



The Dignity Digest

Issue # 170

January 18, 2024

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

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

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

Spotlight

Scrutinize private equity's involvement in health care

***Boston Globe**

January 17, 2024

By The Editorial Board

Higher prices, worse outcomes don't serve patients or providers.

When Pamela Daly got new wheelchair brakes, they rattled and didn't work. She complained to the manufacturer but after a month was still waiting for replacements. Daly, a disability rights advocate, was late to an event at the State House because the chair slipped while she was getting into it and she fell to the floor and had to call paramedics. Daly's brake problem is among a [litany of complaints](#) wheelchair users have made about shoddy fixes and lengthy waits for repairs by the two companies that [control a majority](#) of the wheelchair market — Numotion and National Seating and Mobility.

A bill [passed by the state Senate](#) earlier this month would require companies to diagnose problems within days and provide a loaner chair while repairs are ongoing. A wheelchair industry trade group backs a competing bill that would address insurance barriers and reimbursement.

In addition to these important issues affecting wheelchair users, which lawmakers should resolve, the problem points to a larger issue affecting many aspects of health care: the growing involvement of private equity.

Private equity is a form of investment where investors buy a stake in a company with the goal of increasing its value then selling it. In a typical transaction, a private equity firm takes money from investors (like pension funds) and combines it with money borrowed from a bank to buy a health care provider. It sells the provider after three to seven years. The private equity firm takes management fees and profits when the provider is sold.

Private equity is not necessarily a bad form of ownership. It is often used to make companies more efficient. But it creates pressure to obtain short-term returns, and the strategies that pull profits from health care companies may not serve patients.

For example, in the wheelchair market, reporting by [Mother Jones](#) and the financial watchdog [Private Equity Stakeholder Project](#) found

that private equity-owned Numotion and National Seating and Mobility bought out their competitors, then won Medicare contracts by offering low prices. That led to less competition and also a need to keep costs low, whether by using lower-quality parts or hiring fewer repair technicians. (The companies [acknowledge](#) service challenges but blame factors like insurance requirements and labor shortages.) Medical equipment is only one health care segment eyed by private equity. The Massachusetts Health Policy Commission [released data](#) in December that show that of 158 transactions involving health care providers between 2013 and 2022, 71 involved private equity firms, 29 of which occurred in 2021 or 2022. The majority of private equity transactions involved home health and hospice, behavioral health, and dental offices.

Eileen O’Grady, research and campaign director at the Private Equity Stakeholder Project, said private equity gravitates toward fields that are fragmented, where firms can buy up competitors. Home health and behavioral health are also growing markets, with an aging population and regulatory changes that provide more insurance coverage for mental health and substance use treatment.

While there is less data available from these industries, studies of private equity investment in hospitals and physician practices suggest it is correlated with higher prices and lower quality.

A [study published](#) in JAMA in December found that private equity acquisition of hospitals was associated with a 25 percent increase in hospital-acquired conditions, like falls and infections. Dr. Zirui Song, associate professor of health care policy and medicine at Harvard Medical School, [presented data](#) to the Health Policy Commission showing that hospitals acquired by private equity charged more than other hospitals and saw their income rise by an average of \$2.3 million annually. They also had higher rates of complications and mortality.

Physician practices acquired by private equity increased prices by 11 percent on average, Song said. Nursing homes acquired by private equity had higher rates of mortality, hospitalizations, and emergency department visits.

Song said one reason for worse outcomes may be that to cut costs, providers often cut staff and replace physicians with lower-cost nurses or physician assistants, while increasing patient volume. Private equity investors also use financial strategies that load providers with debt, which pressures them to find cash quickly. That incentivizes cost-cutting measures like layoffs rather than measures to slowly grow a practice.

There have been high-profile financial problems at several private equity-owned hospitals, like the [2019 bankruptcy and closure](#) of Philadelphia’s Hahnemann University Hospital. In Rhode Island, the attorney general [sued private equity](#) firm Prospect Medical Holdings

	<p>last year for violating conditions imposed on the firm when it acquired two hospitals, including owing millions of dollars to vendors. Prospect Medical Holdings left three Connecticut hospitals in dire financial straits and made severe operational cuts, according to the Connecticut Mirror news outlet, and a potential buyer of the hospitals is now seeking state money for the purchase. In Massachusetts, private equity-owned Wellpath, which provides prison health care, is being scrutinized for alleged poor care and inadequate staffing. With the growing ubiquity of private equity, a vital first step is for the Legislature to give the Massachusetts Health Policy Commission authority, which the agency has asked for, to collect data on and scrutinize private equity transactions. Currently, state law requires health care providers to notify the commission when they merge with or are acquired by a hospital, insurer, or other provider if the transaction meets certain revenue thresholds. Expanding the law to require notification of transactions involving for-profit, non-health care entities, with a low revenue threshold, would increase transparency. It would also provide oversight, since the commission can conduct in-depth investigations on market impacts or refer transactions to the attorney general for scrutiny. Having that data will let lawmakers consider whether additional policy steps are warranted. For example, a Massachusetts law prohibiting the “corporate practice of medicine” likely needs modernizing to reflect business arrangements that developed after the law was written. Lawmakers could consider regulating the terms of financial relationships, like limiting the amount of debt that can be used in a health care transaction or imposing financial liability on a private equity firm if a provider declares bankruptcy. It’s better to consider common-sense regulations proactively than wait until a local provider is in crisis.</p>
<p>Quotes</p>	<p><i>“Whenever you make something easier for one community, you're making it easier for everyone. If you invest in us, we will invest back. But also, if you invest in us, you really invest in everyone. You can only win by making your product more accessible.”</i></p> <p>Xian Horn, a disability advocate and beauty consultant, How Cosmetic Brands Are Creating More Accessible Makeup, Brain and Life, December 2023 / January 2024</p> <p><i>“Rising housing costs are impacting people across Massachusetts, especially our older residents,” said. “By reserving these new homes for those age 55 and older and making the majority of them affordable, we’re sending a</i></p>

message that we value our long-time Massachusetts residents and want them to stay in the state they helped make a great place to live.”

Lieutenant Governor Kim Driscoll, [Healey-Driscoll Administration Announces Conversion of Former State Hospital into a 141-Unit Housing Development](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, December 14, 2023

“Walnut Street is an example of the enormous potential for utilizing state-owned land to build more housing for Massachusetts residents, but it is also an example of where we can do better. The process for disposing of surplus state land for important uses like housing has, in the past, taken too long. [The Affordable Homes Act](#) proposed by the Healey-Driscoll Administration would create paths to streamline the disposition of properties like this.”

Ed Augustus, Secretary of Housing and Livable Communities, [Healey-Driscoll Administration Announces Conversion of Former State Hospital into a 141-Unit Housing Development](#), Office of Governor Maura Healey and Lt. Governor Kim Driscoll, December 14, 2023

In addition to these important issues affecting wheelchair users, which lawmakers should resolve, the problem points to a larger issue affecting many aspects of health care: the growing involvement of private equity.

The Editorial Board, [Scrutinize private equity’s involvement in health care](#), ***Boston Globe**, January 17, 2024

One of the blessings of age is that most of us get along with ourselves better than when we were young.

[Age makes the miracles easier to see](#), ***Washington Post**, January 17, 2024

“‘Anti-aging’ are toxic, horrible words that are fed to us from a young age to make us think that aging is awful and aging is a privilege. It’s where your power is, it’s where your strength lies.”

[Brands find a new way to reach many consumers: Older women](#), ***Washington Post**, January 16, 2024

	<p><i>Private equity-linked insurers “are shifting assets from staid, more traditional investments to riskier, more opaque, more complex and more illiquid ones. That combination raises concerns”.</i></p> <p>Patrick Woodall, a senior fellow at Americans for Financial Reform, Private Equity’s Move Into Insurance Provokes Systemic-Risk Concerns, *Wall Street Journal Pro, January 4, 2024</p> <p><i>"What has been less understood is how much of this new capital that private equity is getting is coming from the acquisition of insurance companies, and then in turn, insurance companies buying up a lot of the assets that private equity tends to originate. It's almost like you have this circular financing scheme that has been created now with private equity and insurance."</i></p> <p>Andrew Park, senior policy analyst for Americans for Financial Reform, Private equity stake in life insurers draws new round of critical reports, (Insurance Newsnet, January 9, 2024</p> <p><i>"The group of patients who were using hearing aids regularly had a 24% lower risk of mortality compared to the group who never use hearing aids.” Meaning, the participants who were in the habit of wearing hearing aids were significantly less likely to die early.</i></p> <p>Dr. Janet Choi, an otolaryngologist with Keck Medicine, University of Southern California, Hearing aids may boost longevity, study finds. But only if used regularly, All Things Considered – Shots, January 4, 2024</p> <p><i>Framed another way, it’s as if the United States entered middle age in 2023. For better or worse, we may be experiencing some of the angst that accompanies such a transition.</i></p> <p>5 U.S. Facts and Trends in 2023 That You Should Know, Population Reference Bureau, January 4, 2024</p>
Funding Opportunity	<p>2024 AARP Community Challenge</p> <p>The AARP Community Challenge provides small grants to fund quick-action projects that can help communities become more livable for people of all ages. In 2024, the AARP Community Challenge will be accepting applications for three different grant opportunities, each described below in the "Grant Opportunities" section.</p>

	<p>IMPORTANT DATES</p> <ul style="list-style-type: none"> • January 10: Application window opens. • January 31: <i>Optional</i> Q&A Webinar 2 p.m. (ET) / 11 a.m. (PT) Register here • March 6: Application deadline 5 p.m. (ET) / 2 p.m. (PT) Apply here • Mid-May: Applicants will be notified by email of their selection status. • June 12: Deadline for grantees to return their completed MOU (memorandum of understanding) and vendor forms. • June 26: Live public announcement of the selected grantees — and work on the projects begin! • December 15: All projects must be completed. • December 31: Deadline for after-action reports. <p>Applicants and others with questions can look at the Frequently Asked Questions or email CommunityChallenge@AARP.org.</p>
Recruitment	<p>The Consumer Voice <i>Policy and Program Specialist</i></p> <p>The National Consumer Voice for Quality Long-Term Care (Consumer Voice) seeks a Policy and Program Specialist with at least three years of experience and a passion for consumer empowerment and justice for long-term care residents to join our team. The successful candidate will work to improve quality care and quality of life for residents through increased transparency and accountability of long-term care providers and promote policies that support the provision of person-centered care and empowers consumers. Consumer Voice staff work remotely across the country. This position can be based remotely from anywhere in the United States.</p> <p>Applications should be submitted by January 25th for first consideration, although applications will be accepted until the position is filled. Questions about the position can be directed to info@theconsumervoice.org.</p> <p>Responsibilities:</p> <ul style="list-style-type: none"> • Work with the Director of Public Policy and team members to develop and enhance policies supporting transparency and accountability of long-term care providers, increased staffing requirements, and quality care for long-term care consumers. Support administrative and legislative advocacy in these areas. • Collect and analyze data; conduct research and write materials to support education and advocacy of policy and program priorities, including issue briefs, fact sheets, advocacy alerts, reports, and letters. • Carry out program work related to grant-funded initiatives including managing project work plans, advisory committees, reporting, and communications. • Work with other Consumer Voice team members to advance organizational objectives and our policy and advocacy agenda. • Some travel for meetings and conferences, approximately 2-4 times per year. <p>Requirements:</p> <ul style="list-style-type: none"> • Applicable educational/professional background, such as a Master’s degree, JD, or Bachelor's degree. • At least three years policy and advocacy experience related to long-term care and nursing homes.

	<ul style="list-style-type: none"> • Excellent communication skills, including the ability to write and communicate clearly and effectively. <p>Desired:</p> <ul style="list-style-type: none"> • Familiarity with Excel or other spreadsheet programs. • Experience developing and delivering training for advocates or consumers. • Experience conducting federal or state-based policy analysis and advocating with legislative offices or administrative agencies. • Experience working collaboratively with others, working with coalition partners, building relationships. • Excellent organizational, planning, and time management skills. <p>Applications received by January 25, 2024 will receive first consideration. For more information and to apply: The Consumer Voice REquipment, Inc.</p> <p><i>Executive Director</i></p> <p>REquipment is seeking an experienced disability leader in Massachusetts who embraces and embodies REquipment’s mission and values. Reporting to the Board of Directors, the Executive Director (ED) will have overall strategic and operational responsibility for the REquipment Durable Medical Equipment (DME) and Assistive Technology (AT) Reuse Program, staff, programs, expansion, and execution of its mission. The ideal candidate will have and/or develop deep knowledge of their use field, core programs, operations, and business plans. The candidate must have experience overseeing the day-to-day administration and operational functions of a non-profit or advocacy organization and deep roots in the disability community. The candidate will work under the direction of REquipment’s Board of Directors and provide leadership for REquipment’s fiscal/program managing REquipment’s staff of 12-15 full time and part time employees with a budget of \$900,000. This is an exciting opportunity for a leader with a disability to partner closely with the Board of Directors to continue the implementation of REquipment’s work while charting REquipment’s future growth and strategic responses to a dynamic and ever-growing need for durable medical equipment and assistive technology to live, work and play in the community. This is a remote position, but the ED must live in Massachusetts. For more information click here.</p>
Call for Session Proposals	<p>The Consumer Voice</p> <p>Consumer Voice 48th Annual Conference</p> <p>Each year, Consumer Voice hosts a conference to educate and empower consumers and consumer advocates. The conference covers long-term care issues, including current trends, best practices, advocacy opportunities, and new research. Our conference gives attendees the opportunity to learn, network, and exchange ideas with advocates from all over the country. The 2024 Conference will be in-person, and conference plenaries and workshops will be livestreamed. The conference will be held September 23 to 26, 2024 in San Francisco, California.</p> <p>The Consumer Voice is seeking proposals for conference sessions that create an engaging, informative conference agenda that provides resources, tools, opportunities for discussion, and strategies our attendees can incorporate in their life and/or advocacy.</p> <p>Two easy steps to submit a proposal:</p> <ol style="list-style-type: none"> 1. Review the Call for Proposals and Presenter Requirements.

	<p>2. Submit your proposal via Survey Monkey. NOTE: You will not be able to save incomplete submissions in SurveyMonkey, so you may want to review and print or save the PDF version of the proposal questions so you can plan your responses prior to starting the submission. Proposals are due by March 1, 2024.</p>
<p>Guide to news items in this week's <i>Dignity Digest</i></p>	<p>Nursing Homes Advocating for Rights and Better Care (The Consumer Voice)</p> <p>Housing Healey-Driscoll Administration Announces Conversion of Former State Hospital into a 141-Unit Housing Development (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, December 14, 2023)</p> <p>Private Equity Private equity stake in life insurers draws new round of critical reports (Insurance Newsnet, January 9, 2024) Private Equity's Move Into Insurance Provokes Systemic-Risk Concerns (*Wall Street Journal Pro, January 4, 2024) Private Equity's Life Insurance Gambit (Americans for Financial Reform, December 2023)</p> <p>Covid / Long Covid What's new with COVID-19? (1A – NPR (audio report), January 17, 2024) CDC Has Improved the Nursing Homes Reporting Process for COVID-19 Data in NHSN, but Challenges Remain (Office of Inspector General, U.S. Department of Health and Human Services, January 2024)</p> <p>Disability Topics How Cosmetic Brands Are Creating More Accessible Makeup (Brain and Life, December 2023 / January 2024)</p> <p>Aging Topics Age makes the miracles easier to see (*Washington Post, January 17, 2024) Brands find a new way to reach many consumers: Older women (*Washington Post, January 16, 2024) Hearing aids may boost longevity, study finds. But only if used regularly (All Things Considered – Shots, January 4, 2024)</p> <p>Demographics 5 U.S. Facts and Trends in 2023 That You Should Know (Population Reference Bureau, January 4, 2024)</p>
<p>Webinars and Other Online Sessions</p>	<p>1. Conversations for Caring Tuesday, January 23, 2024, 1:00 to 2:30 p.m. Working with Diverse Client Populations: Racial Justice and Understanding Inequity Presenter: Dr. Gary Bailey, PhD Many individuals of color have not only experienced violence and discrimination at the interpersonal level, but also live in communities that are alive with symptoms of trauma, and as a result have an increased likelihood of developing health related problems because of this exposure. Physical violence, or threat of violence leads to trauma, which contributes to poorer health outcomes for those individuals who are impacted. The impact of primary and secondary trauma has been correlated with many medical conditions. Dr. Bailey's presentation will examine the intersection of trauma and racism that are experienced by individuals across the life span. Dr. Bailey is the MSW Program Director at Simmons School of Social Work in</p>

Boston and was instrumental in developing a mandate requiring licensed Social Workers in Massachusetts to complete 2 CE hours in anti-racism, and 1 CE hour in anti-discrimination per year. That mandate went into effect on September 28, 2023.

Fee: \$25.00

2. January RTAG General Meeting

Thursday, January 25, 2024 3:00 to 5:00 p.m.

This is a forum where riders can provide input and feedback regarding accessible transportation. The group meets with the MBTA, Department of System-Wide Accessibility and The RIDE.

Register here:

<https://us02web.zoom.us/meeting/register/tZwvd-CspjltGNULujkr3Yj5LG7Cg8W5pYh0>

After registering, you will receive a confirmation email containing Zoom access information about joining the meeting.

RTAG meetings are accessible to people with disabilities and those with limited English proficiency. American Sign Language (ASL) will be provided for this meeting. Other accessibility accommodations and language services will be provided free of charge, upon request, as available.

If you have any questions or to request a reasonable accommodation or language services, please contact Kat at rtagboston@bostoncil.org or by phone at 978-893-8100.

3. Boston Center for Independent Living

Free Application for Federal Student Aid (FAFSA) Workshop.

Friday, January 26, 2024, 5:00 to 6:30 p.m.

BCIL is excited to invite you/your student(s) to our upcoming Free Application for Federal Student Aid (FAFSA) Workshop. The purpose of this workshop is to help future college students understand the FAFSA before filling it out to ensure a smooth and successful submission. Students, parents, and other family members are welcome to attend.

This workshop will be held in hybrid format, with a Zoom option, as well as an in-person option at BCIL's Downtown Crossing office (60 Temple Place, 5th floor, Boston).

Location: On Zoom or in-person at 60 Temple Place, 5th Floor, Boston, MA 02111

Zoom link: <https://us02web.zoom.us/j/87157702291>

Agenda:

- What is the FAFSA?
- EFC (expected family contribution), COA (cost of attendance)
- Financial aid timeline
- Loans, Scholarships, Grants

To register, please fill out the form below. Parent/guardian signature needed for students under 18. If you are a parent/guardian filling out the form, please use the information of your child.

<https://forms.office.com/r/u6AfuFVbsD>

Para la forma de inscripción en español, haga clic aquí: <https://forms.microsoft.com/r/3s9aiZhtwr>

If you are looking for additional support in filling out the FAFSA, appointments can be scheduled for 1:1 help with a facilitator between 1/29 and 2/23. A link to

	<p>schedule assistance appointments will be sent to attendees on the day of the workshop.</p> <p>Please reach out to ewalters@bostoncil.org or 617-992-5413 with any questions.</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Nursing Homes	<p>4. The Consumer Voice Advocating for Rights and Better Care Consumer Voice's fact sheet, Advocating for Rights and Better Care, provides tips for resident and families for advocating for change in their nursing facilities and advocacy strategies for impacting long-term care policy. Nursing home residents have the right to quality, person-centered care, but too often, residents find themselves in situations where their rights are being violated and their needs are not being met. It is important to know the steps to take to advocate for yourself or your loved one when this happens. If things go wrong, there are specific actions you can and should take to try and change the situation within the facility. There are also ways to advocate for change on a broader level outside of the facility.</p>
Housing	<p>5. Office of Governor Maura Healey and Lt. Governor Kim Driscoll December 14, 2023 Healey-Driscoll Administration Announces Conversion of Former State Hospital into a 141-Unit Housing Development <i>Walnut Street in Foxborough will create affordable housing for those age 55 and over</i> [T]he Healey-Driscoll Administration announced that a former state hospital will be converted into more than 100 units of affordable housing, financed by millions of dollars in state and federal tax credits, subsidies and funding. Walnut Street is a 141-unit housing development located on the site of the former Foxborough State Hospital, which closed in 1975. The new housing development consists of 141 new construction units, restricted to those age 55 and over. A total of 120 units will be reserved for individuals or families earning less than 60 percent of the area median income, and 35 of those will be further reserved for those earning less than 30 percent of the area median income. The development is a partnership between Peabody Properties, Affordable Housing Services Collaborative, and Onyx, a new Black woman owned developer specializing in affordable housing with a focus on equity and inclusion. . . Insurers owned by private equity are particularly risky due to their concentrations of complex assets as well as their use of insurance assets to fund buyouts, AFR said in a new report. For instance, about 10% of the bond investments by U.S. private equity-linked insurers last year were transactions with affiliated entities, the AFR report said citing NAIC data. The report also underscored the possibility of systemic risk in private-equity insurance deals. Patchwork U.S. insurance regulations—with no federal regulator, the industry is overseen by state authorities—are “no match for the complex, opaque and risky financial transactions that private-equity ownership is bringing to the insurance industry,” the report says.</p>
Private Equity	<p>6. Insurance Newsnet January 9, 2024 Private equity stake in life insurers draws new round of critical reports By John Hilton</p>

Private equity firms continue to stalk insurance company takeovers and critics say the potential for a financial disaster grows along with that trend. Americans for Financial Reform, a Washington, D.C.-based nonprofit group that advocates for stronger regulation of Wall Street firms, is the latest group to raise alarm bells on what it deems to be risky private equity investment of policyholder funds.

AFR's new study grew out of its analysis of the relationship between private equity and public pension funds. . .

The private equity insurance buying spree dates to the 2008 financial crisis but picked up significantly in recent years. At the end of 2022, private equity firms owned 137 U.S. insurance companies with \$533.7 billion in assets representing 6.5% of total U.S. insurance assets, according to data from the National Association of Insurance Commissioners.

The private equity hunt for insurance assets involves the biggest names on Wall Street. In a 2021 deal, Global Atlantic Financial Group was [acquired](#) by global investment company KKR & Co. for \$4.4 billion.

7. *Wall Street Journal Pro

January 4, 2024

[*Private Equity's Move Into Insurance Provokes Systemic-Risk Concerns*](#)

By Chris Cumming

Private equity's ties to insurers were already criticized for posing risks to policyholders' nest eggs. Now the Treasury and IMF say those investments warrant greater monitoring for possible threats to the financial system.

Financial authorities want to know more about whether surging private-equity investment in the insurance sector poses risks to the broader economy.

In recent weeks, the Financial Stability Oversight Council—a U.S. Treasury Department panel formed to protect the financial system—and the International Monetary Fund both released reports questioning whether private-equity control of insurance companies makes the financial system less stable.

Their comments address a sea change in the insurance business. Over the past decade, alternative asset managers have [plunged into the business](#) and now oversee a significant portion of life insurance and annuity assets in the U.S. Linking up with an insurer provides buyout firms a steady stream of asset-management fees. . .

Private-equity investment has dramatically changed the life insurance and annuity business over the past decade. By 2022, buyout firms owned 137 U.S. insurance companies with \$534 billion in assets, about 6.5% of the entire U.S. market, up from 90 insurers and \$314 billion in 2018, around 4.8% of the market, according to NAIC data. For competitive reasons, firms not owned by private equity are under pressure to seek out its investment.

8. Americans for Financial Reform

December 2023

[*Private Equity's Life Insurance Gambit*](#)

The private equity industry tightened its grip on the economy in the wake of the 2008 financial crisis and is now further expanding its reach and influence by buying insurance companies, primarily life insurers and retirement annuity providers. As Institutional Investor reported, private equity firms “have long salivated over insurance company assets as a source of permanent capital. Now that trend has been kicked into high gear.”

	<p>Private equity firms use money raised from wealthy individuals and institutional investors like pension funds, university endowments, and sovereign wealth funds to take over and operate companies. Their latest target has been insurance companies. By the second half of 2023, private equity firms' ownership had already grown so significantly that they owned \$774 billion in life insurance assets — 9 percent of the life insurance industry — according to the AM Best insurance analyst. Private equity firms are estimated to manage \$5.7 trillion in global assets, giving these firms ample ability to buy up even more insurance (2 and other) companies.</p>
Covid / Long Covid	<p>9. 1A – NPR (audio report) January 17, 2024 What's new with COVID-19? Guests:</p> <ul style="list-style-type: none"> • Dr. Celine Gounder, infectious disease specialist and epidemiologist; senior fellow and editor-at-large for public health, Kaiser Health News • David Putrino, PhD, Nash Family Director of the Cohen Center for Recovery From Complex Chronic Illness; Professor of Rehabilitation and Human Performance • Dr. Adrian Hernandez, director, Duke Clinical Research Institute; <p>Health officials say RSV, flu, and a new strain of COVID are leading to an uptick in respiratory illnesses in most states. And the Centers for Disease Control say JN.1, the latest COVID variant, is spreading quickly.</p> <p>It's also been almost 4 years since the earliest days of the pandemic. Research on long COVID is telling us more about how the virus can linger in the body as a chronic disease. Those with long COVID experience dizziness, trouble sleeping, brain fog, and even exercise intolerance.</p> <p>10. Office of Inspector General, U.S. Department of Health and Human Services January 2024 CDC Has Improved the Nursing Homes Reporting Process for COVID-19 Data in NHSN, but Challenges Remain Despite Centers for Disease Control and Prevention (CDC) efforts, both CDC and nursing homes experienced difficulties during a mass enrollment of more than 12,000 facilities into the National Healthcare Safety Network (NHSN) to begin reporting COVID-19 data in May 2020. Nursing homes had to upgrade their security access levels to report the sensitive data. At this time, CDC experienced a significant backlog of support requests, which also inhibited some facilities from accessing NHSN. CDC improved the process of nursing home reporting to NHSN throughout the pandemic. Read the Full Report</p>
Disability Topics	<p>11. Brain and Life December 2023 / January 2024 How Cosmetic Brands Are Creating More Accessible Makeup By Gia Mazur Merwine</p> <p>More brands have been creating accessible cosmetics over the past several years, says Xian H consultant with cerebral palsy. Horn works with major brands to reimagine disability representation in fashion, beauty, and media. . . . Accessible products help people with neurologic conditions like essential tremor, stroke, cerebral palsy, muscular dystrophy, MS, traumatic brain injury, and autism, but they also can help people with injuries such as a broken arm or surgery-related limitations. A brand that's designing for someone who has</p>

Aging Topics	<p>limited mobility also is designing for a busy mom who may have only one hand to spare while putting on makeup quickly, says Horn.</p> <p>12. *Washington Post January 17, 2024 Age makes the miracles easier to see By Anne Lamott I spend a lot of time looking out the window. Age has given me this time and intention. I didn't have so much of either when I was younger. My brain went much faster. There was so much to do, so much need and striving, and I had my trusty clipboard. Now I study the coral-colored abutilon buds right outside our window, little cups that hold the rainwater. Hummingbirds swing by all day to drink, and so it is a treat both for the eyes and for the spirit, for the bird and for the flower. One of the blessings of age is that most of us get along with ourselves better than when we were young. . . One of the hardest aspects of getting old is that time races by like a slot car. I guess everything speeds up when it's going downhill but still, it's unnerving.</p> <p>13. *Washington Post January 16, 2024 Brands find a new way to reach many consumers: Older women By Britt Peterson <i>More older women are social media influencers, and young people love them</i> While the advertising industry remains fixated on the 18-to-35 age group as a prime target, over-50 influencers like [61-year-old Stephanie] Glover have recently garnered thousands and sometimes more than 1 million followers, both within their demographic and far beyond. And brands are beginning to take notice, with more and more companies reaching out to older influencers to form lucrative partnerships. "The content [from older female influencers] is doing really well," said James Nord, CEO of Fohr, an influencer marketing company. "Not only is the engagement strong, but they're buying." And yet, many older influencers still say brands are experiencing growing pains when it comes to working with them. Glover, who views herself as a fashion and lifestyle influencer, is often pigeonholed by brands hoping she'll sell "anti-aging" skin care or medicine, just because of her age. "It just mirrors what society thinks about women and aging, and women of color," she added. . . Older female consumers also represent a valuable, untapped and rapidly expanding market. (Globally, the number of over-50 women is expected to grow by 70 percent by 2050, according to AARP.) Many female boomers and Gen Xers have independent incomes, having attained higher levels of education than past generations and worked all their lives. Although older women, particularly older women of color, were hit hard by the pandemic, they have also rebounded well, and 1 out of 10 U.S. workers is a woman 55 or older.</p> <p>14. All Things Considered - Shots January 4, 2024 Hearing aids may boost longevity, study finds. But only if used regularly By Allison Aubrey Among the roughly 40 million adults in the U.S. who have hearing loss, most don't use hearing aids. This means they may be missing out on more than just good hearing.</p>
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	<p>Research shows hearing loss, if left untreated, can increase the risk of frailty, falls, social isolation, depression and cognitive decline. One study from scientists at Johns Hopkins University found that even people with mild hearing loss doubled their risk of dementia.</p> <p>Now a new study finds that restoring hearing loss with hearing aids may lengthen people's lives.</p> <p>Dr. Janet Choi, an otolaryngologist with Keck Medicine of USC, wanted to evaluate whether restoring hearing with hearing aids may increase the chances of living longer. . .</p> <p>Prior research has shown that age-related hearing loss – if untreated – can take its toll on physical and mental health. And a recent study found restoring hearing with hearing aids may slow cognitive decline among people at high risk.</p>
Demographics	<p>15. Population Reference Bureau</p> <p>January 4, 2024</p> <p>5 U.S. Facts and Trends in 2023 That You Should Know</p> <p>By Diana Elliott, Vice President for U.S. Programs</p> <p>The United States is aging rapidly, and recent data underscore this point. The number of births continued to decline. Meanwhile, the median age reached 38.9 years, or about half of the U.S. life expectancy (77.5 years). Framed another way, it's as if the United States entered middle age in 2023. For better or worse, we may be experiencing some of the angst that accompanies such a transition.</p> <p>Here we highlight five trends that PRB presented in 2023 that offer glimpses into how we are aging as a country and what the future holds for young and older generations alike.</p> <ul style="list-style-type: none"> • By 2038, the United States could have more deaths than births. Newly released population projections from the U.S. Census Bureau suggest that by 2038, the nation's deaths will outnumber births. As Beth Jarosz writes, by 2100, we will have more adults ages 65 and older, while children will become a smaller share of the population (at just 16%). • Aging is exacerbating our caregiver crisis. As the U.S. population ages, the need for caregiving investments becomes more urgent. In 2021, just 0.7% of the U.S. GDP went toward family investments, well below the average among our peer countries. Such under-investments put pressure on informal caregivers to fill the gap as Americans age. In an era of low unemployment and a shrinking pool of workers, paid caregiving jobs will be hard to fill. • American young women are less safe. As Sara Srygley and others write in "Losing More Ground," the generational progress of Millennial women declined because of threats to their health and safety. Maternal mortality, homicide, and suicide increased, outweighing gains realized in education, income, and political representation. In particular, Black women have seen a dramatic increase in maternal mortality—a preventable outcome where the United States is failing. • Children and families have lost important supports. The next generation of parents and workers are today's children. Pandemic-era subsidies to child care providers prevented dramatic declines in the already scarce availability of licensed care. Safety net provisions reduced child poverty in California and the United States overall during the COVID-19 pandemic. With these investments ending,

	<p>children and their families will face renewed challenges in meeting everyday needs.</p> <ul style="list-style-type: none"> • 5. The future looks bright if we commit to what works and choose to innovate. <p>As Mark Mather writes, thoughtful immigration policy could ease our shrinking population over the next 25 years as we sit at a demographic crossroads. State policies also offer models to protect our working-age population from premature deaths. Finally, slower growth in the United States and our peer countries could present an opportunity to reimagine the future and embrace innovation.</p>		
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>		
Websites	<p>Americans for Financial Reform https://ourfinancialsecurity.org/</p> <p>Americans for Financial Reform is a nonpartisan, nonprofit coalition working to lay the foundation for a strong, stable, and ethical financial system.</p> <p>Requipment, Inc. https://dmereuse.org/</p> <p>Each year, hundreds of Massachusetts residents donate the home medical equipment and assistive technology they no longer use to REquipment. The devices are refurbished and reassigned to older adults and individuals with disabilities, including children and veterans.</p>		
YouTube Channels	<p>Chiara's One-Handed Life https://www.youtube.com/c/ChiarasOneHandedLife?app=desktop</p> <p>Chiara is a young British woman who acquired right hand side hemiplegia as the result of a stroke suffered at three years old due to the Chicken pox virus. With a contagious positive attitude, she provides tips on independent functioning with only the use of one hand as well as effective communication without the cognitive ability to read and write.</p>		
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>		
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>		
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>		
Contact information for reporting complaints and concerns	<table border="1"> <tr> <td>Nursing home</td> <td> <p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p> </td> </tr> </table>	Nursing home	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
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Nursing Home Closures	<p>Massachusetts Department of Public Health <i>South Dennis Health Care</i> Target closure date January 30, 2024</p>		

	Notice of Intent to Close (PDF) (DOCX)
Nursing homes with admission freezes	Massachusetts Department of Public Health <i>Temporary admissions freeze</i> 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 <i>Determination of Need Projects: Long Term Care</i> 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 <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram 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://somersetridge rehab.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:

	<p>https://projects.propublica.org/nursing-homes/homes/h-225523</p> <ul style="list-style-type: none"> Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram 												
<i>Nursing Home Inspect</i>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups.

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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.	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td>bhenning@bostoncil.org paul.lanzikos@gmail.com</td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td>baskinfrank19@gmail.com</td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td>lforrow@bidmc.harvard.edu</td> </tr> <tr> <td>Facilities (Nursing homes)</td> <td>Arlene Germain</td> <td>agermain@manhr.org</td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td>mcoffin@centerlw.org</td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td>rmoore8743@charter.net</td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td>jkaplan@cpr-ma.org</td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Assisted Living and Rest Homes</td> <td>In formation</td> <td></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td>bhenning@bostoncil.org</td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td>baskinfrank19@gmail.com cdhoeh@gmail.com</td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td>jimlomastro@comcast.net</td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td>info@DignityAllianceMA.org</td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning 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
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The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke																																													
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> Judi Fonsh Scott Harshbarger Carol Menton Dick Moore Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>																																													
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p>																																														

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.