



The Dignity Digest

Issue # 193

June 25, 2024

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

***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

Twenty-fifth Anniversary of the Olmstead Decision

[Supreme Court outlawed segregation of disabled people 25 years ago. But change has come slowly](#)

STAT

By Timmy Broderick

June 21, 2024

As a toddler, Veronica Ayala loved Fridays. At 5 o'clock sharp, her mom whisked her away from the grim Moody State School for Cerebral Palsied Children for a 48-hour reprieve. Ayala's house was mere minutes away, but the doctors insisted that she had to live at the Galveston, Texas institution during the week so she could learn how to walk.

"It was supposed to be for six months. Then it was a year, and then it went into 18 months. I basically had achieved the goals I was there to achieve. They tried to keep me longer" but her mom removed her from Moody's, said Ayala, who stayed there in the early 1970s and is now a disability rights advocate. "I didn't even realize how traumatic it all was until years later when someone asked me about it, I just broke down in tears. I was a child, you know? I didn't understand."

Prolonged, involuntary stays in institutions used to be the norm for people with disabilities, as books like "One Flew Over The Cuckoo's Nest" have portrayed. But after two Georgia women with mental illness and developmental disabilities sued to leave a state hospital, [the Supreme Court decreed in 1999](#) that siloing people with disabilities in hospitals was discriminatory and a violation of the Americans with Disabilities Act. This landmark ruling, known as the Olmstead decision, augured a shift away from institutional care for long-term services and towards the most integrated setting possible — treating people with disabilities not as outcasts but as community members who can make choices and decide their own futures. The name refers to the main defendant, Tommy Olmstead, the commissioner of the Georgia Department of Human Resources at the time. Some experts refer to it as the Brown v. Board of Education for people with disabilities because of its dramatic expansion of civil rights in the face of forced segregation and a rejection of "separate but equal" institutions.

The change was long overdue, said D'Arcy Robb, Georgia Council on Developmental Disabilities executive director. People were disappearing. "At one point in our society, if a person was a "problem" or seen as a

“problem,” it was so easy for their rights to just evaporate, for them to just be sent into an institution,” said Robb. “And many times, folks never got out.”

Twenty-five years after the Olmstead decision, home and community-based services (HCBS) is the norm rather than the exception for Medicaid recipients. National Medicaid spending on HCBS routinely [exceeds](#) spending on institutional services, and [nearly 10 million people received some form of HCBS](#) in 2019. Most states now have “Olmstead plans” that sketch out how to further grow community care, too.

But those gains are [unevenly distributed](#), and disability advocates have had to sue several states to ensure their compliance.

“It doesn’t flip a switch and make the problems go away, but it sets a beacon and says this is the way we’re going,” said Robb.

The original lawsuit was filed locally by Atlanta Legal Aid on behalf of Lois Curtis in 1995 and then soon after included Elaine Wilson. Both women had asked to receive community care, and doctors had deemed them fit to do so. But their respective hospitals denied their requests. They [remained behind locked doors for years](#), until Legal Aid stepped in and represented them in *Olmstead v. L.C.*

Susan Goico had a front-row seat to the action. Fresh out of law school, Goico started working at Atlanta Legal Aid under Sue Jamison, the lawyer who shepherded the case from Georgia all the way to the Supreme Court. In April 1999, she flew up from Atlanta and crashed on a friend’s niece’s couch so she could watch her Legal Aid colleagues present their case to the nine justices.

“I remember feeling so much awe,” said Goico, now the director of the Atlanta Legal Aid Society’s Disability Integration Project. “I was far back in one of the last rows of the gallery, craning my neck to see these people who I had read decisions by in law school and really sitting up straight to try and take it all in and see the brilliant minds of these justices at work.”

Two months later, Justice Ruth Bader Ginsberg announced a 6-3 decision whose ramifications are still being felt today: If a disabled person wants to receive community care, and it’s “reasonable” for the state to provide such care, they cannot be denied such care. In this system, the care can occur at home or in group homes or similar settings.

But this expansion of civil rights took time — especially in Georgia.

[Related: How to ensure the NIH’s decision to recognize people with disabilities as a health disparity population makes a difference](#)

In 2007, the Atlanta Journal Constitution published “[Hidden Shame](#),” a series that exposed frequent assaults, overcrowding and substandard care for people with mental illness and developmental disabilities in Georgia’s state hospitals — the same hospitals named in the Olmstead case. A subsequent [DOJ investigation spurred the state](#) into improving care for people with mental illnesses, but 15 years later, there is still an ongoing legal battle because the state is not doing enough to comply with Olmstead for people with developmental disabilities.

“It’s often one step forward and two steps back,” said Goico. “Home of Olmstead, what a good opportunity to knock it out of the park, but that’s not what happened.”

Complaints in other states often revolve around HCBS waiting lists. For the 38 states with a list, the average waiting period is [three years for nearly 700,000 people](#), according to a 2023 KFF report. The vast majority of people waiting have intellectual or developmental disabilities.

Community care has its warts, too. Many people in the disability community are not fond of group homes, in particular, especially the ones that aren’t included under the auspices of community care in some states because of their poor conditions.

Madeline Petrone has witnessed this first-hand in Georgia. She’s lived in multiple group homes and has dealt with neglect, physical abuse and a rotating cast of caregivers who tried to “dope her up” with unnecessary medication. She moved back in with her mother 12 years ago and has been advocating for better group home conditions ever since.

“I want to help people with disabilities get out of group homes and live on their own and have their own caregivers, if they want that,” said Petrone, 48, who has an intellectual disability and ADHD.

Olmstead deters the “warehousing” of disabled people in health settings, but it has expanded its scope in recent years to include the [justice](#) and [education systems](#). The decision, and the ADA that preceded it, are part of a larger shift integrating people with disabilities into society. Integration is not just a nice thing to have — it saves lives, said Veronica Ayala.

Ayala’s aunt was put in an institution when she was two because she had Down syndrome and cerebral palsy. She died in that same institution, 26 years later. Ayala’s mom saw what happened to her sister and wanted to ensure her daughter didn’t meet the same fate. So she took her out of Moody’s. Even with Olmstead, life feels precarious for Ayala. She’s married and has a loving community but doesn’t know if, given the wrong circumstances, she could end up back in an institution.

“Right now, everything’s fine, but the way things are politically, people are rolling back people’s rights. How do I know that that won’t happen to people with disabilities?” she said.

Even if the care system isn’t perfect, Ayala says it is important to celebrate Olmstead. Twenty-five years ago, she was 30 years old and living in Albany when Justice Ginsburg announced the decision. She decided to have a swanky party with friends. She bought a bottle of Cristal champagne and partied into the night, celebrating the death of an idea.

Quotes *[\[T\]he Supreme Court decreed in 1999 that siloing people with disabilities in hospitals was discriminatory and a violation of the Americans with Disabilities Act.](#)*

This landmark ruling, known as the Olmstead decision, augured a shift away from institutional care for long-term services and towards the most integrated setting possible — treating people with disabilities not as outcasts but as community members who can make choices and decide their own futures.

[Supreme Court outlawed segregation of disabled people 25 years ago. But change has come slowly](#), STAT, June 21, 2024

For the 38 states with a list [for home and community based services], the average waiting period is [three years for nearly 700,000 people](#), according to a 2023 KFF report. The vast majority of people waiting have intellectual or developmental disabilities.

[Supreme Court outlawed segregation of disabled people 25 years ago. But change has come slowly](#), STAT, June 21, 2024

“Right now, everything’s fine, but the way things are politically, people are rolling back people’s rights. How do I know that that won’t happen to people with disabilities?”

Veronica Ayala, a disability rights advocate, who spent part of her childhood at the Moody State School for Cerebral Palsied Children in Galveston, Texas, [Supreme Court outlawed segregation of disabled people 25 years ago. But change has come slowly](#), STAT, June 21, 2024

“My body is a prison. I face insurmountable adversity each day, yet my family and I are able to survive within this miraculous, wonderful life. And I have learned to accept things that are out of my control, to transform suffering into strength.”

Steve Gleason who was diagnosed with amyotrophic lateral sclerosis (A.L.S.) more than 10 years ago, [Steve Gleason’s Unflinching Memoir of Living With A.L.S.](#), **New York Times (free access)**, May 5, 2024

“Today’s awards [for housing funding] are critical in creating more affordable and livable communities across Massachusetts. . . These 27 affordable projects will make our Commonwealth more vibrant, accessible and equitable.”

Housing and Livable Communities Secretary Ed Augustus, [Healey-Driscoll Administration Announces \\$227 Million in Awards to Create, Preserve Nearly 2,000 Housing Units](#), Office of Governor Maura Healey and Kim Driscoll, June 20, 2024

“Danvers has done more than most communities to stimulate affordable housing development that meets the needs of its residents, but whether these efforts are enough to make housing security a reality for all members of our community remains an open, and vexing, question.”

Danvers Town Manager Steve Bartha, [Healey-Driscoll Administration Announces \\$227 Million in Awards to Create, Preserve Nearly 2,000 Housing Units](#), Office of Governor Maura Healey and Kim Driscoll, June 20, 2024

[“Thelma”] is one of the year’s best films, and the most fun you’ll have at the theater this summer.

[‘Thelma’ is the action movie you need this summer](#) (*Boston Globe, June 18, 2024)

Where mergers gave hospitals hefty market power as defined by economists and federal antitrust enforcers, hospital prices—and unemployment—increased more sharply.

“That’s one of the, I think, incredibly subtle but sinister consequences of rising health spending. It leads individuals to lose their job.”

Zack Cooper, a health economist at Yale University, [When Hospital Prices Go Up, Local Economies Take a Hit](#), *Wall Street Journal, June 23, 2024

The rich live longer than the poor, but relatively little is known about the evolution of health inequality across the lifecycle. . . Our findings align with calls to target health policies toward early-life social determinants of health.

[The Chronic Disease Index: Analyzing Health Inequalities Over the Lifecycle](#) (*National Bureau of Economic Research, June 2024)

“Women who devoted themselves to motherhood, or who believed their sexuality is irrelevant or dirty, may be

unaware of their authentic sexuality until space opens in later life.”

Miriam Grace, a 58-year-old psychotherapist in Britain who came out when she was 50, [The Late-in-Life Lesbian Experience Blossoms Online](#), *New York Times, June 23, 2024

“[Personal care assistance (PCA)] is the care that allows [persons living with disabilities] to live in the community.”

Chris Hoeh, who uses PCAs and is a member of DignityMA’s Coordinating Committee, [With legislative support, state’s disabled community hopes to dodge cuts to home help program](#), *Boston Globe, June 20, 2024 (updated)

Although many people will continue to need long-term care provided in congregate settings, the physical environment of traditional nursing homes needs to change to promote residents’ privacy, dignity, safety, and quality of life. In particular, nursing homes should have customizable private rooms and bathrooms, smaller units with consistent staff assignment, and more open community areas to allow for social engagement and access to outdoor space.

[It’s Time For HUD To Act On Nursing Home Quality Improvement](#) (Health Affairs Forefront, June 17, 2024)

[S]everal changes HUD could introduce in the 232 program to incentivize quality improvement in nursing home facilities and care models:

First, HUD should lower the cost of mortgage insurance for nursing home operators building household models or taking on associated physical plant improvements.

Second, HUD should allow nursing home operators building household models or taking on associated improvements to borrow more than the amounts allowed under current rules.

Third, HUD could experiment with a waiver to encourage nursing home operators to build

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| | <p><i>household models or make structural improvements aligned with these models. We encourage HUD to waive the 15 percent repair threshold under the 232/223(f) program for nursing homes pursuing household models, to enable operators refinancing or purchasing nursing homes to consider renovations to promote better quality of life, safety, and privacy.</i></p> <p><u><i>It's Time For HUD To Act On Nursing Home Quality Improvement</i></u> (Health Affairs Forefront, June 17, 2024)</p> |
| <p>Guide to news items in this week's <i>Dignity Digest</i></p> | <p>FY 2025 State Budget <u><i>Advances - Week of June 23, 2024</i></u> (State House News, June 21, 2024)</p> <p>Nursing Homes <u><i>It's Time For HUD To Act On Nursing Home Quality Improvement</i></u> (Health Affairs Forefront, June 17, 2024)</p> <p>Housing <u><i>Healey-Driscoll Administration Announces \$227 Million in Awards to Create, Preserve Nearly 2,000 Housing Units</i></u> (Office of Governor Maura Healey and Kim Driscoll, June 20, 2024)</p> <p>MassHealth <u><i>Worcester-Based Dentist And Practice Indicted In \$2 Million Medicaid Fraud And Larceny Scheme</i></u> (Office of Attorney General Andrea Campbell, June 17, 2024)</p> <p>Chronic Disease <u><i>Steve Gleason's Unflinching Memoir of Living With A.L.S.</i></u> (New York Times (free access), May 5, 2024) <u><i>The Chronic Disease Index: Analyzing Health Inequalities Over the Lifecycle</i></u> (*National Bureau of Economic Research, June 2024)</p> <p>Disability Topics <u><i>Social Security Updates Occupations List Used in Disability Evaluation Process</i></u> (Social Security Matters, June 24, 2024) <u><i>With legislative support, state's disabled community hopes to dodge cuts to home help program</i></u> (*Boston Globe, June 20, 2024 (updated)) <u><i>Social Security to Remove Barriers to Accessing SSI Payments</i></u> (Social Security, March 27, 2024)</p> <p>Aging Topics <u><i>The Late-in-Life Lesbian Experience Blossoms Online</i></u> (*New York Times, June 23, 2024)</p> <p>The Business of Health Care <u><i>When Hospital Prices Go Up, Local Economies Take a Hit</i></u> (*Wall Street Journal, June 23, 2024)</p> <p>At the Cinema <u><i>'Thelma' is a geriatric 'Mission: Impossible' and a total crowd-pleaser</i></u> (Washington Post (free access), June 20, 2024) <u><i>'Thelma' is the action movie you need this summer</i></u> (*Boston Globe, June 18, 2024)</p> <p>From Our Colleagues Around the Country</p> |

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| | <p><u>The Choice between a Humane Health Care System or an Industrialized Medical System for the Benefit of Shareholders & Executives: What would the People Choose?</u> (Tallgrass Economics, June 18, 2024)</p> <p>Public Sessions</p> <p>Joint Committee on State Administration and Regulatory Oversight, Wednesday, June 26, 2024, 11:00 a.m. <u>Agenda and Livestream</u></p> <p>State Rehabilitation Council, Thursday, June 27, 2024, 5:00 p.m. <u>More Info and Livestream</u></p> |
| <p>Webinars and Other Online Sessions</p> | <ol style="list-style-type: none"> 1. PCA Workforce Council & MassHealth Tuesday, June 25, 2024, 11:00 a.m. to 12:00 p.m. Join Zoom Meeting https://us04web.zoom.us/j/77185333371?pwd=66zk41gIRq5G4ezNtIMnSj69fpA85p.1 Meeting ID: 771 8533 3371 Passcode: 5i9Vq2 2. Elder Justice Initiative (EJI) Webinar Tuesday, June 25, 2024, 12:00 p.m. <i>Current State of Knowledge Regarding Fraud and Abuse Committed by Guardians or Conservators</i> Over the past few years, the roles of guardians and conservators have received significant attention. This is driven, at least in part, by incidents or allegations of fraud or abuse by the guardians and conservators against the individuals they are supposed to protect. To better understand these matters, the National Institute of Justice commissioned a report, Environmental Scan of Guardianship Abuse and Fraud (released September 2023). In this webinar, the report’s authors will share a summary of the findings, including available data on the issue, legal, policy, and practice considerations, and recommendations. <u>REGISTER</u> 3. National Center on Law & Elder Rights (NCLER) Webinar Tuesday, June 25, 2024, 2:00 p.m. <i>Power of Attorney Revocations 101</i> If an agent under a power of attorney is using their authority to commit elder abuse or fraud, a revocation of the document may be an important step in stopping the abuse and preventing further harm. This training will provide practice tips on how to open and handle a power of attorney revocation case from beginning to end, with a client-directed approach. This webinar is intended for those new to this practice area but may also be of help to more experienced practitioners. Presenters: <ul style="list-style-type: none"> • Jessica Brock, ABA Commission on Law & Aging • Erica Costello, ABA Commission on Law & Aging <u>REGISTER</u> 4. National Low Income Housing Coalition Tuesday, June 25, 2024, 2:00 p.m. <u>Advancing Homelessness Solutions Webinar Series</u> NLIHC, the National Alliance to End Homelessness, and the Center on Budget and Policy Priorities invite advocates nationwide to register for a webinar series on advancing solutions to the homelessness crisis. On the webinars, we will share more about proven strategies to successfully end homelessness, best practices for state and local advocacy, and actions advocates can take to advance solutions. Homelessness demands urgent |

action from all levels of government. We know what works to end homelessness: providing individuals with stable, accessible affordable housing and voluntary supportive services. We hope you will join us in building the political will and congressional support necessary to do so!

[Register for the Webinar](#)

Future sessions:

September 10, 2024, 2:00 p.m.

December 17, 2024, 2:00 PM

5. Massachusetts Health and Hospital Association

Wednesday, June 26, 2024, 12:00 p.m.

[Steward Health Care Bankruptcy Update](#)

In this webinar, lawyers from Manatt, Phelps & Phillips, LLP will discuss the Steward Health Care bankruptcy, how it came about, and what it likely means for the future of healthcare in Massachusetts. Eric Gold is a healthcare lawyer and former chief of the Health Care Division at the Massachusetts Attorney General's Office. Schuyler Carroll is a bankruptcy lawyer with more than 30 years of experience in healthcare and bankruptcies.

[Register](#)

6. MBTA Accessibility Settlement

Wednesday, June 26, 2024, 5:30 p.m.

Judge Patrick King will report on the state of the Daniels-Finegold v. MBTA settlement agreement at a virtual public meeting. The class action lawsuit was filed against the T by riders with disabilities who could not safely or reliably access the MBTA. T General Manager Eng and other officials plan to provide updates on accessibility improvements.

[Register](#)

7. Commit to Connect and engAGED Webinar

Thursday, June 27, 2024, 11:30 a.m.

Advancing Social Connection Through Art and Creative Expression

During the webinar, the National Assembly of State Arts Agencies will explain how art, culture, and creative expression can play an important role in strengthening social connection for older adults. Attendees will also hear from the Central Vermont Council on Aging and Dances For A Variable Population on how their programs use the arts to promote social connections for older adults. Immediately following the 60-minute webinar, Commit to Connect and engAGED will host a 30-minute Office Hours to allow for an open discussion with the webinar speakers and participants.

[REGISTER](#)

8. Administration for Community Living (ACL)

Thursday, June 27, 2024, 2:00 p.m.

OAA Final Rule Back to Basics Series: Plans on Aging and Funding Formulas

This webinar is the fourth in a Back to Basics webinar series which coincides with the implementation of the updated Older Americans Act (OAA) regulations. Staff from State Units on Aging (SUA), Area Agencies on Aging (AAA), service providers, and Title VI grantees are encouraged to attend. Speakers:

- Kari Benson, Deputy Assistant Secretary for Aging, ACL
- Cynthia Brammeier, Regional Administrator, Region VII
- Alice Kelsey, Deputy Director, Administration on Aging
- Adam Mosey, Special Assistant, Administration on Aging

[REGISTER](#)

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| | <p>9. Progressive Democrats of Massachusetts Friday, June 28, 2024, 10:00 a.m. <u>THE MASSACHUSETTS LEGISLATURE: How Broken Is It and Can it Be Fixed?</u> Despite overwhelming Democratic control of both branches and the Governor’s office, why does MA make so little progress on the issues that matter most to our progressive electorate: housing, healthcare, the environment and education? Why does our legislature work in secrecy and lack accountability, transparency and professionalism, compared to every other state in the country? How are individual legislators silenced when they seek to advance progressive legislation, even measures supported by our MA Democratic Platform? For our June virtual public policy forum, Progressive Democrats of MA (PDM) has assembled a panel with different perspectives, each deeply familiar with the workings of our legislative branch: a former legislator, an activist and a journalist who covered the State House. Moderated by the co-chair of PDM’s working group on legislative reform, they will address how our legislature functions, look for answers to why it is not more effective and examine how reform might happen. <u>REGISTER HERE</u></p> <p>10. The Link Center Monday, July 8, 2024, 2:00 p.m. <u>A Conversation With People With Disabilities About Sexual Violence and Call to Action for State Agencies</u> This webinar, hosted by <u>The Link Center</u> in partnership with other federal agencies, will highlight the prevalence of sexual assault in the disability community and the unique dynamics and barriers survivors with disabilities experience when seeking support. It will feature sexual assault survivors with disabilities, as well as state officials and other individuals who have been leading efforts to improve access to care and support services. The panelists will share their experiences and recommendations for concrete actions that leaders can take to improve services in their states. The target audience is state mental health, developmental disability, and head injury administrators. People with disabilities, especially those with cognitive disabilities, including I/DD and brain injury, experience sexual assault at much higher rates than nondisabled people. They also encounter challenges receiving care and support services due to pervasive accessibility barriers. The goal of this webinar is to raise awareness of these issues among key leaders from state agencies that support people with disabilities. <u>Register for the webinar</u></p> |
| <p>Previously posted webinars and online sessions</p> | <p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p> |
| <p>Independent Assessment Entity Request for Information Responses must be submitted electronically</p> | <p>11. COMMBUYS <i>Executive Office of Health and Human Services</i> <u>Independent Assessment Entity Request for Information</u> MassHealth is exploring whether an Independent Assessment Entity (IAE) can improve the MassHealth member experience by simplifying and streamlining the clinical assessment process for certain long-term services and supports. The IAE would conduct required assessments for personal</p> |

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| <p>no later than 3:00 p.m. June 28, 2024.</p> | <p>care attendant services (PCA), Adult Day Health (ADH), Group Adult Foster Care (GAFC), Adult Foster Care (AFC), Day Habilitation, Senior Care Options (SCO), PACE, and One Care. Currently, more than 400 entities administer clinical eligibility assessments and/or rating category assessments for these LTSS programs.</p> <p>Responses must be submitted electronically. Questions should be answered in order of appearance and numbered according to the RFI question number. Respondents are invited to respond to a subset or all the RFI questions; please respond to as many as you feel are appropriate. Questions regarding COMMBUYS should be directed to the OSD Help Desk at OSDHelpDesk@mass.gov.</p> |
| <p>FY 2025 State Budget</p> | <p>12. State House News June 21, 2024 Advances - Week of June 23, 2024</p> <p>Gov. Maura Healey late this week offered a \$6.9 billion interim state budget to keep state government running through July, giving lawmakers a safety net they have needed in recent years that have featured a succession of late state budgets. Healey wants the Legislature to rush that temporary budget through by Monday to prevent any delays in state payments. It appears that Massachusetts once again will not have an on-time budget, but a six-person conference committee that started talks in early June on a \$58 billion budget could still at least get a compromise bill to the governor's desk before the July 1 start of fiscal 2025. Failing to do so will mean punting those major talks into the last month of formal sessions for the year, and activity this week on Beacon Hill showed the perils of leaving important legislating to the eleventh hour, as Beacon Hill Democrats have been doing for many years.</p> |
| <p>Nursing Homes</p> | <p>13. Health Affairs Forefront June 17, 2024 It's Time For HUD To Act On Nursing Home Quality Improvement</p> <p>By Marc A. Cohen, David C. Grabowski, Isaac O. Longobardi, Alice Bonner, Richard Gamache, and Charles P. Sabatino</p> <p>The article argues that the US nursing home system needs an overhaul to better serve its residents.</p> <ul style="list-style-type: none"> • Traditional nursing homes are outdated and don't provide a good living environment for residents. • Newer "household model" nursing homes are designed to be more home-like and offer better privacy and dignity to residents. • The federal government, particularly HUD, can play a bigger role in improving nursing homes by offering financial incentives for building household model facilities. • Specifically, HUD can lower mortgage insurance premiums, reduce debt service requirements, and waive limitations on renovation projects for nursing homes that want to adopt the household model. • With lower interest rates expected in 2024, there's a timely opportunity to make these changes. |
| <p>Housing</p> | <p>14. Harvard Joint Center for Housing Studies June 20, 2024 The State of the Nation's Housing 2024</p> <p>Homeowners and renters across the US are struggling with high housing costs. On the for-sale side, millions of potential homebuyers have been</p> |

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| | <p>priced out of the market by high home prices and interest rates, while the number of renters with cost burdens has hit an all-time high. However, a surge in new multifamily rental units is slowing rent growth and accelerated single-family construction is starting to lift for-sale inventories. Still, addressing the country's housing crisis, including the record number of people <i>experiencing</i> homelessness, the inadequate housing safety net, and the growing threat of climate change, will require contributions from the private and nonprofit sectors as well as policymakers at all levels of government.</p> <p>Media release Full report</p> <p>15. Office of Governor Maura Healey and Kim Driscoll June 20, 2024 Healey-Driscoll Administration Announces \$227 Million in Awards to Create, Preserve Nearly 2,000 Housing Units</p> <p>Governor Maura Healey and Housing and Livable Communities Secretary Ed Augustus joined local officials and housing developers from across the state to announce the 2024 Affordable Housing Development Grant Awards. A total of \$227 million in state and federal tax credits and subsidies will support the creation or preservation of 1,874 rental units across Massachusetts.</p> <p>“These awards are one of the most effective tools our administration has to increase the development of housing that is affordable for people across the state,” said Governor Maura Healey. “Along with our Affordable Homes Act, we’re working to lower the cost of housing across Massachusetts to benefit our families, businesses and economy.”</p> <p>The projects include a total of 1,731 affordable rental units for residents making less than 60% of area median income (AMI), with 480 units set aside for residents making below 30% AMI and often experiencing homelessness.</p> <p>“These funds are an important step for spurring affordable housing development in our communities,” said Lieutenant Governor Kim Driscoll. “We want a Massachusetts that’s affordable, accessible and resilient so that everyone can afford to work, live and build their future here.”</p> <p>This is the Executive Office of Housing and Livable Communities’ largest annual grant award that supports the development of affordable rental housing units statewide. The total investment includes, \$27.1 million in 4% federal tax credits, \$12.1 million in 9% federal tax credits, \$44.5 million in state tax credits and \$143.4 million in state subsidy funds. . .</p> <p>Held at the New England Homes for the Deaf in Danvers, Massachusetts, the Administration showcased the new construction Waterhouse project that will serve the disability community. Constructed by WinnDevelopment, the Waterhouse project will receive federal and state low-income housing tax credits and subsidy funds. The project will create 116 units, with 93 affordable, including 17 deeply affordable below 30% AMI.</p> <p>See media release for the listing of funded projects.</p> |
| <p>MassHealth</p> | <p>16. Office of Attorney General Andrea Campbell June 17, 2024 Worcester-Based Dentist And Practice Indicted In \$2 Million Medicaid Fraud And Larceny Scheme</p> <p>The Attorney General’s Office (“AGO”) announced today that a Worcester-based dentist and her dental practice were indicted last week in connection</p> |

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| | <p>with a scheme to defraud the state’s Medicaid program (“MassHealth”) of more than \$2 million. . .</p> <p>The AGO alleges that Yegneswaran and Pleasant Street billed MassHealth for dental services that were never provided, including during times when Yegneswaran, the only dentist working at the practice, was out of the country. The AGO further alleges that Yegneswaran and Pleasant Street charged MassHealth patients cash for prescription mouthwash that otherwise would have been covered by MassHealth, a practice which is illegal under Massachusetts law. The estimated amount that Yegneswaran and Pleasant Street are alleged to have fraudulently obtained from MassHealth is approximately \$2.06 million.</p> |
| <p>Chronic Disease</p> | <p>17. New York Times (free access) May 5, 2024 <u>Steve Gleason’s Unflinching Memoir of Living With A.L.S.</u> By Buzz Bissinger</p> <p>After you turn 70, as I will this year, any celebration will be muted by an ever-increasing awareness of mortality. I fear death, but what I fear even more is the way in which I’ll die. I hope it’s a heart attack in the dark of night — quick and painless, here today, gone tomorrow.</p> <p>I’m terrified that the cause will be amyotrophic lateral sclerosis, also known as A.L.S. or Lou Gehrig’s disease. It fundamentally destroys the nervous system, not all at once but in excruciating steps, leading to loss of muscle and the inability to speak, swallow or breathe on your own, constipation, drooling: You name it, A.L.S. will destroy it. The one area not affected is your brain. You understand what’s happening; you’re conscious of every indignity and humiliation until you die, usually within two to five years of diagnosis.</p> <p>Which leads us to Steve Gleason’s memoir, “A Life Impossible,” written with Jeff Duncan. More than a decade after learning he had A.L.S. at the age of 33, Gleason has survived with the help of faith, resilience and the support of his wife, Michel, who has endured her own share of suffering.</p> <p>I greatly admire “A Life Impossible” — its unflinching honesty and candor — but I’m not sure I am better off for reading it. Sometimes, ignorance is a mercy.</p> <p>Gleason was a football player from Spokane, Wash., one of those athletes who supplemented his talent with a relentless work ethic, measuring himself by how much pain he could withstand, the more the better. He went to Washington State University, where he was a star linebacker on a team that went to the Rose Bowl. He wasn’t drafted but several teams expressed interest in signing him. For eight years, until his retirement in 2008, Gleason played on special teams with the New Orleans Saints, making his presence felt on every kicking play.</p> <p>He was a physical kamikaze, fighting off blocks to get to kickoff and punt returners, all at blazing speed, a magnet for pain and adrenaline. He led the team in special teams tackles for several years and was named to ESPN’s All-Pro team for his performance during the 2002 season. But when the Saints returned to the Superdome after Hurricane Katrina, Gleason made a career-defining play: On the very first series of downs, he blocked a punt by the Atlanta Falcons that led to a Saints touchdown. It was an electrifying moment for New Orleans.</p> <p>Unfortunately, Gleason’s post-football career wasn’t quite as triumphant. He lost \$1 million in a series of ill-advised real estate investments, but then</p> |

became determined to rebuild his financial life. Self-pity doesn't appear to be part of Gleason's vocabulary; the harder the challenge, the more he reveled in beating it.

Until Jan. 5, 2011, when he was diagnosed with A.L.S. after experiencing involuntary muscle twitches in his arms and shoulder. Over a period of years the disease wormed its way into Gleason's body, reaching a point where he was unable to move, swallow, breathe or eat on his own, ultimately requiring a ventilator and feeding tube. He did learn to communicate using eye-tracking technology on a computer tablet and a "letter board" that facilitates communication via eye movements.

"My body is a prison," Gleason writes. "I face insurmountable adversity each day, yet my family and I are able to survive within this miraculous, wonderful life. And I have learned to accept things that are out of my control, to transform suffering into strength."

He does have advantages. He has used ongoing attention from the likes of Bill Gates to raise millions for Team Gleason, which is dedicated to helping people live with A.L.S. and finding a cure that currently does not exist. The most moving parts of the book are the journal entries and emails between Gleason and his wife.

On their sixth anniversary, Michel wrote: "I worry about our future. I wonder how long you'll be here, how old I'll be when you are gone and if I'll be too old to find someone else?"

Gleason's response: "If I die before you, I hope you find someone to grow old with, or maybe find someone now, is that crazy?"

Gleason tends to wax poetic at times, quoting from the likes of Hermann Hesse, Pearl Jam, Yuval Noah Harari, Dave Grohl, Maynard James Keenan and Marcus Aurelius. Ultimately, though, Gleason is a symbol of resilience, hope and optimism. There are lessons to be drawn from "A Life Impossible"; some will undoubtedly come away from it with a message of uplift, and I should be among them. But as I turned each page with one eye shut and the rest of my body cringing, my greatest takeaway is that my fear of A.L.S. has only heightened.

I am not Steve Gleason. I don't have the strength. How many out there really do?

18. *National Bureau of Economic Research

June 2024

[*The Chronic Disease Index: Analyzing Health Inequalities Over the Lifecycle*](#)

By Kaveh Danesh, Jonathan T. Kolstad, Johannes Spinnewijn & William D. Parker

The rich live longer than the poor, but relatively little is known about the evolution of health inequality across the lifecycle. Using rich administrative data from the Netherlands, we develop an index of chronic disease burden based on the projected contribution to old-age mortality. Chronic conditions account for one-third of the mortality gap in old age. Using our index we demonstrate that health inequality arises much earlier in life; by age 35, the bottom half of the income distribution has the same disease burden as those age 50 in the top half. Approximately 60% of the divergence across income groups is due to low-income individuals developing chronic illness at a faster rate, rather than chronically ill individuals sorting into lower-income groups. Using linked health survey data, we then examine the contributions of various mediators to the incidence of chronic diseases over the life cycle.

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| | <p>Socioeconomic and geographic factors explain most of the variation, while individual health behaviors play a moderate role. Our findings align with calls to target health policies toward early-life social determinants of health.</p> |
| <p>Disability Topics</p> | <p>19. Social Security Matters June 24, 2024 Social Security Updates Occupations List Used in Disability Evaluation Process Social Security administers disability benefits through two programs: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. While the agency’s disability decision process remains sound, it continually seeks improvements to ensure its disability programs remain current and to ease the burden on customers. In determining disability claims for adults, Social Security may have to evaluate whether a person can adjust to other work that exists in significant numbers in the national economy. To make this determination, the agency considers a person’s capacity to do work-related activities, as well as consider their age, education, and work experience. When making a finding of “not disabled,” for the purpose of benefit eligibility the agency must support the finding with evidence that an individual can adjust to work that exists in significant numbers in the national economy. The agency uses the Dictionary of Occupational Titles (DOT) and its companion publication, the Selected Characteristics of Occupations Defined in the Revised Dictionary of Occupational Titles, as reliable sources of information about such work. The agency has identified 114 DOT occupations with jobs that exist in very limited numbers, if at all, in each of the nine U.S. Census divisions of the country. Based on this finding, the agency will not use these occupations to support a “not disabled” finding at the last step in the evaluation process for disability determinations. The agency also identified 13 DOT occupations where federal courts have questioned supporting evidence of a “not disabled” finding. The agency is implementing additional evidence requirements for these occupations. On June 22, 2024, the agency published new public guidance and instructions about these changes. The agency anticipates that, as a result, it will only consider the most relevant occupations when determining if someone applying for disability benefits could perform other types of work. In the longer term, Social Security continues to analyze data from the Bureau of Labor Statistics’ Occupational Requirements Survey, which will inform future updates. These changes add to a growing list of policy updates that Social Security is publishing to improve its disability programs. For example, the agency recently announced it will reduce barriers to access the SSI program by updating the definition of a public assistance household (read our press release).</p> <p>20. *Boston Globe June 20, 2024 (updated) With legislative support, state’s disabled community hopes to dodge cuts to home help program By Jason Laughlin Advocates in wheelchairs gathered outside Governor Maura Healey’s State House office early this spring, demanding she pull back on a proposal that</p> |



Chris Hoeh (in blue shirt) member of DignityMA's Coordinating Committee outside Governor Maura Healey's office (Photo: Boston Center for Independent Living).

could limit access to a home assistance program that can be a key to independent living.

The changes, part of the governor's [January budget proposal](#), would eliminate access to the state's Personal Care Assistant program for people who require fewer than 10 hours of home assistance per week. The proposal also reduces the time that could be allotted for meal preparation from 13 hours a week to seven. The trims could affect 6,000 people in Massachusetts.

The administration argues the cuts could help manage costs at MassHealth, which oversees the PCA program. The state is facing financial pressures overall as federal pandemic relief funds that have bolstered state budgets nationwide expire. Remaining federal relief funds must be allocated by the [end of the year](#). . .

For some, losing those few hours of home care could mean the difference between living at home and being forced into nursing care. For months, activists in the state's disabled community have demonstrated and met with officials to prevent any PCA restrictions. . .

The PCA program is unique, say the people who use it. It allows the person receiving care to act as an employer, giving them considerable freedom to control who cares for them, when, and how. Some have family members as their PCAs, so relatives can be compensated for the time they spend caring for loved ones. PCAs give users more independence and flexibility than agency-provided home health aides or adult day programs, said those receiving PCA assistance. . .

For workers, the eligibility restrictions could mean lost income, said Becca Gutman, vice president of home care for Local 1199 SEIU, which represents PCA workers.

The House and Senate balked at Healey's proposed restrictions, and both branches' budget proposals keep PCA eligibility at existing levels. The differences between the two chambers' budgets still need to be rectified, which could bring more revisions, and even if the Legislature's final budget protects eligibility for PCAs, in prior budget years the governor has used line-item vetoes to restore cuts the Legislature rejected. . .

The administration proposed compensating people who would lose PCA care with support from other home health programs, adult foster care, and, for older users, services through the Executive Office of Elder Affairs. Legislators are pushing against the governor's proposal, Friedman said, out of concern that those alternatives could be more expensive than PCA care.

21. Social Security

March 27, 2024

[Social Security to Remove Barriers to Accessing SSI Payments](#)

[T]he Social Security Administration published a final rule, "Omitting Food from In-Kind Support and Maintenance (ISM) Calculations." The final rule announces the first of several updates to the agency's Supplemental Security Income (SSI) regulations that will help people receiving and applying for SSI.

"A vital part of our mission is helping people access crucial benefits, including SSI," said Martin O'Malley, Commissioner of Social Security. "Simplifying our policies is a common-sense solution that reduces the burden on the public and agency staff and helps promote equity by removing barriers to accessing payments."

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| | <p>SSI provides monthly payments to adults and children with a disability or blindness, and to adults aged 65 and older, who have limited income and resources. SSI benefits help pay for basic needs like rent, food, clothing, and medicine. People applying for and receiving SSI must meet eligibility requirements, including income and resource limits. Under our old rules, ISM includes food, shelter, or both a person receives - the agency counts ISM as unearned income, which may affect a person's eligibility or reduce their payment amount.</p> <p>Under the final rule, beginning September 30, 2024, the agency will no longer include food in ISM calculations. The new policy removes a critical barrier for SSI eligibility due to an applicant's or recipient's receipt of informal food assistance from friends, family, and community networks of support. The new policy further helps in several important ways: the change is easier to understand and use by applicants, recipients, and agency employees; applicants and recipients have less information to report about food assistance received from family and friends, removing a significant source of burden; reducing month-to-month variability in payment amounts will improve payment accuracy; and the agency will see administrative savings because less time will be spent administering food ISM. The agency continuously examines programmatic policy and makes regulatory and sub-regulatory changes as appropriate. Look for more SSI announcements in the coming weeks.</p> <p>For more information on the SSI program, including who is eligible and how to apply, visit Supplemental Security Income (SSI) SSA.</p> <p>To read the final rule "Omitting Food from In-Kind Support and Maintenance Calculations," visit Federal Register: Omitting Food From In-Kind Support and Maintenance Calculations.</p> |
| <p>Aging Topics</p> | <p>22. *New York Times June 23, 2024 The Late-in-Life Lesbian Experience Blossoms Online By Louise Rafkin <i>Louise Rafkin came out as a lesbian in the early 1980s.</i> The article discusses coming out as lesbian later in life.</p> <ul style="list-style-type: none"> • Many women are realizing and embracing their lesbian identities later in life, for various reasons. • The rise of online communities has made it easier for these women to find support and connect with others who share their experiences. • Social media allows them to find information and build relationships with a wider network than ever before. • Coming out later in life can be challenging, especially for those who were previously married or have children. However, there are resources available to help navigate this process. |
| <p>The Business of Health Care</p> | <p>23. *Wall Street Journal June 23, 2024 When Hospital Prices Go Up, Local Economies Take a Hit By Melanie Evans, Andrew Mollica, and Josh Ulick The study found that rising healthcare prices, particularly due to hospital mergers, can erode American wages by leading to job losses.</p> <ul style="list-style-type: none"> • Hospitals raising prices lead to increased premiums for employee health insurance, which companies have to partially cover. • To manage these higher costs, companies may lay off workers, especially those in the \$20,000 to \$100,000 income bracket. |

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| | <ul style="list-style-type: none"> • This is because employers typically spend a similar amount on health insurance for each worker, making it cheaper to hire one high-wage worker than multiple lower-wage workers. • The job losses caused by rising healthcare costs can negatively impact communities by reducing income tax revenue and increasing unemployment benefit payouts. |
| <p>At the Cinema</p> | <p>24. Washington Post (free access) June 20, 2024 ‘Thelma’ is a geriatric ‘Mission: Impossible’ and a total crowd-pleaser By Ty Burr</p> <p>Have you heard about the new youth tonic that’s just arrived on the market? It’s called “Thelma,” it’s playing at your local movie house, and it stars the incomparable June Squibb as a grandma who gets scammed and sets out to get her money back.</p> <p>Squibb’s been acting professionally for the last seven decades or so, but she’s only been getting bigger parts in recent years, with her performance as Bruce Dern’s ornery wife in “Nebraska” (2013) earning her a supporting actress Oscar nomination. “Thelma” marks her first lead role in a feature film, and it’s safe to say that, at 94, a star is born. There’s a lesson there, children.</p> <p>“Thelma” casts Squibb as Thelma Post, an elderly widow living contentedly and independently in Los Angeles’ Encino neighborhood, despite the loving concerns of her daughter Gail (Parker Posey), son-in-law Alan (Clark Gregg) and 24-year-old grandson Danny (Fred Hechinger). Danny, sweet and distracted, may not have figured out his own life yet, but he has Thelma in his corner as cheerleader and best friend; their relationship is one of the early delights of writer-director Josh Margolin’s debut feature-length film. It’s that bond, though, that undoes Thelma when a scammer pretending to be a jailed Danny calls her on the phone and convinces her to part with \$10,000 in “bail money.” Once the ruse is revealed, Thelma is more embarrassed and angry than bewildered, especially since it gives her family further ammunition for talking about assisted living. “Thelma” subverts movie clichés about little old ladies at every turn by making the character fiercely individualistic and no one’s victim — sometimes to her own disadvantage — and Squibb responds by building Thelma from the inside out. She’s not just anybody’s grandmother, she’s this very particular woman who happens to be a grandmother. And you kind of want her to be <i>your</i> grandmother.</p> <p>Anyway. Thelma vows with narrowed eye to retrieve her money, and, while she no longer drives, she has a P.O. box number in Van Nuys as a clue. (Don’t look too hard at the logic or logistics of the scam; it’ll only distract from the fun.) Enter Richard Roundtree as Thelma’s old friend Ben, who lives in a nearby care community (and likes it, thank you very much) but, more importantly, has a spiffy red mobility scooter that can go 43 miles on one charge. By the scene in which our hardy heroine takes Ben’s ride for a spin — and just keeps on going — you know you’re watching something very special.</p> <p>“Thelma” doesn’t rest just on the gutsy charms of its lead actress, but on everybody in the show. Roundtree, in the “Shaft” star’s final performance before his death in October 2023, makes Ben a fussy but loyal companion on the bumpy road to retribution, and Posey is marvelously funny as a tightly wound helicopter mom/daughter. Her and Gregg’s scenes with</p> |

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| | <p>Hechinger's Danny are blissful sendups of Parents Who Worry Too Much, and Hechinger responds with a shaggy, exasperated grace that will be recognizable to anyone who's been stuck too long in prelaunch mode. Even the smaller roles are choice, including Nicole Byer and Quinn Beswick as beleaguered staffers at the elder care community from which Ben has gone AWOL and David Giuliani as Ben's roommate, who becomes a kind of running sight gag that keeps paying off. As for the identity of the scammer, suffice to say the role has been cast to perfection with an actor you believe might actually rip off old ladies in his spare time.</p> <p>Secondly, Margolin, whose résumé is mainly acting credits, has a new career ahead of him because "Thelma" is rock solid in its story construction, in the confidence of its filmmaking and in the expert detonation of jokes along the way. (One of my favorites: Danny desperately searching for Thelma throughout Ben's assisted-living community, calling out "Grandma?" and being answered by a "Hello?" from every room on the hallway.) Art this movie isn't. Good, unshowy narrative storytelling the way they used to make 'em before the superheroes took over it is.</p> <p>Lastly, what keeps "Thelma" from floating away on a bubble of whimsy is the film's acknowledgment of the sorrows and struggles that come with old age: the rusty joints, the small daily humiliations, the loneliness above all. At one point in their odyssey, Ben and Thelma drop in on an old friend (Bunny Levine) who's become fossilized in the amber of early dementia; the sequence ends with one of the best gags in the movie, but the sadness lingers. On its least forced and most moving level, "Thelma" is about the indomitable human urge to <i>keep going</i> and the hard-won wisdom to know when to heed time's warnings. It's a movie that rages against the dying of the light — at 30 mph.</p> <p>(Stick around through the credits for a postscript: brief footage of the real Thelma, Margolin's own grandmother, whose near-scamming inspired the movie and whose endless curiosity and zest have been imported intact to her namesake. Last we heard, she's 104 and going strong. There's a lesson there, too.)</p> <p>25. *Boston Globe June 18, 2024 'Thelma' is the action movie you need this summer By Odie Henderson <i>June Squibb and Richard Roundtree are double trouble and tons of fun in this story about a senior citizen who gets scammed and gets revenge</i> The movie "Thelma" is about a 94-year-old woman named Thelma who becomes an unlikely action hero. Thelma is scammed out of \$10,000 by a phishing scam and decides to take matters into her own hands. She teams up with her friend Ben, a nursing home resident, to track down the scammer and get her money back. The movie is a delightful action comedy that avoids the clichés of other movies about seniors. Thelma is a spunky and resourceful protagonist, and Ben is a great sidekick. The movie also has a heartwarming message about how seniors are often underestimated.</p> |
| <p>From Our Colleagues Around the Country</p> | <p>26. Tallgrass Economics June 18, 2024 The Choice between a Humane Health Care System or an Industrialized Medical System for the Benefit of Shareholders & Executives: What would the People Choose?</p> |

By Dave Kingsley

Elites sneer at the idea that people in general are intelligent enough to make good decisions in democratic elections. This is a disgusting and ill-informed attitude mostly aimed at the middle- and lower-income classes. But historical evidence indicates that people en masse are not as dumb as the self-anointed educated class and the mainstream media would have us believe.

Hubris and ignorance on the part of political elites and the intelligentsia have led pollster charlatans, journalists, bureaucrats, and politicians to assume that public opinion is little more than clueless folderol, rife with nonsensical conspiracy theories. In so many ways, the “people” are viewed by the affluent and college educated classes and opinion influencers in the media as “lesser thans” and “lower types.”

Machiavelli knew better. As he wrote in *Discourses on Livy*, “But as for prudence and stability, I say that the people are more prudent, more stable, and better judges than a prince. And not without reason is the voice of the people compared to that of God, for popular opinion has been seen to predict things in such a marvelous way that it is as if some occult power[virtu] enables it to foresee the evil and the good that may befall it.”^[1]

Harry Truman knew better. Among other issues, he ran on the principle of universal, single payor health care and won. Elites, pollsters, and journalists predicted that he would lose in a landslide. We didn’t get the health care – thanks to the bigotry of Southern Democrats – but we got the people’s opinion about government’s role in medicine for the masses. There is no evidence that it has changed.^[2]

Women fighting for reproductive rights know better and are winning ballot measures to enshrine those rights in state constitutions across the U.S. Extremist conservative legislators are consistently trying to undermine the efforts of citizens for a “right of choice” through anti-democratic legislative maneuvers.

In Missouri, where I live and where the Republican majority in the legislature has gone extremist right-wing bonkers, Medicaid expansion was passed by “the people” through a referendum. Ballot measures on reproductive rights and a minimum wage will be on the ballot in November and will likely pass.

Oracles from left-to-center-to-right elitist political ingroups were shocked when voters from so-called “red states” voted to enshrine reproductive rights of women in state constitutions. The media – all the media from right to left – would have you believe that we are a “divided nation.” We aren’t. But that story is good fodder for television and newspapers. The truth is most Americans share the same values and want the same things from government. The broad middle (the overwhelming majority) of the voting public can best be described as ambivalent with some conservative views and some liberal views – mostly commonsensical views.

I will stipulate that a pathological, narcissistic-sadistic fascist was able to win the electoral college and become president – but like every other Republican since George H.W. Bush he didn’t win the popular vote. He lost by an even wider margin in 2020. Furthermore, many counties in states like Pennsylvania that Barack Obama won in 2012 by an overwhelming margin flipped to Trump by a wide margin in 2016. I

believe there is an explanation for that – which is ignored by the media and political intelligentsia.

In this Age of Show Business, the Role of Media is to Entertain You – Not Inform You.

No doubt, in a country with a population of 334 million people (231 million are 18 and older) [3] and 161.42[4] million registered voters, an unstable tyrant can round up tens of millions of ardent, true believer followers. Given the spread of mental illness, fractured egos, instability, financial stress, and other psychologically damaging stresses of toxic capitalism, it should come as no surprise that a demagogue could and would come along and with the help of the MSM drive the electoral process into nonsense and chaos.

This should be even less surprising when the demagogue's persona is the creation of NBC, which is owned by Comcast, one of the most powerful corporations in the oligopolistic media industry. It was, therefore, the mainstream media that led a significant mass of busy stressed-out people into believing that Trump was a kick ass, savvy businessman who could and would straighten things out and lessen their pain. For years, he was a corporate created caricature foisted onto unwitting and economically hurting television viewers looking for escape.

Since 2015 when Trump descended on the escalator in Trump Tower – and after setting up Mexican immigrants as America's enemy – the media has feasted on his burlesque politics. Nothing attracts attention like dangerous cartoonish politicians with slapstickish, outrageous performances. For nearly a decade, Trump has been a prop for feeding the much needed noisy, shallow product on cable channels, morning talk-entertainment shows, and nightly news. Although we “have nothing to fear but fear itself,” fear plus titillation keeps people tuned in. The corporate need to enhance and protect shareholder value enhances the value of all Trump all the time on cable political entertainment channels such as CNN, FOX, and MSNBC plus all of the NBC, CBS, ABC, and FOX Sunday talk shows.

The media is responsible for Trump – not public stupidity. The media has a vested interest in keeping him going. The public does not.

Venal Media & Political Forces with Dangerous, Self Interest Designs Have Hijacked Political Narratives through Propaganda, Chutzpah, and Manipulation

As we have learned from history, industrialists, media, and other powerful institutions (think religion) with the intent to install a strong man and a fascist movement in power for their own benefit, have the capability to misinform the public about real conditions and move them to participate in their own destruction. Once falsehoods are instilled in desperate and unwitting citizens, it is very difficult to tear them down.

As the American people are subjected to another round of election time insanity, the MSM is at it again – minimizing the severe pathologies and dangers of Trump and magnifying real and imagined negatives of President Biden. In their stressful, busy attempts at survival, ordinary people naturally and unconsciously process signals – memes and narratives sometimes subtle, sometimes not so subtle. It is to the benefit of media corporations to create and maintain an appearance of normality and a “horse race” so that their customers don't lose

interest. As former President Obama said last week “behavior that used to be disqualifying is now normal.”

Let “We the People” have Honest Information – not Propaganda – and then Let Us Decide

U.S. leadership values have dragged mass culture downhill since the post World War II robust and optimistic middle-class and Golden Age of Capitalism (circa 1945-1975). Since that time, the former Republican Party has degenerated into a full-blown fascist movement – a phenomenon filtered out of MSM narratives. It is dangerous for the media to ignore the resilience of fascism [5] and concentration of wealth and power in mammoth corporations and super-rich individuals/families.

The fascists have clearly laid out their agenda. The MAGA Project 2025 will take the American people to a place where an overwhelming majority does not want to go. It is a blueprint for dismantling the administrative state, stacking the courts, white supremacist rule, repression of dissent, and oppression of the middle and lower classes. The healthcare program is misogynistic, religiously fundamentalist, and identitarian.[6]

None of the theocratically fascist program offered to the American people by the fanatics of a movement that could gain control of government in a few months would pass muster in a referendum on healthcare or any of the other scary elements of Project 2025. The cruelty of the current healthcare system would become cruel in spades. I believe that the media should be less sanguine about rising fascism for the sake of appeasing shareholders and provide truth instead of pabulum to consumers of television and print publications.

Furthermore, the Democratic Party should stop its political poll idolatry and naïve idealism about “working across the aisle” and wage a more robust fight. The overwhelming majority of the American people can see through all of this political theatre and are disgusted. Why don’t we just have a national referendum on what the people want?

[1] Niccolo Machiavelli (2003) *The Prince and Other Writings*. New York: Barnes & Noble Books, 182.

[2] David McCullough (1992) *Truman*. New York: Simon & Schuster, p. 532. It is widely believed by historians and social scientists that the American Medical Association blocked Truman’s single-payer, universal, healthcare program by convincing the American people that it was a slippery slope into socialism. That’s false. Southern Democrats killed Truman’s proposal for a national health insurance program that would look like the “Medicare for All” proposals devised by progressive Democrats. The Democrats with a majority in Congress could have passed Truman’s plan and the AMA could not have stopped it. However, Senators and Congressmen from the former Confederate States had to power to block any legislation that would threaten the racial hierarchy and plantation capitalism of the South. When it came to healthcare, the American people in general did not share the Jim Crow agenda of the Southern Delegation.

[3] [National Population by Characteristics: 2020-2023 \(census.gov\)](#)

[4] [Number of registered voters U.S. 2022 | Statista](#)

[5] The Allies defeated Hitler and Mussolini, but fascism has been quite robust and is now more potent than ever. Consider the strength of Marine LePen’s National Front in France and the results of the recent EU elections. See also: Richard Wolin (2004) *The Seduction of Unreason: The Intellectual Romance with Fascism from Nietzsche to Postmodernism*. Princeton, N.J.: Princeton University Press.

[6] [Project 2025 – Wikipedia](#):

“Project 2025 accuses the Biden administration of undermining the traditional [nuclear family](#) and wants to reform the Department of Health and Human Services (DHHS) so that this household structure is promoted.^[18] According to Project 2025, state

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| | <p>governments should have the authority impose stricter work requirements for beneficiaries of Medicaid,^[23] the federal government should promote the Medicare Advantage program, which consists of private insurance plans,^{[56]:464–65} federal healthcare providers should deny gender-affirming care to transgender people, and eliminate insurance coverage of the morning-after-pill Ella required by the Affordable Care Act of 2010 (Obamacare).^[18] Project 2025’s healthcare plan would also remove Medicare’s ability to negotiate drug prices.^[18]</p> <p>Project 2025 aims at dramatically reforming the National Institutes of Health (NIH) by making it easier to fire employees and to remove DEI programs. Conservatives consider the NIH to be corrupt and politically biased.^[15]</p> <p>Project 2025 accuses social media networks—directly naming Facebook, Instagram, Twitter, and TikTok—of jeopardizing the mental health and social ties of young Americans by creating a form of addiction. “Federal policy cannot allow this to continue,” it states.”^{[56]:5–6}</p> |
| <p>Public Sessions</p> | <p>27. Joint Committee on State Administration and Regulatory Oversight Wednesday, June 26, 2024, 11:00 a.m. State House, Room B-2 and virtual Public hearing on Gov. Healey’s bill to rename the Executive Office of Elder Affairs to the Executive Office of Aging & Independence. Healey’s office said the bill would remove stigma for older Bay Staters and emphasize they value their independence and self-determination. Agenda and Livestream</p> <p>28. State Rehabilitation Council Thursday, June 27, 2024, 5:00 p.m. State Rehabilitation Council holds its second quarter meeting. More Info and Livestream</p> |
| <p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p> | <p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p> |
| <p>Dignity Alliance Massachusetts</p> | <p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> |

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| Legislative Endorsements | Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmooore8473@charter.net . | |
| Websites | | |
| Blogs | | |
| Podcasts | Consumer Voice Podcast Library The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics. | |
| 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 <i>The Dignity Digest</i> . | |
| Previously posted funding opportunities | For open funding opportunities previously posted in <i>The Tuesday Digest</i> 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 <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 • Notice of Intent to Close (PDF) (DOCX) <i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024 (pending) • 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 <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 <i>Chapin Center Springfield</i> | |

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| | <p>Closure date: June 6, 2023 <i>Governors Center, Westfield</i> Closure date: June 6, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022 <i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022 <i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021 <i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021 <i>Halcyon House, Methuen</i> Closure date: July 16, 2021 <i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021 <i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021 <i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p> |
| <p>Nursing homes with admission freezes</p> | <p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> There have been no new postings on the DPH website since May 10, 2023.</p> |
| <p>Massachusetts Department of Public Health Determination of Need Projects</p> | <p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care 2023</i> <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u></p> |

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| | <p><u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation 2020</u></p> <p><u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p> |
| <p>List of Special Focus Facilities</p> | <p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024</p> <p>CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> • Somerset Ridge Center, Somerset https://somersetridge rehab.com/ Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225747</u> • South Dennis Healthcare <u>https://www.nextstephc.com/southdennis</u> Nursing home inspect information: <u>https://projects.propublica.org/nursing-homes/homes/h-225320</u> <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities which showed improvement</p> |

- 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)**
- AdviniaCare Newburyport (3)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
 - Charwell House Health and Rehabilitation, Norwood (27)
<https://tinyurl.com/Charwell>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
 - Fall River Healthcare (9)
<https://www.nextstephc.com/fallriver>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>
 - Glen Ridge Nursing Care Center, Medford (13)
<https://www.genesishcc.com/glenridge>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
 - Mill Town Health and Rehabilitation, Amesbury (26)
No website
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225318>
 - Parkway Health and Rehabilitation Center, West Roxbury (7)
<https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225497>
 - Pioneer Valley Health & Rehabilitation Center, South Hadley (24)
<https://pioneervalleyhealth.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225757>
 - Plymouth Harborside Healthcare (4)
<https://www.nextstephc.com/plymouth>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225284/>
 - Plymouth Rehabilitation and Health Care Center (22)
<https://plymouthrehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225207>

| | <ul style="list-style-type: none"> Royal Norwell Nursing & Rehabilitation Center (4) https://norwell.royalhealthgroup.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225482/ <p>Massachusetts Facilities that have graduated from the program</p> <ul style="list-style-type: none"> Marlborough Hills Rehabilitation & Health Care Center, Marlborough https://marlboroughhillsrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225063/ Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p><i>Nursing Home Inspect</i></p> | <p>ProPublica Nursing Home Inspect Data updated April 24, 2024</p> <p>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</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated April 24, 2024</p> | Deficiency Tag | # Deficiencies | # Facilities | MA facilities cited | B | 284 | 198 | Tag B | C | 108 | 85 | Tag C | D | 7,496 | 1,469 | Tag D | E | 1,965 | 788 | Tag E | F | 656 | 317 | Tag F | G | 568 | 384 | Tag G | H | 44 | 33 | Tag H | I | 3 | 2 | Tag I | J | 57 | 27 | Tag J | K | 8 | 5 | Tag K | L | 5 | 2 | Tag L |
| Deficiency Tag | # Deficiencies | # Facilities | MA facilities cited | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | 284 | 198 | Tag B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | 108 | 85 | Tag C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 7,496 | 1,469 | Tag D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | 1,965 | 788 | Tag E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | 656 | 317 | Tag F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | 568 | 384 | Tag G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | 44 | 33 | Tag H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | 3 | 2 | Tag I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | 57 | 27 | Tag J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | 8 | 5 | Tag K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | 5 | 2 | Tag L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><i>Nursing Home Compare</i></p> | <p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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