The Dignity Digest

Issue # 165 December 5, 2023
The Dignity Digest is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Monday.

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

Quotes

The US population 65 and over soared by 34 percent in the last decade, from 43 million in 2012 to 58 million in 2022. In the coming decade, the fastest growth will occur among those over 80, when people are more likely to need accessible housing as well as services and supports at home. The US, however, is not ready to provide housing and care for this surging population.

***Housing America's Older Adults 2023* report**, **Harvard Joint Center for Housing Studies,** November 30, 2023

"[Former State Senator Susan Tucker] was truly a tireless advocate for the underdog, for people that didn't have a voice. She was someone that just really stood on her principles. There are not many elected officials today that do that."

State Sen. Barry Finegold, who succeeded Sen. Tucker, ***Former State Sen. Susan Tucker***, **The Eagle-Tribune,** November 21, 2023

"Heart failure services and care pathways have not been designed for adult congenital heart disease patients, and the adult congenital heart disease services and pathways haven't been designed for heart failure patients. So where does the adult congenital heart failure patient currently land? They don't land. They fall between the cracks."

Dr. Luke Burchill, cardiologist at the Mayo Clinic specializing in congenital heart disease, *People with congenital heart disease are living longer — but facing new threat of heart failure* **(STAT News,** December 1, 2023)

The United States has no coherent system of long-term care, mostly a patchwork. The private market, where a minuscule portion of families buy long-term care insurance, has shriveled, reduced over years of giant rate hikes by

insurers that had underestimated how much care people would actually use. Labor shortages have left families searching for workers willing to care for their elders in the home. And the cost of a spot in an assisted living facility has soared to an unaffordable level for most middle-class Americans. They have to run out of money to qualify for nursing home care paid for by the government.

Facing Financial Ruin as Costs Soar for Elder Care, **KFF Health News,** November 14, 2023

"[The cost of elder care] is an issue that's coming to the front door of members of Congress. No matter where you're representing — if you're representing a blue state or red state — families are not going to settle for just having one option," referring to nursing homes funded under Medicaid. "The federal government has got to do its part, which it hasn't."

Sen. Bob Casey, (D-PA), chair of the Senate Special Committee on Aging, *Facing Financial Ruin as Costs Soar for Elder Care* **(KFF Health News,** November 14, 2023)

"Residents deserve the best of care from highly trained, fairly compensated, and sufficiently numbered staff. We therefore strongly urge you to quickly strengthen and finalize" the proposal.

Reps. Lloyd Doggett (D-Texas), Jan Schakowsky (D-Ill.) and 99 other House Democrats, , *Biden's nursing home staffing rules divide Democrats ahead of 2024*, **The Hill,** November 22, 2023

"Our nation's 1.2 million nursing home residents deserve high quality care that prioritizes their safety. The proposed rule takes a vital step towards ensuring residents receive this high-quality care by establishing commonsense staffing minimums and improving enforcement. We urge CMS to provide for strong enforcement of a final staffing standard while ensuring state survey agencies and their staffs are adequately resourced to conduct this important work."

Sen. Bob Casey (D-Pa.) in a letter with 11 other Senate Democrats, *Biden's nursing home staffing rules divide Democrats ahead of 2024*, **The Hill,** November 22, 2023

"We support the objectives this rule sets out to accomplish and we believe that finalizing and fully enforcing it will be an important first step towards substantially improving care in nursing homes across the country,"

Service Employees International Union, which represents more than 1 million healthcare workers, in a Nov. 3 comment letter, *Nursing home staffing rule finds scant political support* **, *Modern Healthcare,** December 4, 2023

"It's way past time to have real, strong standards that will make sure that residents get quality care that they're entitled to get."

Toby Edelman, senior policy attorney, The Center for Medicare Advocacy, *Nursing home staffing rule finds scant political support* **, *Modern Healthcare,** December 4, 2023

Analysis of in-custody deaths show mortality rates were more than three times the increase in general population in 2020.

US prison deaths soared by 77% during height of Covid-19 crisis, study finds **(The Guardian,** December 3, 2023)

[T]he poverty rate among those age 65 and over was 10.9%, 1.6 percentage points lower than the overall rate. . . In metro areas, older population poverty rates ranged from 3.4% to 25.7%. In 2022, most of the nation's 63 metro areas with older population poverty rates of 13.0% or higher were in the South (42) or the West (14). More than a quarter of all the South's metro areas fell into the two highest poverty categories compared to just 3.2% of those in the Midwest. Poverty rates among those age 65-plus rose in 44 metro areas and fell in 11 metros from 2021 to 2022.

Child Poverty Rate Still Higher Than for Older Populations but Declining, **(U. S. Census Bureau,** December 4, 2023)

The key is getting [hospital] boards to act in service of the mission. They need greater accountability. And that's where lawmakers and policymakers can help, by finding ways to encourage or require boards to resist the growth interests common to organizations. Hospital systems, like living organisms, tend to put survival and proliferation above all else.

Why Are Nonprofit Hospitals Focused More on Dollars Than Patients? **, *New York Times,** November 30, 2023

Life Well Lived

Former State Senator Susan Tucker (Source: **Boston Herald)**

Former State Sen. Susan Tucker

The Eagle-Tribune

Former state senator Susan Tucker died Monday, November 20.

"She was a good friend for many, many years," said Susan Stott, Andover Community Trust founder. "I think she was the best state senator Andover has ever had. She will be very missed."

Tucker served in the Massachusetts House of Representatives from 1982 to 1992 and in the Massachusetts Senate from 1999 to 2011, representing the district of Second Essex and Middlesex.

Tucker was a champion of housing initiatives, having served as the chair of the Joint Committee on Housing. She was also on the executive board of the Merrimack Valley Economic Development Council and a member of the Andover Industrial and Development Commission.

Tucker said in 2011 that she wished she could have ended the state's housing plan to put homeless families in hotels, an issue that continues over a decade later. She sponsored bills like an act to preserve publicly-assisted affordable housing, working to retain or secure subsidies affecting housing developments in order to maintain at least the same number of affordable units for low-income households.

"She was truly a tireless advocate for the underdog, for people that didn't have a voice," said state Sen. Barry Finegold, who is Tucker's successor. "She was someone that just really stood on her principles. There are not many elected officials today that do that."

She sponsored another bill to stabilize neighborhoods to create community housing. She proposed rates for rest homes to provide affordable options for elders and people with disabilities. She at one point secured $8.25 million to implement recommendations of a special commission to end homelessness.

Other issues that caught her attention include her opposition to casino gambling. She had argued that the negative social impacts and expensive bureaucracy that would be required to support expanded gambling outweigh any potential benefits.

"Susan Tucker dedicated her life to serving hardworking families across the Merrimack Valley," said U.S. Rep. Lori Trahan, D-Westford. "She entered the State House at a time when few women held public office, paving the way for countless others to follow in her footsteps. I had the great fortune of

	working with Sue when I was a congressional staffer, and her deep devotion to helping folks in Andover, Lawrence, Dracut, and Tewksbury is a standard we all strive to live up to every day. Today, I join the thousands of people Sue touched in mourning her passing, and my heart goes out to her loved ones as they grieve this tremendous loss." She announced her retirement in 2011, noting how much of a "wonderful privilege" it had been to "be of service to the communities and the people who put their trust in me." Tucker was a teacher in both Lexington and Andover Public Schools prior to her legislative career. Tucker and her husband returned to the local school district to honor her efforts. The Andover School Committee voted in 2021 to name the track and field for the former senator, behind the Doherty Middle School and Cormier Youth Center. Tucker was predeceased by sons, Mark and David, and survived by Mike Tucker, her husband of 57 years. A memorial service will be held at a later date.
Reports	**Harvard Joint Center for Housing Studies** November 30, 2023 ***Housing America's Older Adults 2023* report** The US population 65 and over soared by 34 percent in the last decade, from 43 million in 2012 to 58 million in 2022. In the coming decade, the fastest growth will occur among those over 80, when people are more likely to need accessible housing as well as services and supports at home. The US, however, is not ready to provide housing and care for this surging population. Read the Report
Guide to news items in this week's *Dignity Digest*	**Nursing Homes** *Nursing home staffing rule finds scant political support* **(*Modern Healthcare,** December 4, 2023) *Biden's nursing home staffing rules divide Democrats ahead of 2024* **(The Hill,** November 22, 2023) **Home Care** *Could Sanford Health's rural hospital-at-home program be a model?* **(*Modern Healthcare,** December 4, 2023) *Rates for Certain Elder Care Services (101 CMR 417.00* Regulation text: PDF | Word **(Massachusetts Executive Office of Health and Human Services,** December 1, 2023) *Facing Financial Ruin as Costs Soar for Elder Care* **(KFF Health News,** November 14, 2023) **Housing** *US is Unprepared to Provide Housing and Care for Millions of Older Adults* (**Harvard Joint Center for Housing Studies,** November 30, 2023) **Public Policy** *Why Are Nonprofit Hospitals Focused More on Dollars Than Patients?* **(*New York Times,** November 30, 2023) **Health Care Topics** *People with congenital heart disease are living longer — but facing new threat of heart failure* **(STAT News,** December 1, 2023) **Aging Topics**

	Why does sleep become more elusive as we age? It has to do with shifts in "sleep architecture" **(Salon (Yahoo News),** December 2, 2023) **LGBT** *Aging as LGBT: Two Stories* **(Movement Advancement Project (YouTube),** May 24, 2017) **Demographics** *Child Poverty Rate Still Higher Than for Older Populations but Declining*,, **U. S. Census Bureau,** December 4, 2023 **Persons Who Are Incarcerated** *US prison deaths soared by 77% during height of Covid-19 crisis, study finds* **(The Guardian,** December 3, 2023) **From Out of State** *Check in on your grandparents: Maine nursing home treatment is inhumane* **(The Maine Campus,** December 4, 2023)
DignityMA Study Sessions    	***How Protection and Advocacy under Federal Authority Impacts Litigation, Oversight, and Systemic Work*** Wednesday, December 13, 2023, 2:00 p.m. Presenters: • Barbara L'Italien, Executive Director Disability Law Center • Rick Glassman, Director of Advocacy • Tatum Pritchard, Director of Litigation This study session will cover the role and current priorities of the Disability Law Center. The Disability Law Center (DLC) is the designated Protection and Advocacy (P&A) agency for Massachusetts. It is a private, non-profit organization responsible for providing protection and advocacy for the rights of Massachusetts residents with disabilities. **Join Zoom Meeting** https://us02web.zoom.us/j/85080430422?pwd=bnFYZ2gyVWptc3pRYll5WHZaZzQ0QT09 Meeting ID: 850 8043 0422 Passcode: 749507 One tap mobile: 13052241968,,85080430422#,,,,*749507# US Telephone: 1 305 224 1968 ***Briefing on "The Affordable Homes Act" (H 4138)*** Friday, December 15, 2023, 10:00 a.m. Presenter: Eric Shupin, Chief of Policy, Massachusetts Executive Office of Housing & Livable Communities - Previously Eric was with Citizens' Housing and Planning Association (CHAPA). This study session will detail provisions of the housing bond bill proposed by Governor Maura Healey. • Legislative text of H4138: The Affordable Homes Act • Governor's media release on the Affordable Homes Act **Join Zoom Meeting** https://us02web.zoom.us/j/81926635045?pwd=M1g0MVdHU0ZRTFNpQThtZ2ZrM25Tdz09 Meeting ID: 819 2663 5045 Passcode: 878622

	One tap mobile: 19294362866,,81926635045#,,,,*878622# US Telephone: 1 305 224 1968
Dignity Alliance participants say . . . Colin Killick, executive director of the Disability Policy Consortium, is a DignityMA participant	**1. Daily Hampshire Gazette** November 21, 2023 *Coalition urges masks in hospitals* By Emileeee Klein Before the pandemic, Dr. David Alpern, like many health care workers at the time, didn't think twice about going to work with a runny nose or cough. But since symptoms of COVID-19 are indistinguishable from the common cold, the retired Cooley Dickinson Hospital internist is concerned hospital employees with these mild symptoms could spread coronavirus to patients. Alpern's desire for CDH and other hospitals to take stronger precautions this holiday season inspired him to speak at a virtual press conference by Massachusetts Coalition for Health Equity on Monday, at which health care experts advocated for the return to universal mask protections in health care settings and pre-admission testing during the winter season, when viral infections are more prevalent. The health equity coalition raised three other policy recommendations for the Healey-Driscoll administration to consider during this holiday season, including general disability rights, public education about long COVID, and free access to PCR and rapid tests, high-quality respirators and COVID vaccines. "Even asymptomatic or mildly symptomatic COVID-19 cases can result in over 200 long-term health issues, including an elevated risk of heart attacks, strokes, and neurological problems," Alpern, a Florence resident, said in a press release and reiterated during the press conference. "Prevention of virus transmission in health care settings is critical, which would include implementing comprehensive precautions to prevent the spread of aerosolized viruses and conducting mandatory COVID-19 testing for all incoming patients." In his experience, many of Alpern's past patients tended to be older, which the Centers for Disease Control and Prevention has identified as a vulnerable population for long-term COVID. As the holidays approach, young family members with a low risk for long-term COVID can expose their elderly relatives to the virus, especially since half of all COVID-19 transmissions occur from asymptomatic cases or before symptoms develop. "COVID is still here, it's our eighth wave," Alpern said. "People can choose do what they want to, but you can't choose when you get sick and go to the hospital." The Centers for Disease Control reported that about 3.5% of Americans were dealing with long-term COVID in 2022, and more adults from ages 18 to 44 report increased difficulty in thinking and remembering after the start the pandemic. "Just as there is never going to be a good time to stop wearing gloves in hospitals, I can't understand why we oughtn't just continue using a basic simple intervention that results in the patients being safer," said Colin Killick, executive director of the Disability Policy Consortium. Patients who require coronavirus precautions have a difficult time acquiring them, according to those who spoke at Monday's press conference. Coalition for Health Equity member Jayda Jones said she's helped dozens of people submit reasonable accommodations requests, asking doctors and nurses to wear masks

	during treatment. Most of these requests are denied because the patients are not considered vulnerable enough to require precautions. Jones noted that patients with disabilities are choosing between delaying care or continuing treatment. "Patients should not have to consider their likelihood of becoming exposed or infected with the hospital-acquired infection, and if so, we know that it's due to the lack of protections that we have in place to control infectious disease," she said. Currently, Cooley Dickinson Hospital does not require masks for staff members, but encourages employees to mask during cold and flu season. Baystate Health also doesn't require masks for health care staff but requires testing for a number of high-risk units such as oncology. "COVID-19 testing is not performed on patients prior to surgeries or procedures, but if they are coming in with symptoms, we do test," said Keith O'Connor, a Baystate Health spokesman. Theodore Pak, an infectious disease fellow at Massachusetts General Hospital, stresses the importance of patients wearing masks in hospitals as well. According to another study from Brigham and Women's Hospital, a patient with an unknown case of COVID who receives treatment in a shared patient room, which are common in Massachusetts, increases the risk of transmission up to 39%, he said. Pak notes that COVID case numbers in the United States are underreported and underrepresented because of the lack of pre-admittance testing in hospitals. In the United Kingdom, data has shown one in seven patients contracted COVID while in the hospital during the height of the pandemic. The mortality rate for hospital-acquired COVID is between 5% and 10%. "For instance, in doing genome sequencing on a Brigham Hospital outbreak, it's discovered that infections occur between workers and patients, even with both parties wearing surgical masks," Pak said. "So, imagine, without that layer of protection, what would happen." Dr. Lara Jirmanus, a physician and instructor at Harvard Medical School, noted that 50% of the public is concerned about a local outbreak despite messaging that the pandemic is over. Yet without proper education and prevention, many people still hold these concerns without a way to express them. "We are here to make sure that our health systems are safe and healthy for everybody, and that starts with making sure that it is safe and healthy for the most vulnerable," Jirmanus said.
Webinars and Other Online Sessions	**2. Centers for Medicare and Medicaid Services** Wednesday, December 6, 2023, 12:00 p.m. *Medicaid and CHIP Renewals Webinar on Medicaid Fair Hearings and Partner Resources,* Join the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) for the December 6th Medicaid and Children's Health Insurance Program (CHIP) Renewals webinar. Topics discussed during this month's webinar will include: • Overview of Federal Medicaid fair hearings rights • Presentation on best practices and resources for assisting people with the Medicaid appeals/fair hearings process • Review of recently released CMS resources for partners

	Who should attend: If your organization serves or interfaces with people that have health insurance through Medicaid or CHIP then this call is for YOU! RSVP: Click here.
Previously posted webinars and online sessions	**Previously posted webinars and online sessions can be viewed at:** **https://dignityalliancema.org/webinars-and-online-sessions/**
Nursing Homes	**3. *Modern Healthcare** December 4, 2023 *Nursing home staffing rule finds scant political support* By Alison Bennett President Joe Biden's high-profile plan to improve nursing home quality by setting staffing minimums has attracted intense resistance and lukewarm support, regulatory comments and public statements reveal. . . The American Health Care Association and other industry groups reject the policy and demand CMS kill it. Among their arguments is that there simply aren't enough registered nurses to hire and that skilled nursing facilities reliant on meager Medicaid reimbursements can't afford them anyway. Nursing homes will go out of business if CMS proceeds, the industry predicts. . . Nursing home and GOP opposition to staffing mandates is unsurprising. But an increasing number of Democrats are urging CMS to scale back or scrap the rule, making arguments that echo the industry's. In addition, progressives and patient advocacy groups grouse that CMS' plan is too weak to have a positive effect. . . "Some say that the proposed staffing levels are too tough. Some say that they're not tough enough," said Priya Chidambara, senior policy analyst with the KFF Program on Medicaid and the Uninsured. "You've got these almost diametrically opposed viewpoints, so it's going to be up to the Biden administration to kind of thread the needle and figure out how to move forward." The administration is holding firm amid the tricky political dynamic, at least for now. "CMS is unwavering in its commitment to improving safety and quality of care for the more than 1.2 million residents receiving care in CMS-certified nursing homes," a spokesperson said in a statement. "We believe the proposed requirements are robust, achievable and necessary." **4. The Hill** November 22, 2023 *Biden's nursing home staffing rules divide Democrats ahead of 2024* By Nathaniel Weixel The Biden administration is walking a political tightrope with its plan to impose minimum staffing levels on nursing homes. The White House is facing criticism from the left and the right, and the proposal is dividing Democrats, especially some front-line members facing a difficult reelection in 2024. Those lawmakers, mostly from rural areas, argue that the proposal is too strict and would force nursing homes to close. . . The lawmakers said the rule would result in "limited access to care for seniors, mandatory increases in state Medicaid budgets, and could most consequentially lead to widespread nursing home closures." Their arguments echo industry groups who say any federal standard is unfeasible because of a nationwide staffing shortage made worse by the pandemic. . . Almost 95 percent of nursing homes do not meet at least one of the three proposed staffing requirements, according to the American Health Care

	Association, a long-term care trade group that represents 14,000 nursing homes. . . Current law requires only that homes have "sufficient" staffing, but it leaves nearly all interpretation to the states. The current law also requires nursing homes to have a registered nurse (RN) on duty for eight consecutive hours per day, seven days a week, and to have a licensed nurse — either an RN or licensed practical nurse — on site 24/7. . . The proposal would also require nursing homes to provide at least three hours of direct care per resident per day, including at least 33 minutes from a registered nurse.
Home Care	**5. *Modern Healthcare** December 4, 2023 *Could Sanford Health's rural hospital-at-home program be a model?* By Diane Eastabrook Sanford Health, one of the nation's largest health systems in rural America, could advance the hospital-at-home movement when it launches its first acute home care program in North Dakota next spring. . . Hospital-at-home lets patients receive acute-level care at home through telehealth and in-person visits that are supplemented with remote-patient monitoring. The model gained steam during the COVID-19 pandemic when CMS launched the Acute Care at Home waiver program in an effort to alleviate hospital overcrowding. The waiver, set to expire at the end of next year, allows hospitals to deliver care to patients in their homes at the same reimbursement rate as in-facility care. More than 300 hospitals in 37 states offer hospital-at-home care. A study published in JAMA Health in November found more than 11,000 patients admitted to hospital-at-home programs during a 16-month period experienced low mortality rates and minimal complications **6. Massachusetts Executive Office of Health and Human Services** December 1, 2023 *Rates for Certain Elder Care Services (101 CMR 417.00* Regulation text: PDF | Word This regulation governs the payment rates for certain elder care services provided to publicly aided individuals by governmental units. The proposed regulation contains rates effective for dates of service on or after January 1, 2024. The regulation was the subject of a public hearing held on Friday, December 1, 2023. The total projected annualized cost to state government from the increase in rates under the proposed regulation is $27.5 million, which represents an increase of 21.33% over the FY23 spending of approximately $128.3 million. These costs will not be realized until January 1, 2024, at which point the FY24 fiscal impact to state government will be approximately $13.75 million for the increase to existing rates. The increase in spending will be covered through a combination of the Chapter 257 Reserve Account and the purchasing agency's FY24 budget. New Unit Rates for ASAP programs as of January 1, 2024 All rates per client per month

Service	Current Rate	New Proposed Rate	% increase

Basic Home Care Case Management	$162.25	$194.91	20.13%
ECOP Case Management	$288.17	$346.01	20.07%
Protective Services	$489.14	$605.86	23.86%
Supportive Senior Housing	$12,968	$16,086	24.04%
Money Management Services	$114.98	$138.48	20.44%
Guardianship Services	$744.41	$892.78	19.93%
Congregate Housing	$272.13	$339.48	24.75%

7. KFF Health News

November 14, 2023

Facing Financial Ruin as Costs Soar for Elder Care

By Reed Abelson, **The New York Times,** and Jordan Rau, KFF

Margaret Newcomb, 69, a retired French teacher, is desperately trying to protect her retirement savings by caring for her 82-year-old husband, who has severe dementia, at home in Seattle. She used to fear his disease-induced paranoia, but now he's so frail and confused that he wanders away with no idea of how to find his way home. He gets lost so often that she attaches a tag to his shoelace with her phone number.

Feylyn Lewis, 35, sacrificed a promising career as a research director in England to return home to Nashville after her mother had a debilitating stroke. They ran up $15,000 in medical and credit card debt while she took on the role of caretaker.

Sheila Littleton, 30, brought her grandfather with dementia to her family home in Houston, then spent months fruitlessly trying to place him in a nursing home with Medicaid coverage. She eventually abandoned him at a psychiatric hospital to force the system to act.

"That was terrible," she said. "I had to do it."

Millions of families are facing such daunting life choices — and potential financial ruin — as the escalating costs of in-home care, assisted living facilities, and nursing homes devour the savings and incomes of older Americans and their relatives. . .

The prospect of dying broke looms as an imminent threat for the boomer generation, which vastly expanded the middle class and looked hopefully toward a comfortable retirement on the backbone of 401(k)s and pensions. Roughly 10,000 of them will turn 65 every day until 2030, expecting to live into their 80s and 90s as the price tag for long-term care explodes, outpacing inflation and reaching a half-trillion dollars a year, according to federal researchers.

The challenges will only grow. By 2050, the population of Americans 65 and older is projected to increase by more than 50%, to 86 million, according to census estimates. The number of people 85 or older will nearly triple to 19 million. . .

About 8 million people 65 and older reported that they had dementia or difficulty with basic daily tasks like bathing and feeding themselves — and nearly 3 million of them had no assistance at all, according to an analysis of the survey data. Most people relied on spouses, children, grandchildren, or friends. . .

At any given time, skilled nursing homes house roughly 630,000 older residents whose average age is about 77, according to recent estimates. A long-term resident's care can easily cost more than $100,000 a year without Medicaid coverage at these institutions, which are supposed to provide round-the-clock nursing coverage.

	Nine in 10 people said it would be impossible or very difficult to pay that much, according to a KFF public opinion poll conducted during the pandemic. . . That has led them to assisted living centers run by for-profit companies and private equity funds enjoying robust profits in this growing market. Some 850,000 people aged 65 or older now live in these facilities that are largely ineligible for federal funds and run the gamut, with some providing only basics like help getting dressed and taking medication and others offering luxury amenities like day trips, gourmet meals, yoga, and spas. The bills can be staggering. Half of the nation's assisted living facilities cost at least $54,000 a year, according to Genworth, a long-term care insurer. That rises substantially in many metropolitan areas with lofty real estate prices. Specialized settings, like locked memory care units for those with dementia, can cost twice as much. Home care is costly, too. Agencies charge about $27 an hour for a home health aide, according to Genworth. Hiring someone who spends six or seven hours a day cleaning and helping an older person get out of bed or take medications can add up to $60,000 a year. . . As Americans live longer, the number who develop dementia, a condition of aging, has soared, as have their needs. Five million to 7 million Americans age 65 and up have dementia, and their ranks are projected to grow to nearly 12 million by 2040. . . Partners and daughters were the most common caregivers for people who needed help with daily activities. A chart of caregivers for those ages 65 and older who needed and received long-term care in 2020 and 2021 where most were cared for by a spouse or partner. Spouse or partner 38.6% Daughter 34.1% Son 22.1% Nursing home 21.9% Other professional 17.0% Other relative 10.2% Other individual 9.8% Grandchild 9.5% In-law 8.9%
Housing	**8. Harvard Joint Center for Housing Studies** November 30, 2023 *US is Unprepared to Provide Housing and Care for Millions of Older Adults* By Jennifer Molinsky, Project Director of the Housing an Aging Society Program and a Lecturer at the Graduate School of Design The US population 65 and over soared by 34 percent in the last decade, from 43 million in 2012 to 58 million in 2022. In the coming decade, the fastest growth will occur among those over 80, when people are more likely to need accessible housing as well as services and supports at home. The US, however, is not ready to provide housing and care for this surging population, according to our new ***Housing America's Older Adults 2023* report**. **The Dual Challenge of Housing and Services in Later Life** Older adults, whose incomes are often fixed or declining, increasingly face the twin challenges of securing affordable housing and the services they need to remain in the home of their choice. In 2021, an all-time high of nearly 11.2 million older adults were cost burdened, meaning they spent more than 30

percent of their income on housing. Cost burdens are particularly high for renters, homeowners with mortgages, and households age 80 and over. [**INTERACTIVE MAP**] Accessible housing is also in short supply; fewer than 4 percent of US homes offered the three key features of accessible housing—single-floor living, no-step entries, and wide hallways and doorways—at last measure.

The Cost of Long-Term Care Is Out of Reach for Most Older Adults

The costs of long-term care (LTC) services are also high, averaging over $100 per day nationwide. The majority of older adults will need these services and those with very low incomes, who are most likely to require them, have the fewest resources to pay for them. When LTC services are added to housing costs, only 14 percent of single people 75 and over can afford a daily visit from a paid caregiver, and just 13 percent can afford to move to assisted living. [**INTERACTIVE MAP**]

Government Assistance Is Insufficient to Meet the Growing Need

Government-funded rental assistance provides crucial support to older adults with very low incomes, but demand dramatically outstrips supply, and with homelessness on the rise among this population, assistance is more important than ever. Those with slightly higher incomes also struggle to qualify for assistance; 29 percent of people living alone who are 75 and over have incomes above 50 percent of area median income but cannot afford the cost of assisted living. Just 8 percent of this group could afford a daily visit from a home health aide.

Renters and Homeowners of Color Face Steeper Burdens

While some older adults have home equity that can be tapped to pay for care or services, many do not. This is not only because of the increasing number of older adults, but because of widening wealth and income inequality. Older renters have only 2 percent of the net wealth of older homeowners and there are steep inequalities among owners as well; older Black homeowners have the lowest housing equity at $123,000, compared to $251,000 for older white homeowners, $200,000 for older Hispanic owners, and $270,000 for older owners who are Asian, multiracial, or another race.

Mortgage Debt Among Older Adults Is Rising

Between 1989 and 2022, the share of homeowners 65 to 79 with a mortgage increased from 24 to 41 percent and the median mortgage debt shot up over 400 percent, from $21,000 in 1989 to $110,000. Over 30 percent of homeowners aged 80 and over are also carrying mortgages, up from just three percent three decades ago. Borrowing is often a way for older homeowners to access cash for basic needs or care. Given the importance of housing equity later in life there is a real need for safe and affordable mortgage products that work for older owners with limited incomes. Financing incentives could provide better opportunities for those who wish to remain in their communities but in more suitable homes; this would be particularly welcome in rural and other low-density areas where the choices are especially limited.

The Growing Threat of Climate Change

Some states long favored by older adults because of their warmer weather are increasingly experiencing extreme heat and harsh storms. In addition to health risks, property damage is a rising concern, particularly for the increasing number of older people without insurance. Severe storms in Florida caused $228 billion

	in property damage from February 2020 through April 2023, a state that is home to 8.3 percent of the nation's older population. **The Outlook** As the US population ages, more older adults will struggle to afford either the home of their choice or the care they need. With subsidies for housing and LTC services scarce, many older adults will have to forgo needed care or rely on family and friends for assistance. More funding would be start, but there is tremendous need for creative alternatives to existing models of care and housing to better support the country's rapidly aging population.
Public Policy	**9. *New York Times** November 30, 2023 *Why Are Nonprofit Hospitals Focused More on Dollars Than Patients?* By Amol S. Navathe, senior fellow at the Leonard Davis Institute of Health Economics and a co-director of the Healthcare Transformation Institute at the University of Pennsylvania Nonprofit hospitals have been caught doing some surprising things, given how they are supposed to serve the public good in exchange for being exempt from federal, state and local taxes — exemptions that added up to $28 billion in 2020. Detailed media reports show them hounding poor patients for money, cutting nurse staffing too aggressively and giving preferential treatment to the rich over the poor. Nurses and other workers recently resorted to strikes to improve workplace safety at Kaiser Permanente and the Robert Wood Johnson University Hospital in New Brunswick, N.J. That's not the end of it. Nonprofit executives have embarked on an acquisition spree, assembling huge systems of hospitals and physician practices to raise prices and increase profits. Ample evidence indicates that the growth of these giant systems makes health care less affordable for patients, families and businesses. Over the past year, a new hospital strategy has come to the fore, the cross-market merger. In the past, most mergers and acquisitions involved hospitals or physician groups in the same geographic area. Now health care systems are reaching far and wide to find other hospitals to acquire. This is exemplified by the California-based Kaiser's acquisition of Geisinger Health in Pennsylvania announced in April. Since then, hospitals in Missouri, Texas and New Mexico were involved in two other cross-market mergers. In another example, Advocate Aurora Health's merger late last year with Atrium Health created a juggernaut with 67 hospitals strung across six states, from Wisconsin to North Carolina. We are witnessing the advent of the new American mega-hospital system. Calling these hospitals nonprofits can be confusing. It doesn't mean they can't make money. What it means is that they are considered charities by the Internal Revenue Service (as opposed to being owned by investors, like for-profit hospitals). And in return for their tax exemptions, these institutions are supposed to invest the money that would have gone to taxes into their communities by lowering health care costs, providing community health services and free care to those unable to afford it and conducting research. These hospitals proliferated after federal tax rules about 50 years ago made it easier to qualify for tax exemptions. They now make up more than half of the nation's hospitals. So why are nonprofit hospitals behaving in ways that seem to focus more on dollars than patients? Hospitals are undergoing a reckoning about their role in

the national health system. The United States will require fewer hospital beds in the future if current trends continue. This looming likelihood — plus financial challenges from the pandemic, a severe worker shortage, rising inflation and stock market volatility — has put nonprofit hospitals in survival mode. Accordingly, they have prioritized protecting their finances, focusing on scale and market power. Unfortunately, these actions too often come at the expense of their mission to serve their communities. This has meant less charity care for patients who cannot afford expensive surgeries or emergency room visits and higher prices for those who can.

How do we get hospitals to refocus on their communities rather than on profits? Through their boards of directors. Their role is to tell hospital executives what to focus on and prioritize. And you would think that focusing on the mission would be the top priority, though boards aren't doing this consistently.

The key is getting boards to act in service of the mission. They need greater accountability. And that's where lawmakers and policymakers can help, by finding ways to encourage or require boards to resist the growth interests common to organizations. Hospital systems, like living organisms, tend to put survival and proliferation above all else.

A good first step is to reform how boards reward hospital executives to accomplish the mission. Instead of paying leaders to pursue conventional financial goals, executives' compensation should be tied to metrics reflecting the mission. Perhaps the most visible example of this is the heavy focus of nonprofit chief executive compensation on financial performance. A survey by the American College of Healthcare Executives noted that only about a quarter of nonprofit hospitals tied chief executive bonuses to community services. This prioritizes revenue from patient care over caring for patients. Instead, health care organizations should tie meaningful amounts of executive compensation to metrics like reducing disparities in care.

This is feasible. As the same survey indicates, some hospitals are already doing this. We need capable leaders charged with executing the mission, even if it means making a hospital smaller.

And policymakers can help, too, by creating clearer standards for measuring community benefits. This will help nonprofit boards to provide incentives to executives around community-based objectives. A study published last year in the journal Frontiers in Public Health found that for most hospitals, expectations are vague and what is considered community service is difficult to document, quantify and assess.

Policymakers can also hold boards more accountable. The I.R.S. and state and local governments can look more closely at whether hospitals are rewarding their executives to deliver community benefits. Regulatory action may be required. And there are examples of this. In Pennsylvania, four hospitals lost their exemptions from local property taxes in part because eye-popping chief executive compensation didn't align with its nonprofit mission. It is undeniable that executives will prioritize what they get paid to accomplish.

A second related issue is that too many boards are full of members who have financial skills or have made big donations. To shift toward their mission would almost certainly require hospitals to reconstitute their boards. They would need to replace some financially minded members with community-minded ones. And regulators like the I.R.S. may need to remove the tax-advantaged status for egregious actors so that boards take this threat seriously, just as in Pennsylvania.

	While more regulation is not the panacea for U.S. health care, nonprofit boards may need even more help to reprioritize if they cannot do it themselves. There is an argument to put limits on profits for nonprofit organizations. Unlike health insurers, whose administrative costs and profit margins are capped at 15 to 20 percent, nonprofit hospitals have no limits. This could be fixed through legislation by Congress. Ultimately, we need hospital boards to step up and chart their own courses. It is precisely because there is no one-size-fits-all solution that we need boards to organize around the mission. The needs of a rural community are different from those of an urban area around an academic center. Further, hospitals in rural areas often provide not just care but also much-needed jobs. But that's why our best chance to fix hospitals may lie in activating boards for the common good.
Health Care Topics	**10. STAT News** December 1, 2023 *People with congenital heart disease are living longer — but facing new threat of heart failure* By Elaine Chen When Jennifer Case was living in Los Angeles in her early 30s, she was hospitalized 11 times. She had been born with two rare heart abnormalities, Ebstein anomaly and Wolff-Parkinson-White syndrome. Her parents were told that she probably wouldn't live. She did live. But by her 30s, she had also developed heart failure, a condition in which the heart can't pump blood throughout the body properly. She had dizziness and swelling in her legs, and at one point during work, she fainted. . . Case is one of a growing group of patients arising from both the success and weakness of medicine. Advances in treatments for congenital heart abnormalities mean more patients are living into adulthood, with over 2 million adults estimated to have the condition in the U.S. But that means more are also developing heart failure as they grow older — and many aren't receiving proper care. A new study published this week in the Journal of the American Heart Association found that while hospitalizations of adults with congenital heart disease stayed stable from 2010 to 2020, the proportion of admissions for those who have heart failure more than doubled from 6.6% to 14%. These patients with heart failure also had worse outcomes after hospitalization, with an 86% higher risk of death, a 73% higher risk of major heart and brain complications, and a 26% higher risk of hospital readmission.
Aging Topics	**11. Salon (Yahoo News)** December 2, 2023 *Why does sleep become more elusive as we age? It has to do with shifts in "sleep architecture"* By Mary Elizabeth Williams In his later life, my father-in-law routinely woke up for the day at 3 a.m. He'd become such an early bird that he morphed into a night owl, a man resigned to a post-retirement inability to clock in more than four or five hours of rest. I can recall taking his routines as a grim prophecy. And when a few years later I found myself struggling with brutal bouts of insomnia, I wondered if, along with laugh

	lines and macular degeneration, sleeplessness was an inevitable part of growing older for me, too. There is a persistent folk wisdom that older people simply don't need as much sleep — an idea likely borne out of the idea that as our lifestyles ostensibly become less active, our requirements for the reparative benefits of rest diminish. As recently as 2008, a report in Current Biology found that in one experiment, older subjects got 1.5 hours less sleep on average than their younger counterparts. . . But what we *need* and what we actually *get* are two entirely different entities — and we are in the midst of a sleep shortage that's affecting Americans across all generational lines. The CDC notes that "A third of US adults report that they usually get less than the recommended amount of sleep." It's a crisis that can wreak havoc on our physical and mental health, with sleep deprivation contributing to obesity, hypertension, diabetes, depression and stroke. And even accounting for fluctuations among different age populations, most adults need between 7 and 9 hours of sleep per night.
LGBT	**12. Movement Advancement Project (YouTube)** May 24, 2017 *Aging as LGBT: Two Stories* America's population is aging: by 2050, the number of people over the age of 65 will double to 83.7 million (from 43.1 million in 2012). While the public perception of lesbian, gay, bisexual, and transgender (LGBT) people is largely one of a young, affluent community, there are more than 2.7 million LGBT adults ages 50 or older living in communities across the country. This video follows Tina and Jackie, born in the same town in 1947. Despite their similar beginnings, the women's lives take very different turns and a lifetime of discrimination, lost wages, lack of family recognition, and more add up to create substantial difficulties for Jackie. Along with the video, the Movement Advancement Project (MAP) and SAGE published a report detailing the many challenges facing LGBT older people like Jackie as they age. Health and wellbeing, economic security, and social connections are among the cornerstones for successful aging, yet these are areas in which many LGBT elders face substantial barriers–stemming from current discrimination as well as the accumulation of a lifetime of legal and structural discrimination, social stigma, and isolation. Visit www.lgbtmap.org/olderadults for more information about the disparities facing LGBT older adults.
Demographics	**13. U. S. Census Bureau** December 4, 2023 *Child Poverty Rate Still Higher Than for Older Populations but Declining* By Craig Benson The U.S. official poverty rate as measured by the American Community Survey (ACS), was 12.6% in 2022 but the rate was significantly different for the nation's oldest and youngest populations, according to a Census Bureau report released today. The ACS shows that in 2022 the child (people under age 18) poverty rate was 16.3%, 3.7 percentage points higher than the overall rate. But the poverty rate among those age 65 and over was 10.9%, 1.6 percentage points lower than the overall rate. The poverty rate for those ages 18 to 64 was 11.7%. Poverty Rate: Population 65 and Over

	In 2022, the national poverty rate of people aged 65 and over was 10.9%, significantly lower than the national and the child poverty rates but up from 10.3% in 2021, marking the second year in a row that this group's poverty rates increased. There were geographic variations from 7.5% to 15.9% in these poverty rates but they were not as pronounced as for the child poverty rate. . . Eight states in the South and the District of Columbia had poverty rates of 11.5% or more. No other region had more than three states with such high poverty rates among the 65-plus population. State poverty rates for oldest age group: • Among the lowest: Utah (7.5%) Delaware (7.7%), Vermont (7.9%), New Hampshire (7.9%), and Colorado (8.0%). (These estimates are not significantly different from one another.) • Among the highest were the District of Columbia (15.9%), Louisiana (14.8%) and Mississippi (14.7%). (These estimates are not significantly different from one another.) In metro areas, older population poverty rates ranged from 3.4% to 25.7%. In 2022, most of the nation's 63 metro areas with older population poverty rates of 13.0% or higher were in the South (42) or the West (14). More than a quarter of all the South's metro areas fell into the two highest poverty categories compared to just 3.2% of those in the Midwest. Poverty rates among those age 65-plus rose in 44 metro areas and fell in 11 metros from 2021 to 2022.
Persons Who Are Incarcerated	**14. The Guardian** December 3, 2023 *US prison deaths soared by 77% during height of Covid-19 crisis, study finds* By Edward Helmore Analysis of in-custody deaths show mortality rates were more than three times the increase in general population in 2020 The 2022 Bureau of Justice statistics found that roughly 2,500 prisoners died of Covid-related causes between March 2020 and February 2021, but the number did not include a rise in mortality rates of natural deaths or unnatural deaths. . . The study also found that pandemic-related lockdowns and restrictions on movement, including isolation, visitor prohibitions and solitary confinement in place of medical isolation, designed to mitigate infection had "increased stress, mental health challenges, and violence exacerbating the risk of deaths due to unnatural causes, such as drug overdoses, suicide, and violence". Sugie told the outlet that "for all of those deaths that are related to the pandemic, for various ways, we don't know about them because they're not officially coded as Covid-related". Just like in the general population, she added, a lot of states did not test systemically, "so even if someone died of Covid, their death may not have been recorded as Covid-related".
From Out of State	**15. The Maine Campus** December 4, 2023 *Check in on your grandparents: Maine nursing home treatment is inhumane* By Vincent Norman Maine is the oldest state in the nation, and it's getting older. For many adults, level IV nursing homes (long-term care facilities licensed for seven or more beds) are somewhere they believe their aging parents and relatives who have high levels of daily needs or serious health issues will receive better care. . .

	Neglect and abuse is an issue that is sadly often gone unnoticed and unaddressed. From 2020 to 2022, there were 348 cases of abuse/neglect incidents at moderate levels of assistance nursing homes in Maine. The Department of Health and Human Services took no action in a staggering 91% of these cases.
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	
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/
Nursing Home Closures	**Massachusetts Department of Public Health** *South Dennis Health Care* Target closure date January 30, 2024 Notice of Intent to Close (PDF) | (DOCX)
Nursing homes with admission freezes	**Massachusetts Department of Public Health** *Temporary admissions freeze* There have been no new postings on the DPH website since May 10, 2023.
Massachusetts Department of Public Health Determination of Need Projects	**Massachusetts Department of Public Health** ***Determination of Need Projects: Long Term Care*** **2023** **Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure** **Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project** **2022** **Ascentria Care Alliance – Laurel Ridge** **Ascentria Care Alliance – Lutheran Housing** **Ascentria Care Alliance – Quaboag** **Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation** **Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure** **Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation** **Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation** **Next Step Healthcare LLC-Conservation Long Term Care Project** **Royal Falmouth – Conservation Long Term Care** **Royal Norwell – Long Term Care Conservation** **Wellman Healthcare Group, Inc** **2020** **Advocate Healthcare, LLC Amendment**

	Campion Health & Wellness, Inc. – LTC - Substantial Change in Service **Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure** **Notre Dame Health Care Center, Inc. – LTC Conservation** **2020** **Advocate Healthcare of East Boston, LLC.** **Belmont Manor Nursing Home, Inc.**
List of Special Focus Facilities	**Centers for Medicare and Medicaid Services** *List of Special Focus Facilities and Candidates* https://tinyurl.com/SpeciialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. **What can advocates do with this information?** • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns. • For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. **Massachusetts facilities listed (updated March 29, 2023)** **Newly added to the listing** • Somerset Ridge Center, Somerset https://somersetridgerehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 • South Dennis Healthcare https://www.nextstephc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

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

- Charwell House Health and Rehabilitation, Norwood (15)
  https://tinyurl.com/Charwell
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225208
- Glen Ridge Nursing Care Center (1)
  https://www.genesishcc.com/glenridge
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225523
- Hathaway Manor Extended Care (1)
  https://hathawaymanor.org/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225366
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)
  https://www.medwaymanor.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225412
- Mill Town Health and Rehabilitation, Amesbury (14)
  No website
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225318
- Plymouth Rehabilitation and Health Care Center (10)
  https://plymouthrehab.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225207
- Tremont Health Care Center, Wareham (10)
  https://thetremontrehabcare.com/
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225488
- Vantage at Wilbraham (5)
  No website
  Nursing home inspect information:
  https://projects.propublica.org/nursing-homes/homes/h-225295
- Vantage at South Hadley (12)

	No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpeciialFocusFacilityProgram
Nursing Home Inspect	**ProPublica** ***Nursing Home Inspect*** Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA **Deficiencies By Severity in Massachusetts** (What do the severity ratings mean?) # reported Deficiency Tag 250 **B** 82 **C** 7,056 **D** 1,850 **E** 546 **F** 487 **G** 31 **H** 1 I 40 **J** 7 **K** 2 L
Nursing Home Compare	**Centers for Medicare and Medicaid Services (CMS)** *Nursing Home Compare Website* Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes: • **Staff turnover:** The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • **Weekend staff**: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite

<table>
<tr><td>Data on Ownership of Nursing Homes</td><td colspan="3">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.</td></tr>
<tr><td>Long-Term Care Facilities Specific COVID-19 Data</td><td colspan="3">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</td></tr>
<tr><td>DignityMA Call Action</td><td colspan="3">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</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="11">Participation opportunities with Dignity Alliance Massachusetts

Most workgroups meet bi-weekly via Zoom.</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)</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 and Rest Homes</td><td>In formation</td><td></td></tr>
<tr><td>Housing</td><td>Bill Henning</td><td>bhenning@bostoncil.org</td></tr>
<tr><td>Veteran Services</td><td>James Lomastro</td><td>jimlomastro@comcast.net</td></tr>
</table>

<table>
<tr><td rowspan="3">Interest Groups meet periodically (monthly, bi-monthly, or quarterly).

Please contact group lead for more information.</td><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
Judi Fonsh
Dick Moore
Sue Rorke
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.
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.</td></tr>
</table>