The Dignity Digest

Issue # 175 February 20, 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	*Owner Incentives and Performance in Healthcare: Private Equity Investment in Nursing Homes* **National Bureau of Economic Research** By Atul Gupta, Sabrina T. Howell, Constantine Yannelis & Abhinav Gupta February 2021, revised August 2023 Summary: Amid an aging population and a growing role for private equity (PE) in elder care, this paper studies how PE ownership affects U.S. nursing homes using patient-level Medicare data. We show that PE ownership leads to lower-risk patients and increases mortality. After instrumenting for the patient-nursing home match, we recover a local average treatment effect on mortality of 11%. Declines in measures of patient well-being, nurse staffing, and compliance with care standards help to explain the mortality effect. Overall, we conclude that PE has nuanced effects, with adverse outcomes for a subset of patients. Download a PDF
Quotes	*"One of the few guarantees in life is that it will never turn out the way we expect, but, rather than let the events in our lives define who we are, we can make the decision to define the possibilities in our lives."* Dr. Brooke Ellison, ***Brooke Ellison, Prominent Disability Rights Advocate, Is Dead at 45*, *New York Times***, February 13, 2024 (updated) *"In 1990 we were living in a time when people in situations like my own were not necessarily embraced by society, and the path towards understanding was only beginning to be forged.* *"I didn't want people to focus on what I had lost in my life, but rather on what I still had in my life.*

"Thankfully, my accident did not rob me of my ability to think, reason or remain a vital part of society. My body would not respond, but my mind and my heart were just the same as they had always been."

Dr. Brooke Ellison, ***Brooke Ellison, Prominent Disability Rights Advocate, Is Dead at 45*, *New York Times***, February 13, 2024 (updated)

[Florida State Senator Colleen] Burton's proposal would make it impossible to sue the [assisted living] facilities' "passive investors" — companies or people that might own the facility but are not involved in its day-to-day operations.
Assisted living facilities are increasingly owned by real estate investors, which have been accused of prioritizing profits over care, The Washington Post reported in December.

Florida could make it harder to sue polluters, assisted living owners
(*Tampa Bay Times, February 18, 2024)

"You see a lot of people with symptoms — you don't know if they have covid or influenza or RSV — but in all three of those cases, they probably shouldn't be at Target, coughing, and looking sick."

Eli Perencevich, an internal medicine professor at the University of Iowa, *CDC plans to drop five-day covid isolation guidelines*, ***Washington Post,** February 13, 2024

"It becomes a question of 'When do we start to plan our lives as if this is not going to go away?' If every hope is put on a cure, what happens if the illness doesn't go away?"

John S. Rolland, an adjunct professor of psychiatry at Northwestern University's Feinberg School of Medicine and author of "Helping Couples and Families Navigate Illness and Disability", *How long covid takes a toll on relationships and intimacy*, ***Washington Post,** February 13, 2024

"It's not necessarily about overcoming the physical barriers; it's about overcoming the psychological ones."

Sam Williams, age 51, who has long Covid, *How long covid takes a toll on relationships and intimacy*, ***Washington Post,** February 13, 2024

"We know smoking is bad in multiple ways. We've added a new layer of understanding of how it can have negative health consequences. t's never a good time to start smoking. But if you are a smoker, the best time to stop is now."

Darragh Duffy, the Institute Pasteur, *Smoking impairs immune response, even after quitting, new study says*, **STAT News,** February 14, 2024

With U.S. health care consuming $4.5 trillion annually and adult life expectancy lagging that of 56 other countries, we must find a better way to prevent cardiovascular disease.

Art Kellermann, health policy researcher, former medical school dean, and former CEO of an academic health system, *The health care system is ignoring world's most promising approach to preventing cardiovascular disease*, **STAT News,** February 14, 2024

The medical community now favors language that separates people from their conditions. But mine is central to who I am.

Linda Nelson, *I am a diabetic — not 'a person with diabetes'*, **Boston Globe, January 19, 2024 (updated)**

"Routine influenza vaccination is an important component of the evidence-based practice in patients with cardiovascular disease, but like many other cardiovascular treatments, deep implementation gaps exist."

Ankeet S. Bhatt, M.D., chair of the TRANSFORM VAX project steering committee, *Veradigm, American College of Cardiology kick off flu shot campaign for heart disease patients* **(Fierce Pharma,** February 14, 2024)

"We're trying to get at Steward for what they've done here, but they've been very cagey. They've used some very creative financing and this whole private equity

model is very slippery and ill-defined. This is sort of triage, ironically."

U.S. Congressman Stephen Lynch, *U.S. Rep. Lynch: Financing deal is 'not enough' to keep all Steward hospitals open*, **WBUR,** February 16, 2024

"A hundred and twenty-three million people in this country are over 50. And we're tired of the 'Damn, you're old' cards."

Jan Golden, creator of the Age-Friendly Vibes greeting card line, *The Language Battle Is Now Coming for…Your Birthday Card?* **(*Wall Street Journal,** February 16, 2024 (updated))

I think of memory more like a painting than a photograph. There are often photorealistic aspects of a painting, but there's also interpretation. As a painter evolves, they could revisit the same subject over and over and paint differently based on who they are now. We're capable of remembering things in extraordinary detail, but we infuse meaning into what we remember. We're designed to extract meaning from the past, and that meaning should have truth in it. But it also has knowledge and imagination and, sometimes, wisdom.

Charan Ranganath, professor of psychology and neuroscience at the University of California, Davis, *A Leading Memory Researcher Explains How to Make Precious Moments Last*, ***New York Times,** February 2, 2024

"Hospice is not giving up," even if it means "accepting our mortality."

Mollie Gurian, vice president of Leading Age, *Advocates hope Jimmy Carter's endurance in hospice care drives awareness* **(Politico,** February 18, 2024)

"Where is the money going? That is what we need to find out. These nursing homes are saying they can't pay their workers more than the $15.69 an hour minimum wage and they can't pay medical benefits. And, so, when we do not hire the appropriate amount of people to take care of our residents, it hurts. It hurts the workers because they are overworked. I saw one

	case where one CNA had to cover 80 residents for an eight-hour period." Connecticut State Rep. Jane Garibay, Aging Committee Co-Chair, *Aging Committee Co-Chair Garibay Questions Private Equity Ownership of Nursing Homes, Praises Bipartisan Cooperation* **(CT Examiner,** February 18, 2024) *We increase our risk of cardiac events and speed up cognitive decline, studies show, if we believe getting older is a time of suffering and diminution. More important, the opposite is also true: Those of us who view later life as a time of growth and vitality are more likely to stay healthy and to keep senility at bay.* *My Mother Got on a Bike. It Changed Her Life.* **New York Times (free access),** February 17, 2024 *Companies bought by private equity firms are far more likely to go bankrupt than companies that aren't. Over the last decade, private equity firms were responsible for nearly 600,000 job losses in the retail sector alone. In nursing homes, where the firms have been particularly active, private equity ownership is responsible for an estimated — and astounding — 20,000 premature deaths over a 12-year period, according to a recent working paper from the National Bureau of Economic Research. Similar tales of woe abound in mobile homes, prison health care, emergency medicine, ambulances, apartment buildings and elsewhere. Yet private equity and its leaders continue to prosper, and executives of the top firms are billionaires many times over.* *Private Equity Is Gutting America — and Getting Away With It*, **New York Times (free access),** April 28, 2023 *"Ninety is the new 60. I've got several great friends in their 100s."* Muriel Fox, one of the founders of the modern women's movement, *How 90 Became the New 60*, **New York Times (free access),** April 12, 2023
Life Well Lived	***Dr. Brooke Ellison***

Dr. Brooke Ellison
Photo credit: *Stoney Brook University News*

Dr. Brooke Ellison, disability rights advocate, dies at 45
Sunday Today (video)
February 18, 2024'

Dr. Brooke Ellison, who persevered after being paralyzed from the neck down — inspiring millions of people with her extraordinary accomplishments, has died at 45. Dr. Ellison wrote a pair of books with one being made into a movie directed by the late Christopher Reeve.

Brooke Ellison, Prominent Disability Rights Advocate, Is Dead at 45
***New York Times**
By Sam Roberts
February 13, 2024 (updated)

One of the first quadriplegic Harvard graduates, she became an author, professor and powerful voice for disabled people.

Brooke Ellison, who after being paralyzed from the neck down by a childhood car accident went on to graduate from Harvard and became a professor and a devoted disability rights advocate, died on Sunday in Stony Brook, N.Y., on Long Island. She was 45. . .

As an 11-year-old, Brooke had been taking karate, soccer, cello and dance lessons and singing in a church choir. But on Sept. 4, 1990, she was struck by a car while running across a road near her home in Stony Brook. Her skull, her spine and almost every major bone in her body were fractured.

After waking from a 36-hour coma, she spent six weeks in the hospital and eight months in a rehabilitation center. And for the rest of her life, she was dependent on a wheelchair operated by a tongue-touch keypad, a respirator that delivered 13 breaths a minute and ultimately a voice-activated computer for writing. . .

A gifted student, she was accepted by and given a full scholarship to Harvard, which subsidized her medical costs; graduated magna cum laude with a Bachelor of Science degree in cognitive neuroscience in 2000 and delivered a commencement address; earned a master's degree in public policy from Harvard's Kennedy School of Government; was awarded a doctorate in sociology from Stony Brook University in 2012; and joined its faculty that year. . .

She was appointed an associate professor of bioethics and published two books. The first, "Miracles Happen: One Mother, One Daughter, One Journey" (2002), was written with her mother and adapted into a 2004 A&E film, "The Brooke Ellison Story," which was directed by Christopher Reeve, the "Superman" movie star who was himself paralyzed from a horse-riding accident. Ms. Ellison's second memoir, "Look Both Ways," was published in 2021.

Getting to Harvard, With Mom and a Wheelchair
***New York Times**

	October 24, 2024 By Alessandra Stanley This film is not about his quest for a cure, or even an oblique plea for federal research funds. It is the true story of Brooke Ellison, who was hit by a car and left paralyzed from the neck down at the age of 11 and who, with the help of her family, and especially her mother, Jean, graduated with honors from Harvard in 2000. It is based on the book "Miracles Happen," by Brooke and Jean Ellison and it is, of course, an inspirational tale. But it is distinguished from many such made-for-television movies by the sensitivity of its director, Mr. Reeve, who picks out the fainter chords in a familiar symphony. . . After the accident, Brooke (Lacey Chabert) is sent to a rehabilitation facility that is also a last-stop custodial center for patients whose families cannot take them home. The nurses are callous and brutally realistic, scaring and enraging Jean (Mary Elizabeth Mastrantonio), who is determined to make her daughter's dream of going back to school possible. Against all the odds and all the needless bureaucratic hurdles, she does. . . The movie tries to convey how the heart remains unchanged even when the body disintegrates. Brooke's only bout with real depression comes in college, when she falls in love with a young man who befriends her and takes her to a senior dance (with mother in tow) but views her only as a friend.
FY 2025 Budget	*Commonwealth of Massachusetts* *Governor's Budget Recommendation Budget Briefs* January 24, 2024 **Introduction** The Healey-Driscoll Administration is committed to being good fiscal stewards for Massachusetts residents. To this end, the FY25 House 2 recommendation represents a balanced, fiscally responsible approach to providing critical state services and programs. The $56.15 billion spending proposal maintains the administration’s commitment to affordability, competitiveness, and equity through meaningful investments. After a series of years with unprecedented one-time revenues in the form of federal funding and tax windfalls, FY25 is expected to bring a soft landing for the economy and slow tax revenue growth. The House 2 recommendation responds to this fiscal climate with a structurally sound glidepath to balance the budget today and in the years ahead. **Bottom Line** The Governor’s FY25 budget recommendation totals $56.15 billion, an increase of $1.59 billion, or 2.9%, over the FY24 GAA, excluding spending tied to the income surtax and the Medical Assistance Trust Fund. This spending growth is below inflation

with the consumer price index currently up 3.4% compared to last year.

Harvard Law School lecturer says state agencies for the disabled are 'totally incoherent'

MetroWest Daily News

By Cassandra Dumay

February 19, 2024

Alex Green, a lecturer at the Harvard Kennedy Law School who researches the history of American disability institutions, said funding alone won't solve the state's problems in ensuring adequate care. He said the large number of state agencies with overlapping responsibilities creates service outcomes that are "totally incoherent."

"What we need is for someone to come in and kind of pull all of these sprawling agencies together," Green said. . .

"When you are looking for answers or support, sometimes a major hurdle can be simply working out who does what, who to contact, and how to get a response," according to the site.

Green said these structural problems won't change until disabled people are included in decision making.

"We're still stuck in a mindset where we do not see disabled people as equal participants in these processes, when they absolutely should be and have a right to be," he said. "Our mindsets continue to re-create the same problems again and again and again."

Arc of Massachusetts will urge lawmakers to retain Healey spending increases

MetroWest Daily News

By Cassandra Dumay

February 19, 2024

Maura Sullivan, deputy executive director at disability advocacy nonprofit The Arc of Massachusetts, said people who have gone without essential services since 2020 "are really suffering."

"The isolation and certainly the regression is significant," she said.

"We just really need to make sure that the Legislature understands the importance of the investment," Sullivan said.

The governor's budget also includes significant funding increases for disability transportation, family support services and programs to help disabled residents transition from youth services to adult-centered care once they turn 22.

But advocates have expressed concern over the administration's proposal to control spending on personal care attendants — those who provide in-home assistance with daily tasks for disabled and elderly people — by limiting eligibility for the state-sponsored program.

Perspective of a Nursing Home Resident

Penny Shaw is a Dignity Alliance Massachusetts participant. She has lived in a nursing home in Massachusetts for about two decades and is a renowned advocate for residents in long-term care. Penny was a policy advisor to CMS and was part of the White House's Coronavirus Commission for Safety and Quality in Nursing Homes.

What It Means to be the Chief Complainer

By Penelope Ann Shaw, PhD

February 2024

I am a resident of a nursing home. I also have had to take the responsibility of becoming the chief complainer on important issues for myself, other residents and staff. My facility has had several owners during the years I've been living there. The following are some examples of problems I've addressed.

One owner - the first day the company took over daily management - cut one CNA from each of our four units and all nurse overtime. Then, in their first annual cost report they made a profit of over $2,000,000 on our facility alone. This did not stop them - only a few months later - from giving our administrator one day's notice to cut the budget 10%. The only way she could do this was through staff salaries.

She was told to implement this cut on a Thursday. Friday morning, she had no choice but to tell some staff - when they came to work - they had to go home. We were so short-staffed it was an emergency. So that Friday afternoon I filed a complaint with our state DPH. The lead surveyor was at the door of my room early Monday morning.

This surveyor - and a second surveyor - checked out what was happening on our units on the 7-3 and 3-11 shifts. And, at my request, they came back in the middle of the night - to check conditions on the 11-7 shift. The surveyors found - as is in the 2567 - the following. Some residents were in wheelchairs barricaded in corners of common-area rooms by tables. They also found two residents fighting each other with forks.

Three CNAs were seen wearing splints on their arms - as they had injured themselves working alone - instead of as 2-person assists they should have been doing. All three had been injured and required surgery. One was deemed too injured for surgery. Of the two who had surgery one was successful. But for the other CNA it was not successful. Now, after many years, 2 CNAs continue out on permanent disability.

In the Plan of Correction, the facility was required to hire back staff.

When the COVID virus became rampant there was a facility policy that staff were required to go to our admin's office and sign for their PPE. At 11 pm our admin was never in her office. So, 11-7 staff were expected to work unprotected. My filing a complaint on their behalf resolved this!

We had an administrator who only wanted to pay for limited medical supplies. Two Central Supply staff resigned because they were in the middle - being criticized when they did not deliver all the needed supplies to the units. This administrator targeted me personally saying my supplies - for which I had a physician order - were too expensive. But our corporate office -

	to whom I made a complaint - disagreed, telling him I could have them. Our DON resigned sharing with me she was afraid she'd lose her license - given the conditions residents were living under because of him (in part the lack of essential supplies). I had to file a complaint once with our state Elevator Board because one of our two elevators was not being repaired. My complaint was based on the regulation requiring two working elevators - given the number of beds in our facility. Had our second elevator not been working we would have had a serious safety problem. How would ambulance drivers get a gurney upstairs to take a resident out in an emergency? The cost for the repair was not high - but our owner still didn't want to pay for the elevator did get repaired. One year I filed a complaint with our state DPH because the A/C was still on in our facility - after the legally-required date for heat. It was in the 30's outside and both staff and residents were saying they were cold. The heat got turned on but the A/C was still operational and sometimes turned on. At one point the word came from our corporate office that residents should be getting their showers at 5 am or 6 am. No longer on regular shifts like 7-3 or 3-11. The intent of this policy appeared to be to keep 11-7 CNAs working the entire shift and decreasing the number of CNA care hours needed on day shifts. This policy I believe was a money-saving strategy. Residents were angry at being awakened so early like that and the policy failed. I documented the new policy with our state DPH as evidence of our owners' attempt to put profit over appropriate care. On the unit where I live residents have been put there with serious behaviors. We had a man assaulting both residents and staff. We had a very large woman who repeatedly threw herself on the floor. It took several staff to get her up - and they were being injured pulling muscles during the process. A resident - whose room was on the floor above mine - was flooding my room frequently. I filed complaints with DPH and our corporate office. Two of these residents were put on our behavioral units where there are specially-trained Mental Health Counselors to work with residents with behaviors. The flooding was resolved by staff monitoring more closely the resident who did this. I personally was assaulted by a resident in one of our elevators. She grabbed a cane I have and use as a reacher for elevator buttons. She bloodied me in several places. I called the police to come and write up an incident report - as this resident has brain injury and was not supposed to go about the facility unaccompanied. I was repeatedly verbally abused by a CNA on the 11-7 shift. She complained if I turned my call light on for any assistance.

	She told me she had the right to sleep when she was actually being paid to work! I reported this CNA to our corporate office. She was so angry at me the next time she saw me she tried to assault me. But she was stopped by another CNA and then was fired. We had a cook in our kitchen who refused to send food to units when staff requested this for residents. He believed staff were lying and the food was for themselves. I contacted our corporate office at staff request - because staff in my facility are sometimes reluctant to complain. The issue got resolved. I had to file complaints in November 2023 with our state Architectural Access Board to try to get problems in our parking lot repaired. Dangerous potholes that need to be filled in. A very dangerous deep grate. Speed bumps that need to be repainted yellow so pedestrians can see them and won't trip over them and be injured. An insufficient number of handicapped parking spaces of the right size. The need of a sidewalk so pedestrians don't have to travel unsafely with vehicles in the vehicle path of travel. Personally, one day in December 2023 I was driving my electric wheelchair in our parking lot. I was at the corner of our building about to make a sharp turn and leave the parking lot. But instead, I was terrified to be surprised by a semi-truck backing up toward me almost hitting me. I drove immediately out of the way but had narrowly escaped injury. This incident underscores the importance of having a sidewalk. These deficiencies in our parking lot remain outstanding as I write. The problems I have identified here are examples of events that have happened in my facility. I also have general concerns. Substandard care. Polypharmacy. Unhealthy food. Lost clothes. Violations of residents' right to self-determination. Lack of privacy. A lack of person-centered care. We are thus not unexpectedly a 2-star facility under the CMS system. What clearly needs addressing in my facility is the ongoing lack of both high standards and regulatory compliance affecting residents' well-being. We need accountability. It is very important that someone to develop infrastructure for individual advocacy in each facility by creating training programs for nursing home residents about their federal and state rights and resources. In this way residents can empower themselves. CMS, state DPHs and public health officials should recognize that people are too often forced by policy to live in institutions where they are denied civil and human rights. They have the right to live in their own homes and communities as evidenced by the Olmstead Decision.

Public health officials should therefore work to fully implement Olmstead. This would assure there are sufficient long-term services and supports available - so people with disabilities can live in the community with independence, dignity, autonomy, empowerment, choice and control. This would avoid the trauma and lack of well-being associated with being forced to live in institutions.

Public health officials can in these ways be leaders in developing and implementing meaningful policy actions and interventions to protect people needing long-term care. Better policies will improve the physical and mental health and overall well-being of people with disabilities,

Very importantly leaders should also connect individuals with disabilities living in institutions to the disability community. These individuals can then become part of our community, benefiting by belonging. By our philosophy of living. By our knowledge about entitlements. By receiving emotional and instrumental support and opportunities to familiarize themselves with resources including agencies such as independent living centers.

Perspective on Aging

A portrait of Basil by the author, Daryln Brewer Hoffsto

As my dog grows old, so do I

By Daryln Brewer Hoffstot

Boston Globe

January 22, 2024 (Updated)

Our dog takes one step at a time every morning coming down the stairs of this old farmhouse. He has cataracts and cannot see well. Our other two dogs barrel in front of him, but Basil takes each step slowly, checks his landings with his front paws. My husband or I stay close in case he slips. If he does, I'm not sure I can catch him — he is a large goldendoodle, 85 pounds at his heaviest — but I would throw my body in front of his if need be. Sometimes he stops and looks up at me. I pat his head. "Three more," I say. "Two more. One more, Bazzy. Good boy."

When our daughter was young, she named him after Basil Fawlty, John Cleese's character in "Fawlty Towers." We laughed at those old television shows, and our daughter could recite many passages. Our middle dog is named Sybil, for Basil Fawlty's wife. She is four years younger, small and black, and she and Basil curl up together like half-moons. Every morning, she too watches Basil come down the stairs. When he has three steps to go, Sybil walks back up the stairs and nudges Basil's snout. Well done, she seems to say. I am here too.

I am growing old with Basil. He is about to turn 15, the oldest dog we've ever had. I'm the eldest in the family and have had cataract surgery. Dr. Deepinder Dhaliwal, a superb ophthalmologist, helped me see better. My husband jokes that Basil needs Dr. Doggiwal. Dr. Dhaliwal laughed when I told her that, said she would gladly perform the surgery if she could. She had just gotten

her first puppy and was learning how easily we lose our hearts to dogs.

Basil's hind end is going. His back legs don't always follow the front; they go sideways. My balance is not as good as it used to be, either. Some days, my hip hurts, or a foot, or a knee, and I come down the stairs one step at a time, holding tight to the railing. Basil used to run up our long driveway at 22 miles per hour following my husband in the all-terrain vehicle. When we played keep-away, Basil turned like a cutting horse, so quick we couldn't catch him. My usual walk in the woods with all three dogs includes three hills, but now, silently, Basil makes clear he is willing to climb two hills maximum. Some days one is enough and he opts for a ride home with my husband in the back of our pickup truck. At the steepest parts of the hills, Basil huffs and puffs. So, do I.

We have had many dogs since we moved to the farm 36 years ago: Bernese mountain dogs, giant schnauzers, golden retrievers, and now two goldendoodles and a schnoodle. Of all the dogs, Basil is the most Zen. If another dog wants a bone or a toy, he gives it to them. If another dog wants to go through a door first, he waits patiently. Basil allows the other dogs to eat before he does. Children can sit on top of him. He reminds me to be more selfless and kind-hearted.

Four years ago, this Memorial Day, we thought we'd lost him. He couldn't walk. We guessed he'd had a stroke. He wouldn't eat or drink, seemed disoriented. Sometimes I too am disoriented. I walk into a room and am not sure what I'm seeking there. I have odd ailments that appear suddenly. My husband carried Basil down the stairs and, outside, lay on the ground and stroked him. We told Basil everything would be OK. I have seldom seen my husband cry. We called the children, let them say goodbye over the phone.

A friend saved his life. She said when her dog had a stroke, a vet told her that while the stroke might not kill him, dehydration could, so to give him electrolytes. I raced to a convenience store, bought electrolytes, and returned home to feed them to him through a turkey baster. Since then, he has been on high blood pressure medicine. I do not take high blood pressure medicine, but I take my fair share of remedies.

We got a puppy, and Basil was young again. Sometimes old dogs respond enthusiastically to new puppies, our vet said. Basil tried to play keep-away again, chased the puppy at the start of our walks as the giant schnauzer had once done to him, directed the puppy to the spot in the stream where every one of our long line of dogs has drunk from a French drain. He taught the puppy what he knew.

Each morning, when Basil descends the stairs, he has, on his face, the closest a dog can have to a smile. It is a new day, and he is happy to take the stairs one at a time. He is with the other

	dogs. He is with us. He is at the place he has always called home. Every morning, he sings to us and wags his long golden tail. If that's not a lesson on aging, I don't know what is.
Perspective on Having a Chronic Disease	***I am a diabetic — not 'a person with diabetes'*** **By Linda Nelson** **Boston Globe** **January 19, 2024 (updated)** *The medical community now favors language that separates people from their conditions. But mine is central to who I am.* I was once chastised by a young diabetes educator when I referred to myself as a diabetic. "You are not a diabetic! You are a person with diabetes. You are not defined by it." Her indignation still rings in my ears. This was my introduction to a now-prominent dictum of care for type 1 diabetes — and many other conditions. In that moment, had someone snapped a picture of my face, it truly would have said a thousand words. Not one of them kind. And if I'd succumbed to my emotions, a curt "Excuse me?" would have been my response. Thankfully, shock held my tongue. It was neither the time nor the place and would have accomplished nothing. We live in a day when the measure of our moral character often seems to balance on our use of the acceptable word of the hour. But my issue here is not lexical. It is philosophical. Over the years I've thought many times about that exchange. I've chuckled over it with my diabetic daughter and with my niece, who witnessed the reprimand because I was standing next to her hospital bed just hours after she'd been told she was a "person with diabetes." Since then, I've had the time and emotional space to compose the response I wish I had offered, which is this: "I mean no disrespect, and I speak only for myself, but I must disagree. I am a diabetic. I am also the mother of a diabetic, now the aunt of a diabetic, the first cousin of a diabetic, and the first cousin once removed of two diabetics — one a generation before, one after. I've been a diabetic since before you were born. I had been a diabetic years before the glucose meter was invented and decades before the insulin pump. I'm one of the few diabetics in the world who has received an islet cell transplant and one of the fewer still in whom that transplant worked for many years. My diabetes is the first thing on my mind when I wake, the last thing I think about before I sleep, and often something I must address in the middle of the night. It is a consideration in dozens of decisions I make every day, never far from my mind. I could go on, but I hope I've made my point. Hear me when I say this: I am a diabetic, and you are mistaken if you think I'm not defined by it." How I wish I'd been so quick and so composed. I stand by my statement. I am a diabetic. That's not to say it's all I am: I'm also a wife, a mother, a daughter, a sister, an aunt, a

friend, a Christian, a book lover, a writer, an adventurer, an explorer, and so many other things that are the very fibers of who I am. And if I were not a diabetic, my life would be something quite different. Would it be better? I'm not so sure.

I've often thought about that hypothetical: a life without diabetes. And every time I do, I find myself in the same place, though it's a place many won't understand. The truth is, if I were offered a chance to live life moving forward without diabetes, I'd jump at it. In fact, I did just that when I entered the islet cell transplant program and was given a six-year reprieve, though that had its own costs. But if the offer was to go back and start my life over with the promise of never having the disease, I think I would decline.

I know it sounds unbelievable; even I cannot always make peace with that idea. But by erasing the disease I risk erasing elements of myself that exist because of it. Diabetes made me strong, disciplined, and independent. It made me a problem solver, an advocate, a strategist, and a realist. I became sympathetic and empathetic to the struggles of others. Diabetes forced me to know my body, to listen to it, to work with it, often to work around it, and to give it rest when it needs that. And I understood very young that life comes with hardships, my attitude toward them is a choice, and I cripple myself if I choose to be a victim. This is why I cannot countenance the idea that diabetes does not define me. I would be someone else without it. But it has no power over how it defines me. That's my responsibility.

All that said — and this is where it gets complicated — when my daughter was diagnosed, I shook my fist at heaven and wept every single day for a year. Then my heart broke when I got the call that my niece now stood with us. I knew what lay ahead for them and I didn't like it. For years, I wrestled with crushing guilt over my daughter's diabetes, as if it were my fault. Of course it's not, but I struggled nonetheless to come to terms with it. Then, a few years ago, I asked my daughter the question: "Given the choice, would you trade your life for one without diabetes?" A few months ago, I put it to my niece. I'd never shared my own exploration of this idea with either of them. Yet, with no leading, they each paused and then answered the same: "I would not."

I smiled when I heard their responses, though I'd be lying if I said I am sure that's the right answer. But these two are fierce, strong women who have taken on diabetes fearlessly. They, too, would be different people without it, and they have decided who they are with it. I treasure the bond that diabetes has given me with these women. It couldn't exist any other way. Some wonderful aspects of our relationships are absolutely defined by diabetes. That alone might make it all worth it.

So, here's what I'd like to say to the medical community: I understand and commend your intentions. Living with type 1

	diabetes is challenging. Raising a child with it is exponentially more so. But simply nuancing the words we use to talk about it does not make it easier. In fact, I think your approach might make it more difficult. When you suggest that I'm merely a person with diabetes you compromise my power over it. You suggest it is something I must separate from myself and hold at arm's length. But I will not do that. I acknowledge it, embrace it, and cooperate with it because it is part of my DNA, literally. I'm the one in charge. And despite what you might think, diabetes has, at least in part, made me who I am today.
Grant Opportunities	**AARP Foundation** *AARP's Community Challenge Grant* The AARP Community Challenge's focus on tangible projects, community engagement and its quick-action timeline helps selected grantees fast-track ideas and replicate promising practices. Previous projects have demonstrated an ability to garner additional funds or support from public and private funders, encourage innovation, overcome local policy barriers and receive greater overall awareness and engagement. The grant program is open to 501(c)(3), 501(c)(4) and 501(c)(6) nonprofits and government entities. Grants can range from several hundred dollars for small, short-term activities to several thousand or tens of thousands for larger projects. In 2024, the AARP Community Challenge is accepting applications across three different grant opportunities. • ***Flagship Grants*** This is AARP's traditional, flagship Community Challenge grant program where grants have ranged from several hundred dollars for smaller, short-term activities to tens of thousands of dollars for larger projects. These grants will support projects that improve **public places; transportation; housing; digital connections; community resilience; and community health and economic empowerment.** • ***Capacity-Building Microgrants*** These $2,500 grants are combined with additional valuable resources, such as webinars, cohort learning opportunities, up to two hours of one-on-one coaching, and AARP publications. This grant opportunity will accept applications for projects that support **Walk Audits, Bike Audits** and **HomeFit® Modifications**. • ***Demonstration Grants*** Supporting demonstration efforts that encourage replication of promising local efforts, this grant opportunity will accept applications for **digital connectivity to prepare for and respond to disasters**; **equitable engagement to reconnect communities**; and **housing choice design competitions**.

	The application deadline for the 2024 grant cycle is March 6, 2024 at 5:00 p.m. ET. All projects must be completed by December 15, 2024. To submit an application and learn more about the work being funded by the AARP Community Challenge both here in Massachusetts, as well as across the nation, visit aarp.org/CommunityChallenge
Solicitation for Program Proposals	**Administration on Community Living** *Program Solicitation Posted for Fiscal Year 2024 Training and Services to End Violence and Abuse Against Individuals With Disabilities and Deaf People* ACL is working with federal partners to prevent sexual assault and to make the systems for reporting sexual assault and supporting survivors more accessible for people with disabilities. To that end, the goal of U.S. Department of Justice's (DOJ) Training and Services to End Violence and Abuse Against Individuals with Disabilities and Deaf People Program (Disability Grant Program) is to create sustainable change within and between organizations that improves the response to individuals with disabilities and Deaf individuals who are victims of domestic violence, dating violence, sexual assault, stalking, and caregiver abuse, and to hold perpetrators of such crimes accountable. The Disability Grant Program brings together disability organizations and victim service providers to work in a collaborative manner at the intersection of disability and domestic and sexual violence. Grants are awarded to facilitate permanent organizational changes to create more accessible, safe, and effective services for survivors with disabilities and Deaf survivors. Disability Grant Program funds are used to establish and strengthen collaborative relationships; increase organizational capacity to provide accessible, safe, and effective services to individuals with disabilities and Deaf individuals who are victims of violence and abuse; identify needs within the grantee's organization and/or service area; and develop a plan to address those identified needs that build a strong foundation for future work. Eligible applicants include states, units of local government, tribal governments, tribal organizations, victim service providers, and nonprofit organizations. **Important Dates and Information** • **Pre-application call**: Thursday, February 29, 2024, 2:00 PM ET • **Letter of Intent due date**: Wednesday, March 13, 2024, 11:59 PM ET • **Grants.gov application deadline**: Tuesday, April 2, 2024, 11:59 PM ET • **JustGrants application deadline**: Thursday, April 4, 2024, 8:59 PM ET

	To submit an application, all applicants must register online with the System for Award Management (SAM) and with Grants.gov. To ensure sufficient time to complete the registration process, applicants should register online with SAM and with Grants.gov immediately, but no later than March 13, 2024. Contact OVW.Disabilities@usdoj.gov or 202-307-6026 with any questions.
Recruitment	**Executive Office of Elder Affairs** ***Senior Director Policy, Strategy and Innovation*** The Senior Director Policy, Strategy and Innovation will advance the mission of the agency by co-developing the policy agenda with the EOEA executive team, driving the execution of the agency's policy and strategic agenda in coordination with external and internal stakeholders, leading key strategic initiatives and monitoring results and impact. Areas of focus may, but are not limited to, age- and dementia-friendly, behavioral health, caregiving, digital equity, economic security, housing, technology and innovation, social financing of long-term services & supports, advanced care planning, and transportation & mobility. **Point32Health** ***Director, Community Investments, Foundation*** **Job Summary** Lead, support and manage the grants team in community engagement, serving as partners in relevant and related sectors across five core states (CT, ME, MA, NH and RI). Direct the planning, design, implementation, learning and evaluation of Foundation's community investment strategy using a trust-based approach in grantmaking, community convening, advocacy and other field-building practices. Engage in transforming systems, building movements, and advancing public policies that improve the health of the diverse communities in Point32Health's five core states. Function as connector and subject matter expert for company stakeholders, leveraging external networks, relationships and initiatives that increase community health and company visibility. **Massachusetts Commission Against Discrimination** ***Executive Director*** The Executive Director is the executive, operational and administrative head of the Massachusetts Commission Against Discrimination ("Commission" or "agency") responsible for overseeing agency operations in service to the Commission's mission to eradicate discrimination in the Commonwealth. The Executive Director is responsible for developing and executing the Commission's strategic plan and ensuring that the Commission fulfills its statutory mandates through respectful leadership of agency personnel, and open, collaborative communication with the Commissioners. The Executive Director manages the Commission's senior management team and other agency personnel and serves as the liaison between the three MCAD Commissioners and agency staff. The Executive Director reports to and is annually evaluated by the three MCAD Commissioners.

Procurement Solicitation	**Executive Office of Elder Affairs** ***Multilingual Marketing of the Online Massachusetts Personal and Home Care Aide State Training (PHCAST)*** **The two dimensions of this procurement are as follows:** • **Promotional Ad Campaign –** The Vendor will develop materials in Brazilian Portuguese, Cantonese, Mandarin and Russian with culturally appropriate/meaningful phrasing and imaging that promotes PHCAST and the home care aide profession. Materials should be customized depending on language to effectively reach the target audience (E.g., for some communities paper flyers are more effective, for others public transit advertising is more impactful). The Vendor will utilize both traditional (print, broadcast) as well as digital media advertisements to reach target audience and optimize the ad buy. • **Enrollment Events / Community Engagement –** The Vendor will organize and implement PHCAST enrollment events. These tabling events can be held at health fairs, farmers markets, senior center events, libraries, recreational parks, culturally signification locations, and other public spaces that are frequented by the target population. **Administration on Community Living** ***Training and Services to End Violence and Abuse Against Individuals With Disabilities and Deaf People*** ACL is working with federal partners to prevent sexual assault and to make the systems for reporting sexual assault and supporting survivors more accessible for people with disabilities. To that end, the goal of U.S. Department of Justice's (DOJ) Training and Services to End Violence and Abuse Against Individuals with Disabilities and Deaf People Program (Disability Grant Program) is to create sustainable change within and between organizations that improves the response to individuals with disabilities and Deaf individuals who are victims of domestic violence, dating violence, sexual assault, stalking, and caregiver abuse, and to hold perpetrators of such crimes accountable. The Disability Grant Program brings together disability organizations and victim service providers to work in a collaborative manner at the intersection of disability and domestic and sexual violence. Grants are awarded to facilitate permanent organizational changes to create more accessible, safe, and effective services for survivors with disabilities and Deaf survivors. Disability Grant Program funds are used to establish and strengthen collaborative relationships; increase organizational capacity to provide accessible, safe, and effective services to individuals with disabilities and Deaf individuals who are victims of violence and abuse; identify needs within the grantee's organization and/or service area; and develop a plan to address those identified needs that build a strong foundation for future work. Eligible applicants include states, units of local government, tribal governments, tribal organizations, victim service providers, and nonprofit organizations. **Important Dates and Information** • **Pre-application call**: Thursday, February 29, 2024, 2:00 PM ET

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Older Adult Lobby Day **Tuesday, February 27, 2024** **11:00 a.m. to 2:00 p.m.** **Great Hall, State House** Learn more and register here!	**Older Adult Lobby Day** Learn more and register here! Advocate for critical supports to help older adults and people with disabilities live healthy lives in the community Older adults and people with disabilities want to remain safely in their homes as they age. Many state programs and independent organizations exist to help people remain connected with friends, families, and communities while avoiding costly institutional care, but these programs need legislative commitment and strong funding. Please join us at the Statehouse to urge your legislators to fund and support quality, effective community-based services for older adults! **Featured Speakers:** Senator Patricia D. Jehlen Representative Thomas M. Stanley Chairs, Joint Committee on Elder Affairs **Older Adult Lobby Day sponsors!** **The Older Adult Behavioral Health Network** **Massachusetts Association for Mental Health (MAMH)** **AARP Massachusetts** **Mass Home Care** **Dignity Alliance MA** **MA Senior Action** **Massachusetts Councils on Aging** **Massachusetts Guardianship Policy Institute** **Alzheimer's Association** **Action for Boston Community Development** **Learn more and register here!** **Box lunches are available courtesy of Mass Home Care, AARP, and Massachusetts Association of Councils on Aging.** **To request a box lunch: https://forms.gle/PVTFkUox5yfXorMY6**
Guide to news items in this week's *Dignity Digest*	**Nursing Homes** *Impending Closure of the Edgar P. Benjamin Healthcare Center: Impact and Transition* **(Medriva,** February 15, 2024) *Nursing home in Boston's Mission Hill neighborhood plans to close this summer* **(WCVB,** February 14, 2024 (updated))

Family members, employees call for state action to keep Roxbury nursing home open **(25 News,** February 15, 2024)

Covid / Long Covid / RSV

Exercise a Lot? You May Lower Your Risk of COVID Infection, Hospitalization **(Health Day,** February 14, 2024)

Veradigm, American College of Cardiology kick off flu shot campaign for heart disease patients **(Fierce Pharma,** February 14, 2024)

CDC plans to drop five-day covid isolation guidelines **(*Washington Post,** February 13, 2024)

How long covid takes a toll on relationships and intimacy **(*Washington Post,** February 13, 2024)

Getting free Paxlovid is not hard. But consumers need to be proactive. **(*Washington Post,** February 13, 2024)

Alzheimer's Disease / Dementia

Biogen Quits Controversial Alzheimer's Drug Aduhelm **(*Wall Street Journal,** January 24, 2024)

Private Equity

U.S. Rep. Lynch: Financing deal is 'not enough' to keep all Steward hospitals open **(WBUR,** February 16, 2024)

Private Equity Is Gutting America — and Getting Away With It **(New York Times (free access),** April 28, 2023)

Transportation

Would a System of Regional Mobility Managers Benefit Massachusetts? **(Massachusetts Department of Transportation,** August 2023)

Health Topics

The health care system is ignoring world's most promising approach to preventing cardiovascular disease **(STAT News,** February 14, 2024)

Smoking impairs immune response, even after quitting, new study says **(STAT News,** February 14, 2024)

End of Life

Advocates hope Jimmy Carter's endurance in hospice care drives awareness **(Politico,** February 18, 2024)

Longevity

My Mother Got on a Bike. It Changed Her Life. **(New York Times (free access),** February 17, 2024)

How 90 Became the New 60 **(New York Times (free access),** April 12, 2023)

Ageism

The Language Battle Is Now Coming for…Your Birthday Card? **(*Wall Street Journal,** February 16, 2024 (updated))

From Other States

Florida could make it harder to sue polluters, assisted living owners **(*Tampa Bay Times,** February 18, 2024)

Aging Committee Co-Chair Garibay Questions Private Equity Ownership of Nursing Homes, Praises Bipartisan Cooperation **(CT Examiner,** February 18, 2024)

From Our Colleagues Around the Country

Capitalism Exists Only Weakly in America These Days. Consequently, An Economic Dystopia Has Developed **(Tallgrass Economics,** February 17, 2024)

Webinars and Other Online Sessions	**1. Harvard Joint Center for Housing Studies** Thursday, February 22, 2024, 1:00 p.m. *Homelessness in the US: Insights from the Annual Homeless Assessment Report* *The 2023 Annual Homeless Assessment Report found that 650,000 people were experiencing homelessness on a single night in January 2023, a 12 percent increase from 2022. Jeff Olivet, from the United States Interagency Council on Homelessness (USICH), will discuss the report, which provides a snapshot of the number of individuals in shelters, temporary housing, and in unsheltered settings. Beth Horowitz from All Chicago: Making Homelessness History will offer a ground-level perspective on the report's findings, and the two will have a conversation moderated by Howard Koh from the Harvard TH Chan School of Public Health.* This event will be held on Zoom; register here to attend. **2. Rosalynn Carter Institute for Caregivers** Thursday, February 22, 2024, 7:00 p.m. *Empower Your Caregiving Journey: Register for Pro-Tips for Military Caregivers* In our upcoming webinar, we will delve into essential aspects of caregiving, focusing on roles, challenges, communication, self-care, and building a care team. Our goal is to empower you with the knowledge and tools needed to navigate the difficulties of caregiving with confidence and compassion. Remember that you are not alone, and support is always available. **3. Massachusetts Healthy Aging Coalition** Wednesday, February 28, 2024, 10:00 a.m. *MHAC Statewide Network Meeting* Join us for the MHAC Statewide Network Meeting where we will hear from Eric Shupin, Chief of Policy for the Executive Office of Housing and Livable Communities regarding the Affordable Homes Act and recent progress on housing policy and production. MHAC and partners will also share funding opportunities and other updates. Please contact James Fuccione (James.Fuccione@mahealthyaging.org) if you would like to share a brief update with the network at this meeting. **4. Executive Office of Elder Affairs and MassHealth** Thursday, February 29, 2024, 12:00 p.m. *Medicare Savings Program Asset Elimination Informational Webinar* In preparation for the Medicare Savings Program asset elimination update, members of the aging services network such as SHINE counselors, Council on Aging staff, and Aging Services Access Point staff are invited to join the Executive Office of Elder Affairs and MassHealth in this informational webinar. This webinar will cover eligibility changes taking place in the Medicare Savings Program, how to talk to older adults about the changes, and resources such as FAQs and a flyer for consumers that outlines eligibility. Please register for the webinar if you plan on attending. Registrants will receive the FAQs and flyer the Monday before the webinar in order to give you time to review and bring questions to the meeting. **5. Harvard Joint Center for Housing Studies** Thursday, March 21, 2024, 6:30 p.m.

	Location: Piper Auditorium, Harvard Graduate School of Design and Online Speaker(s): Margot Kushel, James O'Connell, Peggy Bailey, Chris Herbert For over three decades, Dr. Margot Kushel has both cared for people who experience homelessness and studied the causes, consequences, and solutions to homelessness particularly in California, which is home to 30 percent of the people experiencing homelessness in the US. Kushel, who recently led the largest representative study of homelessness in the United States since the mid-1990s, will discuss insights that have emerged from her work as a physician and researcher. Her research has shown that California's homelessness crisis is primarily due to the lack of housing that low-income households can afford. Moreover, contrary to popular beliefs, the majority of people experiencing homelessness in the state were born in California. She will draw on the findings to discuss policies, programs, and practices that would help people experiencing homelessness and those who are risk of becoming homeless. Following the lecture, Chris Herbert, the Center's Managing Director, will moderate a conversation with Kushel, Dr. Jim O'Connell, President of the Boston Health Care for the Homeless Program, and Peggy Bailey, Vice President for Housing and Income Security at the Center on Budget and Policy Priorities. The John T. Dunlop Lecture honors a noted labor economist who played a central role in the creation of the Harvard Joint Center for Housing Studies and its Policy Advisory Board, which plays an important role in supporting housing research at Harvard. A longtime member of the Harvard faculty, Dunlop was dean of the Faculty of Arts and Sciences from 1969 to 1973, served as US Secretary of Labor in the Ford administration, and worked for every US president from Franklin D. Roosevelt to Bill Clinton. He also was as a mediator in numerous labor-management disputes, where he was known for developing innovative, multi-party agreements. *Register here to attend in person at 48 Quincy St, Cambridge, MA.* *This event will also be livestreamed online; no advance registration is necessary.*
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	**6. Medriva** February 15, 2024 *Impending Closure of the Edgar P. Benjamin Healthcare Center: Impact and Transition* By Anthony Raphael The Edgar P. Benjamin Healthcare Center, a renowned healthcare establishment in Boston, has recently announced plans for closure due to financial difficulties. This historic center, in operation since 1927, has been a beacon of medical support for nearly a century. However, with dwindling funds and increasing financial challenges, the 205-bed facility has decided to shut its doors on July 1. The healthcare center currently houses 76 residents who will need to be relocated to suitable locations. **An Era Ends for the Edgar P. Benjamin Healthcare Center** For nearly a century, the Edgar P. Benjamin Healthcare Center has been a trusted name in providing medical care and support to the Boston

community. The center, known for its comprehensive healthcare services, has seen generations of Boston residents through their health journeys. Unfortunately, the center has been grappling with significant financial challenges in recent years, threatening its continued operation. . .

Impact on Residents and the Community

The impending closure of the Edgar P. Benjamin Healthcare Center will have a significant impact, particularly on the 76 residents currently residing within its walls. These individuals rely heavily on the center for their healthcare needs. The closure will also affect hundreds of outpatients who depend on the center for medical treatment and support, marking a significant change in the healthcare landscape of the Boston community.

7. **WCVB**

February 14, 2024 (updated)

Nursing home in Boston's Mission Hill neighborhood plans to close this summer

By Russ Reed

A nursing home that has a nearly 100-year history in Boston has informed the Massachusetts Department of Public Health that it is planning to close this summer.

Leaders at the Edgar P. Benjamin Healthcare Center in Mission Hill announced Wednesday that it filed a notice of planned closure on July 1 with the DPH.

The Benjamin Healthcare Center is a nonprofit facility that provides skilled nursing, rehabilitation and long-term care. The center's leaders say it has a four-star rating from the Centers for Medicare and Medicaid Services and has 205 licensed beds.

The center was founded in 1927 by the late attorney Edgar P. Benjamin as Resthaven, which he donated to the community as a charitable entity dedicated to "providing a home or shelter for and to otherwise assist all people without regard to race, creed or color."

Benjamin Healthcare Center leaders said "insurmountable" fiscal challenges, rising costs and workforce constraints led to the decision to close the facility. . .

The center's leadership will assist the 76 people who are currently living at the facility and their family members to ensure that all residents are transferred to a skilled nursing facility that meets both their own and their family's needs. The facility will remain open until every resident has been transferred to another facility.

8. **25 News**

February 15, 2024

Family members, employees call for state action to keep Roxbury nursing home open

By Marina Villeneuve

Family members and employees of a Roxbury nursing home spoke with tears in their eyes Thursday as they called for state and local officials to keep Edgar Benjamin Healthcare Center open.

25 Investigates confirmed this week that the nursing home's CEO filed an intent to close by July 1.

Nearly 80 residents live at the nonprofit nursing home, which has been in operation for nearly a century in Roxbury.

	Employees said residents have lived there for decades, and some have challenging conditions that will make it hard for them to find a home elsewhere. Felix Ramos said his mother lives at the nursing home, and said he appreciates the staff for taking care of her and other residents even when paychecks have bounced. He said he heard the nursing home was closing on the news. "When I saw that, I was like, 'What? How is this place closing?" he said. "It can't close." He said he has questions about the fiscal management of the nursing home, which he said has a long history of serving the community. "It needs to stay open for my mother and all these other patients that have been here all these years," Ramos said. "It's a travesty what's going on. But something's going on. Maybe somebody might need to investigate. I know my mother's insurance pays for her staying here because it's not free." "Money must be going somewhere," he added. Benjamin Healthcare Center President and CEO Tony Francis has blamed the closure on financial challenges including labor costs. "Our hearts are heavy as we understand the significant impact of our center's closure on residents, families and employees, as well as our hospital partners, particularly given the care that we provide to Boston's communities of color," Francis said in a Wednesday press release. "We have done everything in our power to keep the Benjamin viable and open, however, the fiscal reality of operating a nursing home in the current environment, including surging labor and other costs, have led us to this decision." 25 Investigates has found Benjamin Healthcare Center CEO Tony Francis has the highest base salary of any top administrator at any nonprofit nursing home in Boston. That's based on a review of nursing home administrator salaries reported on the nursing homes' IRS forms. His pay has climbed from $189,435 in 2016 to $628,592 in 2021, according to compensation reported on the nursing home's IRS forms. According to the state's Center for Health Information and Analysis, Francis' total compensation in 2020 was $932,501 including health insurance, pension and payroll taxes. 25 Investigates has asked the attorney general's office, the state Department of Public Health, the governor's office and the Mayor's office about what steps the state and city could take to keep residents at the home. Those entities didn't immediately respond to requests for comment Thursday.
Homelessness	**9.** **Coalition to Build Community and End Loneliness** The Coalition to Build Community and End Loneliness, propelled by four years of increased grassroots support that has resulted in 110 members, representing 68 state-wide organizations committed to ending loneliness in the Commonwealth, the Massachusetts Taskforce to End Loneliness and Build Community, announces its name change and vision for the future. Renamed The Coalition to Build Community and End Loneliness, Coalition members recommit their long-term commitment to ensuring all

	residents of the Commonwealth enjoy a strong sense of social health. Using the Surgeon General's Advisory on Loneliness as its roadmap the Coalition moves boldly forward from promoting the "risk of isolation" to the "power of connection" throughout the Commonwealth. For more information: www.endlonelinessma.com
Covid / Long Covid / RSV	***10.*** **Health Day** February 14, 2024 *Exercise a Lot? You May Lower Your Risk of COVID Infection, Hospitalization* By Dennis Thompson **Key Takeaways** • Regular exercise protects against COVID, a new study says • People who met U.S. exercise guidelines were less likely to become infected during the pandemic • They were even less likely to develop a severe case that required hospitalization ***11.*** **Fierce Pharma** February 14, 2024 *Veradigm, American College of Cardiology kick off flu shot campaign for heart disease patients* Getting your flu shot is important for everyone, but for those with cardiovascular disease, preventing this respiratory illness is especially crucial. . . Data from the ACC reveal a connection between getting your flu shot and a reduced risk of adverse cardiovascular events. Overall, there is a 34% lower risk of major adverse CV events, with a 45% lower risk observed among individuals with recent acute coronary syndrome. . . "People with heart disease have a much higher risk of serious complications from the flu, including heart attack, stroke and heart failure," added Ami Bhatt, MD, ACC Chief Innovation Officer. "The ACC is committed to delivering innovative solutions to transform cardiovascular care and improve heart health by raising clinician awareness of the benefits of flu vaccination for the most at-risk patients." ***12.*** ***Washington Post** February 13, 2024 *CDC plans to drop five-day covid isolation guidelines* By Lena H. Sun Americans who test positive for the coronavirus no longer need to routinely stay home from work and school for five days under new guidance planned by the Centers for Disease Control and Prevention. The agency is loosening its covid isolation recommendations for the first time since 2021 to align it with guidance on how to avoid transmitting flu and RSV, according to four agency officials and an expert familiar with the discussions. CDC officials acknowledged in internal discussions and in a briefing last week with state health officials how much the covid-19 landscape has changed since the virus emerged four years ago, killing nearly 1.2 million people in the United States and shuttering businesses and schools. The new reality — with most people having developed a level of immunity to the virus because of prior infection or vaccination — warrants a shift to a more practical approach, experts and health officials say. . .

	The new isolation recommendations would not apply to hospitals and other health-care settings with more vulnerable populations, CDC officials said. . . It's not clear whether the updated CDC guidance will continue to recommend masking for 10 days. Health officials from other states told the CDC last week that they are already moving toward isolation guidelines that would treat the coronavirus the same as flu and RSV, with additional precautions for people at high risk, said Anne Zink, an emergency room physician and Alaska's chief medical officer. **13. *Washington Post** February 13, 2024 *How long covid takes a toll on relationships and intimacy* By Amanda Morris *While much has been written about the physical health challenges of long covid, less is known about how the debilitating condition affects relationships* Before she developed long covid, Fran Haddock, 33, enjoyed birdwatching, foraging for seasonal plants and mushrooms, and enjoying the changing seasons. Her partner, Dan Kenny, 35, shares her love for the outdoors and often accompanied her on nature walks or trips to watch wildlife. But after becoming sick with covid in November 2022, Haddock rarely leaves her bed, and nature walks are a distant memory. Among her many symptoms, she experiences debilitating fatigue so severe that she can't walk more than a few steps. **How chronic illness affects relationships** Haddock and Kenny aren't alone in their struggles to adjust to a relationship that includes long covid. While much has been written about the physical toll of long covid, less is known about how the condition affects relationships. . . Whether long covid also carries a higher risk of divorce or breakups isn't known, but other research suggests that chronic illness can take a significant toll on relationships and can present additional financial challenges for couples. Experts say caregivers may report stress or feeling burdened. And sick or disabled partners may feel misunderstood or isolated. **14. *Washington Post** February 13, 2024 *Getting free Paxlovid is not hard. But consumers need to be proactive.* By Leana S. Wen When the public health emergency around covid-19 ended, vaccines and treatments became commercial products, meaning companies could charge for them as they do other pharmaceuticals. Paxlovid, the highly effective antiviral pill that can prevent covid from becoming severe, now has a list price of nearly $1,400 for a five-day treatment course. Thanks to an innovative agreement between the Biden administration and the drug's manufacturer, Pfizer, Americans can still access the medication free or at very low cost through a program called Paxcess. The problem is that too few people — including pharmacists — are aware of it.
Alzheimer's Disease / Dementia	**15. *Wall Street Journal** January 24, 2024

	Biogen Quits Controversial Alzheimer's Drug Aduhelm By Jennifer Calfas and Colin Kellaher *The biotech says it will focus on advancing a newer Alzheimer's medicine, developing others* Biogen is pulling the plug on its ill-fated Alzheimer's disease drug Aduhelm. The company said it is ending the development and sale of Aduhelm and terminating a post marketing study aimed at gaining full approval from U.S. drug regulators. The decision marks the end of the Aduhelm saga for Biogen, which faced scrutiny of its pursuit of approval and the steep list price it set for a drug that many doctors and researchers said wasn't fully proven to work. The Cambridge, Mass., company said it will continue to advance Legembi, the Alzheimer's drug it developed with partner Eisai that won full U.S. Food and Drug Administration approval last year and is on sale. Biogen said it also plans to accelerate the development of other, potential new Alzheimer's treatments**.**
Private Equity	**16. WBUR** February 16, 2024 *U.S. Rep. Lynch: Financing deal is 'not enough' to keep all Steward hospitals open* By Deborah Becker Steward Health Care is attempting to sell some of its assets to shore up its finances, but the company may still be unable to continue operating all nine of its Massachusetts hospitals, according to those who have met with Steward executives in recent days. On WBUR's *Radio Boston* Friday, Massachusetts U.S. Congressman Stephen Lynch said Steward executives told him in meetings this week that although they received an infusion of money to keep some hospitals running, it's "not enough." Lynch also said Steward has not deviated from its initial statements to his staff that the company will leave Massachusetts. . . With five Steward hospitals in his district, Lynch, a Democrat, called the situation "precarious" and potentially "catastrophic" because Steward facilities serve about 200,000 patients a year and employ some 16,000 people. Leaders at neighboring hospitals are concerned that if Steward facilities fail, they won't have the capacity to accept all the affected patients. State officials are conducting daily monitoring inside Steward hospitals to ensure the quality of patient care amidst the company's financial difficulties. . . Because Steward is a private company, it does not have to disclose financial information and has resisted providing the full financial statements required of all hospitals in Massachusetts, which Lynch said makes it difficult to understand the scope of its problems and how to handle them. Lynch took particular aim at Steward's backing from private equity. The company was founded in 2010 with funding from Cerberus Capital Management, a private equity firm, and later received other private financing including through sales of its property to MPT. . . [Associate professor at Harvard Medical School Dr. Zirui] Song's research has found worse patient outcomes in hospitals that were acquired by

private equity investors, compared with hospitals that were not. Private equity has had an increasing role in U.S. health care, investing $1 trillion in the last decade.

17. **New York Times (free access)**
April 28, 2023
Private Equity Is Gutting America — and Getting Away With It
April 28, 2023
"Private equity" is a term we've all heard but which, if we're honest, few of us understand. The basic idea is simple: Private equity firms make their money by buying companies, transforming them and selling them — hopefully for a profit. But what sounds simple often leads to disaster. Companies bought by private equity firms are far more likely to go bankrupt than companies that aren't. Over the last decade, private equity firms were responsible for nearly 600,000 job losses in the retail sector alone. In nursing homes, where the firms have been particularly active, private equity ownership is responsible for an estimated — and astounding — 20,000 premature deaths over a 12-year period, according to a recent working paper from the National Bureau of Economic Research. Similar tales of woe abound in mobile homes, prison health care, emergency medicine, ambulances, apartment buildings and elsewhere. Yet private equity and its leaders continue to prosper, and executives of the top firms are billionaires many times over.
Why do private equity firms succeed when the companies they buy so often fail? In part, it's because firms are generally insulated from the consequences of their actions, and benefit from hard-fought tax benefits that allow many of their executives to often pay lower rates than you and I do. Together, this means that firms enjoy disproportionate benefits when their plans succeed, and suffer fewer consequences when they fail.
Consider the case of the Carlyle Group and the nursing home chain HCR ManorCare. In 2007, Carlyle — a private equity firm now with $373 billion in assets under management — bought HCR ManorCare for a little over $6 billion, most of which was borrowed money that ManorCare, not Carlyle, would have to pay back. As the new owner, Carlyle sold nearly all of ManorCare's real estate and quickly recovered its initial investment. This meant, however, that ManorCare was forced to pay nearly half a billion dollars a year in rent to occupy buildings it once owned. Carlyle also extracted over $80 million in transaction and advisory fees from the company it had just bought, draining ManorCare of money.
ManorCare soon instituted various cost-cutting programs and laid off hundreds of workers. Health code violations spiked. People suffered. The daughter of one resident told The Washington Post that "my mom would call us every day crying when she was in there" and that "it was dirty — like a run-down motel. Roaches and ants all over the place."
In 2018, ManorCare filed for bankruptcy, with over $7 billion in debt. But that was, in a sense, immaterial to Carlyle, which had already recovered the money it invested and made millions more in fees. (In statements to The Washington Post, ManorCare denied that the quality of its care had declined, while Carlyle claimed that changes in how Medicare paid nursing homes, not its own actions, caused the chain's bankruptcy.)
Carlyle managed to avoid any legal liability for its actions. How it did so explains why this industry often has such poor outcomes for the businesses it buys.

The family of one ManorCare resident, Annie Salley, sued Carlyle after she died in a facility that the family said was understaffed. According to the lawsuit, despite needing assistance walking to the bathroom, Ms. Salley was forced to do so alone, and hit her head on a bathroom fixture. Afterward, nursing home staff reportedly failed to order a head scan or refer her to a doctor, even though she exhibited confusion, vomited and thrashed around. Ms. Salley eventually died from bleeding around her brain.

Yet when Ms. Salley's family sued for wrongful death, Carlyle managed to get the case against it dismissed. As a private equity firm, Carlyle claimed, it did not technically own ManorCare. Rather, Carlyle merely advised a series of investment funds with obscure names that did. In essence, Carlyle performed a legal disappearing act.

In this case, as in nearly every private equity acquisition, private equity firms benefit from a legal double standard: They have effective control over the companies their funds buy but are rarely held responsible for those companies' actions. This mismatch helps to explain why private equity firms often make such risky or shortsighted moves that imperil their own businesses. When firms, through their takeovers, load companies up with debt, extract onerous fees or cut jobs or quality of care, they face big payouts when things go well, but generally suffer no legal consequences when they go poorly. It's a "heads I win, tails you lose" sort of arrangement — one that's been enormously profitable.

But it isn't just that firms benefit from the law: They take great pains to shape it, too. Since 1990, private equity and investment firms have given over $900 million to federal candidates and have hired an untold number of senior government officials to work on their behalf. These have included cabinet members, speakers of the House, generals, a C.I.A. director, a vice president and a smattering of senators. Congressional staff members have found their way to private equity, too: Lobbying disclosure forms for the largest firms are filled with the names of former chiefs of staff, counsels and legislative directors. Carlyle, for instance, at various times employed two former F.C.C. chairmen, a former S.E.C. chair, a former NATO supreme allied commander, a former secretary of state and a former British prime minister, among others.

Such investments have paid off, as firms have lobbied to protect favored tax treatments, which in turn have given them disproportionate benefits when their investments succeed. The most prominent of these benefits is the carried interest loophole, which allows private equity executives to pay such low tax rates. The issue has been on the national agenda since at least 2006, and three presidents have tried to close the loophole. All three have failed.

Most recently, in 2021, as part of his first budget, President Biden proposed to end the benefit for people with very high incomes. But as he made his pitch, private equity opposition surged, and the largest firms each spent $3 million to $7 million on lobbying that year alone. One firm, Apollo Global Management, employed the former general counsel to the House Republican caucus, a former senior adviser to a past speaker of the House, a former chief of staff to another speaker and a former senator, plus more than a dozen other former officials.

As the plan wound its way through Congress, it grew weaker, and by the fall of 2021, the proposal to end the benefit was no longer a part of Mr.

	Biden's budget negotiations. Instead, Congress approved an amendment that largely exempted small and midsize companies owned by private equity firms from a new corporate minimum tax. It was an obscure but important consideration, and with it, private equity firms managed not just to protect a preferred tax advantage — the carried interest loophole, which benefited people like Blackstone's Stephen Schwarzman, whose income in 2022 was 50 times that of the chief executive of Goldman Sachs — but also to win a new one. The story further explains why the actions of private equity firms often have such sorry consequences for everyone except themselves. By protecting favored tax benefits, firms receive disproportionate gains when their strategies succeed. But, insulated from liability, they face little consequence if those plans fail. It's an incentive system that encourages risky, even reckless behavior like that at ManorCare, and is designed to work for private equity firms and no one else. But if private equity firms are powerful, so too are ordinary people, who've had surprising success confronting firms regarding unaffordable prison phone calls and surprise medical bills, among other issues. Even if we're unlikely to fix our tax code soon, activists and others can still push to update our laws and hold private equity responsible for its actions. Congress can clarify that firms can be sued for wrongs committed by companies they effectively control. States and cities can do the same when portfolio companies are based in their jurisdictions. By making private equity firms responsible for their own actions, we can build a better — and fairer — economy and make tragedies like that at ManorCare less likely. All we need is the courage to act.
Transportation	**18. Massachusetts Department of Transportation** August 2023 *Would a System of Regional Mobility Managers Benefit Massachusetts?* *Final Recommendation Action Plan* The study incorporates findings from research on best practices in other states that have implemented similar systems, and it is supplemented by interviews with national stakeholders familiar with Mobility Management. Additionally, interviews with Massachusetts practitioners and discussions with focus groups highlight the existing transportation conditions and challenges faced. These conversations also provide more transparent insight into how a system of RMMs might be accepted and utilized by practitioners. The information gleaned from research and conversations with stakeholders throughout the Commonwealth ultimately inform the recommendations laid out in this action plan. Specifically, recommendations for implementing a RMM system are provided with regards to the number of managers, the role and responsibilities of a system of RMMs, the number of regions and regional coverage, hiring and training support, networking strategies, and performance measures to track the system's impact.
Incarceration Topics	**19. *New York Times** February 16, 2024 *Many Suicides in Prisons Could Have Been Averted, Justice Dept. Watchdog Says* By Glenn Thrush

	The Bureau of Prisons routinely subjects prisoners to conditions that put them at heightened risk of self-harm, drug overdoses, accidents and violence, the inspector general said. Dozens of inmates, including the disgraced financier Jeffrey Epstein, have died needlessly in federal prisons as a result of lax supervision, access to contraband and poor monitoring of at-risk inmates, according to a report released on Thursday by the Justice Department's watchdog. The Bureau of Prisons, responsible for about 155,000 inmates, routinely subjects prisoners to conditions that put them at heightened risk of self-harm, drug overdoses, accidents and violence, the department's inspector general found after analyzing 344 deaths from 2013 to 2021 that had not been caused by illnesses. More than half of those deaths were suicides, and many of them could have been prevented if inmates had received appropriate mental health assessments or been housed with other prisoners in accordance with departmental guidelines instead of being left alone, like Mr. Epstein, the report concluded. . . Investigators found "unsafe conditions" in nearly all the deaths they analyzed, Mr. Horowitz said. The number of such deaths in the federal system has been rising steadily — to about 50 a year, he added. . .
Aging Topics	**20. *New York Times** February 2, 2024 *A Leading Memory Researcher Explains How to Make Precious Moments Last* By David Marchese Our memories form the bedrock of who we are. Those recollections, in turn, are built on one very simple assumption: *This happened.* But things are not quite so simple. "We update our memories through the act of remembering," says Charan Ranganath, a professor of psychology and neuroscience at the University of California, Davis, and the author of the illuminating new book "Why We Remember." "So, it creates all these weird biases and infiltrates our decision making. It affects our sense of who we are." Rather than being photo-accurate repositories of past experience, Ranganath argues, our memories function more like active interpreters, working to help us navigate the present and future. The implication is that who we are, and the memories we draw on to determine that, are far less fixed than you might think. "Our identities," Ranganath says, "are built on shifting sand."
Health Topics	**21. STAT News** February 14, 2024 *The health care system is ignoring world's most promising approach to preventing cardiovascular disease* *By* Arthur L. Kellermann Last week, the Washington Post published an op-ed by former CDC Director Tom Frieden titled, "It's the world's leading killer. Make it the focus of the next breakthrough." Frieden writes, "Hypertension, the 'silent killer,' is the deadliest but most neglected and widespread pandemic of our time, killing more than 10 million people a year worldwide.". . . Ironically, the "next breakthrough" Frieden seeks already exists has been proven to work. It's offered as a private service in the United Kingdom, and in July the World Health Organization endorsed the concept. However, it is not available in the United States, where heart disease kills

	695,000 annually and imposes $240 billion in costs. Strokes claim an additional 150,000 lives and generate $56 billion in costs. . . Instead of leading the world in blood pressure control, the U.S. is falling behind. A study of cardiovascular health in middle-aged U.S. adults found that between 1999 and 2020, rates of hypertension failed to improve among higher-income adults and *worsened* among low-income adults. Between 2000 and 2019 blood pressure-related deaths of Americans aged 35 and older increased across the board, particularly among Americans 35 to 64, according to the Centers for Disease Control and Prevention. . . Their idea is based on the fact that age is the strongest risk factor for heart attack or stroke, other than already having had one. As early as age 20, a person's risk of heart attack or stroke roughly doubles every seven years. In a recent commentary, Wald noted that "an age cut-off of 50 would detect over 90% of the people who, in the absence of preventive medication, would experience a first heart attack or stroke." Because treating so many people would be a formidable task, Wald and Law sought to make it as easy as possible. Rather than individualize therapy, they proposed that everyone over age 50 or 55 take a daily "polypill" composed of three inexpensive low-dose generic blood pressure medicines, a generic statin (to lower cholesterol), folic acid, and possibly low-dose aspirin. (Later versions omitted folic acid; aspirin remains an option.). . . If it confirms prior findings, the polypill should be accepted by America's doctors. With U.S. health care consuming $4.5 trillion annually and adult life expectancy lagging that of 56 other countries, we must find a better way to prevent cardiovascular disease. If our nation embraces the polypill approach, the rest of the world could follow. Millions of lives might be saved. **22. STAT News** February 14, 2024 *Smoking impairs immune response, even after quitting, new study says* By Elizabeth Cooney Public health messages have told us for decades that if you smoke, you should quit. And if you don't smoke, don't start. But a new study suggests smoking may be even worse than we thought. The study, published Wednesday in Nature, underscores the importance of never lighting up that first cigarette, based on its conclusion that smoking has much longer harmful effects on immune responses than previously understood.
End of Life	**23. *Washington Post** February 18, 2024 *A cancer patient had decided how to die. Here's what I learned from her.* By Steven Petrow *For those with a terminal diagnosis, it's getting easier to control death, but the process remains complex* I first learned about "medical aid in dying" last spring when my sister, Julie, who suffered from advanced ovarian cancer, chose to end her life — in accordance with New Jersey law — after all realistic treatments had been exhausted and the pain medicines prescribed could no longer alleviate her suffering. At that time, I didn't know anyone else who had taken this step. While Julie's hospice social worker provided answers to

our questions, there was much I didn't know about medical aid in dying at the time she died at age 61, much that I wish I'd understood better.
After Julie's death, Lynda Shannon Bluestein, 76, became one of my teachers. The married mother of two also suffered from late-stage ovarian — and fallopian — cancer.
In a series of conversations last fall Bluestein told me she had wanted to plan for medical aid in dying when her condition worsened, but medical aid in dying, or MAID, is not legal in her home state of Connecticut. However, it was legal in nearby Vermont, but barred to nonresidents. Last year Bluestein sued the state to eliminate the residency requirement, which put her on front pages throughout New England. . .
I spoke with Barnard about what happens during the procedure. "It's harder to hasten a death than you might imagine," she said. Five powerful medications are currently used, including diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. Death usually comes within 90 to 120 minutes but can take longer, she explained.
Bluestein completely understood what would happen after she swallowed the lethal mix of medicines. When we last spoke by phone, she told me she worried that if she waited too long, she'd be unable to ingest the drugs or would throw them up. When it became clear over the year end holidays that her health was deteriorating rapidly, she chose her date. . .
During my last phone call with Bluestein, she made a point to say that making her plan "was extraordinarily difficult. You really have to want to do this a lot, have a fair amount of money, a lot of flexibility, and be very well connected to accomplish this."
I understood exactly what she meant, as the same had been true for my sister, who, while suffering, had to arrange this last medical procedure.
For critics who fear that MAID could make it too easy for someone to take their own life, or to pressure someone else to take theirs, I offer Bluestein's words, along with my sister's experience.
It's not an easy process, and requires deliberation and intent, and the sign-off from others. But it offers an end to much pain and suffering, and that is a gift to those like my sister and Lynda Bluestein.

24. Politico

February 18, 2024

Advocates hope Jimmy Carter's endurance in hospice care drives awareness

By Associated Press

Since Jimmy Carter entered hospice care at his home in south Georgia one year ago, the former U.S. president has celebrated his 99th birthday, enjoyed tributes to his legacy and lost his wife of 77 years.
Rosalynn Carter, who died in November, about six months after the Carter family disclosed her dementia diagnosis, lived only a few days under hospice supervision, with her frail husband at her bedside.
Experts on end-of-life care say the Carters' different paths show the range of an oft-misunderstood service. Those advocates commend the Carter family for demonstrating the realities of aging, dementia and death. They express hope that the attention spurs more Americans to seek out services intended to help patients and families in the latter stages of life. . .
In 2021, 1.7 million Medicare beneficiaries enrolled in hospice at a taxpayer cost of $23.1 billion, according to the federal Medicare Payment

	Advisory Commission (MedPAC). Almost half of Medicare patients who died that year did so under hospice care. **HOSPICE IS MORE THAN THE 'MORPHINE MYTH':** Hospice can elicit images of "someone doped up and bedridden," but it is not "just providing enough morphine to make it through the end," Gurian said. Indeed, patients give up curative treatments and many medicines. Cancer patients no longer receive radiation or chemotherapy. Those with late-stage Alzheimer's, Parkinson's or another degenerative neurological disease typically ditch cholesterol and blood-pressure medication — and eventually drugs that regulate their acute condition. . . **JIMMY CARTER'S ENDURANCE IS NOT UNUSUAL:** In 2021, the average stay of hospice patients who died was 92 days, MedPAC calculated. The median was 17 days — about two weeks longer than the time between when the Carters' announced the former first lady had entered hospice and when she died. About 10% of enrollees who die in hospice care stayed more than 264 days. Extended cases drive a majority of costs. In 2021, $13.6 billion of the overall $23 billion paid was for stays exceeding 180 days before death. Of that, $5 billion was for stays longer than a year. Patients are sometimes discharged from hospice if their condition stabilizes, especially if they have reached the six-month mark in the program. In 2021, 17.2% of the patients were discharged. The MedPAC report to Congress noted that for-profit agencies have higher average length of stays than nonprofits and added that living patients' discharge rates raise questions about admission standards.
Longevity	**25. New York Times (free access)** February 17, 2024 *My Mother Got on a Bike. It Changed Her Life.* By Caroline Paul When my mother was 62 years old, she dusted off a clunky Cannondale with Mary Poppins handles and joined a bicycling group. She was recovering from heartbreak and had just moved to a new town. She had no background as an outdoor activity enthusiast: She did not camp or hike, had never, say, paddled a kayak. But the bike group was made up of 60-, 70- and 80-year-olds. How hard could it be to tag along? As I approach the age my mother was then, I notice my peers are increasingly galled by their own advancing years. And why not? My friends are simply responding to the very real negative messaging around older women: fading looks, frail bones, cognitive decline, no cultural significance. I overheard one woman discussing plastic surgery and remarking, "Who doesn't want to turn back time?" It's hard not to get sucked into that mind-set. Yet the way we look at our own aging predicts what our future holds, as Becca Levy, a professor of public health at Yale, writes in her recent book, "Breaking the Age Code." We increase our risk of cardiac events and speed up cognitive decline, studies show, if we believe getting older is a time of suffering and diminution. More important, the opposite is also true: Those of us who view later life as a time of growth and vitality are more likely to stay healthy and to keep senility at bay. We may also end up living a whopping seven and a half years longer. In one instance, Dr. Levy looked at data from a longitudinal study and came to this astonishing

conclusion: Mind-set was *the most significant factor* determining individuals' longevity.

But all around us, the media, dating apps, our youth-obsessed culture and our own preconceived notions lead to one verdict: Aging stinks. It will be a white-knuckle ride, women are told, through increasing frailty and irrelevance. Affirmations and positive self-talk — skimming the surface of our psyches, outnumbered in the scrum — don't stand a chance. Dr. Levy's studies show us that we need to believe fervently in the vitality of our future. But how?

My mother joined that bike group. What was initially a distraction spun into a passion. She became a serious cyclist, the kind of serious who wore brightly colored bike shirts, used Lance Armstrong breathing techniques and planned group rides. I rode my bike with my mother once; believe me, there is nothing more disheartening than being trash-talked by one's own mom as she huffs by you on a hill. Pedaling through her 70s, she explored steep mountain roads and new towns. She entered 100-mile races, changed flats and downed electrolytes on the go.

I was envious of her new life. Except for the Metamucil regimens and early bedtimes, she and her fellow seniors resembled any weekend warrior. But unlike so many people I knew, she and her friends didn't seem to want to be younger. My mother became more fit, more social and more emotionally expressive than I'd ever seen her.

Turns out, my mother's cycling habit meant that she was checking many of the boxes — health, novelty, community and purpose — needed to age well. (For others, this might come in the form of a language class, a book club, a commitment to mastering a plank.) Yet when my mother went biking, there was something more: She was embracing attributes like exhilaration, exploration, awe, a little bit of recklessness. This provided the final pillar for healthy and fulfilling aging: Dr. Levy's positive mind-set.

But how? My mom didn't live in a bubble; she had not escaped subliminal toxic messaging. It was the *bicycling*, with its demands for physical vitality, the uncertainty of every ride, the grit on the uphill, the inherent *wheeeeee* aspect of fun on the downhill — all powerful proof of that messaging's mendacity. As her own beliefs were being subverted, her biking adventures also drew surprised and admiring reactions from peers and from those much younger (like her own children). *Wow! Badass*! was the elated response, which boosted her own passion for the sport, and her life. (Another thing not expected of older women: passion.)

Consider another study, in which Dr. Levy and her co-authors used computers to display positive subliminal phrases about aging (like "spry," "capable") to older participants in several sessions over several weeks. The researchers found these participants performed better on physical tests and ended up with a more favorable perception of aging.

Likewise, my mother's biking adventures served as their own flashing screen. Every pedal uphill was a subliminal shout that she was strong. Every heart skip on a downhill told her she was brave and fun. Every new route she planned showed she was capable. She was being immersed in implicit feedback that upended what she (and others) had been told one could and could not do or be at this age.

Most older women don't join bike groups. Instead, we begin to pull back on physical activities, risk-taking or novel pursuits. Too dangerous for our failing body and mind, we are told in ways both subliminal and overt, and

we believe it. But what if danger is found in *failing* to pursue exhilaration, exploration and physical vitality?

Unwittingly my mother knew: These attributes don't imperil us. They protect us.

Activating exhilaration, exploration and physical vitality will be different for each of us. In my own quest to understand healthy aging I met a 93-year-old hiker, a 74-year-old BMX biker, an 80-year-old scuba diver and a slew of boogie boarders in their 60s, 70s and 80s. I walked on the wing of a plane at 3,000 feet in the air. But I also went bird-watching. Adventure, it turns out, is in the eye of the beholder and can be had by almost all of us despite physical restrictions, financial constraints or limited backcountry know-how.

Over and over these women told me in different ways: Pick an outdoor activity, one that will electrify and engage, because it will change your life. To those who warn you against such foolishness, remind them of what Joan Captain, a player on one of San Diego's senior women's soccer leagues, told a journalist when she was 72: "People say, oh, that's so dangerous, you know, you should take it easy. And I say, well, you see that couch over there? The couch will kill you."

My mother stopped cycling only as she approached 80. She had begun to feel unsteady on her bike; she was soon diagnosed with Parkinson's disease. At some point, then, the messaging has some truth. But this isn't disheartening. This is just one more reason to embrace everything now.

I'm sure my mother would still be pedaling if not for this stroke of bad luck. Instead, she gets outside any way she can, often on a walk around her neighborhood. On a recent amble, she waxed nostalgic, but not about her youth. "I wish I was 60 again," she mused, and we slowly continued down the sidewalk.

26. New York Times (free access)

April 12, 2023

How 90 Became the New 60

By Gail Collins

Have you noticed a lot of people turning 90 lately?

OK, maybe not a *lot.* But President Biden, 80, is saying he plans to run for re-election in 2024. His fans are going to be super-aware of anything that suggests he isn't all that old.

I was thinking about this when I got invited to a 90th-birthday party recently — shortly after I went to a lunch a friend threw to celebrate her 95th. Kinda wondered if I was looking at a new trend.

Yeah, the really-truly-older cadre is zooming — thanks, boomers! The U.S. Census Bureau estimates that by 2060, the number of people 85-plus will have tripled compared with 2017 and the country will have half a million centenarians.

Today we're not going to discuss the social-support angle; obviously, many of these folks will need a lot of care. Or the fact that while the old are getting older, overall life expectancy in America has actually been dropping, thanks to guns, drugs and Covid.

Now we're just going to focus on what all these post-90s mean to the way we view the world. Is Biden being 80-plus a big deal when Gloria Steinem just had a party to celebrate her 89th?

"Ninety is the new 60," declared Muriel Fox, one of the founders of the modern women's movement. "I've got several great friends in their 100s."

Fox recently invited some pals to her turning-95 luncheon, and I'm really liking the idea that being a feminist pioneer can add decades to your life span.

Steinem, who's off celebrating 89 with a tour of Zambia, is feeling mellow, too. "I'm very conscious that I'm already past the average life expectancy," she told me via email. "Yet also past many worries about job, family, saving for the future — this is the future!"

Of course, not everybody's so enthusiastic about hitting markers that make our president look youthful. "It's something I don't think about," said the composer John Kander, who, at 96, is currently busy publicizing "New York, New York," his new Broadway musical.

The people who really need to get their heads around the age thing are younger. It's clearly dumb to treat the … older as a doddering population of great-great-grandparents. People will just start wondering whether you're the one who's out of it.

For instance, the other day the Republican speaker of the House, Kevin McCarthy, pressed his demands for a negotiation with Biden on the budget by sniping, "I would bring lunch to the White House. I would make it soft food if that's what he wants." Now, McCarthy is a mere 58, but this kind of thing is just going to encourage people to compare his pathetic performance as speaker with that of his predecessor Nancy Pelosi, who held the post until this January, when she was 82.

None of this is to argue that Biden's plan to run for re-election (announcement coming — soonish!) shouldn't lead to serious discussion about age. He'd be 86 when a second term ended. Hard to think of a whole lot of 86-year-old world leaders who are currently on the job. Well, Pope Francis. King Harald V of Norway. And if we're saluting the 90-somethings, we have to add President Paul Biya of Cameroon.

Biden was already the oldest president ever elected when he came into office at 78. Second oldest was, um, Donald Trump at 70.

I would love to cite a list of really great presidents who served in their 70s, but alas, the third oldest at the time of his election was Ronald Reagan, 69, who was eventually rumored to have Alzheimer's, followed by William Henry Harrison, 68, who died a month into his term.

Dwight Eisenhower, who served from age 62 to 70, starting in the 1950s, was one of the oldest presidents in office. That was back "when 62 was considered really ancient," said the presidential historian Michael Beschloss.

And Ike seemed older — while he was in the White House, he suffered from a heart attack and a stroke. "It's never been age; it's always been illness," Beschloss said.

Yeah, the number doesn't matter nearly as much as the condition. And how you appear to the outside world. My friend who had the recent 90th-birthday party doesn't want to be quoted by name because he's doing a lot of very high-end, action-packed projects and wants the folks he's working with to judge him by what he does, not the calendar.

But said friend is an expert on making things look good on camera, and he complained that Biden is being "very, very badly served" by handlers who have him slowly walking onstage when he's about to give an address. The president, he noted, doesn't exactly "spring to the podium. Why don't they just have him sitting at a desk like — hello — F.D.R.?"

	Still, Biden on a bike looks a lot better than Trump on a golf course. We will not discuss or even contemplate Trump on a bicycle. With the two of them competing to be president in their 80s, there does seem to be a real opening for somebody who's ambitious and younger. Like, say, Gov. Ron DeSantis of Florida, who is 44. But the absolute opposite is happening. DeSantis is giving youth a bad name.
Ageism	**27. *Wall Street Journal** February 16, 2024 (updated) *The Language Battle Is Now Coming for…Your Birthday Card?* By Adam M. Rosen *A faction of greeting-card makers wants to banish 'ageist' jokes—but humor defenders say teasing adds to the charm* In mid-January, Age-Friendly Vibes was one of some three-dozen lines temporarily on display at Atlanta Market, the country's largest showroom for gift products and home decor. Like all of Golden's fellow card exhibitors, she was hoping to catch the eye of the retailers who sell the estimated 6.5 billion greeting cards bought annually in the U. S.—and, while she's at it, perhaps strike a blow against the ageism she says is embedded in the birthday-card industrial complex. . . A web developer and graphic designer by trade, Golden launched her "age-positive" card line in 2020, motivated in part by her experience offering tech training to older adults in the Denver area, where she lives. "Honestly, half the time the tech just didn't work. But older adults were getting blamed for not being able to learn and adapt on the job." (A few of her cards: "Every year you get hotter, and not just in flashes"; "The streak continues! Aging fiercely since birth"; "Celebrating you never gets old.") . . . Others are also taking stock. Sara Breindel is a co-director of Changing the Narrative, a Denver-based anti-ageism advocacy organization. In 2020 she helped organize the Anti-Ageist Birthday Card Campaign, which solicited artists "to design cards that countered the usual depressing narrative about getting older." The project was considered such a success it was reprised in January 2023. She says the organization took on birthday cards because they're "the one time all of us think about how old we are. And it's often the one time we're really getting messages about it." She gets why people can't resist a crack about, say, all the zany things you can do with a cane, but thinks many haven't stopped to examine why we reach for these tropes.
From Other States	**28. CT Examiner** February 18, 2024 *Aging Committee Co-Chair Garibay Questions Private Equity Ownership of Nursing Homes, Praises Bipartisan Cooperation* By Robert Storace [Connecticut State Rep. Jane] Garibay, [Aging Committee Co-Chair,] said House Bill 5781 – signed into law by Gov. Ned Lamont in June – was comprehensive on many fronts. That bill requires nursing homes to notify the long-term care ombudsman about any involuntary transfers or discharges on the same day the resident is notified; establishes a dementia services coordinator position within the Department of Aging and Disability Services; and requires nursing homes to annually submit summaries of their financials including the percentages of Medicaid

	funding. It also requires nursing homes to provide cost reports for any related party that receives money from the nursing home. Garibay told CT Examiner that many out-of-state equity firms are purchasing nursing and elder care facilities. She said those firms then claim they do not have enough money to spend on workers and for care. It's a pattern that needs to be scrutinized, said Garibay. **29. *Tampa Bay Times** February 18, 2024 *Florida could make it harder to sue polluters, assisted living owners* By Lawrence Mower Florida lawmakers in recent years have passed sweeping changes that make it harder to sue insurance companies. . . **Assisted living facilities** HB 995/SB 238 Unlike nursing homes, which provide more complex medical care, assisted living facilities typically offer a more homelike environment for seniors. According to Sen. Colleen Burton, R-Lakeland, the number of lawsuits against the companies has grown, causing costs to go up. "It should be concerning to all of us," Burton said. Burton's proposal would make it impossible to sue the facilities' "passive investors" — companies or people that might own the facility but are not involved in its day-to-day operations. Assisted living facilities are increasingly owned by real estate investors, which have been accused of prioritizing profits over care, The Washington Post reported in December. Lawmakers have raised questions about whether the legislation makes the industry less safe. Burton conceded the Senate bill "needs some work.
From Our Colleagues Around the Country	**30. Tallgrass Economics** February 17, 2024 *Capitalism Exists Only Weakly in America These Days. Consequently, An Economic Dystopia Has Developed* By Dave Kingsley *Words & Mindsets Matter: It is Time to Change the Narrative* The U.S. economic system is in bad shape. Economic growth is sluggish, wealth has become badly maldistributed, and government policy has been tilted in favor of Wall Street and capital at the expense of Mainstreet and labor. Because of a perverse, toxic, mythical free market mindset – generated by economic departments in elite universities [i], – the public has been conditioned to swallow a "government is bad, corporations are good" mantra. This potent narrative has had unfortunate social and political consequences. These consequences are becoming increasingly serious. Over the past few decades, the productive economy consisting of manufacturing, and small and medium sized businesses of all sorts has been diminished, while the financial services industry has blossomed into a dominating economic force. The valuing of maximized short term returns for shareholders over a healthy economy and the public interest is a barrier to a real capitalist system for a democratic society. By leveraging their immense wealth, massive corporations and the superrich have rigged the political system in their favor. Consequently, politicians have become increasingly venal and driven solely by campaign contributions and

protecting their tenure in office. The media's shallow and transitory coverage of this system is highly influenced by deceitful, sophisticated, and well-funded propaganda.

As an ardent capitalist with considerable experience in the business world, I'm horrified by what is passed off as capitalism these days. What we are witnessing is not truly free market capitalism functioning in accordance with the U.S. constitution and a democratic society. Nor are we experiencing the proper role of government in regulating business for the purpose of protecting and enhancing population health and welfare. Federal, state and local legislatures are failing the American people while politicians scramble to meet the narcissistic needs of the wealthy and powerful who keep them in office.

For instance, healthcare now constitutes 20% of the U.S. economy, much of which is not productive. Practically all healthcare is underwritten by taxpayers with burdensome out of pocket expenses for patients. But about half of national expenditures on medical services are excessive and extractive in the form of dividends, executive pay, stock buybacks, and price manipulation. That is why about 10% or less of GDP in capitalist countries like Canada, France, the UK, Japan, and Korea with government run healthcare is due to healthcare.

Unlike the residents of our peer countries, Americans can and do go bankrupt due to medical expenses. An inferior medical program for poor people doesn't exist in the typical developed country, but that is what Medicaid is in the U.S. It should not be acceptable to deny access to medical care because of poverty while the wealthy have concierge care and taxpayers fund government largess for enriching the already rich (For instance, the CEO of UnitedHealth has been receiving at least $30 million per year in compensation).

Ethical Deterioration: A Consequence of a Financialized, Winner Take All Economy

Yesterday, the former president of the United States claimed on television that the loans he received through deceit and fraud were justifiable because he paid the loans back and that his behavior was victimless. Both statements are false,[2] and he knows that. But let's assume that he paid the loans back. Is the "crime" still victimless? What are the effects of a powerful political leader's cavalier attitude toward business ethics? What does this behavior signal to the rest of the country?

I've noticed over the past few decades that conflicts of interest and other unethical behavior are increasingly met with indifference in business, science, the media and practically every other institution of society. Unethical data manipulation in scientific studies – especially in pharmaceutical research – is more widespread than we heretofore imagined.[3] Individuals are lying or ignoring their egregious conflicts of interest and getting by with it.[4]

Some behavior considered unethical – even illegal – in the past has been legalized and normalized. For instance, stock buybacks are a form of insider trading and a practice that was illegal until 1982. In September, Cigna announced a $10 billion stock buyback, which propelled their shares up 17% on the day of the announcement.[5] "Swiss giant Novartis announced plans to buy back up to $15 billion worth of its shares over two years, while US-based Bristol-Myers Squibb also authorized a $15 billion buy back."[6] These examples are merely the proverbial tip of the iceberg. Every major medical care corporation are expending hundreds of millions worth of their savings from taxpayer

expenditures each year on stock buybacks and dividends instead of investing it in a more fair, efficient, and effective medical delivery system.

If we are going to change the economy for the better, we have to change narratives that undergird a "government is bad," "privatization is good," Belief System

It is the duty of thinking Americans to look honestly at the real economic system and call it what it is – an increasing conglomeration of taxpayer capitalized enterprises with stagnant wages and a sinking middle class. It is up to all of us to stop ignoring reality and believing this economic system is "the best there is in the best of all possible worlds."

When I speak to professional groups and legislators, I make it a point to emphatically tell them that UnitedHealth, Centene, The Ensign Group – indeed the entire network of pharmaceutical, nursing home, health insurance, and privatized hospital systems – are not capitalistic enterprises. Strange libertarianism and Friedmanomic fanaticism have taken over our economy and our lives with very little pushback.

No doubt, a large proportion of my audiences consciously believes what I'm saying, but subconsciously doesn't believe it. Narratives work well when the public has been so inundated with signals that they are processed subliminally. The dominant flow of memes coming from industrial propaganda sources through the media, education system, and day-to-day political-economic activities are effective because they are met with little organized resistance.

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[i] Basically, I'm referring to the University of Chicago Economics Department and the late Milton Friedman – their star scholar – and the other economic celebrities and universities all across America mimicking the fanatical Chicago School free market ideology, which subsumes the "efficient market hypothesis," "the agency theory of management," "the virtues of deregulation," and the notion that policy for diverting income and wealth to the superrich will "trickle down" to the lower SES quintiles.

[2] See, e.g.: Dan Alexander, "Donald Trump's Great Escape: How the Former President Solved His Debt Crisis," *Forbes*, July 20, 2022.

[3] See, e.g.: Charles Piller, "Probe of Alzheimer's studies finds 'egregious misconduct," *Science*, *Vol. 382*, October 2023, p. 251. The journal *Science* is delivered to my home weekly. Issues consistently include articles pertaining to cheating by scientists and the necessity for journals to retract articles submitting by the culprits that are caught.

[4] An example of conflict of interest that I discovered and fought to no avail occurred in the Gerontology Department at Kansas State University. Professor Gayle Doll was the administrator of a state grant providing incentive funds to nursing homes who were improving their "homelike culture." Professor Doll also served on the board of one of the largest for-profit nursing home chains in the State of Kansas to which she awarded incentive funds. My complaints about this egregious conflict of interest were met with indifference by officials and advocates.

[5] This was announced in the *New York Times* business section, which I read daily.

[6] Nick Dearden, 2024, *Pharmanomics: How Big Pharma Destroys Global Health*. New York: Verso, p.63.

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	**Disabled Parts** **https://www.disabledparts.com/** Disabled Parts is a growing archive of poetry, stories, photos and art about sexuality and intimacy, featuring disabled voices. We move past the question of "what is disabled sex?" and seek to build understanding and deepen connection with our bodies, ourselves, and each other. **Coalition to Build Community and End Loneliness** **https://www.endlonelinessma.com/** To ensure all residents of the Commonwealth feel connected to their community and enjoy a strong sense of social health. We do this by mobilizing local organizations, thought leaders, and other partners to join forces and use our collective resources and ingenuity for maximum impact. Convened by AARP Massachusetts, the Coalition consists of 110+ members representing 68+ organizations, including state- and city-level governments, nonprofits, academic institutions, advocacy groups, thought leaders, and other partners.	
Blogs	***Diabetes Chronicles*** **https://diabeteschronicles.com/** Diabetes Chronicles is for people living with this disease and feel like no one around them understands what their life truly is. It is for the mother and the father who cannot articulate the fear that grips them because they were told their child has diabetes. It is for the medical community who sometimes view diabetics as a collection of numbers rather than people who often feel overwhelmed and defeated by those numbers. It is for every diabetic's friend, loved one, colleague, neighbor, schoolmate, roommate, or soulmate who wants to understand and walk alongside in ways that are real. And it is for those who want to be assured that diabetics can thrive despite the disease, and dare I say, sometimes because of it.	
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 (pending)	**Massachusetts Department of Public Health** *Benjamin Healthcare Center, Roxbury* Closure date: July 1, 2024 Public hearing: TBD • Notice of Intent to Close (PDF) | (DOCX) • Draft of Closure and Relocation Plan (PDF) | (DOCX) *Bridgewater Nursing & Rehab, Bridgewater* Closure date: May 24, 2024 Public hearing: Tuesday, February 20th, 2024, 6:00 p.m. Dial in Phone #: 888-469-1662 Participant Code: 8243949 • Notice of Intent to Close (PDF) | (DOCX) • Draft of Closure and Relocation Plan (PDF) | (DOCX) *Savoy Nursing and Rehabilitation Center,* New Bedford Closure date: April 3, 2024 • Notice of Intent to Close and Draft Closure and Relocation Plan (PDF) | (DOCX) *New England Sinai Hospital Transitional Care Unit* Closure date: April 2, 2024 • *Notice of Intent to Close (PDF) | (DOCX)* • *Draft of Closure and Relocation Plan (PDF) | (DOCX)* For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.
Nursing Home Closures	**Massachusetts Department of Public Health** *South Dennis Health Care*, Dennis Closure date: January 30, 2024 *Arnold House Nursing Home*, Stoneham Closure date: September 22, 2023 *Willimansett East,* Chicopee Closure date: June 6, 2023 *Willimansett West,* Chicopee Closure date: June 6, 2023 Chapin Center Springfield Closure date: June 6, 2023 *Governors Center*, Westfield Closure date: June 6, 2023 *Stonehedge Rehabilitation and Skilled Care Center*, West Roxbury Closure February 10, 2022 *Heathwood Healthcare*, Newton Closure date: January 5, 2022 *Mt. Ida Rest Home*, Newton Closure date: December 31, 2021 *Wingate at Chestnut Hill,* Newton, MA Closure date: October 1, 2021 *Halcyon House*, Methuen Closure date: July 16, 2021 *Agawam HealthCare*, Agawam Closure date: July 27, 2021 *Wareham HealthCare*, Wareham

	Closure date: July 28, 2021 *Town & Country Health Care Center*, Lowell Closure date: July 31, 2021
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**.

<table>
<tr><td></td><td colspan="3">

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

</td></tr>
<tr><td>Access to Dignity Alliance social media</td><td colspan="3">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</td></tr>
<tr><td rowspan="13">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.</td><td>Workgroup</td><td>Workgroup lead</td><td>Email</td></tr>
<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 and rest 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><td>Interest Group</td><td>Group lead</td><td>Email</td></tr>
<tr><td>Assisted Living</td><td>John Ford</td><td>jford@njc-ma.org</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>
<tr><td>The Dignity Digest</td><td colspan="3">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</td></tr>
<tr><td>Note of thanks</td><td colspan="3">Thanks to the contributors to this issue of The Dignity Digest

Dick Moore
Brian O’Grady

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.</td></tr>
<tr><td colspan="4">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.</td></tr>
</table>

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.