The Dignity Digest

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

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Spotlight

In a British Town, a New Way of Caring for Older People Is Bringing Hope

New York Times (free access)

By Megan Specia

December 29, 2023

For 12 years after her husband died, Norma Fitzgerald tried to maintain her independence, living alone in an apartment on the outskirts of Hull, in northern England, despite her mobility worsening as she reached her mid-80s.

Then one day in the spring of 2022, she suddenly grew dizzy. Her legs gave out, and she collapsed on her apartment floor, unable to find the strength to get up.

She lay there for two days.

Eventually, a neighbor realized she hadn't seen her for some time and called an ambulance.

"They had to force the door open," Ms. Fitzgerald, who is now 87, recalled. She was severely dehydrated and spent the next five days in a hospital.

As Britain's population ages, with almost 19 percent of the population over 65, according to the 2021 census, up from 16 percent a decade before, the needs of an increasingly frail older population are weighing on the country's health care system.

Along with the National Health Service, or N.H.S., many older people also rely on what is known as social care, a mosaic of private and public support that is plagued by chronic staffing shortages, a lack of nursing home beds and slashed local budgets.

The lack of easily accessible social care, which encompasses everything from home health aides who help with washing and dressing to full-time residential care, means that falls or treatable health conditions can lead to extended hospital stays. That is piling pressure on the N.H.S., when earlier intervention or home support would have been more appropriate.

But what happened to Ms. Fitzgerald after she was discharged from the hospital is an example of an approach that could transform the way that older adults living with complex health conditions are cared for, experts say.

In the past, she would likely have been sent home with little continuing care aside from her family doctor. Or she might have had to move into full-time residential care, losing her independence.

Instead, she was referred to the Jean Bishop Integrated Care Center in Hull, a facility that opened five years ago as a one-stop shop for frail older people. The first of its kind in Britain, it brings together doctors, physical therapists, social workers, and other professionals under one roof. In the course of a few hours, a patient can see a number of clinicians and have diagnostic tests if needed, including X-rays and blood tests, and receive a personalized care plan — all free of charge.

On a sunny morning in June, Ms. Fitzgerald sat knitting a red-and-gray blanket in the center's bright and cheerful waiting room. She had been brought by ambulance — all patients are offered transportation if needed — from her assisted-living apartment, to see a doctor specializing in geriatric care, a pharmacist, an occupational therapist, and a social worker.

Many geriatric health experts believe this kind of "integrated care," with a multidisciplinary team addressing all the issues that can impact well-being, from loneliness to immobility, is the future for older people with complex health needs in Britain.

Dr. Dan Harman, a geriatrician and one of the center's clinical leads, sees his job as trying to prevent crisis rather than simply reacting to it, as in Ms. Fitzgerald's case. The center contributed to a 13.6 percent reduction in emergency room visits and hospital admissions among people over 80 and a 17.6 percent drop in E.R. visits by patients in care homes in the area between 2019 and 2022, according to N.H.S. data.

In the long run that could lead to substantial savings for the health service and local government, while allowing patients more control over their care.

"Older people were sort of lodged in the wrong places in the health and care system, particularly in emergency departments," Dr. Harman said. "A lot of people are getting stuck there unnecessarily because we weren't providing the support in the community."

Integrated services like this are still rare in Britain, where the social care system is under extraordinary strain. After the 2008 financial crisis, the Conservative-led government oversaw a period of prolonged austerity in which local governments cut spending on social care sharply, leading to a rise in hospital admissions of people over 65. The pandemic and recent high inflation intensified the pressure.

Unlike the National Health Service, social care in England, Northern Ireland and Wales is not free for most people and is often hard to navigate (in Scotland it is free for all.) Anyone in England with assets over £23,250, or about $29,000, must pay for social care themselves or rely on help from family or charities. Many older people say they worry about steep out-of-pocket costs.

The crisis in the sector is not new. In 2011, a government-commissioned independent review, led by the economist Andrew Dilnot, declared the system was "not fit for purpose" and urgently in

need an overhaul. More than a decade on, the report's recommendations have gone unheeded, Mr. Dilnot said in a recent interview with The New York Times.

"The pressures that the strain in social care is creating within the rest of the health service have definitely gotten worse," he said, adding that without adequate provision, the number of people staying in a hospital when another setting would be better, "can rise incredibly quickly."

His report recommended a spending cap to limit the amount any individual would have to pay in their lifetime toward social care and protect people from potentially astronomic bills. But the government has delayed introducing a cap until October 2025.

Mr. Dilnot said that while integrated care programs like the Jean Bishop Center were beneficial and could improve older people's experience through earlier interventions, they wouldn't prevent the huge financial costs that older people faced if they needed long-term care.

"Fundamentally, they won't do a great deal unless we address what happens if you end up facing catastrophe," he said.

For now, charities like Age UK, a British organization for older adults which has local affiliates across the country, often step in to fill the gaps. The charity offers services from advice phone lines to home cleaning to community meet-ups. It also has a befriending service that matches older people with volunteers who visit them weekly.

Alan Walker, 96, was referred to the befriending program to combat the loneliness he experienced while caring for his wife, who suffered from dementia and could no longer speak.

"It's very hard going sometimes," he said.

Through the program, Lucy Henn, 28, came every Friday afternoon to spend time with Mr. Walker. It was a simple thing, but it significantly increased his quality of life, he said.

On a summer afternoon, she stopped over to make a cup of tea, which she sat next to Mr. Walker in the living room where he spent most of his days. "We talk about all sorts of things, don't we?" Ms. Henn said with a laugh.

The cost of care workers, who visited four times a day to help, was steep, Mr. Walker said, but he and Jean had done a great deal of financial planning to ensure their savings would last.

"You think to say to people, 'Look, you see what's happening to me. It could happen to you,'" he said.

A few weeks later, he was moved into residential care as his needs grew. His wife, Jean, died in late August, and Mr. Walker died in October.

The expectation that people would be able to save excessive amounts of money to cover the cost of long-term care, including residential care, was unfeasible, said Mr. Dilnot, the economist.

"Most people couldn't possibly have savings that will be enough if they and their spouse ended up needing 10 years of residential social care," he said. "It's not a savings problem, it's a risk pooling problem," he added, referring to the concept of spreading the cost of care across the population so no individual faces the risk of unaffordable bills alone.

In October, the lawmaker responsible for social care, Helen Whately, praised the Jean Bishop Center and said that the N.H.S. and Age U.K. were looking at ways to roll out its integrated care model more broadly.

"The future of health care is as much about what happens out of the hospital, as what happens in it," Ms. Whately said.

For many seeking care, and for their loved ones, like Emma Gawthorpe, 46, the priority is the present. Her father, Alan Gawthorpe, 72, was diagnosed with Alzheimer's two years ago. As they waited for his appointments at the Jean Bishop center, she told The Times that the service had made a significant difference after they had struggled to get help in the early months after his diagnosis.

"It was a lot of jumping through a lot of hoops, and you need to be really firm sometimes," Ms. Gawthorpe said. "And unless it's happening to you, you don't know anything about it."

Selected online comments:

- *This new way is an old way and it works. We need more integrated approaches to many things---the siloing of health care, of education, of community resources and services, etc. does not serve people well. Caregivers need to be talking to each other; specialists need to coordinate their care; and community members need more accessible services----not a la carte, which is expensive, incomplete, and often only serves the people with the most resources well because they know what to seek out and have the money to pay for it.*
  "Gracie" https://nyti.ms/47cj0ks#permid=130106476
- *Integrated medical care, integrated education and perhaps most of all (it's also known as the "sharing community") an integrated community, where people work/play together to solve challenges within their own neighborhoods, villages, etc. No reason why this can't be done in a small town with 1000 or so people and in a small neighborhood in a city like New York. Think of the implications for climate change, and so much more - people sharing, getting together, developing integrated approaches to childcare, meaningful jobs, etc.*
  "Thomas Wolfe" https://nyti.ms/3RF4CLU#permid=130106953
- *My wife has multiple chronic conditions and was hospitalized several times this year, each time for a different one. Her doctors NEVER talk to each other. I've spent enormous amounts of time and energy collecting records and relaying them and medical and*

	prescription information. It's nothing short of criminal. It's also obviously inefficient, can lead to critical inaccuracies, and costs everybody money when things have to be corrected or duplicated. "CG" https://nyti.ms/48ewY6R#permid=130110903 • *Elder care is a significant problem here too in the USA. I'm 78 and watching friends decline and struggle to get assistance. It's unbelievable that we've spent so much money on preK programs but almost nothing on Senior care. Our doctors have no training in geriatric issues so their answer to everything is Tests and more Tests. The only thing they will find out is the person is old. They haven't a clue about checking B12 levels or ferritin or adding magnesium to lessen aches and pains. They Pooh-pooh Vitamin D levels which might also offer relief. They barely listen as they sit with laptops typing instead of giving the elderly time to speak. Nursing home prices are outrageous, drug costs way too high, home health care workers not getting paid enough. There's a bursting point here as well as in the UK. This Hull facility sounds like a good first step. Keep up these articles.* "Theresas" https://nyti.ms/3tDZn7d#permid=130109877
Quotes	*Gov. Maura Healey and her budget team hit the reset button Monday, announcing a plan to cut $375 million from the current year's budget amid flagging tax collections, to downgrade the amount of tax revenue expected this budget year by $1 billion, and to build the next state spending plan on the assumption that even less tax revenue will come in next year.* *Healey Resets Budget Outlook with Spending Cuts, Downgraded Forecast*, ***State House News Bureau,** January 8, 2024 *"The work goes on, the cause endures, the hope still lives and the dreams shall never die."* Senator Ted Kennedy, ***FY 2023 Annual Report***, **Massachusetts Permanent Commission on the Status of Persons with Disabilities**, October 18, 2023 *"While many of [Rhode Island's] non-profit homes have exceeded safe staffing requirements, the majority of for-profit nursing homes continue to rack up massive profits while crying wolf about safe staffing fines. Instead of giving nursing home owners free rein, it is critical that all stakeholders work together to hold nursing homes accountable to providing safe, dignified care."*

Jesse Martin, Executive Vice President of SEIU 1199NE and member of Raise the Bar on Resident Care Coalition, *Union Blasts McKee for Suspending Penalties and Siding With For-Profit Nursing Homes*, **GoLocalProv News,** January 1, 2024

Without Improvements in wages and living conditions, we will always be faced with the scourge of epidemics and pandemics. We will repeat the mistakes of the past and create panic and chaos as we face the unknown.

Dr. Joe Amaral, former President of RI Hospital, the Founder of Tipping Point Healthcare Innovation, and the Chief Medical/Science Advisor at Venture Investors, *Nursing Homes: A Western World Tragedy - Dr. Joe Amaral*, **GoLocalProv News,** May 29, 2020

Over the last decade, private equity firms have spent nearly $1 trillion on close to 8,000 health care deals, snapping up practices that provide care from cradle to grave: fertility clinics, neonatal care, primary care, cardiology, hospices, and everything in between.

Private equity is buying up health care, but the real problem is why doctors are selling, **The Hill,** December 31, 2023

Workers ages 75 and older are the fastest-growing age group in the workforce, more than quadrupling in size since 1964, according to a recent study from the Pew Research Center. The trend will continue: Workforce participation among people 75 and older will reach 11.7% by 2030 from 8.9% in 2020, according to projections from the Bureau of Labor Statistics.

***How to Work—and Love It—Into Your 80s and Beyond*, *Wall Street Journal,** December 29, 2023

Like others who have remained engaged in their careers in their later years, [Gladys McGarey] says the secret is to find things that make life important and our "hearts sing."
"I think that is our key," she says.

***How to Work—and Love It—Into Your 80s and Beyond*, *Wall Street Journal,** December 29, 2023

"Think as if your car broke down and you couldn't rent a car. Well, you can't get out of bed. And then if you can't get out of bed, not only is it emotionally despairing, but physically people get skin breakdown, then they have to go to the hospital where they'll spend weeks, months, costing hundreds of thousands of dollars."

Chris Hoeh, a DignityMA participant and who serves as the Vice Chair on the Personal Care Attendant Workforce Council, commenting on why the wheelchair repair bill is needed, Senate Approves New Protections For Wheelchair Users; **State House News Service**; January 5, 2024

Joe [Tringali's] staunch, strategic, gentle yet unwavering advocacy was dedicated to health care and personal care advances, housing accessibility, an end to the state's draconian estate recovery law, and more.
Our team worked very, very closely with him on both spouses as caregivers and estate recovery, bills that we're going to fight like hell to pass this year, in Joe's honor. . .
Joe's work was felt statewide and also here at home where his advocacy in the Connecticut River Valley led to the development of a program to help fund suitable ramps in homes to allow people to remain in their communities.

State Senator Jo Comerford, Facebook post

Joe (Tringali] was with me through the years. Sometimes in person, like serving on my Disability Rights Advisory Council or at events in Western MA; sometimes by email (especially when there was an important policy position or issue he wanted me to know about).
I will remember Joe's fantastic wit, his relentless energy (even if he was pushing through a hard time), and especially, all that he taught me about what we need to do so that people can live independently.

Massachusetts Governor Maura Healey, Facebook post

"I do not want to die like that. This is about me taking control of my life. I want you to write about this after I'm

gone, because not enough people know about this option, even when it's available."

Julie Petrow-Cohen speaking to her brother, Steven Petrow, ***I Promised My Sister I Would Write About How She Chose to Die*** **(New York Times (free access),** December 28, 2023)

For most middle-income people approaching retirement, the primary source of wealth isn't home equity or retirement savings. It's Social Security benefits.

Teresa Ghilarducci, an economist at the New School for Social Research, *The Income Gap Jeopardizing Retirement for Millions*, **New York Times (free access),** January 6, 2024

If you had to pick one healthy practice for longevity, "do some version of physical activity. If you can't do that, then focus on being positive."

Dr. Alison Moore, professor of medicine and the chief of geriatrics, gerontology and palliative care at the University of California, San Diego, *Ignore the hyperbaric chambers and infrared light: These are the evidence-backed secrets to aging well.*, **New York Times (free access),** January 4, 2024

Retirees don't miss working, they miss the people.

An 85-year Harvard study on happiness found the No. 1 retirement challenge that 'no one talks about', **CNBC,** March 10, 2023

Life Well Lived
Joe Tringali

Joe Tringali

Joe Tringali (L) with Charlie Carr and Paul Spooner

Stavros Center for Independent Living Mourns the Passing of Advocate and Visionary, Joe Tringali

It is with deep sorrow and a profound sense of loss that Stavros Center for Independent Living announces the passing of Joe Tringali on December 27, 2023.

Joe Tringali was not merely a member of Stavros; he embodied the spirit of independent living, and was a dedicated advocate for the dignity, civil rights, and accessibility for people with disabilities.

As a stalwart believer in independent living philosophy, Joe was an inspiration to many, not only as a colleague but also as a dear friend. His impact on the disability community, particularly in western Massachusetts, is immeasurable, and his legacy will forever be woven into the fabric of Stavros.

Joe played a pivotal role in transforming the landscape for people with disabilities in western Massachusetts. Even before the establishment of the Amherst Disability Access Advisory Board, Joe was tirelessly working to make the town of Amherst accessible. His vision and efforts laid the groundwork for the Access Awards, an initiative recognizing businesses striving to be accessible.

In Amherst, Joe was instrumental in the development of the first accessible curb cuts and traffic signals at the Pleasant Street/Main/Amity Street


Portrait of Joe Tringali by Amy Kerr of Gloucester.

intersection, the first of its kind in western Massachusetts. He was equally instrumental in the development of the fully accessible John Nutting apartments at Chestnut Court in the 1970s, which may well have been a first in the state and were definitely a first in the region.

A vocal advocate, Joe's letters to the editor on various disability issues, including the Estate Recovery Act and the 'Stop the Shock' campaign, informed the community about the challenges faced by individuals with disabilities and the importance of regulations and laws to uplift their lives.

Beyond his local impact, Joe, alongside fellow Stavros staff, contributed to a statewide initiative funded by a Robert Wood Johnson grant. Traveling across Massachusetts, they measured doorways and ramps, developed plans for towns, and made significant strides towards creating a more accessible state.

Joe worked collaboratively with the Citizens' Housing and Planning Association (CHAPA) and other entities to promote the development of accessible housing across the state. His efforts led to the establishment of a crucial voucher program designated for disabled renters that helped hundreds across the state.

The Home Sweet Home program, Joe's brainchild, collaborates with local community resources, volunteers, and donors to help neighbors in Hampden, Hampshire, and Franklin counties acquire safe, affordable wheelchair access ramps for their homes. Joe successfully convinced state authorities to allow Stavros to use Title VII, Part B funds as the basic seed money for the program, which has, by now, provided more than a thousand ramps and other improvements to disabled individuals who can now safely remain in their homes.

Joe's dedication extended to fighting against injustices on multiple fronts, from town access issues to health care reform and access to Personal Care Attendant (PCA) services. He represented Stavros on various committees, leaving an indelible mark as a passionate advocate for the disability community.

Angelina Ramirez, CEO of Stavros, remarked, “Joe has fought against injustices wherever they were. From town access issues to restaurants, health care reform, access to PCA services, and more. No matter where or what, Joe has been a great advocate and an asset to the disability community. He represented Stavros in various committees that impact access and health for

people with disabilities. For so many of us, Joe will be everlasting.”

Joe Tringali’s impact on Stavros and the disability community at large is immense, and his legacy will endure as a testament to the unwavering fight for the rights and inclusion of people with disabilities who are as determined as he was to live independently.

State Budget

***State House News Bureau**

January 8, 2024

Healey Resets Budget Outlook with Spending Cuts, Downgraded Forecast

By Colin A. Young

Gov. Maura Healey and her budget team hit the reset button Monday, announcing a plan to cut $375 million from the current year's budget amid flagging tax collections, to downgrade the amount of tax revenue expected

this budget year by $1 billion, and to build the next state spending plan on the assumption that even less tax revenue will come in next year.

By paring back spending over the next six months, tapping into investment earnings that are generally not used in budgeting, and planning for basically flat growth next year, Healey administration officials said they think they will be able to get through fiscal year 2024 without having to make additional cuts and can then build a balanced budget for fiscal year 2025.

"We expect that while the economy's is growing, it'll be a bit slower. There are some positive signs -- the interest rates not increasing and the prospect of them coming down later this year, I think, bodes well for what we're seeing in terms of our growing out of this," Secretary of Administration and Finance Matthew Gorzkowicz said Monday. "So we see this pretty much as creating a glide path to FY26. We see this as sort of a 12-to-18-month condition where we have to do some belt-tightening. But overall, we think that ... we don't see this as being a recessionary environment and we believe the economy will continue to grow in [FY] 25."

Halfway through fiscal year 2024, the state has collected $769 million or 4.1 percent less tax revenue than the projections used to craft an annual budget featuring steep spending increases and a record bottom line of $56 billion.

It's not that tax revenue has declined -- in fact, tax revenue has increased a hair compared to the same point one year ago, up $60 million or 0.3 percent -- but the limited revenue growth has not been enough to line revenue up with Beacon Hill's appetite for spending.

To address what the governor said is a "budgetary shortfall totaling $1 billion" and to reset the foundation for future budgets, the Healey administration announced a multi-pronged plan Monday.

The plan includes $1 billion worth of "solves" to close the existing gap -- a net $375 million in spending cuts along with $625 million in newly-tapped non-tax revenues. The plan is meant to address the existing revenue shortfall of $769 million while also providing some breathing room for the second half of the budget year, when Gorzkowicz said he expects additional months of below-benchmark collections.

The governor's cut affect 66 different line items.

Among them is a gross $294 million reduction in MassHealth fee for service payments. An administration official said there are no eligibility changes, but MassHealth had room to trim because the ongoing redetermination effort has eliminated more people from MassHealth enrollment than expected by this point and because utilization of some key MassHealth services is below what was expected.

A big portion of the non-tax revenues being relied upon to close the budget gap are expected to come from increased investment earnings that the state typically does not budget against. Gorzkowicz said the current high interest rate environment helps the state generate more interest earnings on some of its investments.

"We don't always budget against those because interest earnings, particularly in this type of environment, are very volatile. And so we usually budget against a pretty, pretty nominal amount, a pretty conservative amount of that. And so we know that this fiscal year we'll see increased investment earnings, and so a big portion of the 625 [million dollars] will come from those earnings," the secretary said.

The remainder of the $625 million in non-tax revenue will come from higher-than-budgeted departmental revenues, Gorzkowicz said.

Gorzkowicz also decreased the fiscal year 2024 revenue estimate by $1 billion, from the $41.41 billion figure that he and key lawmakers agreed a year ago to build the fiscal 2024 budget on to $40.41 billion, including revenue from the state's new surtax on income above $1 million.

And Gorzkowicz also announced Monday that he, House Ways and Means Chairman Aaron Michlewitz and Senate Ways and Means Chairman Michael Rodrigues have agreed to base the fiscal year 2025 budget -- which Healey has to file with lawmakers by Jan. 24 -- on a consensus revenue forecast of $40.202 billion plus an additional $1.3 billion in surtax revenue.

***State House News Bureau**

January 8, 2024

Revenue Slide Points to Budget Cuts

By Michael P. Norton

The revenue underpinnings supporting Gov. Maura Healey's first annual budget began to erode before she signed the $56 billion spending plan last summer, and it's forcing the new governor to reevaluate what's affordable.

The revenue department collected less in taxes than they expected for the sixth straight month in December, putting the year-to-date haul three-quarters of a billion dollars below projections as budget-writers face a growing thicket of challenges.

Healey says she's managing the situation -- some entities due to receive fiscal 2024 funds have said funds are being held up -- and following December's revenue report her team is coming up with a plan that will likely give more specifics on where Healey is trimming.

The last midyear spending cuts -- known as 9C cuts -- to be executed by a governor came in 2016 at the direction of Gov. Charlie Baker who sliced $98 million from the $39.25 billion state budget.

On Aug. 9, Healey signed this year's $56 billion budget, and the Boston Globe, citing lawmakers briefed on Healey's plans, says she plans to cut $375 million in spending. A Healey budget team spokesman was not immediately available for comment.

***State House News Bureau**

January 8, 2024

Senate Poised to Leverage Rainy Day Fund Interest

By Sam Drysdale and Michael P. Norton

Heeding Gov. Maura Healey's calls for the Bay State to better compete for federal dollars, legislators are moving ahead with one of the governor's plans to attract more funds from Washington into the state.

In October, Healey proposed using the state's rainy day fund interest as matching funds for federal grants. The policy proposal was aimed at better helping Massachusetts vie for billions of federal dollars up for grabs in a competition among states.

The Senate Ways and Means Committee on Monday advanced their own version of Healey's bill (S 2482), and the Senate placed it on their agenda for action at a formal session scheduled for Thursday.

Under the bill, the state comptroller would make quarterly transfers into a new Commonwealth Federal Matching and Debt Reduction Fund of stabilization fund interest as long as the stabilization fund had not decreased

in the previous year and as long as its balance exceeds 10 percent of budgeted state revenues.

As the state purses federal funds, the legislation could make $750 million in state funding available over the next three years, as well as $50 million in matching funds for local and regional government-led projects seeking federal funding.

Money in the new fund could also be used by Healey's administration and finance secretary, without further appropriation, to reduce state debt or reduce or retire long-term state liabilities, according to a summary of the bill.

Officials estimate that Massachusetts could secure more than $17 billion in aid through the federal Infrastructure Investment and Jobs Act, the Inflation Reduction Act, and the CHIPS and Science Act, and the Healey proposal would augment $2 billion in matching funds already identified with a new pool of revenue designed to leverage more federal aid.

"We have to be aggressive -- we know other states are, as well," Administration and Finance Secretary Matt Gorzkowicz said at a press conference in October. "This legislation will help separate Massachusetts from the rest of the nation by putting substantial dedicated resources on the table. It will also send a clear message to Washington that we are serious and ready to move on these projects."

Healey filed her bill with the Senate. Rather than refer the bill to a joint committee, which is the path for most bills, the Senate sent the legislation to its Ways and Means Committee. It appears the bill is advancing without the benefit of a public hearing to afford feedback on it.

***Boston Globe**

January 7, 2024

Healey to unveil $375 million in spending cuts as tax revenues lag projections

By Samantha J. Gross and Matt Stout

Governor Maura Healey plans to announce $375 million in spending cuts Monday, including slashing 50 percent from an array of local earmarks and hundreds of millions from other programs, according to lawmakers briefed on the administration's plans.

Seven lawmakers told the Globe that they received calls from senior administration officials Sunday that the budget for local earmarks — items that may include funding for nonprofits, local projects, or economic development programs for their districts — will be slashed in half.

Other planned cuts will affect state programs, including in health and human services, the lawmakers said. But details weren't immediately available Sunday night about where Healey's budget office planned to specifically prune spending from the state's $56 billion budget. . .

The cuts appear to be prompted by tax collections that have persistently fallen short of expectations. The Healey administration disclosed last week that tax revenues are running $769 million, or about 4 percent, behind projections midway through the current fiscal year. . .

State officials also plan to announce on Monday that they have reached a consensus revenue forecast for next fiscal year, which is expected to fall about $200 million below the revenue figure it based this year's budget on, according to one lawmaker. The consensus figure provides a basis for

	expected tax revenue that both the administration and Legislature use to craft their upcoming budgets for fiscal year 2025. After years of sometimes record-breaking budget surpluses, tax revenues began tailing off last year. The state's take plummeted last April before it ended the fiscal year, having collected roughly $600 million less than it expected. The vast majority of that shortfall, roughly $593 million, involved lower-than-expected capital gains taxes, a volatile revenue source, officials said at the time.
Public Hearings	**Massachusetts Executive Office of Elder Affairs** *Proposed Amendments to Assisted Living Residence Staff Vaccination Requirements* Friday, January 12, 2024, 2:00 to 4:00 p.m. EOEA has posted proposed amendments to regulations for Assisted Living Residences related to personnel vaccination requirements. The proposed amendments would require personnel to be vaccinated against flu and be up to date with COVID vaccine unless the individual has an exemption. Individuals will be considered exempt if they decline the vaccination for any reason. The proposed amendments require individuals that are exempt to sign a statement on a form to be provided by EOEA certifying that they are exempt from vaccination and indicating they received information about the risks and benefits of influenza vaccination and COVID-19 vaccination. ALRs will also be required to implement mitigation measures, consistent with guidance from EOEA, for any individuals who are exempt from vaccination requirements. The proposed amendments also include a new definition of personnel. More information on the public hearing can be found here. The proposed amendments can be found here. **Massachusetts Executive Office of Health and Human Services** *Proposed Rate Regulations for Rest Homes* The Executive Office of Health and Human Services has issued proposed regulations governing rates for rest homes effective January 1, 2024. The proposed rates include the following: • Updates the base year from 2020 to 2021 and applies a CAF of 13.18% • Variable costs capped at the 85th percentile, or $154.85. with CAF, the cap is $175.26. • Per diem rates based on a 90% occupancy standard • Removes the Equity and Working Capital components of the rates • Applies a DTA adjustment of $30.31 times a facility's DTA percentage • Maintains GAFC adjustment • Includes a resident care add-on of $8.00 • Establishes a minimum rate of $105 (up from $95) and caps rate increases at $70 • Applies a downward adjustment of .5% for every 1 percentage point that a facility's RCC-Q is below 80% up to a maximum of a 5% downward adjustment • Applies an annualization adjustment for rates effective January 1 through January 31, 2023 The regulation also includes the second set of payments for COVID-19 related costs as established in the 2022 Economic Development law. A public hearing on the proposed rates will be held remotely on Tuesday January 16, 2024 at 10:00 a.m.. Information on the public hearing, including details on testifying or submitting public comments can be found here.

	The proposed regulations can be found here.
Reports	**Massachusetts Permanent Commission on the Status of Persons with Disabilities** ***FY 2023 Annual Report*** October 18, 2023 *Dedicated to Paul W. Spooner, April 17, 1955 - October 8, 2022* **CHARGE** The commission is required to annually "report the results of its findings and activities of the preceding fiscal year and its recommendations, which may include draft legislation, to the governor, the house and senate committees on ways and means, the clerks of the house of representatives and the senate, the joint committee on children, families and persons with disabilities and the joint committee on labor and workforce development." As such, this report will summarize the activities of the Commission from July 2022 through June 2023. **FY23 EXECUTIVE SUMMARY** **Introduction** Established by the Legislature in 2020, the Commission has a broad charge to advance the cause of all persons with disabilities in the Commonwealth. The Commission members are actively engaged in work rooted in shared values and in collaboration with individuals with disabilities, service providers, other state agencies, family members and caretakers, advocates, employers, businesses, local disability commissions, and more. **Issue** Employment has been determined to be a critical social determinant of health, as employment can provide a source of income, health insurance coverage, social connections, or sense of purpose. Yet, the current unemployment rate for persons with a disability in MA is 13%, more than triple than their non-disabled counterparts at 3.5%. Similarly, the workforce supports shortage continues to be in crisis for providers who provide direct services for persons with disabilities. The Commission has been holding listening sessions with diverse key players in working on finding solutions to these critical issues. **Focus** The Commission's main goals this year have been to promote disability employment as an answer to the workforce crisis to improve Massachusetts' competitiveness across industries and the workforce serving individuals with disabilities that is in crisis. Three of the Commission's subcommittees are leading the charge: disability employment, workforce supports, and legislative and budget and continue their work in educating members on barriers to employment, gathering data from diverse sources, identifying common threads, and seeing what short- and long-term strategies have been proposed to Massachusetts agencies, piloted, or implemented in other states. **Conclusion** The Commission is consistently moving forward to advance the cause of all persons with disabilities. We continue to address workforce issues, including disability employment and the workforce who serves individuals with disabilities, as we shore up the foundations of our work for the future.
Funding Opportunity	**Executive Office of Elder Affairs** *New Grant Available to Plan, Expand, or Launch Supportive and Social Day Programs in Massachusetts*

	The Executive Office of Elder Affairs is excited to announce a **new approximately $4.5M grant opportunity** to increase the capacity of Supportive and Social Day Programs throughout Massachusetts. Funding is provided by the American Rescue Plan Act Home and Community-Based Services. Any of the following can apply if they are located in Massachusetts and serve Massachusetts residents 60 years of age and older and/or individuals of any age living with Alzheimer's Disease and Related Dementias (ADRD): • Aging Services Access Points (ASAPs) • Area Agencies on Aging (AAAs) • Councils on Aging (COAs) • Community-based non-profit organizations Overall, funding will support the following objectives: • Expand Supportive and Social Day Programs throughout Massachusetts for individuals aged 60 and older or living with ADRD at any age. • Address unmet needs for more Supportive and Social Day Programs, culturally tailored programs, and programs delivered within age- and dementia-friendly physical spaces. • Provide one-time funding to Supportive and Social Day Programs capable of sustaining themselves beyond the grant period. **Organizations must apply online before Friday, February 16** using the MassGRANTS application portal. Applicants can create partnerships to apply together. EOEA will host a **Bidder's Conference on Thursday, January 18 from 10:00 – 11:00 AM** to provide more information and answer questions about the Supportive and Social Day Program Expansion Grant. Please email MAHCBSgrants@pcgus.com to receive information about the Bidder's Conference. Additional resources, including FAQs, a guide to using the MassGRANTS Application Portal, and the RFA are included on the grant webpage linked below. You can submit any questions to MAHCBSgrants@pcgus.com. **Start Your Application Today** **Department of Housing and Urban Development** ***Developing Housing for Grandfamilies*** HUD anticipates releasing the next notice of funding opportunity for the Section 202 Supportive Housing for the Elderly program in early 2024. As part of the Section 202 program, Congress has authorized a set-aside to develop grandfamily housing. On Tuesday, January 9, 2024, 1:30 to 2:30 p.m. ET, the Grandfamilies and Kinship Support Network will host a webinar with HUD officials and grandfamily housing providers to discuss the use of Section 202 funds for grandfamily housing. Register for the webinar here.
Guide to news items in this week's *Dignity Digest*	**Nursing Homes** *Nursing home numbers reveal up to half could close in next 10 years without 'major' changes, expert warns* **(McKnights Long Term Care News,** January 8, 2024)

	Two RI Nursing Homes Placed into Receivership as Crisis Spreads **(GoLocalProv News,** June 23, 2023) *Rhode Island Nursing Home Forced into Receivership* **(GoLocalProv News,** May 15, 2023) *Nursing Homes: A Western World Tragedy - Dr. Joe Amaral* **(GoLocalProv News,** May 29, 2020) **Private Equity** *Private equity is buying up health care, but the real problem is why doctors are selling* **(The Hill,** December 31, 2023) **Disability Topics** *URI team develops app for and with people with intellectual and developmental disabilities* **(Rhody Today,** July 12, 2023) **Aging Topics** *Ignore the hyperbaric chambers and infrared light: These are the evidence-backed secrets to aging well.* **(New York Times (free access),** January 4, 2024) ***How to Work—and Love It—Into Your 80s and Beyond*** **(*Wall Street Journal,** December 29, 2023) **Retirement** *The Income Gap Jeopardizing Retirement for Millions* **(New York Times (free access),** January 6, 2024) *An 85-year Harvard study on happiness found the No. 1 retirement challenge that 'no one talks about'* **(CNBC,** March 10, 2023) **End of Life** ***I Promised My Sister I Would Write About How She Chose to Die*** **(New York Times (free access),** December 28, 2023) **From Other States** *Union Blasts McKee for Suspending Penalties and Siding with For-Profit Nursing Homes* **(GoLocalProv News,** January 1, 2024) *New California laws for 2024: Nursing homes must provide more information before evictions* **(Cal Matters,** January 1, 2024) **Legislative Updates** ***S.2546 An Act expanding wheelchair warranty protections for consumers with disabilities***
DignityMA Study Sessions	***A conversation with Dr. Lisa Iezzoni, Board Member, Massachusetts Department of Transportation Board of Directors, representing the disability community*** **Wednesday, January 10, 2024 from 2:00 to 3:00 p.m.** **Presenter: Dr. Lisa Iezzoni**, Board Member, Massachusetts Department of Transportation Board of Directors, representing the disability community. She is a professor at Harvard Medical School as well as the director of the Mongan Institute for Health Policy at Massachusetts General Hospital. She is a Dignity Alliance Massachusetts participant. Join Zoom Meeting https://us02web.zoom.us/j/87529064921?pwd=QlcvQlRRTjhRdXNLbndISFF5ZnJvQT09 Meeting ID: 875 2906 4921 Passcode: 741150 One tap mobile: +13052241968,,87529064921#,,,,*741150# Telephone: 305 224 1968

	To review the state's current capital investment plan for transportation, see: https://www.mass.gov/info-details/current-capital-investment-plan-cip
Public Events	**How Can We Achieve Health Equity in Massachusetts?** Tuesday, January 23, 2024, 7:30 to 10 a.m. (7:30 to 8:30 a.m. networking; 8:30 to 10:00 a.m. program) Location: Massachusetts Continuing Legal Education Conference Center 10 Winter Place, Boston Fee: $15.00 Massachusetts health care is renowned for its leadership and innovation and yet it falls alarmingly short in delivering equitable access and outcomes. Health data has consistently revealed an array of morally indefensible health disparities along racial lines, including in maternal health, diabetes, opioid use, and access to preventive care. The urgent need for action gave rise to the Health Equity Compact, a coalition of over 80 leaders of color representing Massachusetts' leading health care, public health, business, academic, philanthropic, life sciences, and labor organizations. The Compact is driving health equity through statewide policy and institutional reforms and worked with legislative leaders to introduce An Act to Advance Health Equity on Beacon Hill in 2023. The bill proposes crucial building blocks to advance health equity in Massachusetts by prioritizing equity in state government, standardizing and reporting on data to advance health equity, and improving access and quality of care. Join us for an in-depth discussion with health leaders, including providers, advocates, and elected officials, on the next steps that are needed for Massachusetts to achieve health equity for all, and how different sectors, leaders, and communities can get involved. Opening Remarks: • Kate Walsh – Secretary of Health and Human Services • Dr. Kiame Mahaniah – Undersecretary for Health Panel I: • Sen. Cindy Friedman – Senate Chair, Joint Committee on Health Care Financing • Rep. John Lawn – House Chair, Joint Committee on Health Care Financing • Sen. Pavel Payano – Senate Chair, Joint Committee on Community Development and Small Businesses • Rep. Bud Williams – House Chair, Joint Committee on Racial Equity, Civil Rights, and Inclusion • Moderator: Jessica Bartlett – Medical Reporter, the Boston Globe Panel II: • Manny Lopes – Interim CEO, Fenway Health • Kendalle Burlin O'Connell, ESQ – CEO & President, MassBio • Lora Pellegrini, Esq – CEO & President, Massachusetts Association of Health Plans • Steve Walsh – President & CEO, Massachusetts Health & Hospital Association • Moderator: Crystal Haynes – Fill in Host, GBH *For questions and sponsorship opportunities, contact Dylan Rossiter: Dylan.Rossiter@StateHouseNews.com* REGISTER

Webinars and Other Online Sessions	**1. White House** Tuesday, January 9, 2024, 2:00 p.m. ***Briefing new lower cost prescription drug law, the Inflation Reduction Act*** Briefing by Center for Medicare Director Dr. Meena Seshamani and other White House, U.S. Department of Health and Human Services, and CMS officials. Please register and make accommodations requests here. **2. White House** Thursday, January 11, 2024, 2:00 p.m. ***White House Office of Public Aging and Disability Communities Engagement Call*** Join for brief presentations by the U.S. Department of Transportation and the U.S. Department of Agriculture. Register and submit questions via https://pitc.zoomgov.com/webinar/register/WN_l3tvkai0S1m1I9m4zKzuPg. ASL and CART will be provided. **3. Penn** Friday, January 12, 2024, 12:00 p.m. *Do No Harm: Balancing Innovation and Regulation in Health Care AI* As artificial intelligence evolves, so do technologies that have been developed to detect patterns and diagnose patients more effectively than a human. AI has the potential to save lives and transform the practice of medicine, but it could also disrupt care in harmful and inequitable ways. The Biden Administration, regulators, and health systems are grappling with questions about how to improve patient care, protect patient privacy, and reduce racial bias all while avoiding unintentional errors. Join Penn LDI to explore when and how to best invest in and deploy AI to improve America's health. Speakers: I. Glenn Cohen, JD, Deputy Dean; James A. Attwood and Leslie Williams Professor of Law; Faculty Director, Petrie-Flom Center for Health Law Policy, Biotechnology & Bioethics, Harvard Law School Rangita de Silva de Alwis, SJD, Associate Dean, International Affairs and Academic Director, Global Institute for Human Rights, University of Pennsylvania Carey Law School Nigam Shah, MBBS, PhD, Professor, Medicine and Professor, Biomedical Data Science, Stanford University Ravi B. Parikh, MD, MPP (moderator), Assistant Professor, Medical Ethics and Health Policy, and Medicine; Associate Director, Penn Center for Cancer Care Innovation; Director, Human-Algorithm Collaboration Lab, Perelman School of Medicine **4. The CAN Association** Thursday, January 18, 2024, 4:00 p.m. ***Table for Two: Policy and Advocacy Update*** Public policies for health care have an impact on CNAs and how you do your work, so it's important to know what policies, regulations, and legislation are in the works and on the horizon that are important for NAHCA members. Join Lori Porter and Alex Bardakh, AMDA--The Society for Post-Acute and Long-Term Care Medicine's Director of Advocacy and Strategic Partnerships, for a lively discussion about policy issues, what CNAs need to know, and how they can get involved to advocate for their patients and their profession. This is

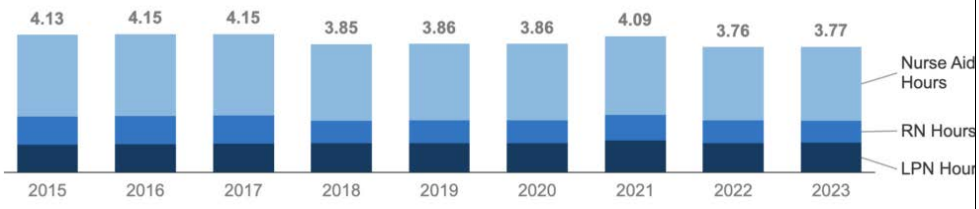
	important, but it also will be engaging and inspiring and these two passionate leaders come face-to-face. **Register Here**
Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	**5. McKnights Long Term Care News** January 8, 2024 *Nursing home numbers reveal up to half could close in next 10 years without 'major' changes, expert warns* By Josh Henreckson The challenges faced by nursing homes came into sharper focus Friday, thanks to a deep dive into skilled nursing since 2015 that attached somber numbers to many industry concerns. Perhaps most striking is that, despite a rapidly aging population in the US, the total numbers of both nursing facilities and residents in those facilities have dropped, according to the KFF study. In addition, despite the decrease in available homes and residents, however, the average number of nurse hours per resident per day also has dropped. This reflects heightened concerns about care worker retention and the difficulty of meeting current and proposed staffing mandates that typically require a certain level of hours per resident per day be maintained by facilities. Left unchecked, these trends have troubling implications, Melissa Brown, COO at Gravity Healthcare Consulting told *McKnight's Long-Term Care News* Friday. "This data is no surprise to any of us in the industry but is rather a confirmation of exactly what we are seeing on the ground," Brown said. "The idea of having to source and pay for … increased staffing without funding is completely ridiculous and will lead to SNFs slashing beds and shuttering across the country. I believe that if major changes are not implemented now, we will see closures of at least 25% to 50% of the current nursing homes in the next five to 10 years." **SNF 'closure tsunami' feared** The number of skilled nursing facilities certified by the Centers for Medicare & Medicaid Services peaked in 2017, but declined by 4% overall between 2015 and 2023 — a net loss of nearly 650 facilities. "Everyone is talking about the silver tsunami, but no one seems to be talking about the coming SNF closure tsunami," Brown told *McKnight's*. "We are barely scratching the surface of SNF closures, but I can clearly see the SNF closure tsunami on the horizon, and the KFF report supports that." Meanwhile, the total number of nursing home residents dropped even more sharply, by 12%, during the same period. Changing trends in where older Americans choose to receive care are a major factor in this decline, the KFF report noted. "Decreasing resident counts reflect longer-term trends as people increasingly opt to receive care in home and community-based settings over institutional settings," they explained. They also noted the tragic impacts of the COVID-19 pandemic on the residents of nursing homes. In fact, despite the notable overall decline since 2015, the number of nursing home residents are again on the rise from their lowest point of 1.1 million in 2021 amid the height of the pandemic. The total now stands at 1.2 million after increasing each of the last two years.

The 2021 low point in the total number of residents coincided with the highest point for care hours per resident day in the last six years. Since 2021, that number has declined as the resident population began to rebound. It now sits at 3.77, a 9% decline since 2015.

Figure 3

The Average Hours of Care Nursing Facility Residents Receive Per Day Is Lower Than in 2015

Hours per resident day by nurse staff type, 2015-2023



Graphic source: KFF

"The relatively higher staffing hours in 2021 reflected the fact that the number of residents declined more quickly than the number of staff hours did between 2020 and 2021," the report's authors wrote. "Lower staffing levels in the last several years align with data … showing that the number of workers employed at long-term care facilities continues to remain below pre-pandemic levels."

Staffing problems remain at the front of sector concerns going into 2024. The data on the average number of deficiencies per facility may only add fuel to that fire.

That number now stands at 8.9 and has steadily increased since a low point of 6.8 at the report's 2015 start date. The authors noted that studies have shown facilities with better staffing typically have fewer deficiencies, and so this broad increase in deficiencies may be related to staffing woes.

Ever-increasing staffing demands may lead to further negative effects in the future, according to Brown.

6. **GoLocalProv News**
   June 23, 2023
   Two RI Nursing Homes Placed into Receivership as Crisis Spreads
   By GoLocalProv News Team
   Two more Rhode Island nursing homes have been placed into receivership. . . Superior Court Judge Brian Stern named Jeremy Savage the receiver of Hebert Health in Smithfield and Trinity Health and Rehabilitation Center in Woonsocket. The two companies and related real estate companies are owned by two men, Jeffrey Barnhill and James Flanagan.
7. **GoLocalProv News**
   May 15, 2023
   Rhode Island Nursing Home Forced into Receivership
   By GoLocalProv News Team
   Superior Court Judge Brian Stern has ordered that a receiver assume control of Pawtucket Falls Healthcare Center, following the filing of a petition for a court-appointed receiver by the Rhode Island Department of Health (RIDOH) and the state attorney general.
   Stern appointed attorney Mark Russo as receiver of the facility.
   The action comes after months of regulatory action by RIDOH related to health and safety concerns at the nursing home. By petitioning the court to appoint a

receiver, the state says it is seeking to safeguard residents by ensuring that they continue to receive skilled nursing facility level of care.

8. **GoLocalProv News**

May 29, 2020

Nursing Homes: A Western World Tragedy - Dr. Joe Amaral

By Dr. Joe Amaral, former President of RI Hospital, the Founder of Tipping Point Healthcare Innovation, and the Chief Medical/Science Advisor at Venture Investors.

My head has been spinning since writing "A Western World Tragedy". The implications of 30-80% of the now 100,000 deaths in the United States occurring in patients from nursing homes and long care facilities are staggering and surreal. Grandparents, parents, siblings, relatives, and friends are gone. Death under any circumstance is a tragedy to those left behind but it is even worse when they are not present in the final moments. How could this be? Mother Nature has a cruel way of showing her dominance over us. No matter how strong and smart we think we are, we do not rule.

My head is spinning for an unemotional reason as well. How can 30-80% of deaths from COVID-19 come from only 0.5% of the population? Furthermore, how does the fact that the location of residence is such an important determinant of outcome and death align with other information regarding COVID-19 we have received? The crowded indoor conditions of nursing homes do align with the notion that most outbreaks and cases are thought to occur primarily among people who congregate indoors. Churches, choirs, restaurants, and business meetings are cited as common sources for infections with COVID-19. The finding that COVID-19 is most deadly in the elderly makes me wonder if it is age or location that is the primary driver of death. In other words, are 80-year-old people living at home alone or with their spouse at as high a risk for death from COVID-19 as those in nursing homes? Is the viral dose they receive higher in the nursing home from the constant exposure to it in the environment of the nursing home?

Fifty-two percent of people who live in nursing homes are 85 years or older, 30.3% are 75-84 years of age, 11% are 65 -74, and 6% are less than 65 years of age. In comparison, the death rate for COVID-19 is 13.4% in patients 80 and older who are infected, 8.6%, for those in their 70s and 4% for those in their 60s. That is a pretty startling correlation, but still doesn't answer my question. Of course, people have multiple medical reasons for residing in nursing homes, otherwise they would be in their own home. But what if comorbid disease is an association but not the cause? Could the environment of the nursing home or crowded space be more important than the pre-existing diseases a person has? Does a person who has hypertension and is living at home have the same risk of being hospitalized or dying from COVID-19 as someone living in a nursing home? To address these questions, I reviewed five large studies that documented the main risk factors for hospitalization and death following COVID-19.

Hypertension, diabetes, chronic obstructive pulmonary disease, obesity, and dementia were the top five. Since these risk factors are also very common in the general population, is it an association or are people with these diseases at greater risk of dying? For example, hypertension in hospitalized and in the general population are about 30%. The studies did not give a clear answer. Additional studies identified diabetes and obesity did confer a higher risk in

those that have the illness than in those that do not. However, what was astonishing was none of the studies considered where patients lived prior to admission or how many people lived with them as the reason for the difference.
As I continued to ponder the role of living conditions, another observation came crashing into my head. Black people are impacted by COVID-19 much more often than the percentage of the population they represent. In many cities, Black patients were hospitalized at nearly three times the rate of white and Hispanic patients. Hispanic people are also disproportionately affected in some states by COVID-19. For example, Latinos account for more than 20 percent of coronavirus cases in Iowa though they are only 6 percent of the population.
Again, one of the reasons cited is the well documented higher prevalence of chronic conditions in these minority groups. However, one study found the difference in mortality remained even when differences in age, sex, income, and the prevalence of chronic conditions were considered. Yet, none of the studies compared living conditions prior to hospitalization and/or death.
Black and Latin people more commonly live in densely populated areas and have more people per household than the rest of the population. Furthermore, they disproportionately work jobs currently considered essential, but are paid non-living wages. Living conditions of these minority groups are speculated to be one of the reasons for the outbreak in New York.
Understanding the simple question of how and where people live is critical to understanding how to manage our lives safely as restrictions are eased. Do I have a higher risk of COVID-19 because of hypertension and diabetes or is where and how I live more important?
It is interesting to observe that when we are faced with an unknown such as SARS-CoV-2 we often excluded what we know about past epidemics and pandemic. We abandon good science and make guesses based on inconclusive results in the hopes we can resolve the problem as fast as possible. We focus on minute details like whether the disease can be spread as we speak and fail to recognize that the primary determinant of almost all prior respiratory epidemics is the social conditions under which people live.
Respiratory diseases are most easily transmitted by close personal contact. The book “How the Other Half Lives” by Jacob RIIS documents in words and photographs of how immigrants spread tuberculosis by living in crowded and despicable apartments in NYC. The essay I wrote on “Iceland and the Plague,” chronicles how the plague in Iceland was due to the respiratory spread of anthrax that was exacerbated by the close contact citizens shared during the cold winters in Iceland in their crowded homes. The Spanish Flu is remembered for the surge in cases following a Philadelphia parade, but we should also remember how groups of Eskimos all died in Alaska from crowding in their homes.
The importance of social conditions as the match that lights epidemics led to sanitary reform in the mid-1800s. The movement was established not by a physician but by a barrister from Manchester England, Edwin Chadwick. He collected extensive data to show that epidemic diseases correlated with the social backgrounds of sufferers and the localities where they lived. Poor sanitation and crowded housing were the root cause of many of the illnesses that plagued England. At the same time, John Snow, a physician in London, demonstrated that the source of cholera epidemics was not from bad air but from drinking water. Sanitation was a revolution of living conditions by

	establishing sewers and running water to homes. The result was epidemic disease dramatically dropped. An extreme view of living conditions based on an extensive review of history by the English medical historian and physician, Thomas McKeown, lead to two debated but important works "The Modern Rise of Population "and "The Role of Medicine: Dream, Mirage, or Nemesis?" in 1976. He argued that ultimately it is improvements in nutrition, wages, and sanitation that prevent epidemics and improve health. Medical science plays only a minor role. I do not believe McKeown is correct in his view that medical science plays a minor role. We have witnessed the longevity of human life increasing with advances in medicine for the past fifty years. Yet I do agree that medicine alone cannot overcome Mother Nature. Without Improvements in wages and living conditions, we will always be faced with the scourge of epidemics and pandemics. We will repeat the mistakes of the past and create panic and chaos as we face the unknown. I am left disheartened to realize that after so many years we still have vast numbers of our population that do not live under better living conditions or even worse that these conditions are imposed on them. Hopefully, after COVID-19 we will remember the words of Jonathan Nez, president of the Navajo Nation about the devastation Navajo Indians are experience with COVID-19: "but now that we're in the headlines, US citizens are finally realizing the deplorable conditions our people live in. We're fed up. This has got to end."
Private Equity	**9. The Hill** December 31, 2023 *Private equity is buying up health care, but the real problem is why doctors are selling* By Yashaswini Singh and Christopher Whaley *(*Yashaswini Singh is an assistant professor, and Christopher Whaley an associate professor, of Health Services, Policy, and Practice at the Brown University School of Public Health.) Who owns your doctor's office? More and more often nowadays, the answer is a private equity firm — a type of investment fund that buys, restructures, and resells companies. Over the last decade, private equity firms have spent nearly $1 trillion on close to 8,000 health care deals, snapping up practices that provide care from cradle to grave: fertility clinics, neonatal care, primary care, cardiology, hospices, and everything in between. We should all be concerned about how private equity is reshaping American health care. Although research remains mixed on how it affects quality of care, there is clear evidence that private equity ownership increases prices. These firms aim to secure high returns on their investments — upwards of 20 percent in just three to five years — which can conflict with the goal of delivering affordable, accessible, high-value health care. But amid warnings that private equity is taking over health care and portrayals of financiers as greedy villains, we're ignoring the reality that no one is coercing individual physicians to sell. Many doctors are eager to hand off their practices, and for not just for payday. Running a private practice has become increasingly unsustainable, and alternative employment options, such as working for hospitals, are often unappealing. That leaves private equity as an attractive third path.

	Consolidation in health care isn't new. For decades, physician practices have been swallowed up by hospital systems. According to a study by the Physicians Advocacy Institute, nearly 75 percent of physicians now work for a hospital or corporate owner. While hospitals continue to drive consolidation, private equity is ramping up its spending and market share. One recent report found that private equity now owns more than 30 percent of practices in nearly one-third of metropolitan areas. Years of study suggest that consolidation drives up health care costs without improving quality of care, and our research shows that private equity is no different. To deliver a high return to investors, private equity firms inflate charges and cut costs. One of our studies found that a few years after private equity invested in a practice, charges per patient were 50% higher than before. Practices also experience high turnover of physicians and increased hiring of non-physician staff. How we got here has more to do with broader problems in health care than with private equity itself.
Disability Topics	**10. Rhody Today** July 12, 2023 *URI team develops app for and with people with intellectual and developmental disabilities* *R3 app enables adults with IDD to recognize, report and respond to abuse* A team from the University of Rhode Island, working alongside the Massachusetts Disabled Persons Protection Commission and consultants with intellectual and developmental disabilities, has developed an app that teaches adults with intellectual and developmental disabilities how to recognize abuse and report it to authorities. The free app—R3: Recognize, Report and Respond—was recently made available through Apple and Amazon app stores for smartphones and tablets. Led by URI computer science professor Krishna Venkatasubramanian, the collaboration included the self-advocacy group Massachusetts Advocates Standing Strong and the Massachusetts Department of Developmental Services. … The finished app uses a combination of straightforward text, images, videos, and interactive follow-up activities to teach users to recognize different types of abuse—sexual, verbal, physical, financial and neglect—and teaches them how to report and respond to the abuse. Users can report abuse in multiple ways. On a smartphone, users in Massachusetts can directly call the commission's 24/7 hotline; on a tablet, users will get the hotline number to make the call from a phone. Users elsewhere can click on a link to the National Adult Protective Services Association website. Also, the app helps all users contact a designated trusted person who can help.
Aging Topics	**11. New York Times (free access)** January 4, 2024 *Ignore the hyperbaric chambers and infrared light: These are the evidence-backed secrets to aging well.* By Dana G. Smith Humans have searched for the secret to immortality for thousands of years. For some people today, that quest includes things like sleeping in a hyperbaric chamber, experimenting with cryotherapy or blasting oneself with infrared light. Most aging experts are skeptical that these actions will meaningfully extend the upper limits of the human life span. What they do believe is that by practicing a

few simple behaviors, many people can live healthier for longer, reaching 80, 90 and even 100 in good physical and mental shape. The interventions just aren't as exotic as transfusing yourself with a young person's blood.

"People are looking for the magic pill," said Dr. Luigi Ferrucci, the scientific director of the National Institute on Aging, "and the magic pill is already here." Below are seven tips from geriatricians on how to add more good years to your life.

1. Move more.

The number one thing experts recommended was to keep your body active. That's because study after study has shown that exercise reduces the risk of premature death.

2. Eat more fruits and vegetables.

The experts didn't recommend one specific diet over another, but they generally advised eating in moderation and aiming for more fruits and vegetables and fewer processed foods. The Mediterranean diet — which prioritizes fresh produce in addition to whole grains, legumes, nuts, fish and olive oil — is a good model for healthy eating, and it's been shown to lower the risk of heart disease, cancer, diabetes and dementia.

3. Get enough sleep.

Sleep is sometimes overlooked, but it plays a major role in healthy aging. Research has found that the amount of sleep a person averages each night is correlated with their risk of death from any cause, and that consistently getting good quality sleep can add several years to a person's life.

4. Don't smoke, and don't drink too much either.

This goes without saying, but smoking cigarettes raises your risk for all kinds of deadly diseases. "There is no dose of cigarette smoke that is good for you," Dr. Rowe said.

We're starting to understand how bad excessive alcohol use is, too. More than one drink per day for women and two for men — and possibly even less than that — raises the risk for heart disease and atrial fibrillation, liver disease, and seven types of cancer.

5. Manage your chronic conditions.

Nearly half of American adults have hypertension, 40 percent have high cholesterol and more than one-third have pre-diabetes.

6. Prioritize your relationships.

Psychological health often takes a back seat to physical health, but Dr. Chang said it's just as important. "Isolation and loneliness are as big a detriment to our health as smoking," she said, adding that it puts us "at a higher risk of dementia, heart disease, stroke."

7. Cultivate a positive mind-set.

Even thinking positively can help you live longer. Several studies have found that optimism is associated with a lower risk of heart disease, and people who score highly on tests of optimism live 5 to 15 percent longer than people who are more pessimistic.

12. *Wall Street Journal

December 29, 2023

How to Work—and Love It—Into Your 80s and Beyond

By Clare Ansberry

Gladys McGarey, 103, maintains a full schedule, echoing the anti-burnout habits of Munger, O'Connor and others

	The secret to staving off burnout from those who work six or more decades: a passion for what they do and an ability to reset after late-life setbacks. . . Their ability and the ability of others to actively work later in life offers potential lessons to those older people who want to continue working and younger ones who already feel burned out. Nearly half—48%—of workers under the age of 30 say they feel burned out at work, compared with four in 10 of those 30 and up, according to one recent survey. Dr. Gladys McGarey, 103, continues to consult, give talks and podcast interviews after nearly eight decades in the medical field. She started an Instagram account that has nearly 47,000 followers. . . Dr. Thomas Perls, who leads the New England Centenarian Study at Boston University, says some long-lived workers have the combination of being purposeful and having the right genetics. About 25% of our ability to reach our 90s is attributable to our genetic footprint, while the remaining 75% is related to our behavior and environment, he says. . . As people get older, they are better at discerning what really matters, he says, and what they can let go of. The goal isn't necessarily an 80-year career, but finding purpose in whatever we chose to do in our 80s and beyond, whether that is taking care of a grandchild, playing the piano, or joining a community theater. For many, there is passion, purpose, and love in the work. McGarey recently published her memoir and continues offering life-coaching sessions. She has conducted an estimated 200 interviews and podcasts since May.
Retirement	**13. New York Times (free access)** By Paula Span *The Income Gap Jeopardizing Retirement for Millions* January 6, 2024 "There's a lot of attention paid to the inequities between the very bottom and the top of income distribution," said Jack Chapel, the lead author of the study, an economist and doctoral candidate at the University of Southern California. "We wanted to look at the middle class, where people are struggling." Drawing on data from the national Health and Retirement Study between 1994 and 2018, the researchers found "a bifurcation" among Americans in their mid-50s, he said. In effect, they now divide into two middle classes: the more secure upper tier (which, in 2018, had on average more than $90,000 per person in annual resources, including income and the annualized value of home equity, retirement savings and pensions); and the increasingly precarious lower middle class. In 2018, people in that group had average annual resources of less than $32,000. . . For most middle-income people approaching retirement, she said, the primary source of wealth isn't home equity or retirement savings. It's Social Security benefits. One particularly stressed subset: older workers in physically demanding jobs. A report from the Older Workers Retirement Security Task Force, convened by the National Academy of Social Insurance, recently estimated that at least 10 million workers over age 50 belong in that category. Those jobs include "a lot of service-related work requiring you to be on your feet all day," said Joel Eskovitz, a member of the task force and an AARP policy

	director. “People in retailing, home health aides, janitors. And a lot of jobs connected with Amazon and other tech companies — warehouse work, deliveries.” Workers in these jobs are disproportionately Black, Hispanic, and Asian. . . Those with lower income have more chronic health conditions and are far more likely to describe their health as fair or poor. (One exception: Obesity has risen dramatically for both income groups.) That translates to differences in life expectancy, too. “Everyone is living longer, but the upper middle class is getting much more of a gain, and a higher proportion of their remaining years are quality years,” without serious health problems, Mr. Chapel said. Between 1994 and 2018, life expectancy at age 60 increased twice as much for upper-middle-class men and women as for those in the lower middle class. **14. CNBC** March 10, 2023 *An 85-year Harvard study on happiness found the No. 1 retirement challenge that ‘no one talks about’* By Marc Schulz and Robert Waldinger As participants entered mid- and late-life, the Harvard Study often asked about retirement. Based on their responses, the No. 1 challenge people faced in retirement was not being able to replace the social connections that had sustained them for so long at work. When it comes to retirement, we often stress about things like financial concerns, health problems and caregiving. But people who fare the best in retirement find ways to cultivate connections. And yet, almost no one talks about the importance of developing new sources of meaning and purpose. . . For many of us, work is where we feel that we matter most — to our workmates, customers, communities, and even to our families — because we are providing for them. . . Keane’s realization teaches us an important lesson not only about retirement, but about work itself: We are often shrouded in financial concerns and the pressure of deadlines, so we don’t notice how significant our work relationships are until they’re gone. To create more meaningful connections, ask yourself: • Who are the people I most enjoy working with, and what makes them valuable to me? Am I appreciating them? • What kinds of connections am I missing that I want more of? How can I make them happen? • Is there someone I’d like to know better? How can I reach out to them? • If I’m having conflict with a coworker, what can I do to alleviate it? • Who is different from me in some way (thinks differently, comes from a different background, has a different expertise)? What can I learn from them?
End of Life	**15. New York Times (free access)** December 28, 2023 ***I Promised My Sister I Would Write About How She Chose to Die*** By Steven Petrow On the day before my sister Julie died, I lay down on her bed and held her gingerly in my arms, afraid that any pressure would hurt her. She had lost so

	much weight that she looked like a stick figure I might have drawn when we were kids. As her body had wasted, her tumors had grown — now several of them bigger than baseballs. Her abdomen looked like the lunar landscape, with protrusions everywhere, the sources of her pain plainly visible. Two and a half months earlier, her oncologist explained that these tumors might soon block the liver's ability to drain properly, resulting in liver failure, usually a fast and painless death. "It will be as though you're going to sleep," I remember him telling us on a Zoom call. . . Two months earlier, I joined a conversation my sister and her wife were having with a social worker, a new member of their hospice care team. They kept discussing "the MAID," which I soon came to understand is the acronym for the New Jersey law referred to as Medical Aid in Dying. It allows New Jersey residents with terminal illnesses to choose to end their lives by taking a cocktail of life-ending medications. This important piece of legislation was enacted in 2019, and as of last year, 186 people had chosen to die this way. (That's a very small percentage of annual New Jersey deaths.) Julie, a lawyer, had done her research and had told me that New Jersey is one of only 11 jurisdictions (10 states and the District of Columbia) that allow medical aid in dying, also known as death with dignity and end-of-life options. If you live in one of the other 40 states, you must wait for the Grim Reaper to pay a visit, no matter how much pain and suffering that entails. Nor can you pack up and move to New Jersey (or most other states where MAID is legal), because you must be a resident to qualify, which, at best, can take time. Time is usually not readily on hand for those who are terminally ill. In late 2017, Julie learned she had advanced ovarian cancer. Since then, she'd endured one nine-hour surgery, six rounds of chemo, three recurrences and two clinical trials. "Enough," my sister told her oncologist a few days before her 61st birthday, in April of this year. "I've decided to end treatment," she added, to make sure he understood, and then sang, off-key, the famous Carol Burnett song, "I'm So Glad We Had This Time Together." She asked, "How much time do I have left?" His reply: "Two or three months, at the most." . . . In recent months, lawmakers in at least nine other states have introduced MAID legislation, but opponents remain adamant. As recently as last year, Pope Francis condemned assisted suicide, saying, "We must accompany death, not provoke death or help any kind of suicide." Other objections come from advocacy groups like the National Council on Disability, an independent federal agency that advises on government policies affecting people with disabilities; the council fears the potential exploitation of vulnerable people, especially if they feel they are a burden to family members.
From Other States	**16. KRDO News** January 6, 2024 *Family members say residents housed at Colorado Springs nursing home have been evacuated* By Emily Coffey {Daughter of a resident, Amy] Fairweather says they also received notifications that the Colorado Department of Health and Environment wanted all of the personal belongings of the patients living there destroyed. **17. Associated Press** January 5, 2024

61-year-old with schizophrenia still missing three weeks after St. Louis nursing home shut down

By Jim Salter

18. **GoLocalProv News**

January 1, 2024

Union Blasts McKee for Suspending Penalties and Siding with For-Profit Nursing Homes

By GoLocalProv News Team

Late on Friday afternoon, [Rhode Island] Governor Dan McKee signed an Executive Order that suspended the enforcement provision against nursing homes that did not meet the requirements for minimum staffing.

The General Assembly passed in 2021, and McKee signed the law assessing penalties for nursing homes that fail to meet certain minimum staffing.

McKee claimed in his executive order, "The estimated net costs of enforcing the minimum staffing level compliance and enforcement program pursuant to the law would be approximately $60 million, further straining nursing home resources and potentially resulting in additional closures and forcing the relocation of residents.". . .

But leaders in passing the legislation ripped into McKee's actions.

Jesse Martin, Executive Vice President of SEIU 1199NE and member of Raise the Bar on Resident Care Coalition, said in a statement to GoLocal, "Governor McKee signed The Nursing Home Staffing and Quality Care Act into law in 2021 after a majority of COVID-related deaths were found in nursing homes and assisted living facilities. Although studies have shown that safe staffing is the primary way to ensure quality care, Rhode Island now ranks 38th in the country according to the AARP."

Martin said that the problem in compliance is with the for-profit nursing out-of-state and that non-profit facilities comply with the staffing requirements. . .

Since the passage of the law, the Department of Health has not issued any fines to nursing homes under this law.

19. **Cal Matters**

January 1, 2024

New California laws for 2024: Nursing homes must provide more information before evictions

By Jocelyn Wiener

In summary

The new law is meant to help nursing home residents understand the reasons for their discharge and inform them of their rights to appeal.

Threat of eviction is one of the biggest problems facing California's nursing home residents. Residents often don't even know why they're being forcibly discharged.

A new state law taking effect today seeks to rectify this with a simple change: nursing homes are now required to offer residents copies of any information that explains why they're being evicted.

That includes providing copies of the discharge plan and the date, place, and names of witnesses to any incidents related to the discharge. In some places, it could also include information about why the facility cannot meet the residents' needs.

20. **State of Rhode Island**

December 29, 2023

	Governor of Rhode Island Signs Executive Order Limiting State Staffing Mandate Enforcement On December 29, 2023, Gov. Dan McKee (D) signed an executive order suspending fines for nursing homes that fail to meet minimum staffing standards. McKee shared that since January 2020, Rhode Island has lost over $50 million in annual nursing home funding and six nursing homes have closed due to inability to staff, which has caused over 100 Rhode Island residents to relocate to different nursing facilities. Senior Communications Advisor, Matt Sheaff, shared that the executive order's purpose is to provide "clarity and predictability" regarding nursing home minimum staffing fines while the administration works to find long-term solutions and prevent further closures.
From Other Countries	**21.**
Legislative Updates  Advocates for ***S.2546*** in the Senate Lobby. Picture courtesy of Sadie Simone, MetroWest Center for Independent Living.	***22. S.2546 An Act expanding wheelchair warranty protections for consumers with disabilities*** **Status** S. 2541 Passed to be engrossed (39/0) January 4, 2024; renumbered as **S.2546**; sent to the House **Summary** Rewrites GL 93:107, originally relating to customized wheelchairs, to provide a variety of consumer protections to individuals with disabilities purchasing or leasing any kind of manual or motorized wheelchair; requires wheelchair manufacturers to provide to consumers a statement outlining the terms of an express warranty for the wheelchair; requires the warranty to last for a minimum of two years, and allow for defective wheelchairs to be either repaired, replaced or returned as appropriate; directs the Office of Consumer Affairs and Business Regulation to file an annual report with the legislature on the status of a preexisting alternate arbitration mechanism governing disputes under this section. Additionally, amends several GLs governing health insurance to prohibit carriers from requiring preauthorization for repairs of individually configured wheelchairs estimated to cost less than $1,000. **News reports** Senate Approves New Protections for Wheelchair Users; **State House News Service**; January 5, 2024 Wheelchair warranty bill clears Senate alongside fentanyl test strip legalization, blue envelope bill; **Boston Herald**; January 5, 2024 'We've been fighting so hard': Senate passes bill to address wheelchair repairs that can drag on for months; **Boston Globe**; January 4, 2024 (updated)
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.
Websites	***The Society for Post-Acute and Long-Term Care Medicine*** **https://paltc.org/** The Society for Post-Acute and Long-Term Care Medicine is the only medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-acute and long-term care (PALTC)

	settings. The Society's 5,500 members work in skilled nursing facilities, long-term care, and assisted living communities, CCRCs, home care, hospice, PACE programs, and other settings. The Society has two affiliate organizations. The American Board of Post-Acute and Long-Term Care Medicine runs a certification program for medical directors in PALTC, credentialing Certified Medical Directors (CMDs). The Foundation for Post-Acute and Long-Term Care Medicine oversees awards, community outreach, education, and research with the mission to advance the quality of life for persons in PALTC through inspiring, educating, and recognizing future and current health care professionals. ***Global COVID-19 Tracker*** **KKF** This tracker provides the cumulative number of confirmed COVID-19 cases and deaths, as well as the rate of daily COVID-19 cases and deaths by country, income, region, and globally. It will be updated weekly, as new data are released. As of March 7, 2023, all data on COVID-19 cases and deaths are drawn from the World Health Organization's (WHO) Coronavirus (COVID-19) Dashboard. **Harvard Study of Adult Development** *https://www.adultdevelopmentstudy.org/*	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in *The Dignity Digest.*	
Previously posted funding opportunities	For open funding opportunities previously posted in *The Tuesday Digest* please see https://dignityalliancema.org/funding-opportunities/.	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	**Nursing home**	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
Nursing Home Closures	**Massachusetts Department of Public Health** *South Dennis Health Care* Target closure date January 30, 2024 Notice of Intent to Close (PDF) | (DOCX)	
Nursing homes with admission freezes	**Massachusetts Department of Public Health** *Temporary admissions freeze* There have been no new postings on the DPH website since May 10, 2023.	
Massachusetts Department of Public Health Determination of Need Projects	**Massachusetts Department of Public Health** ***Determination of Need Projects: Long Term Care*** **2023** **Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure**	

	Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project **2022** **Ascentria Care Alliance – Laurel Ridge** **Ascentria Care Alliance – Lutheran Housing** **Ascentria Care Alliance – Quaboag** **Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation** **Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure** **Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation** **Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation** **Next Step Healthcare LLC-Conservation Long Term Care Project** **Royal Falmouth – Conservation Long Term Care** **Royal Norwell – Long Term Care Conservation** **Wellman Healthcare Group, Inc** **2020** **Advocate Healthcare, LLC Amendment** **Campion Health & Wellness, Inc. – LTC - Substantial Change in Service** **Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation** **2020** **Advocate Healthcare of East Boston, LLC.** **Belmont Manor Nursing Home, Inc.**
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* https://tinyurl.com/SpeciialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. **What can advocates do with this information?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.

- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
  https://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

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

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

- Charwell House Health and Rehabilitation, Norwood (15)
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Glen Ridge Nursing Care Center (1)
  https://www.genesishcc.com/glenridge
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225523
- Hathaway Manor Extended Care (1)
  https://hathawaymanor.org/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225366
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)
  https://www.medwaymanor.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225412
- Mill Town Health and Rehabilitation, Amesbury (14)

	No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**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?) # 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
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website*

	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: • **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. 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
Data on Ownership of Nursing Homes	**Centers for Medicare and Medicaid Services** *Data on Ownership of Nursing Homes* 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.
Long-Term Care Facilities Specific COVID-19 Data	**Massachusetts Department of Public Health** *Long-Term Care Facilities Specific COVID-19 Data* *Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.* **Table of Contents** • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	• 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	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

	Workgroup	Workgroup lead	Email

Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	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
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
The Dignity Digest	For a free weekly subscription to *The Dignity Digest:* https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of *The Dignity Digest* • Dick Moore • Brianna Zimmerman Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of *The Dignity Digest.* *If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.*		

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.