heat Emergency / Disaster Preparation <u>As heat-related deaths rise, a new program puts community clinics on the front lines</u> (Grist, October 10, 2023)</p> <p>Health Equity <u>How the Private Sector Can Address Health Equity</u> (Health Affairs (podcast), October 11, 2023)</p> <p>From Our National Colleagues <u>New Issue of the Resident Advocate</u> (The Consumer Voice, Fall 2023)</p>
<p>Webinars and Other Online Sessions</p>	<p>1. Massachusetts Gerontology Association Wednesday, October 18, 2023, 12:00 to 1:00 p.m. Annual Meeting <i>Featured panel discussion: Surprising Opportunities at Councils on Aging</i></p>

Program Agenda

- Panel discussion
- Networking with colleagues
- MGA business meeting (with current and perspective members)

Panelists:

- Patty Sullivan, Program Director, Dementia Friendly MA, MCOA
- Emily Kuhl, Case Manager, Senior Services, City of Newton
- Emily Williams, Director, Bridgewater Council on Aging

[2023 MGA Fall Presentation Registration Link](#)

2. Department of Public Health and Health Resources in Action (HRiA)

Wednesday, October 18, 2023, 1:00 to 2:00 p.m.

Join DPH and Health Resources in Action (HRiA) to learn more about the CHE survey.

The [Community Health Equity Survey](#) (CHES) 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). The information collected will help DPH and community partners determine how best to allocate funding, improve programming, and develop policies to address health inequities.

During the last webinar before the survey closes on October 31st, 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.

[Register here](#)

[Take the survey here](#)

3. U.S. Access Board

Wednesday, October 25, 2023, 1:30 to 3:00 p.m.

U.S. Access Board Meeting and Webcast

All are welcome to attend the next meeting of the U.S. Access Board, which will be open to the public and take place virtually on **October 25 from 1:30 – 3:00 p.m. (ET)**. The agenda for the meeting includes brief reports from standing and ad hoc Board committees and the Executive Director, federal agency updates, and a guest presentation by Dr. Bonnielin Swenor, Director of the Johns Hopkins Disability Health Research Center. Dr. Swenor will discuss data-driven approaches to improving access and accessibility for people with disabilities, provide examples from the Disability Health Research Center, including data dashboards, and review data gaps and opportunities.

Members of the public may attend the meeting through the [Zoom.gov platform](#) or by phone (listen-only mode).

Agenda

- Introductory Remarks; Roll Call; Approval of March 2023 draft meeting minutes (vote)
- Executive Director's Report
- Guest Presentation: "Using Data to Promote Access and Accessibility" by Bonnielin Swenor, Ph.D., MPH
- Standing Committee Reports
- Ad Hoc and Special Committee Reports

	<ul style="list-style-type: none"> • Federal Agency Updates • New Business • Adjourn <p>For further information, contact Rose Marie Bunales at events@access-board.gov.</p> <p>Meeting link: https://www.zoomgov.com/j/1617026929</p> <p>Meeting ID: 161 702 6929</p> <p>Dial in: (646) 828-7666</p> <p>Contact: events@access-board.gov</p>
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	<p>4. Gothamist October 14, 2023 House lawmakers threaten to subpoena ex-NY Gov. Cuomo for COVID nursing By Caroline Lewis Former New York Gov. Andrew Cuomo is once again facing scrutiny for his nursing home policies early in the coronavirus pandemic, including his directive requiring nursing homes to accept patients who were being discharged from the hospital. . . In February 2021, New York Attorney General Letitia James’ office published a report that found Cuomo’s administration was undercounting COVID-19 deaths in nursing homes by about 50%. The state Assembly released a report that November, which alleged that Cuomo committed sexual misconduct and misled the public about the nursing home deaths. State Comptroller Thomas DiNapoli followed up with his own report in March 2022, in which he indicated that Cuomo’s administration undercounted the number of COVID-19 deaths in nursing homes by at least 4,100.</p>
Housing	<p>5. Joint Center for Housing Studies of Harvard University October 13, 2023 Accessory Dwelling Units: Lessons from Around the Country Although accessory dwelling units (ADUs) can address a host of housing challenges, zoning and land-use regulations often stymie homeowners who want to build them. Places like Portland, Oregon have removed restrictions and states including California, Maine, and Connecticut have new laws requiring local approval of ADUs that meet basic, statewide standards. In this talk, Ellie Sheild, a student research assistant at the Center, discussed her research on how these efforts might inform policymaking about ADUs in Massachusetts, where, in the absence of state guidelines, most cities and towns still restrict their construction. Jesse Kanson-Benanav, Executive Director of Abundant Housing Massachusetts joined Sheild in a conversation moderated by Chris Herbert, the Center’s Managing Director. Video of presentation</p> <p>6. Joint Center for Housing Studies of Harvard University October 6, 2022 Advancing Housing and Health Equity for Older Adults: Pandemic Innovations and Policy Ideas During the pandemic, many older adults faced social isolation and disruptions in access to food, medical care, and supportive services. In response, organizations that support older people improvised solutions to address these challenges. This report, co-authored with The Hastings Center, examines how these responses,</p>

	<p>most of which were intended to be temporary, might improve housing and supports for older adults and address longstanding inequities.</p> <p>Read the Report Press Release Summary & Recommendations</p>
Homelessness	<p>7. The New Republic October 13, 2023 Will the Supreme Court Make Life Worse for America’s Homeless? By Matt Ford What few constitutional rights the homeless enjoy may soon be on the line at the high court.</p> <p>8. Joint Center for Housing Studies of Harvard University October 6, 2023 Older Adults’ Pathways Into – and Out of – Housing Insecurity and Homelessness Recorded panel presentation Speaker(s): Samara Scheckler, Howard Koh, Emily Cooper, LaTanya Wright Adults 65 and older are the fastest-growing age group of people who experience homelessness, and those 50 and over who are experiencing homelessness often exhibit conditions associated with much older age such as memory loss, falls, and functional impairment. In this talk, Samara Scheckler, a research associate at the Center, will discuss new research on housing insecurity and homelessness for older adults in Boston. Drawing on both data and in-depth interviews with service providers, she will discuss the circumstances that contribute to housing insecurity and homelessness for older adults, how public programs and services can mitigate these risks, and how the design of programs can create barriers for older adults to receive support. Emily Cooper, chief housing officer for the MA Executive Office of Elder Affairs and a special advisor on housing at MassHealth and LaTanya Wright, director of outreach at Hearth, will join Scheckler in a conversation moderated by Howard Koh, the Fineberg Professor of the Practice of Public Health Leadership. Download Slides (PDF) Video of panel presentation</p>
Guardianship / Conservatorship	<p>9. *The Boston Globe October 14, 2023 Hospital backups are bad for our health. Something must be done. Letter to the Editor by Wynn Gerhard, Guardianship Policy Institute (also a member of DignityMA) Lawmakers seek a way to boost the role of guardians Re “Patients in hallways, long waits for beds: Hospital bottlenecks reach crisis levels”: Thank you for your Oct. 2 editorial on hospital backups, a crisis for patients, hospitals, insurers, and the Commonwealth. You cite the lack of guardians for patients incapable of making decisions as one of the most common reasons cited for the crisis in a recent report from the Massachusetts Health and Hospital Association, and you suggest that courts consider expediting guardianship proceedings for hospitalized patients. Unfortunately, expedited court proceedings will not help patients with no family and friends to serve as guardian to approve a prompt discharge. This gap was cited in a Globe article last December. Experts and advocates estimate that there are at least 3,000 such so-called unbefriended people. Massachusetts, unlike many other states, has no statewide public guardianship program and no</p>

	<p>funding for guardians of indigent, incapacitated, unbefriended people. One solution is legislation introduced by state Representative Sally P. Kerans and Senator Joan B. Lovely that would establish guardians as medical “providers.” The bill would provide reasonable Medicaid payment to guardians for indigent, incapacitated people to provide prompt access to appropriate medical care. The bill would expand the pool of qualified guardians in a cost-effective way and help alleviate some of the backlog described in your editorial.</p>
Workforce	<p>10. McKnight’s Senior Living October 16, 2023 Unionization may decrease staffing turnover in nursing homes: study By Kathleen Steele Gaivin As nursing homes prepare for the Centers for Medicare & Medicaid Services’ proposed minimum staffing mandate — 0.55 hours per resident day for registered nurses and 2.45 hours per resident day for nurse aides — many are left wondering about the effect on staffing turnover. Senior care advocates LeadingAge and the American Health Care Association estimate that the proposed mandate could cost up to \$7.1 billion in the first year alone. They also argue that high rates of staff turnover would make it difficult for many employers to comply with this proposed requirement. According to a recent study published in the <i>Journal of the American Medical Association</i>, however, “labor unions representing nursing home workers, such as the Service Employees International Union (SEIU), argue that unions can decrease turnover by improving job quality, thus helping to maintain a stable workforce and improving resident care.” Researchers used cross-sectional regression analysis to estimate the association between the presence of a healthcare workers union and total nursing staff turnover rates in US nursing homes. According to the data, the presence of a union was associated with a 1.7 percentage point decrease in staff turnover. “When more than 75% of nursing homes in a county were unionized, the facility-level presence of a union was associated with a 9.0 percentage point decrease in staff turnover,” wrote Adam Dean, PhD; Jamie McCallum, PhD; and Atheendar Venkataramani, MD, PhD; et al. Unionization might be one way to reduce staffing turnover, however, Christian Bergman, MD, commented in a separate piece, “in the broader framework of staff retention it may be important to consider a person-centered approach to job satisfaction.” Bergman suggests that nursing homes find ways to retain staff members by improving employee satisfaction and working conditions. “Unionized nurses may report better employment rights, improved workplace conditions, and advocacy opportunities but some common drawbacks include union dues, mandatory and unpaid strike policies, lack of performance incentives, and mandatory mediation,” he wrote. This sentiment echoes findings of a recently published study emphasizing the importance of experienced nurse and administrator retention as perhaps equally important for providing quality care. “Given the recently announced federal minimum staffing mandates, there is a lot of policy focus at the moment on boosting the number of staff hours per resident day. But our results suggest that we should also be giving similar weight to finding ways to retain staff and reduce turnover in an effort to</p>

improve nursing home quality,” said study co-author Brian McGarry, PhD, of the Division of Geriatrics and Aging in the Department of Medicine at the University of Rochester.

11. STAT News

October 16, 2023

[*Is there a nursing shortage in the United States? Depends on who you ask*](#)

By Brittany Trang

Hospitals are frustrated with a nationwide nursing shortage that’s only gotten worse since the pandemic. In 2022, the American Hospital Association quoted an estimate that [half a million nurses would leave](#) the field by the end of that year, bringing the total shortage to 1.1 million.

At the same time, National Nurses United [insists there isn’t a nurse shortage](#) at all. There are plenty enough nurses for the country, they say — merely a shortage of nurses who want to work under current conditions. . .

This is all coming to a head in health care worker strikes — at [SSM](#), at [Prime Healthcare](#) hospitals, at [Kaiser Permanente](#) — where workers have focused on understaffing, not pay, as their top priority. They want more staff on the floor so they can provide the appropriate care for their patients. Hospitals, on the other hand, are frustrated with higher labor costs driven by the temporary contract travel nurses they have to hire to care for their patients and don’t see the problem abating without an infusion of *by* new nurses for them to hire.

To that end, the Biden administration recently approved \$100 million [to grow the nursing workforce](#). “It’s always nice to have more funding for nursing,” said Aiken, “but that kind of untargeted investment will not do anything whatsoever to solve the problem that the public is concerned about, which is [that] there are not enough nurses providing care where they are needed.”. . .

For nurses, what would attract them to one hospital over another or keep them from leaving the field is having enough other trained nurses and support staff — nurse techs, CNAs, phlebotomists, lab techs — to make their job doable.

Nurses say they are sick of what they call a “manufactured” staffing crisis. “It’s a little bit of an odd thing because they’re all yelling, ‘Nursing shortage, nursing shortage!’” Aiken said. But “[hospitals] have been chronically understaffing by design for several decades, and the same thing in nursing homes and schools.”. . .

In its [statement](#) decrying the use of the term “nurse shortage,” National Nurses United cited three statistics: There are 1 million more registered nurses than are currently employed as nurses; the number of candidates who are passing the nurse licensure exam for the first time is [continually growing](#); and the registered nurse workforce is growing — but just [in settings other than acute care](#), such as insurance or ambulatory care. (The NNU published its memo in May 2023, when the tally of registered nurses was 4,604,199; when STAT [checked this month](#), that number had grown by more than 100,000 to 4,708,451.) . . .

The demand for nurses generally increases over time as chronic disease management gets better and hospitalized patients’ care gets more complex — they don’t just have pneumonia, but pneumonia *and* kidney failure. And “even healthy people fall, get the flu,” and get joint replacements, said Alexander. “All of that is increasing as the population lives longer, and thus we need more nurses.”. . .

The federal government even has a mechanism it could use to introduce such ratios: [participation in Medicare, said Aiken](#). This approach was used — and stood up to legal challenges — to implement mask mandates in hospitals during

the pandemic, and to desegregate hospitals and implement no-smoking policies. It's also currently being used to implement controversial [nursing home staffing ratios](#).

12. JAMA Network Open

October 13, 2023

[Labor Unions and Staff Turnover in US Nursing Homes](#)

By Adam Dean, PhD; Jamie McCallum, PhD; Atheendar Venkataramani, MD, PhD; et al

In an effort to improve nursing home care quality, the federal government recently proposed a new staffing minimum of 0.55 hours per resident day for registered nurses and 2.45 hours per resident day for nurse aides. Nursing homes represented by the American Health Care Association argue that high rates of staff turnover would make it difficult for many employers to comply with this potential requirement. Labor unions representing nursing home workers, such as the Service Employees International Union (SEIU), argue that unions can decrease turnover by improving job quality, thus helping to maintain a stable workforce and improving resident care. Unionized health care workers earn higher incomes than their nonunionized peers; however, we know little about the association of unions and health care staff turnover.

13. JAMA Network Open

October 13, 2023

[Nursing Home Staff Turnover and the Whole-of-Person Framework for Staff Retention](#)

By Christian Bergman, MD

There is no doubt that nursing home residents have suffered immensely throughout the COVID-19 pandemic with over 1.6 million confirmed cases and more than 165 000 deaths.¹ Nursing home care quality is anecdotally tied to adequacy of staffing, and staffing turnover is now emerging as one of the most important health care policy problems to solve in the post–public health emergency phase of this pandemic. Factors that impact staff turnover are of enormous interest to health care policy experts and legislators around the country. . .

Delivering quality care to a nursing home resident is a complex issue but unfortunately has not been a societal priority and top-of-mind until the COVID-19 pandemic highlighted the inadequacy of our current system. In the US, skilled nursing facilities (SNFs) and long-term care (LTC) facilities are commonly housed together in a single health care complex commonly referred to as a nursing home. These care settings are not just congregate care facilities for vulnerable, older adults but a dynamic, complex health care setting delivering a unique set of services with medical, social, and psychological needs balanced among residents, families, and staff. Nursing homes have been at the center of the COVID-19 pandemic since February 2020. . .

While Dean et al have added important evidence to the role of labor unionization to combat the US nursing home staff turnover crisis, it may be worth reviewing staff retention policies in a truly earnest fashion. What is it that makes a person stay? Exploring policies that promote a community approach to recruitment and retention and build an organic sense of belonging-in-place may be key for legislators and health care policy experts trying to solve the problem of US nursing home staff turnover.

14. McKnight's Senior Living

	<p>October 9, 2023</p> <p>Researchers say retention needs more attention as feds push to increase nursing home staffing levels</p> <p>By James M. Berklan</p> <p>From that, 23,000 facility health inspections were observed. The average number of citations per facility was 6. A 10-percentage point increase in nurse staff turnover was associated with a 4% increase in citations and a roughly 2% increase in the rate of residents experiencing declines in mobility and independence with activities of daily living.</p> <p>Investigators consulted CMS Payroll-Based Journal data to reach their findings. They said that during an average facility-week, 15.0% of nursing staff and 11.6% of administrators were new hires due to recent turnover.</p> <p>“Our findings suggest that there may be harms even from losing mid-experience staff and replacing them with staff with no experience,” [Karen Shen, PhD, Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health} said.</p> <p>She offered that regulators and policymakers have several options to improve retention, such as including Medicaid or Medicare wage pass-through requirements (which require that a specified portion of reimbursement rate increases go toward increased staff wages); supplemental payments for the use of longer-tenured staff; funding for continued education and training for staff; and increasing the prominence of staff tenure and experience in Nursing Home Compare.</p>
Covid / Long Covid	<p>15. CNET</p> <p>October 14, 2023</p> <p>COVID-19 Cases Are on the Rise: Order Your Free Test-at-Home Kits Today</p> <p>By Katie Teague, Peter Butler, and Mary-Elisabeth Combs</p> <p>Ordering your free COVID tests through the USPS will take you just two minutes. Here's how to get your free at-home test kits.</p> <p>Visit special.USPS.com/test_kits. You can also get there via covidtests.gov.</p> <p>Your Expired COVID Test Kits Are Probably Still Good. How to Find Out</p> <p>Here's what to know about long COVID, and here's how to tell if it's COVID, allergies or something else.</p> <p>On Sept. 14, the Department of Health and Human Services launched the Bridge Access Program, which will continue to provide free vaccines to those who are uninsured through local health departments and HRSA centers.</p>
Medicaid	<p>16. Massachusetts Executive Office of Elder Affairs</p> <p>October 6, 2023</p> <p><i>MassHealth Redetermination Update</i></p> <p>Background on MassHealth Redetermination</p> <p>Due to the federal government ending the continuous coverage requirements on April 1, 2023, MassHealth has returned to their regular renewal processes. MassHealth now needs to renew all members' health coverage to ensure they still qualify for their current benefit. These renewals will take place over 12 months, from April 2023 to April 2024. This means that members could get their renewal forms (many in a blue envelope) in the mail at any time during this one-year period.</p> <p>For more information visit mass.gov/masshealthrenew.</p> <p>MassHealth Dashboard Information (data as of September 3, 2023)</p> <ul style="list-style-type: none"> • 2,337,798 MassHealth caseload as of August 31, 2023

	<ul style="list-style-type: none"> • 242,379 MassHealth members age 65+ were active in MassHealth • 247,400 MassHealth and Health Connector Caseload of members age 65+ • 310,875 MassHealth members identified as living with a disability and any age were active in MassHealth • 25,163 MassHealth members age 65+ have departed MassHealth in August • 778,934 Member renewals occurred between April 1, 2023 and August 31, 2023 • 1,005 Age 65+ became new MassHealth members <p>To view the full MassHealth Dashboard visit: mass.gov/info-details/masshealth-redetermination-dashboard. For more information and key takeaways from the September dashboard visit: September 2023 Update on MassHealth Redeterminations</p> <p>Updates</p> <ul style="list-style-type: none"> • MassHealth will begin to select Home and Community Based Services (HCBS) Waiver participants for renewal using the new enhanced autorenewal process. • A significant number of HCBS Waiver participants are expected to have their coverage successfully auto-renewed. If a member can have their coverage auto-renewed, it means that MassHealth will use available information to renew their coverage automatically (rather than sending waiver participants blue envelopes). • Members who are auto-renewed will receive a notice from MassHealth letting them know their MassHealth coverage is continuing. • Any member who receives a renewal form in the blue envelope must respond or they could be at risk of losing coverage <p>To find support for people 65+ on MassHealth renewals in your area visit: mass.gov/info-details/support-for-people-65-on-masshealth-renewals</p>
Disability Topics	<p>17. *New York Times September 19, 2023 For People with Disabilities, Technology Needs to Do More Book review by Andrew Leland AGAINST TECHNOABLEISM: Rethinking Who Needs Improvement, by Ashley Shew Shew’s new book, “Against Technoableism” — a term she coined — is a kind of introductory seminar on the ways that our hyper-technologized age approaches disability. . . Shew acknowledges the transformative role that tech plays in her life; in her author photo, she affectionately cradles her unattached prosthetic like a ukulele. But in this series of short, wonderfully lucid essays, she argues that technoableism — the popular depiction of tech as a wholesale cure for disability — does real damage by positioning the disabled body as fundamentally broken. The goal of existing technologies is too often rehabilitation into the mainstream — the amputee ought to walk “normally,” the deaf person speak, the autistic person has “quiet hands” — and it’s up to engineering to get them there. Within this framework, any possibility of a joyful disabled life, lived without the need for improvement, is unimaginable.</p>
Ageism	<p>18. New York Times (free access) October 13, 2023 Now Is the Moment for Biden’s Age to Be an Asset By Lydia Polgreen</p>

	<p>Today we have an older, wiser president. Biden’s age and tendency to speak too freely are often seen as weaknesses. Poll after poll has revealed that this is his Achilles’ heel, the thing that gives voters the most pause about giving Biden, who will be 81 on Election Day, another four years in the hardest job in the world.</p> <p>But in a moment like this, age, experience, and a willingness to speak uncomfortable truths are vital strengths, both practically and politically. Biden is a wise old man who has seen a lot of things. He can and does speak plainly, even when it would be narrowly more politic not to. He has a long history of stalwart public support of Israel coupled with sometimes tough criticism behind the scenes. It is time for him to speak those truths, loudly, plainly, and publicly.</p>
Health Equity	<p>19. Health Affairs (podcast) October 11, 2023 How the Private Sector Can Address Health Equity Guest: Rashad Burgess, Vice President of Advancing Health and Black Equity at Gilead Sciences CVS Health’s Sree Chaguturu and Joneigh Khaldun interview Rashad Burgess of Gilead Sciences about how private sector companies can advance health equity goals.</p>
Heat Emergency / Disaster Preparation	<p>20. Grist October 10, 2023 As heat-related deaths rise, a new program puts community clinics on the front lines By Zoya Teirstein As it gets hotter, more people will succumb to heat-related illnesses. The average number of heat-associated deaths that occur every year in the U.S. rose 95 percent between 2010 and 2022. . . A first-of-its-kind initiative called the Climate Health Equity for Community Clinics Program aims to fight back against the rising tide of heat-associated illnesses in the U.S. by getting resources and training into the hands of doctors and the communities they treat. . . The idea behind the program is to ensure that medical professionals at free clinics and community health centers, which work closely with disadvantaged, uninsured communities, identify which of their patients are most vulnerable to extreme heat and arm them with the tools they need to avoid ending up in the hospital with heat-related illness or heatstroke. . . Excessive heat erodes human health in a staggeringly wide array of ways. Heat affects our motor functions, appetite, quality of sleep, and our drug and alcohol intake. It puts stress on our bodies and exacerbates underlying conditions such as cardiovascular disease and diabetes. It damages our mental health and affects the medications people take to keep depression at bay. It worsens schizophrenia. It can cause third-degree burns from contact with pavement and hot surfaces. And when people are exposed to high temperatures for too long, heat causes their core temperature to rise. Many people, especially those without access to air conditioning, experience excessive sweating, goosebumps, headaches, dizziness, vomiting, shaking, fainting, and other symptoms of severe heat-related illness. The unluckiest — including more than 1,500 Americans last year — die.</p>
From Our National Colleagues	<p>21. The Consumer Voice Fall 2023</p>

	<p><u>New Issue of the Resident Advocate</u></p> <p>This newsletter provides information on residents' rights and care issues; news and updates on national policy; and self-advocacy tips for obtaining person-centered, quality care.</p> <p>This issue includes information on:</p> <ul style="list-style-type: none"> • Tips for living with a roommate in a long-term care facility, • Staffing issues in long-term care and how you can advocate for change, • Steps to take when there is a problem in your nursing home, • Reminders for visiting long-term care facilities during the holidays, and • Participating in this year's Residents' Rights Month.
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	
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</i> 2023 <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u></p>

	<p>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation</p> <p>2020</p> <p>Advocate Healthcare of East Boston, LLC.</p> <p>Belmont Manor Nursing Home, Inc.</p>
<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>https://tinyurl.com/SpecialFocusFacilityProgram</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 meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated March 29, 2023)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridgerehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • South Dennis Healthcare https://www.nextstephc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 <p>Massachusetts facilities not improved</p>

- None

Massachusetts facilities which showed improvement

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225063>

Massachusetts facilities which have graduated from the program

- The Oxford Rehabilitation & Health Care Center, Haverhill

<https://theoxfordrehabhealth.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225218>

- Worcester Rehabilitation and Health Care Center, Worcester

<https://worcesterrehabcare.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225199>

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

- Charwell House Health and Rehabilitation, Norwood (15)

<https://tinyurl.com/Charwell>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225208>

- Glen Ridge Nursing Care Center (1)

<https://www.genesishcc.com/glenridge>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225523>

- Hathaway Manor Extended Care (1)

<https://hathawaymanor.org/>

Nursing home inspect information:

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

- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)

<https://www.medwaymanor.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225412>

- Mill Town Health and Rehabilitation, Amesbury (14)

No website

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225318>

- Plymouth Rehabilitation and Health Care Center (10)

<https://plymouthrehab.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225207>

- Tremont Health Care Center, Wareham (10)

<https://thetremontrehabcare.com/>

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225488>

- Vantage at Wilbraham (5)

No website

Nursing home inspect information:

<https://projects.propublica.org/nursing-homes/homes/h-225295>

- 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>																								
<i>Nursing Home Inspect</i>	<p>ProPublica Nursing Home Inspect 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> <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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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law</p>																								

	<p>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>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
	Assisted Living and Rest Homes	In formation	
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net

Please contact group lead for more information.	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"> • Wynn Gerhard • James Lomastro • 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. Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/ For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			