



The Dignity Digest

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

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

Spotlight

[DignityMA editor's note:
This is a provocative article about aging and longevity. **The Post** has received over 800 comments online. We welcome comments from Dignity Digest readers which can be submitted via info@DignityAllianceMA.org. Comments may be posted in future issues of The Digest.]

[‘Aging is a disease’: Inside the drive to postpone death indefinitely](#)

The Washington Post (free access)

November 6, 2023

By [Karen Heller](#)

<https://wapo.st/47ifntz>

Longevity has become an industry, a subject of bestsellers, podcasts, and newsletters. But is a life meted out in metrics, often for a price, worth it?

It's 11 a.m., which means tech tycoon Bryan Johnson has already consumed his three daily meals, including dinner, and will fast until 6 a.m. tomorrow. By day's end, he will have ingested more than 100 pills, mostly supplements. He will stop drinking water to ensure a solid night of slumber, which averages 8 hours 39 minutes. How does he know this? Johnson tracks *everything*.

Johnson, who lives in Los Angeles, is the founder of Blueprint, an "experiment to explore the future of being human." He is also its principal product, spending \$2 million annually to slow the process of aging in his body, continually monitoring a "few hundred" biomarkers and, for his vegan diet, eating 70 pounds of vegetables every month. Johnson maintains an exacting daily "anti-aging" exercise regimen while investigating more ways to improve his body. "I've been doing a lot of male reproductive organ rejuvenation," he shared. "I'm getting my penis injected so that they can measure arterial flow."

His dizzying [daily protocol](#) shames boot camp. With 8 percent body fat, Johnson has a chronological age of 46. His biological age, an entirely different matter in today's quest for longevity, contains multitudes: "My left ear is 64, my heart is 37, my diaphragm is 18, and my cardiovascular capacity is in the top 1.5 percent of 18-year-olds." Johnson's axiom: "Don't die. This is the first time in the history of the human race where we can say with a straight face, 'Don't die.'" Unlike many other longevity enthusiasts, Johnson does not promote supplements or a paid subscription program, though he markets his own olive oil (two 25-ounce bottles for \$60), which constitutes 15 percent of his daily caloric intake.

The United States is having a senior moment. We're flush with older adults. More than 10,000 people turn 65 every day.

"Aging is a disease, one that is treatable," said nutritionist and longevity wellness authority Serena Poon, 47, on the phone from the United Arab

Emirates. Poon and business partner David Sinclair, a Harvard geneticist and co-author of the best-selling [“Lifespan: Why We Age—and Why We Don’t Have To,”](#) were on a global tour, enlightening audiences and potential investors, spreading the word of a longer, healthier life.

Last year, Poon and Sinclair signed with [entertainment goliath WME](#). They’ve launched a wellness company and a skin-care line (\$75 eye cream, \$125 for “age-defying” serum), and they co-host longevity programming on YouTube and Instagram while exploring multiple media opportunities. On her website, Poon promotes supplements (\$32.95 to \$91.95) and ritual cleansing aids, including the two-ounce, \$58 Aura Cleansing Mist with Bulgarian Rose Water, endorsed by actress Kerry Washington.

As recently as last year, Poon wished to live to 120, said to be the length of Moses’s life. Now, she’s reluctant to name a number but is ebullient about the future of our later years. In his book, Sinclair, 54, writes that “aging is going to be remarkably easy to tackle. Easier than cancer.” Also, that “we can treat it in our lifetimes.”

We live in the gold-and-gene rush of Longevity Inc., an industry marketing the decathlon of wellness that [Bank of America labeled “ammortality” and projected](#) will reach \$600 billion by 2025. Instead of a fountain of youth, we have a Mt. Olympus of supplements. Metformin, resveratrol, and rapamycin are promoted as transformational wonders in slowing aging. In the pursuit of a longer and healthier life, nutrition, exercise, sleep, a swarm of biomarkers, emotional well-being, and social engagement — basically everything — are areas for improvement and constant monitoring, a life meted out in metrics, often for a price.

In recent years, longevity has become many things. It’s a vast, accelerated area of research for scientists and tech moguls, the holy grail of biohacking and potential El Dorado of biotech wealth. An area of infotainment: a pole vault onto the bestseller list, a buzzword of podcasts hosted by Sinclair, Peter Attia and Andrew Huberman (whose science-based program often deals with the subject) — scientists and doctors with exquisite academic pedigrees who sometimes interview each other. A lodestar for diets, do-this-don’t-do-that newsletters and lifestyle coaches. A branding opportunity for emollients, olive oil, trademarked wellness programs and more supplements.

In the longevity world, time is a fungible concept. Aging is something to be battled and slain. A burgeoning apothecary of serums and humectants is marketed as “anti-aging,” whatever that is. Longevity coaches promote programs capable of “reversing aging.”

Which, when you pause to consider, is a chronological impossibility. Longevity inspires international travel to Blue Zones, the five identified global regions where residents live longer lives that have fueled a product line, a shelf of books by Dan Buettner and the recent Netflix

docuseries “Live to 100: Secrets of the Blue Zones.” There are longevity coaches like Nicole Marcione, 48, who writes a newsletter, hosts a podcast, and conducts private coaching of her SexySmart Aging: Blending the Science of Longevity with the Art of Sensual Living course, \$5,000 for 12 weeks. Marcione said “the dream is to be very healthy and independent until three days before you drop dead at 100 years old.”

Many people share that dream. But living to 100, even 120, may not equal a better life, especially if a fitter body isn’t accompanied by agency, hope or sharp cognition. There are ethical concerns as to whether it’s responsible to desire a century of life in a time of climate crisis, an expanding global population and [an epidemic of loneliness](#), particularly if our partners and peers may not be there to share it. To some critics, the financial and time investments in a longer life — or, more precisely, the *hope* of a longer life — suggest an extended exercise in narcissism, so many more years of Me Time.

A burgeoning cohort of old people has attendant societal and economic costs to younger generations. An unwillingness to move on, to yield the floor, potentially prevents fresh talent and opportunity from blossoming. As an example, look no future than our current Congress, among the oldest in history with mounting public concerns about the health of Senate Minority Leader Mitch McConnell (R-Ky.), 81, and that of the late Sen. Dianne Feinstein (D-Calif.), who died while in office at age 90. The age of President Biden, 80, [is a major issue in polls](#) among voters; less so for Donald Trump, 77.

“The reality is that you’re adding time at the end of your life. You’re not getting two decades of being in your 20s,” said Ezekiel J. Emanuel, an oncologist and the vice provost for global initiatives at the University of Pennsylvania. “We’re really bad judges of our abilities and our own limitations.”

Emanuel wrote the 2014 Atlantic essay [“Why I Hope to Die at 75,”](#) which argues that our prime years of productivity are well behind us by the time we’re senior citizens and that “this manic desperation to endlessly [extend life](#) is misguided and potentially destructive.” The imperative to live a long life is, “to some degree, we have this built into our system, survival of the fittest, survive to reproduce,” said Emanuel, one of the architects of the Affordable Care Act. “These people tend to be a little egotistical, that the world is not going to be able to live without them. There’s this element that they’re very special people who ought to live a long time.”

Now 66, Emanuel still champions these sentiments. “This obsession with physical activity now for maybe an increased chance later on that you’re going to be more physically fit is questionable. There are no guarantees,” he said. “You could come down with a cancer, Parkinson’s disease or multiple sclerosis or Lord knows what.”

Longevity has become a buzzword and industry due in part to tremendous advances and investment in research. The pursuit of a longer life is a constant in history, faith, and myth. The promotion of anti-aging elixirs is “the world’s second oldest profession,” said S. Jay Olshansky, 69, an authority on aging at the University of Illinois at Chicago. The difference, he said, is that, “finally, the science has caught up with the idea.”

Our quest for a longer, healthier life is rooted in several factors, including fear. Never underestimate the human condition — that we alone among animals are aware of our inevitable demise — as a formidable motivator and economic engine.

Old age and infirmity aren’t respected in much of our culture. We’re a young nation that seizes on the new. Throughout history, old age was venerated, synonymous with wisdom, partly because, for millennia, few humans made it to 50. But 50 is child’s play in an age of supercentenarians, people who live to 110.

We’re less comfortable with the inevitability of our final days. For much of history, death was a persistent, relentless part of daily life: for children, for women in childbirth, for young men in battle. Because of wondrous advances in medicine, death has become [a rarity in many Americans’ daily lives](#). In an increasingly secular nation, fewer people find comfort in the promise of an afterlife.

“I think that the wealthier we become and the more unhappy we are, the more we have to search for meaning in this life,” said Attia, 50, a physician and the co-author of the chart-topping [“Outlive: The Science & Art of Longevity.”](#) Attia runs a science of longevity subscription program (\$149 a year or \$19 a month) while operating a private practice with an extensive wait list.

U.S. longevity rates have [declined in recent years](#) compared with other high-income nations, not only because of the pandemic, but also due to poor diet, lack of exercise, drug and alcohol abuse, inadequate and unequal health care, suicide and homicide. There’s a fervent desire to reverse decades of bad habits. “People are gaining back the years that they lost through unhealthy lifestyles,” Olshansky said. “We’ve been really good at shortening our lives. We’re masters at it.”

The pandemic and more than 1 million U.S. deaths contributed to an increased interest in longevity. “People’s perspectives on their own health and mortality shifted with covid, a sense that we really had to look at how we’re living,” Poon said.

No one can put a number on how long anyone will live, but there is a growing effort to reduce the number of ailing old people who tax families and health care, to invest now in a healthier outcome later, a longevity 401(k). This raises the issue of who will look after the super old if the best-supplemented and diet-restricted plans don’t result in glorious health. The United States has [a national shortage of caregivers](#), who are routinely [underpaid and undervalued](#).

There's a desire to reverse pervasive ageism, to reimagine and redefine what people's later years might look like. "Younger generations will view us differently. They won't see us as 'old,'" Olshansky said. "I'm far more productive now than many kids."

Programs for achieving a healthier, longer life can differ. Attia is an evangelist for biomarker monitoring and exercising, and he's less concerned with diet. He promotes building upper-body mass and achieving VO2 max, the maximum amount of oxygen the body uses during exercise. Attia works out around 14 hours a week, splitting his regimen equally between conditioning the upper and lower body, and lifting the equivalent of his weight (185 pounds) in 30-second intervals for 20 minutes. He's a fan of "rucking," moving with added weight to your back. (He runs for three miles around his Austin neighborhood wearing 50 pounds.) Attia tells his clients that "it's not the money that's going to cost you. It's the time because you can't buy health."

Valter Longo, director of the University of Southern California's Longevity Institute and author of the best-selling ["Longevity Diet: Slow Aging, Fight Disease, Optimize Weight,"](#) encourages fasting, restricting calories and skipping one daily meal, though never breakfast. Huberman and Sinclair extol the benefits of [cold-water immersion](#) (shower, bath, lake) to improve body and brain health. Many longevity authorities eschew alcohol and view sugar as abominable, dairy as problematic and bread as verboten. Everyone advocates better sleep. Attia suggests sleeping in a room cooled to around 65 degrees.

A highly regimented life can make pleasure seem like an afterthought — unless your idea of pleasure is a highly regimented life and rigorous exercise. Routine fasts and a strict diet can be buzz kills to someone's social life.

The key to being healthier needn't be complicated or expensive, said Olshansky, who has studied longevity for about four decades. It comes down to five words: "Exercise more and eat less." Then again, he noted, "you could be coached on all of that and still die at the same age."

In 2000, Olshansky and biologist Steven N. Austad made a bet that came to be known as the [Great Longevity Wager](#). Austad, 77, an authority on the biology of aging at the University of Alabama at Birmingham, believes that someone born in 2001 will live to 150 *and* be of sound mind. Olshansky thinks not — though perhaps someone will make it to 130, surpassing [Jeanne Calment](#), who, in 1997, died at 122.

Austad is unsurprised that some people are trying to classify aging as a disease. "If you can convince the [Food and Drug Administration] that it's a disease, and you can show that your products delay aspects of this disease, then insurance would pay for it," he said.

"There's sort of this desperate hope out there that we're all going to live hundreds of years. My concern is that the field is going to overpromise. They're going to exaggerate," Austad said. "We have

dozens of ways to make mice live longer. We haven't proven that in humans." Mice have very short lives, around two years, so any improvement in the lab is noteworthy, Austad said, while "humans already live longer lives than other terrestrial mammals."

Compared with our ancestors and other species, many of us will enjoy a wealth of years. Is it greedy to strive for more?

"A 150-year life is still a mortal life," said Ryan McAnnally-Linz, 39, who co-wrote the best-selling ["Life Worth Living: A Guide to What Matters Most,"](#) named for the popular Yale course that he teaches with fellow divinity professors Miroslav Volf and Matthew Croasmun. "The pursuit of longevity can go awry if it is, in effect, a denial, an unwillingness to face the fact of mortality, to wrestle with its implications of how we can and ought to live."

McAnnally-Linz, associate director of the Yale Center for Faith & Culture, views the aspiration for a longer, healthier life as a hope of reframing worth in later years. "We're a very productivity-oriented culture with a sense that a life's value is in what it makes, what it does in the world," he said. "Older people tend to be viewed as 'less productive.' It can be very hard to see what the purpose of a life in its twilight years is."

Poor health is frequently linked to [income inequality in the United States](#). People with two jobs, patchwork child care and dependent older relatives may not have the means, the time or the desire for a longevity coach or a vigorous exercise regimen. The [wellness industry tends to cater to clients](#) who can pay strangers to help them feel better about themselves.

"Any time you see lots of resources invested in individualized products, it does raise alarm bells for me about the social implications and the social inequities," McAnnally-Linz said. "All things being equal, it is good for people to live longer, to be healthier for longer. If that becomes our highest goal, then I think we might be selling ourselves short. We would extend our lives without deepening it."

The pursuit of longevity risks becoming a full-time occupation, worrying about the future instead of living in the now. "I don't spend all my time thinking about how long I will live, because I think you don't live doing that," Austad said.

Emanuel won't opt for a heart valve, chemotherapy, or dialysis to extend his life. He's sticking to a good 75 years.

"All of us work better with a deadline. It has a way of eliminating or reducing our human proclivity to procrastination," he said on the phone from Norway, where he had recently biked "a century": 100 miles.

"If you somehow end up living to 85, fully physically functioning and mentally functioning, that's great, too," Emanuel said. "But that's not the goal. The goal isn't to live a long time. The goal is to live a meaningful life."

Spotlight

[DignityMA editor's note: While this report covers a guardianship situation in Florida, there are similar occurrences throughout the nation including Massachusetts. **The Post** has received almost 3600 comments online. We welcome comments from *Dignity Digest* readers which can be submitted via info@DignityAllianceMA.org. Comments may be posted in future issues of *The Digest*.]



A 2021 picture of Douglas Hulse on his niece's phone. Hulse, a former pilot, was put in guardianship in Florida where he lived and moved into a nursing home without anyone telling his family in Pennsylvania. (Lianne Milton)

[The retired pilot went to the hospital. Then his life went into a tailspin.](#)

The Washington Post (free access)

November 4, 2023

By [Mary Jordan](#)

<https://wapo.st/3QKaUKS>

Many older people are one medical emergency away from a court-appointed guardian taking control of their lives.

When Douglas Hulse pulled his Ford Mustang convertible into a Florida gas station three years ago, he looked so distressed that someone called 911.

An ambulance rushed him to Orlando Health South Seminole Hospital, where doctors said he had a stroke. At 80, the retired pilot who had flown famous passengers around the country could no longer care for himself.

But Hulse lived alone — as 3 out of 5 Americans in their 80s do.

A hospital can be liable if a patient is discharged into an unsafe environment. Because Hulse lived alone and the hospital officials saw no sign that he had family, that put them in a bind when his health didn't improve. So, they argued in court that he was no longer capable of making his own decisions and needed a guardian — a caretaker with enormous legal power.

When a judge agreed, Hulse lost basic freedoms: He couldn't spend his own money or decide where to live. The lifelong Republican who had just cast his ballot in the 2020 presidential primary even lost his right to vote. He was quickly moved to a nursing home. His new guardian, a woman he had never met, began selling his house and his belongings. Hulse had joined 1 million Americans in a guardianship, a court-sanctioned arrangement created to protect vulnerable people — some young, but many elderly. The system has been widely criticized for inviting abuse and theft. Local judges give extraordinary power to a guardian, including access to the bank account of the person in their care, despite a lack of effective ways to monitor them. When excessive billing, missing money and other abuses are discovered, guardians are rarely punished. Prosecutors are keenly aware a judge appointed them. As America ages, there is new focus on this legal arrangement, especially in Florida, a mecca for seniors where state officials have called the rising number of elderly the "silver tsunami." Already, Florida has 2 million residents 75 or older — more than the entire population of 14 other states. Many moved here from other parts of the country, far from family, and are showing up alone in emergency rooms.

What happened to Hulse over the past three years shines a light on the serious flaws in this government system and on the hospital pipeline that thrust Hulse into it. During the [coronavirus](#) pandemic, more hospitals went to court to seek guardianships; it was a way to legally move out patients and free up beds. Today, the practice quietly

continues as an efficient way to discharge elderly patients who cost hospitals money the longer they stay.

“This should scare people to death,” said Rick Black, the founder of the Center for Estate Administration Reform who has examined thousands of guardianship cases and has seen a rise in hospitals initiating them. “This is a common practice nationwide, and its adoption is growing.”

In court, the Orlando hospital requested that Hulse be assigned Dina Carlson, a 51-year-old former real estate agent who became a professional guardian. After a judge assigned her, Hulse was immediately moved out of the hospital and into a nursing home. Carlson’s sale of his home raised suspicions because of its seemingly low price in a hot market, and an inspector general’s investigation later found “probable cause” of exploitation of an elderly person and a scheme to defraud.

Carlson denied any wrongdoing, and no criminal investigation was ever opened. “I am a little bit salty about this whole thing,” Carlson said in an interview. She said she wanted “to be a ray of sunshine” for elderly people.

Guardianships are not well understood. Rules vary by jurisdiction, and key information is often sealed by judges.

“People don’t realize how abusive the system is,” said Pinellas County Circuit Court Clerk Ken Burke, who led a recent Florida task force to improve guardianships. “If they knew, there would be bigger cries for reform.”

Very often, the person in a guardianship is unable to publicly complain and has nobody in their life to do it for them.

But it turned out Hulse did have family, and they were searching for him.

A pilot who thought he would live forever

Douglas Hulse was born in 1939 and raised in McLean, Va., where his father was a lobbyist for the trucking industry. In the 1950s, Hulse enrolled in a Florida college and became a pilot.

Like his father, Hulse was a Republican who loved to talk politics. He also drew caricatures of every president in the last half century. After flying Henry Kissinger and Alexander Haig, former Republican secretaries of state, he proudly showed off photos he took of them to his sister, niece, and nephew.

He never married or had children. He kept busy, teaching flying and taekwondo. But when he retired he spent more time alone. Five residents on his street in Lake Mary, near Orlando, said they barely knew the tall, blue-eyed neighbor. He had lived there 25 years, longer than many in a transient place.

Raymond Charest, president of the Seminole County Gun and Archery Association, said that in the 1990s Hulse taught members about how to safely handle and store guns but that recently he wasn’t involved in

the club. "I would see him shooting out there. But it was just, 'Hey, how are you doing?' and that was it."

Katie Thompson, Hulse's niece, said for years her uncle regularly visited her mother, father, brother and her in the Philadelphia area. She also went to see him at his three-bedroom Florida home full of exceptional items he collected in his travels, including a Las Vegas-style slot machine.

But his visits stopped when his sister, Katie's mother, developed dementia before she died in 2018. Hulse had seen his own mother die the same way. "I think it just got too hard for him," his niece said.

After Hulse's only sibling passed away, he became harder to reach, but he eventually responded to calls and emails.

After his stroke, Hulse was confused and apparently unable to tell anyone to call his family. It's unclear what efforts the hospital made to track down any relatives.

Geo Morales, a spokesman for the Orlando Health South Seminole Hospital, said he could not discuss details of Hulse's case because of privacy laws. He emailed a statement that said the hospital works "with various community partners in an attempt to reach next of kin. However, reaching a patient's next of kin is not always possible."

"We are seeing more of these patients with dementia and other ailments who live alone and/or are estranged from relatives," Morales said in an email. He strongly urged people to draw up a will or designate someone to make their health decisions and to note this in their medical file.

Hulse had not. In these cases, court records show, hospitals often turn to guardianships, even though they are widely considered a last resort and difficult to reverse.

A safety net built for a different era

For generations, judges have been assigning a relative or close friend as the protector of someone unable to make their own decisions. But more people are socially isolated and have no one they can count on at the end of their life. Even many people with close relatives are estranged from them.

In many societies, family members of different generations live under one roof. But one of the most dramatic shifts in the American lifestyle is single-person households. Many live alone beginning in their 20s and by the time they are in their 80s, most live by themselves.

So, judges now often assign professional guardians, a person paid to care for someone they don't know. Carlson told the court she was already caring for 18 others when she was assigned to Hulse. Carlson charged him \$65 an hour, according to her bills filed in court. When a judge signed off, she paid herself from Hulse's bank account.

In some states, the only requirement to be a guardian is to be 18 years old. Florida has more requirements including a background and credit

check. But still, compare the 40-hour training course with, for instance, the 900 educational hours required to become a licensed barber.

Yet these caretakers control people's lives and money. In just one Florida county, Palm Beach, guardians control about \$1 billion, according to Anthony Palmieri, deputy inspector general for the Palm Beach Circuit Court.

"You have your nail techs and tennis pros — their business is not so good and they want something more lucrative and they're jumping into guardianship," Palmieri said.

But adding an independent monitor from outside the court, a frequent recommendation, is expensive. "The system would be cured, in my opinion, by the Department of Elder Affairs taking responsibility for guardianship" said Burke, the Pinellas court clerk.

In Florida, even funding a statewide guardianship database was a battle. Currently, there isn't an official number of how many people are in them; best estimates are about 50,000. Each county keeps its own records, and some do that better than others. When the database goes online, it will give the first statistical snapshot of the system.

Critics have called for a uniform system with more oversight. But several Florida officials said those who benefit from the current, complex system, including lawyers, impede reform. Efforts to make attorneys' fees in these cases more publicly visible have also failed.

"There are a lot of great attorneys out there," Burke said. But the court clerk said there has been pushback from the Real Property, Probate and Trust Law Section of the Florida Bar, adding, "It's a trade union for all practical purposes, and it protects their members and the fees they receive."

These attorneys are influential in the state legislature, where their expertise is often sought to draft laws related to guardianships and estates.

John Moran, chair-elect of the Florida Bar's Real Property, Probate and Trust Section, said far from blocking improvements, it has stated policy positions that seek reforms, including more transparency. Asked why legal fees cannot be more readily known, Moran cited privacy concerns of the incapacitated person. He also emphasized that "no lawyer gets paid without a judge's approval."

So, the system with few guardrails continues. Court clerks audit guardians' reports that detail how they spend the money of the person in their care, among other things. Any irregularities are to be flagged to a judge. But clerks are swamped, with little time to read through a case file that is often thousands of pages.

Grant Maloy, the Seminole County court clerk, said his office has a far bigger caseload today than 15 years ago yet a smaller budget.

The judges are overloaded, too. Pinellas County has two judges and two magistrates overseeing 3,000 guardianships — in addition to other types of cases.

No witness or body camera accompanies a guardian into a person's home. They are trusted to accurately inventory all valuables in their court report. "There could be \$5,000 stuffed under the sofa, and if the guardian pocketed it, who would know?" said Burke, the Pinellas court clerk.

The task force organized by the state clerks and comptrollers last year said hospitals should find a less drastic way to deal with patients costing them money, such as authorizing someone to be their power of attorney or health surrogate. It also sought a ban on requesting a specific guardian because that raises concerns about the guardian's allegiance — is it to the patient or the hospital giving them work?

A Washington Post review of guardianship records in central Florida found scores of recent petitions by hospitals seeking a guardian for patients 65 and older, and many asked for a specific professional guardian.

Hulse's guardianship

In April 2020, when Hulse was ready to be discharged, a staff member of the Orlando hospital signed a petition to the court stating that he had "no one to take care of the financial and medical decisions."

Hulse, like most patients over 65, was covered by Medicare. It pays the hospital by diagnosis, not length of stay, an attempt to stop excessive billing. Generally, it pays a hospital \$23,000 for an elderly stroke patient in Orlando, a sum that assumes a five-day stay. After that, a hospital starts losing money. A new patient in the same bed would bring in thousands of dollars a day.

The American Hospital Association said more patients are staying "excessive days" and has lobbied for increased Medicare payments. Many hospitals are also overwhelmed by people who are homeless or have a mental illness and other patients unable to pay their bills. An AHA spokesman also said a hospital may initiate a guardianship but a judge approves it.

Laura Sterling, an attorney hired by the Orlando hospital, recommended Carlson as Hulse's guardian. In Florida, lawyers represent guardians in court, and Sterling was Carlson's lawyer. In her court filing that requested Carlson, Sterling does not mention that if Carlson was assigned, she also would be paid as her lawyer, at a rate of \$300 an hour.

Sterling did not respond to requests for comment. There is no Florida rule prohibiting a lawyer from representing both the hospital and the guardian the hospital recommended in the same case.

Moran, from the Florida Bar, said he could not speak for the lawyers' group but said that scenario raised "all kinds of red flags."

Sterling's role in Hulse's case was largely to file court motions. One sought approval for a monthly transfer of \$10,000 from Hulse's brokerage account to his checking account so Carlson could pay his nursing home and other bills. Another asked the court for \$2,925 for

Carlson, for time spent opening Hulse’s mail, arranging physical therapy and other tasks during her first four months. The money to pay Sterling and Carlson came from Hulse’s accounts, which had more than \$1.5 million, according to a note in his file.

In August 2020, after Hulse had fallen five times at the Lake Mary nursing home, Carlson moved him to a smaller facility. She also started liquidating his possessions, reporting to the court that she sold his cars, paintings, a diamond ring, camera equipment and guns. Many items were sold in cash at an estate sale, according to neighbors who went to it. It’s unclear how much Carlson reported earning for Hulse; most financial details are kept sealed.

In April 2021, Carlson signed an agreement to sell Hulse’s house with Kimberly and Mark Adams, husband-and-wife real estate agents who lived in her gated community lined with palm trees, giving them a 6 percent commission, an amount typically split between the seller’s and buyer’s agents. Carlson quickly sold the home for \$215,000 before it was even publicly known to be on the market, according to the inspector general’s investigation. A company called Harding Street Homes bought Hulse’s home and resold it a few months later for \$347,000 — \$132,000 more than Hulse got for it. Efforts to reach the person who runs that company were unsuccessful.

Soon after the home was sold, Katie Thompson, Hulse’s niece, expanded her search for her uncle. Busy with her job and her first baby, she had not realized for months that her brother and father also had not heard from Hulse. She was a legal researcher who used Westlaw, an online legal database, and when she typed her uncle’s name into it, she was stunned to see him listed in a guardianship case.

“How could the hospital do this?” she thought. Since older people end up in an emergency room, she figured there must be a system for contacting family. “If they just called me none of this would have happened.”

In the days after Carlson became Hulse’s guardian, she did not call his relatives, either. Carlson said it was unfortunate but no one’s fault: “How does a person find out about somebody who doesn’t live in the same state? About family who don’t have the same last name? I didn’t have anybody’s name to Google.”

Thompson has her own regrets. For one thing, she wished she had gotten on a plane earlier despite worries about the pandemic.

On top of everything else, she said, she and her brother were helping their father, heartbroken over the death of their mother. “I kept thinking if something was really wrong with my uncle I would have gotten a call,” she said.

Thompson and her brother began calling those involved in the court case. But nobody answered their key question: Where was Hulse?

Finally, a court clerk advised them to write a letter to the court.

“We want to know where our uncle is, that he is safe and well cared for, and that his money was being well-stewarded so that he can remain so,” Katie Thompson wrote on July 28, 2021, to Seminole County Circuit Court Judge Donna Goerner. “We want to be able to be in contact with him.”

Months passed with no reply.

A watchdog helping from her kitchen table

Around the start of 2022, Hillary Hogue was sitting at her kitchen table in Naples, Fla., scrolling online through guardianship cases, when she randomly clicked on Hulse’s.

“I look for red flags and when you see a hospital is involved, it’s a red flag,” said Hogue. A single mom of two teenage boys, she became an unpaid citizen watchdog after her own horrible guardianship experience. To get her father released from one, she paid over \$100,000 in legal fees. He now lives with her.

Hogue knew other cases where hospitals did not notify relatives before setting in motion a hard-to-stop legal process. “It’s just outrageous. Doesn’t anyone care about Mr. Hulse?”

She zeroed in on the price of Hulse’s home, which seemed remarkably low to her, especially after she looked up more information about it. Aware of other cases where guardians sold homes at bargain rates to friends or for kickbacks, Hogue filed a complaint with the office that regulates guardians, knowing it would draw scrutiny to Hulse’s case.

Katie Thompson, meanwhile, inquired about getting her uncle released from his guardianship. The Florida lawyer she contacted told her that she could spend \$20,000 trying, with no guarantee of success. Hulse’s health was worsening and soon, any hope she had of moving him to Pennsylvania so she could manage his care became less of an option.

In January 2022, Carlson finally contacted the family. She called Jonathan Thompson, Hulse’s nephew, who believes her call was prompted by the family’s letter to the judge six months earlier. “I guess the letter finally got to the top of someone’s pile,” he said.

Carlson outlined Hulse’s medical problems and said he probably had a series of strokes. Because of the pandemic, she said, for a long stretch at the start of the guardianship she had not met him in person. She offered to arrange FaceTime calls. and soon Katie and Jonathan were talking to Hulse about old family trips to Gettysburg, Pa., and Cape Canaveral, Fla.

But they were wary. A state investigator, spurred by Hogue’s complaint, had called them, asking questions about Carlson.

They had their own questions: Since Carlson knew Hulse had the money for in-home aides why was he in a strange place that added to his confusion? Didn’t she see their cards mailed to his home or their contacts in his phone? And, why would a former real estate agent undersell a home without advertising it?

The investigation

In July 2022, the inspector general’s office issued a critical report, a copy of which was obtained by The Post through a Freedom of Information Act request.

It stated that Carlson, when seeking court approval for the sale of Hulse’s home, submitted a “deficient, deceptive, and fraudulent” comparative market analysis supplied by Kimberly Adams, the real estate agent. Hulse’s home was “undervalued” and not publicly advertised.

The inspector general’s investigation also found no permits required for significant renovation. It concluded that after “superficial changes,” Hulse’s home was “flipped” for a big profit for the buyer — money that Hulse lost out on.

The inspector general’s office, lacking the investigative power of law enforcement, including the ability to subpoena bank records, pushed for a criminal investigation. It urged law enforcement to look into the handling of Hulse home and two others Carlson sold with the same real estate agents, stressing it had found “probable cause” that Carlson and the real estate agents “engaged in a scheme to defraud.”

Reached by phone, Kimberly Adams denied knowing anything about the inspector general investigation: “I honestly don’t know what you are referring to ... I sell property all the time.”

Mark Adams did not return phone calls.

Carlson defended her sale of Hulse’s home. She told a state investigator that it was in “very poor condition,” according to the inspector general report, and that “it wasn’t safe to allow the general public” inside because there were “a lot of valuables in the house, a lot of guns and a lot of ammo as well.”

But Hulse’s family said he kept his guns in a safe, and Carlson billed Hulse for finding locksmiths to open his gun safe.

In The Post interview, Carlson said there are ways to improve the guardianship system but most importantly family should take care of their relatives. Then she quickly added, “In Doug’s case, no one knew about his family.”

Carlson did not answer questions about whether she saw the names and addresses of Hulse’s niece and nephew on cards and gifts mailed to his home. She also distanced herself from hospitals: “I have never met anyone at the hospital. Lawyers do.”

Carlson said she got Hulse’s case when “a lawyer” sent an email to her and other professional guardians, asking if anyone had “the bandwidth” to care for another patient leaving a hospital.

In February, Katie Thompson did not meet Carlson when she flew to Orlando with her 3-month-old, her second child, to visit her uncle. He seemed comforted by the photos she brought of his childhood home in Virginia, of her mother and him when they were young. “He was very sick then. I was grateful for the time with him.”

	<p>On March 16, the Florida Department of Law Enforcement said its preliminary inquiry found “no evidence” to warrant a criminal investigation “at this time,” according to an email received in the FOIA request.</p> <p>Advocates for the elderly say police and prosecutors often do not treat financial exploitation of elderly people seriously enough and are reluctant to sink time into cases where the only witness has dementia, if still alive.</p> <p>Two days after the state declined to pursue a criminal investigation, Hulse died.</p> <p>Carlson had prepaid for the same basic cremation package she purchases for many in her care. Hulse’s family had his ashes buried with his parents on Long Island.</p> <p>Katie Thompson received a small box from Carlson with photos and a few other items that belonged to her uncle. She and her brother are now waiting to learn what is left in his estate.</p> <p>The Florida Department of Elder Affairs, after being contacted by The Post, reprimanded Carlson for her failure to file timely reports. Her penalty: She must take eight more hours of classroom training.</p> <p>“Not even a slap on the wrist,” said Hogue. “The result is the corruption continues, and it only gets worse, bigger and bigger.”</p> <p>Said Katie Thompson, “This system trusts a person to be a guardian angel, but people are not.”</p>
<p>Quotes</p>	<p><i>How we treat our children, parents, and loved ones and how we value those who care for them are fundamental to who we are as a Nation. . . No one should have to choose between the parents who raised them, the loved ones who depend on them, or the paycheck they rely on to care for their families. . . Let us celebrate and honor our caregivers and renew our efforts to protect their dignity, health, and security. Because when we care for our caregivers, we honor our American ideals and move closer to a future where no one in this Nation is left behind.</i></p> <p>President Josph Biden, A Proclamation on National Family Caregivers Month, 2023, The White House, October 31, 2023)</p> <p><i>The governor's legislation [to rename the Massachusetts Rehabilitation Commission to “MassAbility” would also remove from statute the words "handicap," "handicapped" and "retarded," according to Healey's filing letter. Those</i></p>

would be replaced with "barrier," "person with a disability" and "person with intellectual disabilities."

[A Workhorse Affordable Housing Program Is Expanding Significantly](#), Banker & Tradesman, October 30, 2023

Getting old doesn't stink. Getting sick because you got old is what stinks. When I turned 65 eight years ago, my new hobby became going to the doctor.

Dave Stone, Springfield, Oregon, [Growing Old, for Better or Worse](#) (New York Times (free access)), October 21, 2023

In the longevity world, time is a fungible concept. Aging is something to be battled and slain. A burgeoning apothecary of serums and humectants is marketed as "anti-aging," whatever that is. Longevity coaches promote programs capable of "reversing aging."

['Aging is a disease': Inside the drive to postpone death indefinitely](#), The Washington Post (free access), November 6, 2023

But living to 100, even 120, may not equal a better life, especially if a fitter body isn't accompanied by agency, hope or sharp cognition. There are ethical concerns as to whether it's responsible to desire a century of life in a time of climate crisis, an expanding global population and [an epidemic of loneliness](#), particularly if our partners and peers may not be there to share it. To some critics, the financial and time investments in a longer life — or, more precisely, the hope of a longer life — suggest an extended exercise in narcissism, so many more years of Me Time.

['Aging is a disease': Inside the drive to postpone death indefinitely](#), The Washington Post (free access), November 6, 2023

"The reality is that you're adding time at the end of your life. You're not getting two decades of being in your 20s. We're really bad judges of our abilities and our own limitations. . . This manic desperation to endlessly [extend life](#) is misguided and potentially destructive. . . This obsession with physical activity now for maybe an

increased chance later on that you're going to be more physically fit is questionable. There are no guarantees. You could come down with a cancer, Parkinson's disease or multiple sclerosis or Lord knows what."

Ezekiel J. Emanuel, an oncologist and the vice provost for global initiatives at the University of Pennsylvania., ['Aging is a disease': Inside the drive to postpone death indefinitely](#), The Washington Post (free access), November 6, 2023

This raises the issue of who will look after the super old if the best-supplemented and diet-restricted plans don't result in glorious health. The United States has [a national shortage of caregivers](#), who are routinely [underpaid and undervalued](#).

['Aging is a disease': Inside the drive to postpone death indefinitely](#), The Washington Post (free access), November 6, 2023

Many longevity authorities eschew alcohol and view sugar as abominable, dairy as problematic and bread as verboten. Everyone advocates better sleep. Attia suggests sleeping in a room cooled to around 65 degrees. A highly regimented life can make pleasure seem like an afterthought — unless your idea of pleasure is a highly regimented life and rigorous exercise. Routine fasts and a strict diet can be buzz kills to someone's social life. The key to being healthier needn't be complicated or expensive. It comes down to five words: "Exercise more and eat less." Then again, [S. Jay Olshansky, 69, an authority on aging at the University of Illinois at Chicago] noted, "you could be coached on all of that and still die at the same age."

['Aging is a disease': Inside the drive to postpone death indefinitely](#), The Washington Post (free access), November 6, 2023

"A 150-year life is still a mortal life. The pursuit of longevity can go awry if it is, in effect, a denial, an unwillingness to face the fact of mortality, to wrestle with its implications of how we can and ought to live. . . All things being equal, it is good for people to live longer, to be healthier for longer. If

that becomes our highest goal, then I think we might be selling ourselves short. We would extend our lives without deepening it.”

Ryan McAnnally-Linz, 39, associate director of the Yale Center for Faith & Culture who co-wrote the best-selling [“Life Worth Living: A Guide to What Matters Most,”](#) named for the popular Yale course that he teaches, [‘Aging is a disease’: Inside the drive to postpone death indefinitely](#), **The Washington Post (free access)**, November 6, 2023

“If you somehow end up living to 85, fully physically functioning and mentally functioning, that’s great, too. But that’s not the goal. The goal isn’t to live a long time. The goal is to live a meaningful life.”

Ezekiel J. Emanuel, University of Pennsylvania., [‘Aging is a disease’: Inside the drive to postpone death indefinitely](#), **The Washington Post (free access)**, November 6, 2023

“One of the reasons that we’ve tolerated so many broken systems for so long is because I don’t think we have looked at our neighbors experiencing homelessness as our neighbors en masse.”

Kevin Adler, social entrepreneur, [“They’re Our Neighbors”: Social Entrepreneur Aims to Shift Public Perception of Homelessness in America — Exclusive](#), **Nice News**, November 4, 2023

Throughout the Commonwealth, there are over one million family caregivers who provide daily or frequent care to assist a family member or loved one in maintaining independence and well-being and [a]lmost every resident in the Commonwealth will be a caregiver at some point in their lives as the population ages.

Governor Maura Healey, [Governor Healey’s Proclamation of Family Caregiver Month](#), **Office of Governor Maura Healey**, November 1, 2023

Adults 60 and older report losses of \$1.6 billion in 2022 to scams, investment scams are top reported by dollars lost.

[FTC Issues Annual Report to Congress on Agency’s Actions to Protect Older Adults](#), **Federal Trade Commission**, October 18, 2023

“[The increase in hospital-generated guardianship requests] should scare people to death. This is a common practice nationwide, and its adoption is growing.”

Rick Black, the founder of the Center for Estate Administration Reform who has examined thousands of guardianship cases and has seen a rise in hospitals initiating them, [The retired pilot went to the hospital. Then his life went into a tailspin](#). **The Washington Post (free access)**, November 4, 2023

“[The guardianship] system trusts a person to be a guardian angel, but people are not.”

Katie Thompson, niece of Douglas Hulse who was a victim of financial abuse by a professional guardian, [The retired pilot went to the hospital. Then his life went into a tailspin](#). **The Washington Post (free access)**, November 4, 2023

“People don’t realize how abusive the [guardianship] system is. If they knew, there would be bigger cries for reform.”

Pinellas County [Florida] Circuit Court Clerk Ken Burke, who led a recent task force to improve guardianships, [The retired pilot went to the hospital. Then his life went into a tailspin](#). **The Washington Post (free access)**, November 4, 2023

“Everyone uses SDM every day. Even all of you sitting here today will be using SDM. It is hard to believe, but everyone uses SDM in their life -- friends, family, coworkers, we all have to talk to somebody about something,” “Today, you guys will sit together and decide whether or not to pass this bill. That is SDM; talking to each other, making a decision in your lives. Please pass the supported decision-making bill so that we have that same opportunity as people with disabilities to make decisions in our lives.”

Kim Plaut, a board member of the self-advocacy organization Massachusetts Advocates Standing Strong, [SDM Pitched As Needed Alternative to Guardianship](#), **(State House News, October 31, 2023)**

“What’s clear here is that Social Security has a severe customer service problem. It’s not only inefficient, it’s awful, it’s inhumane. We have to explain to people who call our office ... and with a straight face tell them, by the way,

	<p><i>you're going to be denied, that's a complete waste of time that begins another lengthy process" of appeals.</i></p> <p>Representative Brian Higgins, Democrat of New York. Lawmakers grill Social Security leader over disability system's failures, *Boston Globe, October 27, 2023</p>
<p>Dignity Alliance Study Sessions</p> <p><i>Live one-hour sessions with key individuals or specific topics. Open to all via Zoom. Sessions will be recorded and posted on DignityMA website.</i></p>	<p>ReFraming Aging</p> <p>Wednesday, November 8, 2023, 10:00 a.m.</p> <p>Presenter: Melissa Donegan, LSW, Director, Healthy Living Center of Excellence, AgeSpan</p> <p>Join Zoom</p> <p>Meeting https://us02web.zoom.us/j/85666698185?pwd=QUp0RHR3OENJQTZNS1RSeVlxa01mZz09</p> <p>Meeting ID: 856 6669 8185</p> <p>Passcode: 394342</p> <p>One tap mobile: +13052241968,,85666698185#, *394342# US</p> <p>Telephone: +1 305 224 1968 US</p>
<p>Opportunity for Comment</p>	<p>Administration on Community Living</p> <p><i>Input Needed: Proposed Regulations for Adult Protective Services Programs</i></p> <p>ACL is seeking input on a proposed rule to establish the first-ever federal regulations for adult protective services (APS) programs. Instructions for submitting comments can be found on ACL.gov and at the bottom of this announcement.</p> <p>APS programs across the country support older adults and adults with disabilities who experience, or who are at risk of, abuse, neglect, self-neglect, or financial exploitation. APS programs investigate reports of maltreatment; conduct case planning, monitoring, and evaluation; and provide, or connect people who have experienced maltreatment to, a variety of medical, social service, economic, legal, housing, law enforcement, and other protective, emergency, or support services to help them recover. Over the past decade, ACL has led federal efforts to support the critical work of APS programs through a variety of initiatives.</p> <p>First-Ever Federal Regulations for APS</p> <p>The proposed rule aims to improve consistency and quality of APS services across states and support the national network that delivers APS services, with the ultimate goal of better meeting the needs of adults who experience, or are at risk of, maltreatment. To those ends, the proposed rule:</p> <ul style="list-style-type: none"> • Establishes a set of national standards for the operation of APS programs that all state APS systems must meet. These standards formalize — and build upon — the existing National Voluntary Consensus Guidelines for State APS Systems. • Establishes common definitions for the national APS system to improve information sharing, data collection, and standardization between and within states.

	<ul style="list-style-type: none"> • Requires state APS systems to develop policies and procedures, consistent with state law, for coordination and sharing of information to facilitate investigations with other entities, such as state law enforcement agencies and state Medicaid agencies. • Requires state policies and procedures to be person-directed and based on concepts of least restrictive alternatives. • Establishes requirements for data collection, retention, and reporting. • Establishes requirements for mandatory staff training and ongoing education on core competencies for APS staff and supervisors. <p>We have created a fact sheet with highlights of key provisions of the rule, and the full text of the proposed rule can be found on the Federal Register website.</p> <p>Input Needed</p> <p>The proposed rule is the culmination of many years of engagement with stakeholders from APS and long-term care ombudsman programs, as well as disability advocates, from across the country. It also reflects input received through several listening sessions, extensive research, and analysis of data from a 2021 survey of 51 APS systems, ACL’s National Adult Maltreatment Reporting System, and policy profiles from APS programs in all states and territories. ACL now seeks feedback on the proposed rule from all who are interested in improving implementation of APS programs and services. Input from the aging and disability networks and the people served by APS programs is particularly crucial.</p> <p>Comments will be accepted through November 13, 2023. Instructions for commenting, along with the comment deadline, can be found in the Federal Register notice and on ACL’s website.</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>Housing A Workhorse Affordable Housing Program Is Expanding Significantly (Banker & Tradesman, October 30, 2023)</p> <p>Homelessness “They’re Our Neighbors”: Social Entrepreneur Aims to Shift Public Perception of Homelessness in America — Exclusive (Nice News, November 4, 2023)</p> <p>Supportive Decision Making SDM Pitched as Needed Alternative to Guardianship, (State House News, October 31, 2023)</p> <p>Public Policy Proposed Update to Older Americans Act Regulations (Administration on Community Living, October 18, 2023)</p> <p>MassHealth Redetermination MassHealth Redetermination Update (Executive Office of Elder Affairs, November 2, 2023)</p> <p>Disability Topics Spinal surgeon finds new purpose after bicycle accident (Sunday Today (NBC) video report, November 5, 2023)</p>

	<p>)Healey Proposes "MassAbility" For State Agency Rebrand (State House News, November 2, 2023) Lawmakers grill Social Security leader over disability system's failures (*Boston Globe, October 27, 2023)</p> <p>Aging Topics Growing Old, for Better or Worse (New York Times (free access), October 21, 2023)</p> <p>Elder Abuse Annual Report to Congress on Department of Justice Activities to Combat Elder Fraud and Abuse (U. S. Department of Justice, October 18, 2023) FTC Issues Annual Report to Congress on Agency's Actions to Protect Older Adults (Federal Trade Commission, October 18, 2023)</p> <p>Caregiving CMS finalizes rule to pay healthcare providers to train caregivers (National Alliance for Caregiving, November 3, 2023) Governor Healey's Proclamation of Family Caregiver Month (Office of Governor Maura Healey, November 1, 2023) A Proclamation on National Family Caregivers Month, 2023 (The White House, October 31, 2023) Chronic Disease Family Caregiving Through a Public Health Lens (National Alliance for Caregiving, September 2022)</p> <p>International Toddlers are put to work spreading cheer at Japanese nursing home (NBC News, October 29, 2023)</p>
Annual Meeting	<p>1. Boston Center for Independent Living Tuesday, November 28, 2023, 6:00 p.m. NonProfit Center, 89 South Street, Boston <i>2023 BCIL Annual Meeting</i> BCIL is returning to an in-person annual meeting, with a virtual option. More details will be forthcoming. www.BostonCIL.org</p>
Legislative Briefing	<p>2. Sponsored by: Sen. Joan Lovely and Rep. Sally Kerans Tuesday, November 14, 2023, 1:00 p.m. State House, Room 428 Sponsored by: Sen. Joan Lovely and Rep. Sally Kerans <i>What Policymakers Need to Know About Guardianship</i> <i>"An Act Establishing Guardians as Providers of Medical Care to Support the Rights of Incapacitated Persons" (S.108/H.188)</i> Keynote remarks by former Attorney General Scott Harshbarger Panel presentation: John Ford, Northeast Justice Center Ada Lin, Prisoners Legal Services of Massachusetts Jessica Landry, Women's Bar Association</p>
Webinars and Other Online Sessions	<p>3. Bipartisan Policy Center Tuesday, November 7, 2023, 1:00 to 2:00 p.m. <i>Aging Without Housing: Addressing the Rising Tide of Senior Homelessness</i> Adults over 65 now make up the fastest-growing segment of the unhoused population. As the historically large Baby Boomer generation continues to age into their senior years, the possibility of a "silver tsunami" of unhoused seniors looms ever larger.</p>

Economic shocks, such as rising housing costs or unexpected life events, can quickly push seniors who rely on fixed incomes into homelessness. Equally concerning is the rising number of individuals experiencing homelessness for the first time after the age of 50, highlighting the need for targeted interventions to meet the complex needs of older adults who find themselves without stable housing.

In this webinar, experts will delve into the specific needs of seniors experiencing homelessness or housing insecurity. Building on the [groundbreaking work of the Bipartisan Policy Center's Senior Health and Housing Task Force](#), which called for a major national goal to end homelessness among older adults, panelists will discuss strategies and practices for integrating housing, health care, and long-term services and supports to address senior homelessness.

Fireside Chat

Sen. Mike Braun (R-IN) | *Ranking Member, U.S. Senate Special Committee on Aging*

Dennis Shea | *Executive Director, J. Ronald Terwilliger Center for Housing Policy, BPC*

Panel Discussion

Dennis Culhane | *Professor of Social Policy, University of Pennsylvania*

Paul Downey | *President & CEO, Serving Seniors*

Jennifer Molinsky | *Project Director, Housing and Aging Society Program, Harvard Joint Center for Housing Studies*

Francis Torres | *Senior Policy Analyst, BPC (Moderator)*

[REGISTER NOW](#)

4. National Center on Elder Abuse

Wednesday, November 15, 2023, 1:00 p.m.

[Caregiving Chronicles: Lived Experiences and Life Edits](#)

Join the National Center on Elder Abuse (NCEA) at the Keck School of Medicine of USC, the Los Angeles Caregiver Resource Center (LACRC) at the Leonard Davis School of Gerontology of USC with an esteemed panel of journalists, caregivers, and practitioners for a panel discussion to celebrate National Family Caregivers Month. Gain insights from acclaimed journalists and caregivers who are amplifying the voices and experiences of caregivers, discover how practitioners can better integrate culturally sensitive and responsive approaches to support caregivers, and learn how to recognize signs of elder mistreatment and ways to embrace the opportunities and challenges in caregiving relationships.

Speakers:

- Laura Mosqueda, Director, National Center on Elder Abuse & Professor of Family Medicine and Geriatrics, Keck School of Medicine of USC
- Donna Benton, Director, Los Angeles Caregiver Resource Center & Research Associate Professor, USC Leonard Davis School of Gerontology
- Lauren Pongan, National Director, Diverse Elders Coalition
- Rebecca Owl Morgan, Project Coordinator, National Indian Council on Aging
- Steve Lopez, Author & LA Times Columnist
- Tony Luciani, Artist & Caregiver
- Paolina Milana, Author, Caregiver, & Community Engagement Specialist, Los Angeles Caregiver Resource Center

5. The Long Term Care Discussion Group

Thursday, November 30, 2023, 2:00 to 3:00 p.m.

AARP's 2023 LTSS State Scorecard: Data Insights to Advance a High-Performing, Equitable LTSS System

Join Zoom Meeting

<https://us06web.zoom.us/j/88973910939>

Meeting ID: 889 7391 0939

ABOUT THE TOPIC:

The LTSS State Scorecard compares state LTSS systems across multiple dimensions of performance, reflecting the importance and interconnectedness each has on the overall LTSS system. This fifth edition of the Scorecard, released in September 2023 seeks to raise the profile of LTSS and drive action both federally and within states by measuring state LTSS system performance using 50 indicators across 5 dimensions, and ranking states in comparison to one another on each measure.

Released every three years, the Scorecard is a compilation of state data and analysis based on a new vision of a high-performing state long-term services and supports (LTSS) system. It uses data from a wide range of sources to describe how state LTSS systems are performing, relying on indicators that have been tracked as far back as the first Scorecard in 2011 to show trends over time. It also includes 20 new indicators and new ways of analyzing and displaying data to provide a more comprehensive picture of state performance.

This presentation will discuss key findings, including effects of the COVID-19 pandemic (all data are from 2020 and later), a focus on innovation, the new dimension of community integration, and incorporating equity in LTSS performance using data broken down by race and ethnicity wherever possible.

ABOUT THE SPEAKERS:

Carrie Blakeway Amero is director, Long Term Services and Supports (LTSS) at the AARP Public Policy Institute. She provides guidance, oversight, and support for AARP's LTSS-related strategic initiatives, collaborates with AARP partners, and coordinates the ongoing work of the LTSS Choices initiative, a multi-year, multi-faceted project to catalyze the transformation and modernization of the nation's long-term care system into one that meets the dynamic needs and preferences of consumers and their families. Before joining AARP, Amero was a managing consultant at The Lewin Group for 17 years where she supported several clients including the Administration for Community Living, the CMS Disabled and Elderly Health Programs Group (DEHPG), and the Center for Medicare and Medicaid Innovation (CMMI). She has extensive experience providing technical assistance to states, community-based organizations, health care providers, and LTSS providers and supporting continuous quality improvement through learning systems. She earned a master's in public affairs from the LBJ School of Public Affairs at the University of Texas at Austin and a bachelor's degree in anthropology also from the University of Texas at Austin. Ari Houser is a senior methods advisor at the AARP Public Policy Institute, where he has been the lead data analyst on several major recurring and stand-alone projects, including the Nursing Home COVID-19 Dashboard and the Long-Term Services and Supports State Scorecard. In addition, he provides methodological and statistical assistance across the Public Policy Institute on other topics. Before joining AARP, Houser worked at the RAND Corporation and taught classes in statistics and public policy. He earned his Ph.D. in measurement, statistics, and evaluation from the University of Maryland and also has bachelor's degrees in engineering and physics from Swarthmore College.

	<p>http://www.ltcdiscussiongroup.org</p> <p>6. Leonard Davis Institute of Health Economics Friday, December 1, 2023, 12:00 to 1:00 p.m. <i>What Happened to the Nursing Workforce?</i> The health care workforce is facing labor shortages in multiple professions. The shortage of nurses is particularly acute. Multiple causes have been blamed for the nurse shortage including, burnout, uneven distribution, demographic shifts and the rise of travel and agency nursing during the COVID-19 pandemic. However, as the threat of pandemic has eased, and the shortage persists. Join Penn LDI and a panel of experts to dive into this multifaceted issue to explore how stakeholders, including policymakers, health care organizations, and educational institutions might work together to solve it. Speakers:</p> <ul style="list-style-type: none"> • David Benton, PhD, RN, Chief Executive Officer, National Council of State Boards of Nursing • Gopi Shah Goda, PhD, Senior Fellow, Stanford Institute for Economic Policy Research (SIEPR), Stanford University • Bianca Frogner, PhD, Professor, Department of Family Medicine and Director, Center for Health Workforce Studies, University of Washington • Karen Lasater, PhD, RN, Associate Professor, Penn Nursing; Fellow, American Academy of Nursing • Rachel M. Werner, MD, PhD (moderator), Executive Director, Penn LDI; Robert D. Eilers Professor of Health Care Management and Economics, Wharton School; Professor, Medicine, Perelman School of Medicine
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Housing	<p>7. Banker & Tradesman October 30, 2023 <i>A Workhorse Affordable Housing Program Is Expanding Significantly</i> By Susan Gittelman The need for more affordable housing in the Greater Boston area continues to grow, and demand has exceeded supply for decades. . . Since taking office earlier this year, the governor has elevated a new cabinet secretary dedicated to housing, the first in many years. And a robust bond bill recently announced may promise significantly increased funding in a number of important programs that facilitate construction of new homes for needy families. This is an exciting prospect but not one that will bring relief to our production woes immediately. In the meantime, though, the important legislation that Healey signed into law this month contains tax cuts and included a major increase in the commonwealth’s ability to raise funds associated with on the state’s Low Income Housing Tax Credit (LIHTC) program. . . The program incentivizes private investment by allowing companies or individuals who owe taxes to get a tax credit in return for capital that they make available to be invested in multifamily affordable housing projects. . . The advocacy group Citizens Housing and Planning Association calculates that the new funding will make possible 10 to 15 more multifamily housing developments, with 600 to 900 new homes a year.</p>
Public Policy	<p>8. Administration on Community Living October 18, 2023</p>

[Proposed Update to Older Americans Act Regulations](#)

From June 16 to August 15, 2023, ACL collected input on [proposed updates to the regulations](#)

for most of its Older Americans Act (OAA) programs. The culmination of many years of engagement with the national aging network, the proposed rule reflects input received through a formal request for information and a series of listening sessions, including formal tribal consultations and other engagement with tribal grantees. ACL sought feedback on the proposed rule from all who are interested in improving the implementation of OAA programs and services.

Updates needed to meet the needs of today’s older adults

The last substantial update to most OAA program regulations was in 1988, and our world has changed dramatically in the 35 years since. The population of older adults has nearly doubled and has grown increasingly diverse. Older adults are living longer than ever before, and their expectations are different from those of earlier generations. Increased understanding of the impact of the social determinants of health is reshaping health care, as non-medical services that help people avoid hospitalization and institutional care – like those provided through OAA programs – are increasingly being incorporated into health care service delivery models. In addition, the OAA has been amended by Congress seven times since 1988.

One important thing has not changed: older adults overwhelmingly want to continue to live independently in the community – and nearly 95 percent of them do.

Updates are needed to align regulations to the current statute and reflect the needs of today’s older adults. The proposed rule addresses issues that have emerged since the last update and clarifies a number of requirements. It aims to better support the national aging network that delivers OAA services and improve program implementation, with the ultimate goal of better serving older adults.

“Like the Inflation Reduction Act, which has cut health care costs for millions of older adults, and the steps we have taken to strengthen Medicare and Medicaid, the update to the Older Americans Act regulations reflects President Biden’s commitment to supporting the health and well-being of older adults,” said U.S. Department of Health and Human Services Secretary Xavier Becerra. “By strengthening the stability and sustainability of Older Americans Act programs and promoting equitable access to its services, the proposed rule will help ensure that older people, particularly those in greatest need, have the support they need to live independently and age with dignity.”

“The overwhelming majority of older adults want to live in the community as they age, and almost 95 percent of them do. For many, services provided through the Older Americans Act -- such as rides to doctors’ appointments, nutritious meals, in-home services, and support to family caregivers -- make this possible,” said Acting Assistant Secretary for Aging and ACL Administrator Alison Barkoff. “This proposed rule will strengthen the system of support that allows millions of older adults to stay in their own homes. With our population aging rapidly, and nearly three out of four people needing assistance to age in place, this is more important than ever.”

Key provisions

The proposed rule addresses issues that have emerged since the last update and clarifies a number of requirements for programs authorized under Titles III

(grants to state and community programs on aging), VI (grants to Indian tribes and Native Hawaiian grantees for supportive, nutrition, and caregiver services), and VII (allotments for vulnerable elder rights protection activities). It aims to better support the national aging services network that delivers OAA services and improve program implementation, with an ultimate goal of better serving older adults. For example, the proposed rule:

- Clarifies requirements for state and area plans on aging and details requirements for coordination among tribal, state, and local programs.
- Clarifies and strengthens provisions for meeting OAA requirements for prioritizing people with the greatest social and economic needs.
- Specifies the broad range of people who can receive services, how funds can be used, fiscal requirements, and other requirements that apply across programs.
- Clarifies required state and local policies and procedures. For example, the proposed rule establishes expectations for state and local policies regarding conflicts of interest.
- Improves consistency of requirements for programs specifically for tribal elders and caregivers (authorized under Title VI of the OAA) and programs that serve all populations of older adults (authorized under Title III).
- Incorporates guidance for the National Family Caregiver Support Program and the Native American Caregiver Support Program, which were authorized since the last update to the OAA regulations.
- Addresses emergency preparedness and response, incorporating lessons from the COVID-19 public health emergency.
- Establishes expectations for legal assistance and activities to prevent elder abuse.
- Clarifies the role of the aging network in defending against the imposition of guardianship and in promoting alternatives.
- Updates definitions, modernizes requirements and clarifies flexibilities within the senior nutrition programs. For example, ACL proposes provisions that would allow for continuation of innovations utilized during the COVID-19 pandemic, such as “grab and go” meals provided under the congregate meals program.

This [overview](#) has more details, and you can read or download the [entire proposed rule](#) on the Federal Register's website.

About the Older Americans Act

First passed in 1965 and last reauthorized on March 25, 2020, the OAA authorizes a wide range of programs and services, most of which focus on helping older adults age in place. These services include home-delivered and congregate meals, support for family caregivers, preventive health services, personal and home care services, transportation, legal assistance, elder abuse prevention, and so much more. In addition, the OAA provides ombudsman services for people who live in long-term care facilities.

Through the aging services network, the OAA has helped older adults continue to work and volunteer, live independently and age with dignity, to the great benefit of all. Because of the OAA, neighborhoods and organizations across the country are able to continue to draw upon the wealth of knowledge that comes only with life experience.

	<p>Through its Administration on Aging, ACL administers most of the provisions of the OAA. (The OAA Senior Community Services Employment Program is administered by the Department of Labor and is not covered by this proposed rule.)</p>
Homelessness	<p>9. Nice News November 4, 2023 <i>“They’re Our Neighbors”: Social Entrepreneur Aims to Shift Public Perception of Homelessness in America — Exclusive</i> By Rebekah Brandes [Kevin] Adler is the mastermind behind Miracle Messages, a San Francisco-based nonprofit that assists unhoused people in rebuilding their social support systems and financial security. He launched the organization in 2014 with the conviction that addressing relational poverty, or the lack of supportive relationships, is key to improving the lives of people experiencing homelessness.</p>
Supported Decision Making	<p>10. State House News October 31, 2023 <i>SDM Pitched as Needed Alternative to Guardianship</i> By Colin A. Young Legislation (H 1485) filed by Reps. Michael Finn and Sean Garballey would establish a legal framework for individuals with disabilities and elders to make their own decisions with the aid of people they trust using a method known as supported decision-making (SDM). The Senate version of the bill (S 109) filed by Sen. Joan Lovely was heard by the Committee on Children, Families and Persons with Disabilities last month. The concept of supported decision-making -- an arrangement in which people with disabilities or cognitive limitations can designate a person or people to help them make their own decisions with support rather than having someone else, often a legally-appointed guardian, make decisions for them -- has been piloted here since 2014. . . While some of the people who testified gave examples of having a parent act as a decision-making supporter, supporters do not have to be relatives and a person can have a team of supporters who each advise on a particular subset of issues. Massachusetts Advocates for Children Executive Director Anna Krieger told the committee that the bill will do a few important things: it will make supported decision-making more accessible by requiring schools and courts to mention it as an alternative when discussing guardianship, it will clearly define the roles of a supporter, and it will establish rules for what must be included in a supported decision-making agreement.</p>
MassHealth Redetermination	<p>11. Executive Office of Elder Affairs November 2, 2023 <i>MassHealth Redetermination Update</i> Background on MassHealth Redetermination Due to the federal government ending the continuous coverage requirements on April 1, 2023, MassHealth has returned to their regular renewal processes. MassHealth now needs to renew all members’ health coverage to ensure they still qualify for their current benefit. These renewals will take place over 12 months, from April 2023 to April 2024. This means that members could get their renewal forms (many in a blue envelope) in the mail at any time during this one-year period.</p>

For more information visit mass.gov/masshealthrenew.

To find support for people 65+ on MassHealth renewals in your area visit:
mass.gov/info-details/support-for-people-65-on-masshealth-renewals

MassHealth Dashboard Information (data as of October 3, 2023)

- **2,325,150** MassHealth caseload as of September 30, 2023
- **238,187** MassHealth members age 65+ are active in MassHealth
- **243,400** MassHealth and Health Connector Caseload of members age 65+
- **309,036** MassHealth members identified as living with a disability and any age were active in MassHealth
- **10,824** MassHealth members age 65+ have departed MassHealth in August
- **1,077** People age 65+ became new MassHealth members
- **990,145** Member renewals occurred since April 1, 2023

To view the full MassHealth Dashboard visit: mass.gov/info-details/masshealth-redetermination-dashboard. For more information and key takeaways from the October dashboard visit: [October 2023 Update on MassHealth Redeterminations](https://mass.gov/info-details/october-2023-update-on-masshealth-redeterminations).

Upcoming Redetermination Community Visits for Older Adults

Thursday, November 9, 2023, 9:00AM-3:00PM

Hosted by Malden Council on Aging at 7 Washington Street, Malden

To sign up call: 781-324-7705, ext. 100

Wednesday, November 15, 2023, 9:30AM-1:30PM

Hosted by Boston Senior Home Care at 2262 Dorchester Avenue, Boston

To sign up call: 617-451-6400

Wednesday, November 15, 2023, 1:00PM-3:30PM

Hosted by Pittsfield Council on Aging and Veteran Services at 330 North Street, Pittsfield

To sign up call: 413-499-9346

Wednesday, November 15, 2023, 10:00AM-3:00PM

Hosted by Ethos and Boston SHINE at 555 Amory Street, Jamaica Plain

To sign up call: 617-522-9270

Thursday, November 16, 2023, 9:30AM-3:30PM

Hosted by Elder Services Worcester Area at 67 Millbrook Street, Suite 100, Worcester

To sign up call: 508-756-1545

Thursday, November 30, 2023, 9:30AM-1:30PM

Hosted by AgeSpan at 280 Merrimack Street, Suite 400, Lawrence

To sign up call: 978-296-4299

Thursday, November 30, 2023, 9:30AM-1:30PM

Hosted by Greater Lynn Senior Services at 8 Silsbee Street, Lynn

To sign up call: 781-586-8619

MassHealth and Health Care for All (HCFA) have created a calendar that displays MassHealth Certified Application Counselor (CAC) enrollment

	<p>events associated with MassHealth Redetermination. The calendar is populated two months at a time and can be found here.</p> <p>Updates</p> <ul style="list-style-type: none"> • MassHealth will begin to select Home and Community Based Services (HCBS) Waiver participants for renewal using the new enhanced autorenewal process. • Members who are auto-renewed will receive a notice from MassHealth letting them know their MassHealth coverage is continuing. • Any member who receives a renewal form in the blue envelope must respond or they could be at risk of losing coverage. • Please remain vigilant against fraudulent mailings individuals may be receiving. If you are unsure if the document is from MassHealth please call MassHealth at (800)-841-2900, TDD/TTY: 711. • Older adults who are targeted by scams and fraud can call the Department of Justice's National Elder Fraud Hotline at 833-FRAUD-11 (833-372-8311). <p>Helpful Resources</p> <ul style="list-style-type: none"> • Support for People 65+ on MassHealth Renewals Website • PDF Versions Available in English and Spanish • Phase 2 Redeterminations Outreach Toolkit • MassHealth Renewal Help Guide • Sign up for the MassHealth Eligibility Redeterminations Email List • Join the Massachusetts Health Care Training Forum (MTF) Email List and visit the MTF website: https://www.masshealthmtf.org/ Become a Certified Application Counselor (CAC)
Disability Topics	<p>12. Sunday Today (NBC) video report November 5, 2023 Spinal surgeon finds new purpose after bicycle accident By Priscilla Thompson</p> <p>13. State House News November 2, 2023 Healey Proposes "MassAbility" For State Agency Rebrand By Alison Kuznitz Gov. Maura Healey is proposing to rename a 67-year-old state agency, a switch that she says will remove stigma surrounding individuals in the disability community and boost their employment opportunities. The Massachusetts Rehabilitation Commission (MRC) would be renamed MassAbility, under a new bill filed Thursday. "Rehabilitation is a term that is no longer relevant to the work" of the agency, she said, and connotes that "something is wrong or needs to be fixed." . . . The governor's legislation would also remove from statute the words "handicap," "handicapped" and "retarded," according to Healey's filing letter. Those would be replaced with "barrier," "person with a disability" and "person with intellectual disabilities."</p> <p>14. *Boston Globe October 27, 2023</p>

	<p><u>Lawmakers grill Social Security leader over disability system's failures</u></p> <p>Lawmakers in both parties Thursday pressed a top Social Security Administration official to defend what they described as widespread failures in the disability benefits system, from chronic claims backlogs to growing customer service phone delays.</p> <p>Instead of recovering from pandemic closures and slowdowns, Social Security's drawn-out claims system has treaded water for close to two years, experts told the congressional panel. More than 1 million Americans are still waiting for initial decisions on benefits that now take an average of 220 days, agency data shows — almost double the processing time in 2019 and far above the 60 days Social Security itself defines as its minimum level of performance. . .</p> <p>Committee members united across political divides to grill Linda Kerr-Davis, Social Security's acting assistant deputy commissioner of operations, on a range of problems, including the agency's reliance on an obsolete list of jobs last updated in 1977 to block claimants from benefits. Lawmakers also cited long waits for service at the agency's toll-free number, where callers are left on hold for an average of 36 minutes this year, up from 32 minutes last year. . .</p> <p>Lawmakers asked how the system could deny 62 percent of initial claims but approve more than half of those that are appealed and then heard by an administrative law judge. The difference, advocates said, is the often cursory look given claims by low-paid state disability examiners compared with face-to-face interactions claimants have with appeals judges, who are required to spend more time with evidence.</p>
Aging Topics	<p>15. New York Times (free access) October 21, 2023 <u>Growing Old, for Better or Worse</u> <i>Letters to the Editor</i></p> <p>Readers, including a 101-year-old woman, react to a guest essay by Roger Rosenblatt about the challenges of aging.</p> <p>Elizabeth R. Rosenthal, Larchmont, N.Y.:</p> <p style="padding-left: 40px;">Kudos to Mr. Rosenblatt for telling it like it is to be old. At age 80, although I am fortunate to be in good health, I still experience the things he writes about. As some wise person said, old age is not for sissies.</p> <p style="padding-left: 40px;">One loses abilities, friends, and words, and then there is worrying about the "hereafter" — walking into a room and wondering, "What am I here after?"</p> <p style="padding-left: 40px;">But he fails to mention some good things about old age: Our invisibility means that we are free to do what we want, say what we want, wear what we want and show up or not at various places.</p> <p>Patricia Krueger, Middleton, Wis.:</p> <p style="padding-left: 40px;">Yes, indeed. Whoever expected old age? I certainly never did. I continued to smoke even after <u>Reader's Digest ran an article</u>, "Cancer by the Carton," because, in my opinion, life after 70 was not worth living.</p> <p style="padding-left: 40px;">In a couple of months, I will turn 102. A joyous, happy 102. Grateful for each day.</p> <p style="padding-left: 40px;">It's true that many days are not good and I feel ready to let go. It doesn't seem to work that way, however. I just keep going on.</p> <p>Patricia Burstein, New York:</p> <p style="padding-left: 40px;">When someone tells my septuagenarian self that I am now wise, I remark, "I was <i>always</i> wise." As for impending deafness, a part of me is pleased. It means I won't have to listen to the feckless talk in the world.</p>

	<p>By the way, I can still throw a baseball so fast and hard that it would hurt through a thickly padded catcher’s mitt. Ten-year-old boys swoon over my athletic prowess. I am proud to say I am an exemplar of arrested development.</p> <p>Ellen Rand, Teaneck, N.J.</p> <p>Sometimes aging is no fun and our bodies do find unusual and unwelcome ways to betray us. There’s no question that keeping our sense of humor and not taking ourselves all that seriously are great ways to cope with that. But perpetuating ageist stereotypes is no less corrosive when we do it ourselves. Our culture and our media will never abandon those stereotypes unless we call it out ourselves.</p> <p>Dave Stone, Springfield, Ore.</p> <p>Getting old doesn’t stink. Getting sick because you got old is what stinks. When I turned 65 eight years ago, my new hobby became going to the doctor.</p>
Elder Abuse	<p>16. U. S. Department of Justice October 18, 2023 Annual Report to Congress on Department of Justice Activities to Combat Elder Fraud and Abuse</p> <p>This fifth Annual Report to Congress highlights state, local, and Tribal elder justice efforts and raises public awareness to prevent elder fraud and abuse before they occur.</p> <p>17. Federal Trade Commission October 18, 2023 FTC Issues Annual Report to Congress on Agency’s Actions to Protect Older Adults</p> <p>The Federal Trade Commission has issued its latest report to Congress on protecting older adults, which highlights key trends based on fraud reports by older adults, and the FTC’s multi-pronged efforts to combat the problem through law enforcement actions, rulemaking, and outreach and education programs.</p> <p>In addition, the report calls on Congress to update the FTC Act in response to the Supreme Court’s 2021 ruling in the <i>AMG Capital Management</i> case, which severely limited the FTC’s ability to recover money that older adults and other consumers lose to scammers.</p> <p>The report, Protecting Older Consumers, 2022-2023, A Report of the Federal Trade Commission, finds that older adults reported losing more than \$1.6 billion to fraud in 2022.</p> <p>Because the vast majority of frauds are not reported, this figure represents only a fraction of the overall cost of fraud to older consumers, which the FTC estimates to be as high as \$48 billion. The report also finds that in 2022, older adults reported significantly higher losses to investment scams, business impersonation scams and government impersonation scams than they did in 2021:</p> <ul style="list-style-type: none"> • Investment scams: \$404 million reported lost, up 175% from 2021. • Business impersonation scams: \$271 million reported lost, up 78% from 2021. • Tech support scams: \$159 million reported lost, up 117% from 2021.
Caregiving	<p>18. National Alliance for Caregiving November 3, 2023</p>

[CMS finalizes rule to pay healthcare providers to train caregivers](#)

CMS's final rule includes the adoption of the definition of family caregiver found in the National Strategy to Support Family Caregivers and the acknowledgement of cancer, rare disease, and transplant care as key areas of coverage.

19. Office of Governor Maura Healey

November 1, 2023

[Governor Healey's Proclamation of Family Caregiver Month](#)

A Proclamation

Whereas, Throughout the Commonwealth, there are over one million family caregivers who provide daily or frequent care to assist a family member or loved one in maintaining independence and well-being; and

Whereas, Almost every resident in the Commonwealth will be a caregiver at some point in their lives as the population ages, including a growing number of people living with Alzheimer's disease and related Dementias; and

Whereas, The number of "sandwich generation" caregivers continues to grow as individuals care for both older and younger generations at the same time; and

Whereas, The portrait of family caregivers is changing, as are their needs, including an increase in Generation Z and Millennial caregivers, men who take on roles as family caregivers, and those who are balancing full- or part-time employment with providing care; and

Whereas, Family caregivers are diverse, and the information, services, and supports they receive are tailored to all caregivers, including those who identify as members of historically underrepresented communities, such as communities of color, LGBTQ+, immigrants, and those with limited English proficiency; and

Whereas, The joy and rewards of family caregiving are equally met with challenges that impact a person's physical and mental health; and

Whereas, Through their tireless support and love, family caregivers play a critical role in the home- and community-based services system by helping thousands of older people and individuals with disabilities to live and thrive in their communities of their choice; and

Whereas, The Commonwealth of Massachusetts and partners in the aging and disability network operate a number of programs that support family caregivers, including support groups and trainings, memory cafés, supportive and social day programs, the Massachusetts Family Caregiver Support Program, Adult Foster Care Program, and Personal Care Attendant Program; and

Whereas, The Massachusetts employer community understands that many of their employees also have caregiving responsibilities and recognize the importance of workplace policies and practices that support family caregivers to remain in the workforce, whether in physical, virtual, or hybrid work settings; and

Whereas, The family caregivers in the Commonwealth, who demonstrate steadfast commitment to promoting the independence, empowerment, and well-being of those they care for, are deserving of recognition,

Now, Therefore, I, Maura T. Healey, Governor of the Commonwealth of Massachusetts, do hereby proclaim November, 2023, to be,

FAMILY CAREGIVERS' MONTH

And urge all the citizens of the Commonwealth to take cognizance of this event and participate fittingly in its observance.

20. The White House

October 31, 2023

[A Proclamation on National Family Caregivers Month, 2023](#)



How we treat our children, parents, and loved ones and how we value those who care for them are fundamental to who we are as a Nation. Early care and education give young children a strong start in life while long-term care helps older Americans, veterans, and people with disabilities live and work with dignity. During National Family Caregivers Month, we honor the Americans who lift up our communities and our Nation by providing dignified, professional, and invaluable care to the people we cherish the most.

The cost of care in this country is too high, and the pay for care workers is too low. A majority of Americans struggle to find affordable, high-quality care for themselves and their loved ones. At the same time, care workers remain among the lowest-paid workers in the country, though their jobs are some of the most demanding. More than half of long-term care employees and nearly 20 percent of childcare workers leave their jobs every year. As a result, many Americans are forced to leave their own jobs behind to care for their loved ones.

No one should have to choose between the parents who raised them, the loved ones who depend on them, or the paycheck they rely on to care for their families. That is why as soon as I got into office, I signed the American Rescue Plan to help millions of families afford childcare. Through that law, we provided \$145 million to help the National Family Caregiver Support Program deliver counseling, training, and short-term relief to family caregivers and other informal care providers. We also helped States expand and strengthen Medicaid home care programs, increased Childcare and Development Block Grants that help low-income families afford childcare and provided crucial support to stabilize the childcare sector more broadly. Consequently, we were able to keep the doors of 220,000 childcare providers open during the pandemic, ensuring nearly 10 million children received care.

Last year, we also issued the first-ever national Strategy to Support Family Caregivers, outlining hundreds of actions that the Federal Government can take to support family caregivers' health, well-being, and financial security. We required companies seeking significant Federal funding from our CHIPS and Science Act to submit a plan on how they will help employees access affordable childcare. Further, my Administration proposed a rule that would set a federal floor for staffing levels in nursing homes. This spring, joined by people with disabilities, family caregivers, long-term care workers, early educators, veterans, and aging advocates, I signed a historic Executive Order that calls for the most comprehensive set of actions of any administration to date to increase access to high-quality childcare and long-term care and support for caregivers. The order improves access to home-based care for people with disabilities and veterans, expands access to mental health benefits to care workers and veteran family caregivers, lowers child care costs for hard-working families, builds the supply of high-quality care to provide more options to individuals and families, helps protect workers from exploitation, and much more.

This week, we recognize the love and sacrifice of millions of American caregivers. They are the backbone of our country, caring for young children, aging parents, disabled veterans, injured service members, and others who need support and medical assistance. Let us celebrate and honor our caregivers and renew our efforts to protect their dignity, health, and security. Because when we care for our caregivers, we honor our American ideals and move closer to a future where no one in this Nation is left behind.

	<p><i>NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2023 as National Family Caregivers Month. I encourage all Americans to reach out to those who provide care for our Nation’s family members, friends, and neighbors in need to honor and thank them.</i></p> <p>21. National Alliance for Caregiving September 2022 Chronic Disease Family Caregiving Through a Public Health Lens The report was developed with support from The John A. Hartford Foundation and in partnership with the National Association of Chronic Disease Directors (NACDD). This framework is based on recognizing two main root level issues: that family caregiver health and wellness is an issue that must be addressed and that care coordination efforts are of particular concern as the complexity of care is increasing. This framework began development in 2020 with NACDD in order to develop an action plan for expanding the family caregiver support infrastructure within the public health sector and is aligned with actions already defined and outlined in the public health sector, such as the Centers for Disease Control and Prevention’s (CDC) Healthy Brain Initiative and Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer’s Act, as well as Trust for America’s Health’s (TFAH) Age Friendly Public Health Systems (AFPHS) Initiative. The framework itself provides policy recommendations, implementation opportunities, and messaging content aimed at enhancing the national family caregiver support infrastructure through a public health lens, and aims to identify the appropriate mechanisms and practices which could be administered to implement family caregiver supports via entities such as public health departments, community-based organizations, faith-based organizations, direct care workers, insurers, health care providers, and employers.</p>
<p>International</p>  	<p>22. NBC News October 29, 2023 Toddlers are put to work spreading cheer at Japanese nursing home By Janis Mackey Frayer, Arata Yamamoto and Mithil Aggarwal The pint-sized team of about 70 babies was “hired” to brighten the days of residents in a country where loneliness is a growing social problem. Once a week, Rena Shinohara heads off to work, clocking in for a shift at a job one could say she was born to do. Rena, 18 months, is a baby worker at a Japanese nursing home, hired to brighten the days of residents whose own grandchildren may rarely visit. . . Loneliness is such an acute problem that in 2021 the Japanese government appointed its first “minister of loneliness,” charged with helping people of all ages connect especially after the Covid-19 pandemic. . . The pint-sized team works flexible hours, strolling around the nursing home with their parents, mostly mothers. . . Rena and her colleagues are paid in diapers and ice cream.</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</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>

	Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net .
Websites	<p>Diverse Elders Coalition https://diverseelders.org/ Founded in 2010, the Diverse Elders Coalition (DEC) advocates for policies and programs that improve aging in our communities as racially and ethnically diverse people; American Indians and Alaska Natives; and lesbian, gay, bisexual and/or transgender (LGBT) people. The Diverse Elders Coalition produces original policy analysis and resources, speaks with policymakers and advocates to highlight the issues of our communities and share solutions, and works to ensure the needs and perspective of diverse elders are at the forefront of national and local conversations on aging.</p> <p>National Alliance for Caregiving https://www.caregiving.org/ The National Alliance for Caregiving is a non-profit coalition of national organizations who share a vision of a society that values, supports, and empowers family caregivers to thrive at home, work, and life. Its mission is to build partnerships in research, advocacy, and innovation to make life better for family caregivers. The Alliance conducts research, does policy analysis, develops national best-practice programs, and works to increase public awareness of family caregiving issues. Recognizing that family caregivers provide important societal and financial contributions toward maintaining the well-being of those they care for, the Alliance supports a network of more than 80 state and local caregiving coalitions through its advocacy collaborative and engages researchers committed to caregiving through its research collaborative.</p> <p>The National Center for State and Tribal Elder Justice Coalitions https://www.elderjusticecenter.org/ The National Center for State and Tribal Elder Justice Coalitions announces the launch of their website. The website will house a wealth of information in the resource library, and will maintain updated information on conferences, events, and trainings. In the coming months, the center will be offering Technical Assistance to elder justice coalition coordinators throughout the country.</p>
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/
Nursing Home Closures	<p>Massachusetts Department of Public Health <i>South Dennis Health Care</i> Target closure date January 30, 2024 Notice of Intent to Close (PDF) (DOCX)</p>

Nursing homes with admission freezes	<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>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated March 29, 2023 CMS has published a new list of <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. 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?</p>

- Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.
- Post the list on your program's/organization's website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated March 29, 2023)

Newly added to the listing

- Somerset Ridge Center, Somerset
<https://somersetridge rehab.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare
<https://www.nextstephc.com/southdennis>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225320>

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

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

- Charwell House Health and Rehabilitation, Norwood (15)
<https://tinyurl.com/Charwell>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Glen Ridge Nursing Care Center (1)
<https://www.genesishcc.com/glenridge>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>

	<ul style="list-style-type: none"> • Hathaway Manor Extended Care (1) https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram 														
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G
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	<p>31 H</p> <p>1 I</p> <p>40 J</p> <p>7 K</p> <p>2 L</p>
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content

Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Workgroup	Workgroup lead	Email
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	Interest Group	Group lead	Email
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	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
Incarcerated Persons	TBD	info@DignityAllianceMA.org	
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Wynn Gerhard • Dick Moore • Norma Swenson Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			