



The Dignity Digest

Issue # 248

September 2, 2025

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

DignityMA Zoom Sessions

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

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

Spotlight

James Lomastro is Chair of DignityMA's Facilities Workgroup and a member of the Coordinating Committee.

Pivot or Posturing?

By James A. Lomastro, PhD

Pivot or Posturing? What the Senior Care Industry's "Next-Stage Living" Narrative Means for Advocates The senior housing and care industry is trying to reinvent itself. Leaders are moving away from "end-stage living" language and pushing "next-stage living" instead — a more aspirational model centered on engagement, autonomy, and health span. They're even dropping terms like "senior," "elder," and "silver tsunami," calling them ageist. New models — from multigenerational housing to small-home communities — are being touted as the future. On the surface, this is good news. Reframing aging as opportunity rather than decline challenges deep-seated ageism. It acknowledges what many older adults have long wanted: life in later years should be about connection, growth, and dignity, not just managing decline. For advocates, there's a chance to leverage this narrative shift. If the industry claims to offer a "continuum of engagement," then we should insist that regulators measure it — with real metrics around resident autonomy, caregiver support, and quality of community life. But here's the caution: rebranding does not equal reform. Calling something "next-stage living" doesn't guarantee safe staffing, affordability, or equity. Too often, aspirational products target affluent consumers while those with fewer resources — especially dually eligible older adults — remain in underfunded, care-driven institutions. And by emphasizing lifestyle and choice, the industry risks downplaying the structural changes we know are needed: fair reimbursement, workforce investment, and accountability for private equity ownership. For independent advocates, especially those not financially tied to providers or investors, this pivot is a signal, not a solution. Our role is to **inform without endorsing**:

- Center the voices of older adults and caregivers in defining what "next-stage living" should mean.
- Demand transparency in access, cost, and outcomes.
- Press for equity, ensuring innovation isn't reserved for those who can pay privately.
- Link rhetoric to policy reform — so that "engagement" and "autonomy" become measurable outcomes, not marketing slogans.

A cultural shift in how we talk about aging is welcome, but language alone will not solve the structural problems in long-term care. If advocates seize this moment, we can push the conversation from branding to justice. If not, “next-stage living” may end up as just another slogan. **Question for colleagues and readers:** How do you see the balance between marketing narratives and structural reform in aging services? Can the industry’s pivot create real change, or does it risk masking deeper inequities?

How Independent Advocates Should Respond to the Senior Care Industry’s “Next-Stage Living” Narrative

The senior housing and care industry is attempting a rebrand. Leaders no longer want to describe their work as “end-stage living” or frame aging as decline. Instead, they talk about “next-stage living” — an aspirational model meant to emphasize engagement, autonomy, and what some call health span rather than lifespan. The vocabulary of “senior,” “elder,” or “silver tsunami” is now labeled ageist. Providers tout new forms of housing — small homes, multigenerational communities, or “blue ocean” products — as alternatives to traditional institutional models. This pivot is more than semantics. It reflects an industry sensing both consumer demand and cultural change. Baby boomers, entering later life, are unlikely to accept the stereotypes of dependency that shaped their parents’ experiences. Companies that can market aging as opportunity, not burden, hope to capture this generation’s dollars and reshape public perception in the process. For independent advocates, especially those not financially tied to providers or investors, this moment is both promising and perilous.

The Promise of a New Narrative

The most obvious opportunity lies in dismantling ageism. For too long, American culture has portrayed aging as decline — reinforced in both everyday jokes and institutional practices. A shift toward “next-stage living” can help recast older adulthood as a stage of possibility, connection, and contribution. Advocates can use this language strategically. If the industry claims to offer a “continuum of engagement,” then advocates should push regulators to measure it. Beyond clinical outcomes, policymakers should track resident autonomy, community participation, and caregiver well-being. These metrics can be built into Medicaid contracts, manage long-term services and supports (MLTSS) oversight, or state licensing requirements. Marketing rhetoric can thus be converted into concrete accountability. The aspirational framing also offers a cultural opening. College students hearing they may live to 100 will need more than a story of decline. A broader embrace of aging as a dynamic life stage could strengthen public support for policies that expand options across the lifespan, from home- and community-based services to innovative housing models.

The Risks of Market Repositioning

Yet independent advocates must be wary. A new narrative may mask old problems. Calling a facility “next-stage living” does not guarantee safe staffing, affordable access, or meaningful autonomy. Without structural change, the pivot risks becoming little more than branding. Equity is a particular concern. “Aspirational” products often target affluent consumers, while low-income older adults — particularly those dually enrolled in Medicare and Medicaid — remain in underfunded, care-driven facilities. If the new narrative is used to create a two-tiered system, disparities will deepen rather than shrink.


There is also the danger of depoliticization. By focusing on lifestyle and personal choice, the pivot may draw attention away from structural reforms: financing of long-term care, mandatory staffing standards, and public investment in the direct care workforce. Industry leaders may prefer to talk about wellness and multigenerational housing rather than Medicaid reimbursement or accountability for private equity ownership. Advocates must resist that deflection.

What Advocates Should Do

The challenge for independent advocates is to **inform without endorsing**. The pivot should be seen as a signal of shifting attitudes, not as evidence of systemic reform. First, center the voices of older adults and family caregivers. Any definition of “next-stage living” must emerge from their lived experiences, not just from marketers and investors. Second, demand transparency. Who is accessing these new models? What do they cost? What are the outcomes compared to traditional care settings? Public reporting on affordability, accessibility, and quality is essential. Third, push for equity. If industry leaders want to speak about health span and engagement, then those principles must apply across income and racial lines. Innovations cannot be reserved for those who can pay privately. Finally, link narrative change to policy reform. The rhetoric of engagement and aspiration should become leverage for stronger oversight, better financing, and expanded support for family caregivers. Otherwise, it risks becoming a distraction from the hard choices required to fix long-term care.

Beyond Marketing to Justice

The industry’s pivot to “next-stage living” should not be dismissed outright. It reflects genuine cultural shifts and may reduce the stigma surrounding aging. But advocates cannot allow a change in language to substitute for meaningful reform. If seized upon, this moment could move the debate toward dignity, autonomy, and equity in later life. If left unchallenged, it could become another marketing strategy that leaves structural problems untouched.

<p>Remembering with Dignity</p> <p>To access the submission form scan</p>  <p>or click on: https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A.</p> <p>For more information or questions, contact: Deborah W. Coogan Chair, DignityMA's "Remembering with Dignity" initiative dwc@cooganlaw.com 617-332-8828</p>	<p>Independent advocates have a responsibility — and an opportunity — to ensure the conversation moves beyond branding to justice.</p> <p><i>Dignity Alliance Massachusetts Launches "Remembering with Dignity," a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></p> <p>To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched "Remembering with Dignity," a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.</p> <p>The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.</p> <p>"The pandemic left a void, not just in our families but in our collective memory," said Deborah W. Coogan, Chair of the 'Remembering with Dignity' initiative. "So many died in isolation, and their stories risk being lost in the statistics. 'Remembering with Dignity' provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable." The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA's website.</p> <p>How to Submit a Remembrance:</p> <ul style="list-style-type: none"> • Visit www.dignityalliancema.org and navigate to the "Pandemic Memorial" page under the "Resources" tab or click on https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. The QR code below can also be used. • A remembrance should be no more than 175 words. • Rather than a formal obituary, each submission should describe the person's essence, values, and their story.
---	--

	<ul style="list-style-type: none"> • Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker). <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
Commission Members Sought	<p><i>Massachusetts Caucus of Women Legislators Seeks Diverse Applicants for the Massachusetts Commission on the Status of Women</i></p> <p>The Massachusetts Caucus of Women Legislators (MCWL) is pleased to announce it is seeking applicants for the Massachusetts Commission on the Status of Women (MCSW). The application deadline is Monday, September 15, 2025, at 5:00 PM.</p> <p>The MCWL is a bipartisan, bicameral caucus representing the women elected to the Massachusetts House of Representatives and Senate. As one of four appointing authorities for the MCSW, the Caucus appoints six of the Commission's nineteen volunteer members. Commissioners serve staggered three-year terms and commit their time, expertise, and perspective to ensuring a permanent and effective voice for women and girls in the Commonwealth.</p> <p>Established in 1998, the MCSW is an independent state agency charged with reviewing the status of women and girls in Massachusetts and offering policy recommendations to improve equality and access to opportunity. MCSW Commissioners are responsible for advancing the Commission's mission by studying and reporting on issues affecting women and girls, promoting collaboration among women's organizations, serving as liaisons between government and the community, identifying, and recommending qualified women for appointed positions, and advising on the impact of legislation. The Commission stands for fundamental freedoms, basic human rights, and the full enjoyment of life for all women and girls throughout their lives. Commissioners attend regular meetings, public hearings, and events; serve on committees; participate in program planning and governance; and represent the Commission in their communities.</p> <p>The Commission holds four public hearings annually across the state to gather community input, recognizes "Commonwealth Heroines" from every municipality, and coordinates a biennial Legislative Advocacy Day at the State House. Commissioners are encouraged to participate in the Speakers Bureau and serve on committees including Program and Planning, Legislative and Public Policy, and Finance.</p>

	<p>The MCWL is seeking applicants who reflect the rich diversity of the Commonwealth in race, ethnicity, religion, age, sexual orientation, geography, socio-economic background, and lived experience. Applicants should have demonstrated experience—or a strong interest—in advancing the status of women and girls, and be committed to active participation in meetings, events, and collaborative initiatives.</p> <p>“The Commission amplifies the voices of women and girls, with Commissioners shaping policy by studying key issues, advising on legislation, and fostering collaboration across the Commonwealth,” said Representative Hannah Kane, the House Vice Chair of the Massachusetts Caucus of Women Legislators. “We seek commissioners who reflect our Commonwealth’s diversity and bring passion, expertise, and collaboration to improve access to opportunities and equality for all.”</p> <p>More information about the Massachusetts Commission on the Status of Women can be found at: https://masscsw.org/.</p> <p>The application deadline is Monday, September 15, 2025, at 5:00 PM. Interested candidates should submit a resume and letter of intent to Seble Alemu, Executive Director of the Massachusetts Caucus of Women Legislators, at Seble.Alemu@malegislature.gov. Additional application details are available at: http://www.mawomenscaucus.com/.</p>
Quotes	<p><i>[C]orporatization’s effects on nursing home care appear to be largely negative. After being acquired by a private equity firm, nursing homes tend to avoid sicker residents, deliver lower-quality care, and have higher resident mortality. Many nursing homes with private equity backing engage in questionable financial practices, such as “profit tunneling,” which involves paying inflated prices to suppliers that are owned by the same firm to shield profits from regulators and reduce potential liability in malpractice litigation. Regulation is weak, and unlike in the IVF industry, people using nursing home care tend to be vulnerable and quality is hard to measure, which creates incentives for profit-driven managers to reduce quality in order to boost profits.</i></p> <p><u>The Corporatization Deal — Health Care, Investors, and the Profit Priority</u> (*New England Journal of Medicine, August 30, 2025)</p>

“What’s going to happen when millions of Americans can no longer find a home care provider? What happens when immigrants aren’t in the field to pick our crops? Who’s going to staff our hospitals and nursing homes?”

Arnulfo De La Cruz, president of SEIU 2015 in California, [1.2 million immigrants are gone from the US labor force under Trump, preliminary data shows](#) (Associated Press, August 31, 2025)

“[T]he state has weaponized claims about protecting patient privacy to an extreme degree, often far beyond the federal government, in ways that serve its interests at the expense of the public interest. Precisely because the public is largely unaware of the countless tragedies inflicted by these institutions—tragedies told in this hidden history—people with disabilities today face very-real threats by the non-disabled including the revival of large-scale institutionalization where the practice has been abolished, and its expansion where it stubbornly remains”

From the report of the Special Commission on State Institutions ([Report of the Special Commission on State Institutions](#), May 15, 2025)

“It’s just raising more and more barriers. It’s like an obstacle course. I don’t know anybody who’s not confused.”

Dr. Peter Chin-Hong, an infectious disease specialist at the University of California, San Francisco commenting about confusion surrounding the provision of Covid vaccines, [C.D.C. Uncertainty Upends Covid Vaccine Access at CVS and Walgreens](#) (New York Times (free access), August 28, 2025)

Despite Massachusetts’ reputation for excellence in sectors such as education, healthcare, and innovation, economic prosperity remains out of reach for many residents. Approximately one in ten Massachusetts residents live below the federal

poverty line, with many more experiencing economic insecurities while working, caregiving, or studying.

[Pathways to Possibility: A Ten Year Road Map to Expand Economic Mobility In Massachusetts](#), Report issued by The Special Commission on Poverty in the Commonwealth, June 2025

“It’s got, like, a heart rhythm that’s not viable at the moment. If it’s not shocked out of it now, it may not survive.”

Dr. Demetre Daskalakis, who led the C.D.C.’s center for respiratory diseases until he resigned this week, commenting about the condition of the Center for Disease Prevention and Control, [Will the C.D.C. Survive?](#) (*New York Times, August 29, 2025)

Disease doesn’t ask permission before invading a body, but the diseased must often seek permission before trying to remove it. Unwelcome to the strange, infuriating world of prior authorization, where doctors must get approval from health insurance companies before performing big procedures or prescribing certain medications.

[Insurance Companies Send Chilling Letters Just Before Surgery. But Why?](#) (*New York Times, August 22, 2025)

“For years, residents at [Van Duyn Center for Rehabilitation and Nursing](#) in Syracuse, NY endured unacceptable neglect that caused traumatic injuries and tragic deaths. We are holding Van Duyn’s owners accountable for these conditions.”

New York Attorney General Letitia James, [Nursing home to pay \\$12M to settle financial fraud, understaffing allegations](#) (McKnights Long-Term Care News, August 26, 2025)

In the months since Kennedy became secretary of health and human services, the former CDC officials told the Globe Friday, it became apparent he did not seek out, nor seemed interested in, the deep reservoir of medical and scientific expertise at what

is the nation's preeminent public health institution. Kennedy's decisions, they said, [particularly those related to vaccines](#), at times directly contradicted scientific evidence gathered by the agency.

[CDC officials who resigned in protest describe embrace of anti-science, anti-vaccine ideology under RFK Jr.](#) (*Boston Globe, August 29, 2025)

Could a misspelled word cause a medical crisis? Maybe, if your medical records are being analyzed by an artificial intelligence system. One little typo, or even the use of an unusual word, can cause a medical AI to conclude there's nothing wrong with somebody who might actually be quite sick.

[Study warns AI diagnostic tools can be easily misled](#) (*Boston Globe, August 30, 2025 (updated))

"It's really surprising that we are taking the most unpopular part of Medicare Advantage and applying it to traditional Medicare."

Neil Patil, a senior fellow at Georgetown and a former senior analyst at Medicare, [Medicare Will Require Prior Approval for Certain Procedures](#) (*New York Times, August 28, 2025)

"I think it's the back door into privatizing traditional Medicare."

Frances L. Ayres, a 74-year-old retired accounting professor, [Medicare Will Require Prior Approval for Certain Procedures](#) (*New York Times, August 28, 2025)

"This constant hoop jumping is resulting in too many skilled nursing patients being discharged too soon against medical advice, threatening their recovery." We want to make sure Medicare Advantage plans are providing the therapy benefits our seniors were promised and are not leaving important — sometimes life-saving — medical decisions to AI or insurers without appropriate guardrails and oversight."

Clif Porter, president and CEO of the American Health Care Association, [Medicare Advantage plans frequently deny post-acute care for nursing homes, survey finds](#) (Healthcare Dive, August 28, 2025)

“If you’re in pain but can’t tell me you’re in pain, how are you going to express it? Well, it might be through just being kind of cranky — you get a little cranky when you’re hurting. You might hit me because I’m trying to move something that hurts. But that’s not perceived as pain, it’s perceived as bad behavior, so we miss a lot of pain in this population.”

Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, professor at the University of Maryland School of Nursing, [Can We Spot Pain When Dementia Takes Away Words?](#) (University of Maryland at Baltimore, Undated)

“I think some of us fear that when this legal component goes away, the MBTA might start to slip on the commitments that it’s made. There’s always the possibility that we sue again.”

Katarina “Kat” Torres Radisic, who works for the Boston Center for Independent Living, [A judge has been watching the MBTA on behalf of riders with disabilities. That is about to change.](#) (*Boston Globe, September 1, 2025 (updated))

By emphasizing nutrition as a cornerstone of mental health care, health care providers can encourage preventive measures that could alleviate the burden of depression across communities.

[Nutrition’s Impact on Depression in Nursing Home Seniors](#) (Bioengineer.org, August 31, 2025)

“By creating this tiered structure, we’re making it easier for families to access fresh, nutritious food while ensuring that our farmers have a strong market for their produce. This initiative will not only increase food security but also strengthen our local agricultural economy.”

Massachusetts Department of Agricultural Resources Commissioner Ashley Randle, [Everyone benefits from Healthy Incentives](#) (*Salem News, September 1, 2025)

Our new ten-year projections reflect a general slowing of growth in both homeowner and renter households. According to [our new paper](#), between 2025 and 2035, annual growth in homeowner households is expected to range from 337,000 to 685,000, while annual growth in renter households ranges from 174,000 to 523,000.

[A Decade of Slowing Household Growth Ahead for Both Owners and Renters](#) (Harvard University Joint Center for Housing Studies, August 25, 2025)

Both older renters and homeowners are struggling with rising costs. Renters: 58% of older renters were cost-burdened in 2023, totaling 4.5 million households. Many live on fixed incomes that don't keep up with rising rents, leaving little money for other necessities.

Homeowners: The share of cost-burdened older homeowners rose from 24% to 28% between 2019 and 2023, affecting 7.9 million households. Those with a mortgage are more likely to be burdened (43%) than those who own their homes free and clear (19%). Rising property insurance costs are a factor, even for those without a mortgage. Furthermore, people in their 80s and over are more likely to face these challenges, with nearly 40% being cost-burdened, compared to just over 32% of those aged 65–79. This is partly due to declining median income and an increase in single-person households in this older age group.

[One in Three Older Households Is Cost Burdened](#) (Harvard University Joint Center for Housing Studies, August 11, 2025)

<p>Reports</p>	<p><u>Pathways to Possibility: A Ten-Year Road Map to Expand Economic Mobility in Massachusetts</u></p> <p>Issued by The <u>Special Commission on Poverty in the Commonwealth</u> June 2025</p> <p>Summary: The report presents a comprehensive roadmap to reduce poverty and expand opportunity in the Commonwealth. It is organized into four core action areas, each with vision statements, domain definitions, and detailed recommendations. The recommendations were shaped by a diverse group of 34 Commissioners from non-profit organizations and state agencies. The Commissioners developed recommendations based on professional experience, public and written testimony, and input from advisory groups consisting of individuals with lived experience of poverty. While Commissioners endorsed the high-level recommendations, specific policy actions were not individually endorsed by every member. This report was also informed by subject matter experts and the policy expertise of the two Co-Chairs of the Commission. The Commission designed this roadmap to serve multiple stakeholders across the Commonwealth:</p> <ul style="list-style-type: none"> • State agencies can implement recommendations within their regulatory authority to inform planning and priorities, • State legislators can develop legislative agendas based on these findings and, • Service providers can use this framework to better understand systemic poverty and enhance their advocacy efforts. <p>Four Core Action Areas The four core action areas of recommendations are organized to demonstrate the complexity and interconnectedness of the factors that make it difficult to navigate through and out of poverty. Through this organization of recommendations, stakeholders can determine where to concentrate resources and efforts. The action areas are:</p> <ul style="list-style-type: none"> • Access to Essential Support: The recommendations in this section focus on opportunities to remove barriers to accessing immediate, critical resources such as food, childcare, health care, and transportation. This section further focuses on ways to ensure residents can meet basic needs, avoid crisis, and begin a path out of poverty. • Stability for Individuals and Families: The recommendations in this section focus on opportunities to strengthen the conditions that prevent people from falling deeper into poverty by ensuring consistent income, secure housing, and caregiving support. • Opportunity for Economic Mobility: The recommendations in this section focus on opportunities to create long-term pathways out of poverty by expanding access to education, quality jobs, and wealth-building tools.
-----------------------	---

- **Systems Coordination and Implementation:** The recommendations in this section focus on opportunities to align governance, funding, and service delivery to build a robust infrastructure to support the entities that serve people living in poverty, strengthen data and systems, and improve accountability.

While comprehensive in scope, the Commission recognizes that poverty reduction requires a multifaceted approach and that no single recommendation or policy action alone will eliminate poverty. However, if enacted, the recommendations within this report offer a roadmap that would substantially reduce poverty rates throughout Massachusetts by 2035.

Special Commission on State Institutions: Overview and Recommendations

May 15, 2025

A special commission studying Massachusetts's history of state institutions for people with intellectual, developmental disabilities, and mental health conditions has issued a report with recommendations to improve transparency and accountability. The commission's findings focus on three key areas: investigating unmarked graves, creating guidelines for institutional cemeteries, and, most extensively, reforming the state's policies on institutional records.

Key Findings and Recommendations


Institutional Records

The report highlights that Massachusetts has a significant number of institutional records, but they are largely inaccessible due to strict and often inconsistent privacy laws. The commission found that these laws are used to obscure a "significant human rights tragedy" and protect the state from scrutiny.

- **Current Issues:** There is a lack of coordination between state agencies (DMH, DDS, and the Massachusetts Archives) on record management. This has led to improper document storage, and major breaches of protected information have been documented, including the online sale of private medical records. The existing system places nearly insurmountable financial and legal barriers on individuals, such as descendants, who try to access these records.
- **Proposed Reforms:** The report outlines several recommendations, including a temporary moratorium on the destruction of institutional documents to prevent an "irrevocable loss." It also calls for the passage of legislation (H.3335/S.2102) to make institutional records over 75 years old public with appropriate restrictions. Other recommendations include:
- Empowering the Massachusetts Archives to manage and release records.
 - Providing clear, easy-to-read instructions for records access.
 - Creating a searchable, public inventory of existing records.
 - Waiving probate fees for individuals seeking records of deceased relatives.

	<ul style="list-style-type: none"> Offering trained peer guides to help people with disabilities review their records. <p>Unmarked Graves and Institutional Cemeteries The commission found credible evidence of potential unmarked graves at former state institutions. The report stresses the importance of investigating and mapping these sites for historical accountability and respectful memorialization. It recommends that the Commonwealth should immediately begin exploratory conversations with stakeholders like the State Archaeologist and the Massachusetts Archives.</p> <p>The report also calls for the creation of clear guidelines for institutional cemeteries to prevent "irrevocable desecration" and ensure proper investigation and maintenance. It also recommends clarifying that institutional cemetery burial records are vital records and must be made available to the public upon request.</p> <p>The report emphasizes that while medical records are sensitive and should be protected, current state practices are overly restrictive and impede access for those who have a vested interest in the information. The commission believes that its recommendations will "lift the veil of secrecy" and properly balance privacy with the public's right to know and scrutinize its history.</p>
Recruitment	See: Listings on MASterList.com's Job Board for all current listings
Guide to news items in this week's <i>Dignity Digest</i>	<p>Gabriel House Fire 2025 Fall River assisted-living fire (Wikipedia, Undated)</p> <p>Nursing Homes Medicare Advantage plans frequently deny post-acute care for nursing homes, survey finds (Healthcare Dive, August 28, 2025) Despite decolonization efforts, nursing home rooms remain contaminated with resistant organisms (CIDRAP, August 25, 2025)</p> <p>Assisted Living Senior living provider faces multiple lawsuits over alleged loan defaults (McKnights Senior Living, August 29, 2025)</p> <p>Health Care Study warns AI diagnostic tools can be easily misled (*Boston Globe, August 30, 2025 (updated)) C.D.C. Uncertainty Upends Covid Vaccine Access at CVS and Walgreens (New York Times (free access), August 28, 2025) Insurance Companies Send Chilling Letters Just Before Surgery. But Why? (*New York Times, August 22, 2025)</p> <p>Housing A Decade of Slowing Household Growth Ahead for Both Owners and Renters (Harvard University Joint Center for Housing Studies, August 25, 2025) One in Three Older Households Is Cost Burdened (Harvard University Joint Center for Housing Studies, August 11, 2025)</p> <p>Nutrition Everyone benefits from Healthy Incentives (*Salem News, September 1, 2025)</p>

	<p><u>Nutrition's Impact on Depression in Nursing Home Seniors</u> (Bioengineer.org, August 31, 2025)</p> <p>Alzheimer's and Other Dementia <u>The National Dementia Workforce Study: Perspective from the National Institute on Aging</u> (Journal of the American Geriatrics Society, August 28, 2025) <u>Can We Spot Pain When Dementia Takes Away Words?</u> (University of Maryland at Baltimore, Undated)</p> <p>Workforce <u>1.2 million immigrants are gone from the US labor force under Trump, preliminary data shows</u> (Associated Press, August 31, 2025)</p> <p>Private Equity <u>The Corporatization Deal — Health Care, Investors, and the Profit Priority</u> (*New England Journal of Medicine, August 30, 2025)</p> <p>Federal Policy <u>CDC officials who resigned in protest describe embrace of anti-science, anti-vaccine ideology under RFK Jr.</u> (*Boston Globe, August 29, 2025) <u>Will the C.D.C. Survive?</u> (*New York Times, August 29, 2025) <u>Medicare Will Require Prior Approval for Certain Procedures</u> (*New York Times, August 28, 2025) <u>The Public Health Disaster Everyone Saw Coming</u> (*New York Times, August 28, 2025)</p> <p>Disability Topics <u>A judge has been watching the MBTA on behalf of riders with disabilities. That is about to change.</u> (*Boston Globe, September 1, 2025 (updated)) <u>(Un)Hidden: Disability Histories and Our World</u> (Substack, August 31, 2025)</p> <p>From Other States <u>Nursing home to pay \$12M to settle financial fraud, understaffing allegations</u> (McKnights Long-Term Care News, August 26, 2025)</p> <p>Public Sessions Massachusetts Commission for the Blind, Statutory Advisory Board meeting, Tuesday, September 2, 2025, 12:00 p.m., <u>Agenda and Access</u> Massachusetts Commission for the Blind, Rehabilitation Council meeting, Wednesday, September 3, 2025, 1:00 p.m., <u>Agenda and Access</u></p>
<p>DignityMA Study Sessions</p> <p><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright.</p>

	<p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p> <ul style="list-style-type: none"> • Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition • James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration • Steven Schwartz, JD, Special Counsel, Center for Public Representation <p>Recordings of Jim Roosevelt's and Steve Schwartz's presentations are available at https://dignityalliancema.org/videos/. Bob Blancato's presentation is being rescheduled.</p>
<p>DignityMA Study Session</p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></p> <p>Wednesday, May 21, 2025, 2:00 p.m.</p> <p>Unfortunately, this session is being rescheduled. Date to be announced.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required: https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
In Person Events	<p>1. Massachusetts Law Reform Institute</p> <p>Thursday, September 18, 2025, 5:30 to 7:30 p.m. Mintz Law Office, One Financial Center, Boston <u>Catalyst for Change Event</u></p> <p>Carmen Nieves, Executive Director of Alianza DV Services, will be honored with the 2025 Gladys Vega Outstanding Community Leader Award.</p> <p>The event will raise money for MLRI's new Massachusetts Legal Aid & Community Education (LACE) Project. The LACE Project coordinates statewide poverty law training and works with community partners to empower community members regarding their rights. <u>Press release</u></p> <p>2. Disability Policy Commission</p>

	<p>Thursday, October 16, 2025, 6:00 to 8:30 p.m. The NonProfit Center, 89 South Street Boston Fifth Annual John Winske Memorial Awards DPC's annual John Winske Memorial Awards on Thursday, October 16th! This event is an opportunity for the disability community and our allies to come together and celebrate outstanding leadership in disability rights advocacy. The 2025 honorees are: Thomas Menino Award for Public Service <ul style="list-style-type: none"> • State Representative Christine Barber (34th Middlesex) • State Senator Joanne Comerford (Hampshire, Franklin, and Worcester) Mary Lou Maloney Award for Systemic Change <ul style="list-style-type: none"> • Carl Richardson, ADA Coordinator for the MA State House Bill Allan Award for Grassroots Advocacy <ul style="list-style-type: none"> • Health Law Advocates This year, there are two ways to attend the Winske Awards: in-person at the NonProfit Center (89 South Street Boston, MA) and online via Zoom livestream. Tickets are required for both options. For more information and tickets, visit tinyurl.com/JWMA-2025</p>
Webinars and Online Sessions	<p>3. Christopher and Dana Reeves Foundation Wednesday, September 3, 2025, 3:00 p.m. Spinal Cord Injury Translational Research: Making Science a Reality Nurse Linda Jones-Norse will talk with Marco Baptista, Ph.D., Chief Scientific Officer for the Reeve Foundation and Linda Jones-Norse, PT, Ph.D., MS, Reeve Foundation Senior Scientific Director Consultant about spinal cord injury translational research. Register</p> <p>4. Justice in Aging Wednesday, September 17, 2025, 2:00 to 3:00 p.m. <i>Federal Housing Updates for Aging Advocates</i> The Trump Administration's actions around housing and homelessness threaten to harm low-income older adults, who are the fastest-growing group among people experiencing homelessness. The growing gap between incomes and rents means affordable housing is increasingly out of reach for seniors. Yet instead of investing in proven solutions like federal rental assistance, the Administration is seeking to weaken and make cuts to housing and homeless assistance programs, which will deepen the homelessness crisis for older adults. This webinar, Federal Housing Updates for Aging Advocates, will provide an overview of policy threats and opportunities affecting older adults' access to federal housing and homeless assistance programs. Presenters will discuss: <ul style="list-style-type: none"> • The importance of federal rental assistance for older adults; • Federal housing policy updates and advocacy opportunities; and • How aging advocates can take part in a multi-sector campaign advancing federal housing solutions for low-income renters. Who Should Participate: Advocates for older adults at risk of or experiencing homelessness and other aging and disability stakeholders. Presenters:</p>

- Jennifer Kye, Director, Federal Housing Advocacy, Justice in Aging
- Chantelle Wilkinson, Vice President, Strategic Partnerships and Campaigns, National Low Income Housing Coalition

[Register](#)

5. Long Term Care Community Coalition

Tuesday, September 16, 2025, 1:00 to 2:00 p.m.

[Nursing Home Oversight and Disability Law: The Fight to Improve State Enforcement](#)

The Long-Term Care Community Coalition is hosting a FREE webinar, Nursing Home Oversight and Disability Law: The Fight to Improve State Enforcement. They'll take a look at Conner v. Maryland Department of Health, a landmark case alleging that Maryland's oversight failures left nursing home residents without needed inspections or enforcement. They'll explore what this means for state accountability and resident protections nationwide.

Presenters:

- Regan Bailey, Justice in Aging
- Liam McGivern, Justice in Aging
- Toby Edelman, Center for Medicare Advocacy
- Debra Gardner, Public Justice Center

Note: You must register using the link above to access the program live. If you cannot attend, video and slides will be posted within a few days

Register: <https://bit.ly/sept-2025-webinar>

6. Institute for Human Centered Design

Wednesday, September 17, 2025, 12:00 to 2:00 p.m.

[The Inclusive Housing Design Guide](#)

About this event

Jacqueline Runnalls (author) and Dr. Marney Walker (lead peer reviewer) will explore the reasoning behind, and an overview of, Habinteg's [Inclusive Housing Design Guide](#) and additional insights from Jacquelin's work in practice

Housing occupational therapists bring a unique, person-centered approach to the design of accessible, adaptable, and inclusive housing development. Working with a diverse range of people of all ages and abilities in their own homes and communities provides them with insight into the barriers created by poor design. This, alongside overseeing the design and delivery of new build housing development from design concept through to post-occupancy evaluation, provides insights not usually attributed to other built environment professionals in the field. The session will demonstrate why this guide is needed to address common misunderstandings in the interpretation of accessible design, the negative stigmatizing effect of institutional aesthetics, and explain why attention to detail is critical but often overlooked. It emphasizes the importance of inclusive access in connectivity to the local neighborhood, outside space (greenery, play) and explains how detailed technical drawings with real people demonstrates whether the space is fit for purpose, providing evidence to support greater circulatory and spatial requirements. It incorporates affordable, inclusive design solutions, including those to accommodate sensory and cognitive impairments such as the design and location of lighting, visual contrast, acoustics,

	<p>and the guide is supported throughout by photos, case studies, and user insights to demonstrate lessons learnt.</p> <p>About the Speakers</p> <p>Jacquel Runnalls is a housing occupational therapist and accessible and inclusive environments specialist who oversees the design of inclusive, accessible, and adaptable housing development from concept design through to post occupancy evaluation with residents. Jacquel works across public and private sectors with a range of key stakeholders and has spent a career working with disabled and older people in their own homes.</p> <p>She has previously worked on Mayor of London projects including Wheelchair Accessible Housing Best Practice Guidance and the London Accessible Housing Register. Her MSc in Accessibility and Inclusive Design dissertation considered Post Occupancy Evaluation with residents of new build wheelchair housing and she provided expertise to the English Government's Technical Housing Standards Review leading to new building regulations for housing.</p> <p>Jacquel co-authored the Wheelchair Housing Design Guide (Habinteg, 2018), authored the Inclusive Housing Design Guide (Habinteg, 2024) and has been invited to give evidence to two parliamentary inquiries relating to housing for older and disabled People in the housing sector. She is currently a member of the British Standards B/559 committee (accessible and inclusive built environment) and the Access Association.</p> <p>Dr. Marney Walker has a combination of skills and experience in occupational therapy and design research. She specializes in advising on design of inclusive and accessible housing. She developed her practice consulting on the design of supported and extra care and retirement living schemes collaborating with commissioners, architects, and contractors from initial concept through to post occupancy evaluations. Central to her practice is an interest in the impact of the environment on quality of life. Her doctoral research explored the expression of everyday aesthetic preferences in dementia through design. She was lead peer reviewer on the Inclusive Housing Design Guide (Habinteg, 2024); co-author of Adaptations without Delay (RCOT, 2019); and contributed to the Designing with disabled experience project (2025) part of the London GLA Good growth by Design inclusive guidance documents.</p> <p>RSVP on Eventbrite to Receive the Zoom Link</p>
Previously posted webinars and online sessions	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Gabriel House Fire</p> <p>Editor's note: This Wikipedia report provides a detailed summary of the Gabriel House fire. Sections include:</p>	<p>7. Wikipedia Undated 2025 Fall River assisted-living fire Summary: The 2025 Fall River assisted-living fire – widely referred to as the Gabriel House fire – was a five-alarm fire that broke out at the 100-unit Gabriel House Assisted Living Facility in Fall River, Massachusetts, United States, on the night of July 13–14, 2025.^[1] The fire was reported</p>

<ul style="list-style-type: none"> • Background • Events • Victims • Investigation • Aftermath • Reactions <p>It is supported by 58 cited references.</p>	<p>at about 21:50 EDT (01:50 UTC) and quickly spread through the three-story, wood-frame building, with residents visible at upper-floor windows when firefighters arrived. ^{[2][3]}</p> <p>Ten residents died and more than 30 people—including six firefighters—were injured, making it the deadliest fire in Massachusetts in more than four decades. ^{[4][a]} Roughly 70 residents were inside at the time; many used wheelchairs or relied on medical oxygen, conditions that both hindered evacuation and accelerated the fire's spread. ^[6]</p> <p>Investigators have classified the fire as accidental but undetermined. Preliminary findings trace the point of origin to a single second-floor studio where either a malfunctioning oxygen concentrator or discarded smoking materials ignited in an oxygen-enriched atmosphere. ^[4] The performance of the facility's sprinkler and alarm systems remains under review.</p> <p>The disaster prompted Governor Maura Healey to order an emergency review of fire-safety practices at all 273 assisted-living residences in Massachusetts, ^[7] and it has led to multiple negligence lawsuits filed by survivors and victims' families against the facility's owners. ^[8]</p>
<p>Nursing Homes</p>	<p>8. Healthcare Dive August 28, 2025 Medicare Advantage plans frequently deny post-acute care for nursing homes, survey finds By Rebecca Pifer <i>The findings build on other research suggesting that MA insurers restrict care more than they should, especially post-acute services.</i> A new survey by the American Health Care Association (AHCA) reveals that Medicare Advantage (MA) plans are frequently denying post-acute care for their members in nursing homes, often against the advice of medical professionals. Key Findings</p> <ul style="list-style-type: none"> • Frequent Denials: The survey found that 37% of nursing home providers see denials or delays for post-acute care at least once a week, while 29% experience them on a daily basis. • Against Medical Advice: More than two-thirds of nursing homes reported instances where an MA plan ended a resident's coverage against the advice of their doctors. • Profits Over Care: These findings support other research suggesting that MA plans use practices like prior authorizations and AI-driven algorithms to deny care in order to increase their profits. The Senate is currently investigating UnitedHealth for allegedly impeding care for nursing home residents. • Overtaken on Appeal: The survey found that over half of these denials are later overturned on appeal, which suggests the initial denial was inappropriate. • Patient Impact: As a result of these denials, patients may have to pay for care out-of-pocket or be discharged prematurely, which could risk their recovery and lead to re-hospitalization. <p>Despite these concerns, more and more seniors are choosing MA plans, with over half of all Medicare beneficiaries now enrolled. While insurers</p>

	<p>defend prior authorizations as a way to control costs, they have recently pledged to reform the process due to increasing public scrutiny.</p> <p>9. CIDRAP August 25, 2025 <u>Despite decolonization efforts, nursing home rooms remain contaminated with resistant organisms</u> By Chris Dall, MA</p> <p>A study conducted in three U.S. nursing homes found that a new intervention successfully reduced the prevalence of multidrug-resistant organisms (MDROs) among residents but failed to eliminate them from the residents' surrounding environment.</p> <p>The intervention involved routine bathing with chlorhexidine and the use of nasal iodophor for residents.</p> <ul style="list-style-type: none"> • This led to a significant drop in MDRO prevalence, falling from 46% to 29% among residents. • However, the study revealed a critical challenge: • In the rooms of residents who remained colonized with an MDRO, 87% of high-touch surfaces (such as bedside tables and bedrails) were still contaminated. • The intervention was not associated with any reduction of MDROs on these surfaces. <p>The researchers believe that the residents who were not successfully "decolonized" by the intervention may be more likely to shed the organisms, which keeps their rooms contaminated. The study concludes that the environmental surfaces in the rooms of MDRO carriers need special attention for decontamination to prevent the spread of these dangerous bacteria.</p>
Assisted Living	<p>10. McKnights Senior Living August 29, 2025 <u>Senior living provider faces multiple lawsuits over alleged loan defaults</u> By Kimberly Bonvissuto</p> <p>A company that provides financing for energy-efficiency projects, Patowmack Energy Services (also known as Sparkfund), has filed multiple lawsuits to recover more than \$5 million from senior living operator Affinity Living Group (ALG Senior) and its founder, Charles Trefzger.</p> <p>According to court documents, Patowmack alleges that ALG and its affiliates have defaulted on loans for various energy-related equipment, including generators and HVAC systems. Patowmack issued notices of default in both August and December of 2024 after ALG reportedly failed to make its scheduled monthly loan payments. This is not the first time Affinity Living Group has faced financial and legal challenges.</p> <ul style="list-style-type: none"> • Last summer, a federal court appointed a receiver for three of ALG's assisted living communities after the company allegedly defaulted on \$28.3 million in loans. • The real estate investment trust LTC Properties also noted financial issues with ALG last year, deferring \$1.5 million in rent to help the operator with occupancy challenges and other financial pressures.

Health Care	<p>11. *Boston Globe August 30, 2025 (updated) Study warns AI diagnostic tools can be easily misled By Hiawatha Bray Based on the provided text, here is a summary of the potential dangers and biases of medical AI: The Dangers of Medical AI Medical AI systems, while promising, are vulnerable to errors that could harm patients. According to research by Professor Marzyeh Ghassemi of MIT, a simple typo or even a slightly unusual phrase in a patient's medical record can cause an AI to miss a serious health problem. Her research found that when "faulty content" (such as spelling errors or slang) was added to medical records, AIs were 7% to 9% more likely to incorrectly recommend no treatment for the patient. This is especially dangerous for patients who may not speak English as their first language or have a limited education. Unwanted Biases Ghassemi's research has also revealed that medical AIs can show concerning biases that reflect existing societal inequalities in medicine.</p> <ul style="list-style-type: none"> • Gender Bias: The research found that medical AIs were more likely to recommend that female patients not receive additional care compared to male patients, even when explicit gender references were removed from the records. • Racial Bias: AIs have been found to give less empathetic mental health advice to Black and Asian users than to white users. Ghassemi was also part of a team that found an AI could detect a person's race from an X-ray, something a human physician cannot do. • Geographical Bias: An AI model that accurately diagnosed chest X-rays in Canada became "far less reliable" when used in California due to differences in lifestyles and risk factors. <p>The Path Forward Ghassemi, who believes deeply in the potential of AI, argues that these systems need to be developed responsibly. She calls for:</p> <ul style="list-style-type: none"> • Diverse Datasets: Training AIs on data sets that are representative of diverse populations, including different races, genders, economic statuses, and educational backgrounds. • Regular Audits: Implementing regular audits to ensure the systems remain fair as they are updated with new data. • Human Oversight: Clinicians must be prepared to overrule AI recommendations when necessary. • Mandatory Regulation: Ghassemi says regulation is needed to make "equity a mandatory performance standard for clinical AI." <p>She believes that the problems being uncovered in medical AI could be an opportunity to fix the systemic biases that have existed in healthcare for a long time.</p> <p>12. New York Times (free access) August 28, 2025 C.D.C. Uncertainty Upends Covid Vaccine Access at CVS and Walgreens</p>
-------------	--

By Maggie Astor and Dani Blum

State laws and regulatory chaos are driving the country's largest pharmacy chains to require prescriptions or hold back altogether unless a C.D.C. panel acts.

CVS and Walgreens, the two largest pharmacy chains in the U.S., are restricting access to the latest COVID-19 vaccines in more than a dozen states. This is due to a confusing regulatory environment created by the Department of Health and Human Services under Secretary Robert F. Kennedy Jr., whose health agencies have issued confusing guidance and narrowed eligibility criteria for the shots.

How the Confusion is Limiting Access

- **Prescription Requirements:** In many states, CVS and Walgreens now require a prescription from a doctor for the COVID-19 vaccine, a significant change from past practice. This makes it difficult for people without easy access to a physician to get vaccinated.
- **Lack of CDC Recommendation:** The Centers for Disease Control and Prevention's (CDC) advisory panel has not yet recommended the new vaccine. In some states, laws prohibit pharmacists from administering vaccines that lack this recommendation. The panel's meeting has been indefinitely postponed, which could further delay widespread access.
- **Inconsistent Rules:** The list of states requiring a prescription differs between CVS and Walgreens, adding to the public's confusion.
- **Reduced Vaccination Rates:** Doctors fear these new hurdles will discourage people from getting vaccinated, especially as COVID infections are on the rise. They warn that the complex process of scheduling a shot has become an "obstacle course."

Experts say pharmacies are likely requiring prescriptions to protect themselves legally while the situation remains ambiguous.

13. *New York Times

August 22, 2025

[Insurance Companies Send Chilling Letters Just Before Surgery. But Why?](#)

By Ron Lieber

They often deny coverage via snail mail. Here's what happened when my family got a note like that 36 hours before cancer surgery.

The Problem with Prior Authorization

Prior authorization is a process where a patient's health insurance company must approve certain medical procedures or prescriptions before they can be performed or filled. The article describes this process as "unwelcome" and "infuriating," with about **half of all Americans with insurance** having encountered it in the past two years.

- A KFF health research poll found that of those who have dealt with prior authorization, **34% said the process was "somewhat difficult"** and **13% said it was "very difficult."**

A Personal and Financial Toll

The author uses his wife's breast cancer surgery as a case study to illustrate the system's flaws. Just two days before her scheduled mastectomy, they received a letter from UnitedHealthcare stating that prior authorization for the operation was **"partially denied."** This

	<p>created immense stress and financial uncertainty, raising doubts about whether they should even proceed with the surgery.</p> <ul style="list-style-type: none"> The author notes that while they eventually resolved the issue, it took several months to settle the bill in full. <p>Communication Failures</p> <p>A key criticism in the article is the lack of timely communication from both the insurance company and the hospital.</p> <ul style="list-style-type: none"> UnitedHealthcare did not communicate the partial denial via phone, text, or email, leaving the couple to discover the issue from a paper letter just before a major surgery. The company stated it is now offering an "opt-in" for paperless communication, but the author and his wife were unaware of this option. Memorial Sloan Kettering Cancer Center (MSK), where the surgery was performed, had known about the partial denial for about a week before the patient did. The hospital's policy is not to communicate "secondary denials" to patients because they are often resolved on the day of or after surgery. The author argues that this policy fails to consider the patient's mental health and stress. <p>The Broader Impact</p> <p>The insurance industry defends prior authorization as a way to ensure patient safety and cost-effective care. However, the article highlights the potential for life-threatening delays and acknowledges that doctors and patients "despise the system." A poll found that 61% of customers are skeptical that insurance companies will make meaningful improvements.</p> <p>The author concludes by urging both insurance companies and medical providers to prioritize clear, immediate communication with patients when prior authorization issues arise. He recommends that patients directly ask their doctors about the prior authorization process, including who to contact if a problem occurs.</p>
Housing	<p>14. Harvard University Joint Center for Housing Studies August 25, 2025 <i>A Decade of Slowing Household Growth Ahead for Both Owners and Renters</i> By Daniel McCue</p> <p>According to a new paper on household projections, the U.S. is expected to see a general slowing of growth in both homeowner and renter households over the next ten years, from 2025 to 2035. The projections, which are based on demographics and do not account for unpredictable financial changes, offer three possible scenarios for future homeownership rates.</p> <p>Key Projections (2025-2035)</p> <p>The study presents three scenarios for household growth, each with different assumptions about homeownership rates:</p> <ul style="list-style-type: none"> Base Scenario: This scenario assumes that homeownership rates remain constant, resulting in no change to the overall rate, which stays at 65.9%. <ul style="list-style-type: none"> Homeowner Growth: An average of 560,000 new homeowner households per year, which is 18% less than the historical average since 2000.

- **Renter Growth:** An average of **299,000** new renter households per year, which is 50% less than the historical average since 2000.
- **Average-Trajectory Scenario (Highest Homeownership):** This scenario assumes younger generations will become homeowners at historical average rates.
 - **Homeownership Rate:** Increases by **0.8 percentage points**, reaching **66.8%**.
 - **Homeowner Growth:** An average of **685,000** new homeowner households per year, which is the highest of the three scenarios and matches the historical average.
 - **Renter Growth:** An average of just **174,000** new renter households per year, which is 67% below the historical average.
- **Low-Trajectory Scenario (Lowest Homeownership):** This scenario assumes that barriers like high housing costs will continue to suppress homeownership for young adults, following the lowest historical gains. This is considered the most likely scenario given current market conditions.
 - **Homeownership Rate:** Decreases by **1.6 percentage points**, falling to **64.3%**.
 - **Homeowner Growth:** An average of **337,000** new homeowner households per year, which is less than half of the historical average.
 - **Renter Growth:** An average of **523,000** new renter households per year, which is the highest of the three scenarios and roughly equal to the historical average.

Bottom Line

The report concludes that regardless of the scenario, overall household growth is expected to slow. This means that even in the most optimistic projection, the growth in homeowner and renter households will be, at best, historically average. The low-trajectory scenario, which is seen as the most probable outcome, predicts a significant drop in homeowner growth but a sustained demand for rentals. The report cautions that these projections should be viewed with a wide margin of error, as they are sensitive to sudden changes in financial conditions like interest rates.

15. Harvard University Joint Center for Housing Studies

August 11, 2025

[*One in Three Older Households Is Cost Burdened*](#)

By Jennifer Molinsky

The recently released State of the Nation's Housing 2025 report highlights worrying trends in housing affordability for older households (those led by someone age 65 or over). In 2023, over a third (34 percent) of older households were cost burdened, paying more than 30 percent of their income for housing. This represents a new high of over 12.4 million households and an increase of nearly 2.3 million households just since 2019. More than half of these households, 6.7 million, pay over 50 percent of their income for housing, making them severely cost burdened.

	<p>Cost Burdens for Renters and Homeowners Both older renters and homeowners are struggling with rising costs:</p> <ul style="list-style-type: none"> • Renters: 58% of older renters were cost-burdened in 2023, totaling 4.5 million households. Many live on fixed incomes that don't keep up with rising rents, leaving little money for other necessities. • Homeowners: The share of cost-burdened older homeowners rose from 24% to 28% between 2019 and 2023, affecting 7.9 million households. Those with a mortgage are more likely to be burdened (43%) than those who own their homes free and clear (19%). Rising property insurance costs are a factor, even for those without a mortgage. <p>Disparities Among Racial Groups and Age The report also reveals that housing affordability challenges are more prevalent among households of color:</p> <ul style="list-style-type: none"> • The cost-burden rate is nearly 46% for Black older adults and 43% for Hispanic older adults. • Black, Hispanic, and Asian households are more likely than white households to be severely cost-burdened. <p>Furthermore, people in their 80s and over are more likely to face these challenges, with nearly 40% being cost-burdened, compared to just over 32% of those aged 65–79. This is partly due to declining median income and an increase in single-person households in this older age group.</p> <p>Recommendations The report concludes that greater levels of assistance are needed to help older adults remain in their homes. This includes increasing federal rental assistance, providing property tax relief, and expanding programs for home repairs and energy efficiency. It also suggests preserving and expanding the supply of affordable, accessible housing to ensure there are suitable options for older adults.</p>
<p>Workforce</p>	<p>16. Associated Press August 31, 2025 <u>1.2 million immigrants are gone from the US labor force under Trump, preliminary data shows</u> By Corey Williams</p> <p>Heightened immigration enforcement policies under President Trump have had a significant impact on the U.S. labor force. The article highlights that these policies are causing a decline in the number of immigrant workers, leading to labor shortages in several key industries and creating a climate of fear among undocumented workers.</p> <p>Declining Immigrant Labor Force Preliminary data from the Pew Research Center shows that over 1.2 million immigrants have left the U.S. labor force since January. This decline marks the first time the overall immigrant population has decreased after reaching a peak in 2023. While the exact reasons are unclear, experts believe the drop is a direct result of stricter immigration policies, which have led to fewer illegal border crossings and an increase in deportations, primarily targeting individuals with no criminal convictions.</p> <p>Impact on Key Industries</p>

	<p>Immigrants make up nearly 20% of the U.S. workforce and are critical to several sectors. The article cites specific examples of how the labor shortage is affecting these industries:</p> <ul style="list-style-type: none"> • Agriculture: Farmworkers like Lidia, who harvest crops in California, live in constant fear of deportation. In states like Texas, some crops have gone to waste because of a lack of available workers, and in California, fear of raids has caused crews to shrink. • Construction: Construction jobs are down in many U.S. metropolitan areas, and sites are "completely dead" in some locations, with contractors reporting they cannot find qualified workers. • Healthcare: Immigrants make up a large portion of the home healthcare workforce (about 43%), and experts are concerned about who will fill these roles as the immigrant labor force declines. <p>Worker and Industry Concerns</p> <p>The climate of fear created by increased immigration enforcement has a human cost, as highlighted by the story of Lidia, a long-term resident with children born in the U.S. who fears being sent back to a country she barely knows. The article also notes the concerns of business leaders, such as a California ranch manager who has seen a decline in available day laborers. The consensus among experts and advocacy groups is that the decline in immigrant labor will continue to have a negative impact on job growth and the U.S. economy, as immigrants have historically contributed at least 50% of job growth.</p>
<p>Nutrition</p>	<p>17. *Salem News September 1, 2025 <u>Everyone benefits from Healthy Incentives</u> Editorial</p> <p>Following federal cuts to social programs, the state of Massachusetts has taken action to protect its most vulnerable residents by expanding the Healthy Incentives Program (HIP). This program provides additional Supplemental Nutrition Assistance Program (SNAP) benefits for low-income families to purchase fresh, healthy food from local farms and vendors.</p> <p>Restoring and Expanding the Program</p> <p>Since its inception in 2017, the program has enabled Massachusetts families to spend \$85 million on local produce. While benefits were temporarily reduced during the COVID-19 budget crisis, the state is now reinvesting in HIP.</p> <p>As of September 1, the program has a new tiered structure for benefits, with households of up to two people receiving a \$40 monthly cap, and the cap increasing to \$60 for households of three to five people, and \$80 for households of six or more. This is a significant increase from the previous, across-the-board limit of \$20 a month.</p> <p>Addressing a Critical Need</p> <p>According to Governor Maura Healey, the federal cuts threaten to push millions of Americans, including children and seniors, into hunger. In Massachusetts, up to 175,000 residents could lose their SNAP benefits. By expanding HIP, the state aims to combat food insecurity while also supporting its local agricultural economy.</p>

	<p>This move is seen as a crucial step in providing "sorely needed aid" at a time when food prices are rising and federal support is being reduced.</p> <p>18. Bioengineer.org August 31, 2025 <i>Nutrition's Impact on Depression in Nursing Home Seniors</i> By Bioengineer</p> <p>A new study by researchers Poyraz and Bruk Oy suggests that nutrition plays a significant role in mitigating depressive symptoms in nursing home residents. The research, which involved a cross-sectional analysis of older adults, found a strong link between dietary habits and mental well-being.</p> <p>Key Findings</p> <ul style="list-style-type: none"> • Nutrient-Rich Diets Improve Mood: The study found that residents who consumed diets rich in specific nutrients like omega-3 fatty acids, B vitamins, and magnesium had lower rates of depression. • Whole Foods vs. Processed Foods: Participants who ate more whole foods, such as fruits, vegetables, and lean proteins, reported better mental health outcomes, while those who ate more processed and sugary foods were more likely to experience depression. • The Social Aspect of Eating: The study also highlighted the importance of social interaction during meals. Residents who participated in communal dining experiences reported feeling happier and more engaged compared to those who ate alone. <p>The findings align with the growing understanding of the gut-brain connection, suggesting that diet influences both physical and mental health.</p> <p>Recommendations and Implications</p> <p>Based on these findings, the study suggests that nursing homes could improve resident care by revamping their meal programs to focus on more nutritious options. The research also has broader implications, encouraging families, caregivers, and public health initiatives to recognize nutrition as a key component of mental health for the elderly and other populations. This research could pave the way for a new standard of care that integrates both nutritional and mental health strategies to improve the quality of life for older adults.</p>
<p>Alzheimer's and Other Dementia</p>	<p>19. Journal of the American Geriatrics Society August 28, 2025 <i>The National Dementia Workforce Study: Perspective from the National Institute on Aging</i> By Priscilla Novak</p> <p>Abstract</p> <p>As the population of individuals living with Alzheimer's disease and related dementias (AD/ADRD) continues to grow, so does the need for a well-prepared and stable dementia care workforce. The National Dementia Workforce Study (NDWS) represents a significant investment to understand the demographics, experiences, and magnitude and scope of challenges faced by the professional and direct care workforce providing care to people with dementia. This article discusses the NDWS's goals, data collection efforts, and data release. NDWS is the first large-scale national survey of the dementia care workforce,</p>

	<p>encompassing physicians, advanced practice providers, nurses, direct care workers, and other health professionals across four key care settings: community-based medical practices, nursing homes, assisted living communities, and home care. The study's innovative design allows for data linkage with Medicare claims and other health databases, providing a data infrastructure for understanding workforce factors that influence care quality and outcomes. The first datasets were released in July of 2025, and the data can be accessed at no cost. The linked NDWS-Medicare datasets are available through a secure web portal for analysis. Findings from this analysis can answer novel questions that may shape the future of the dementia care workforce in the United States, ensuring that the growing population of people with dementia receives high-quality care. As the study progresses, longitudinal results and annual data updates will continue to provide valuable insights, helping researchers, practitioners, and policymakers understand the workforce caring for people affected by dementia.</p> <p>20. University of Maryland at Baltimore Undated <u>Can We Spot Pain When Dementia Takes Away Words?</u> By Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP A new approach to dementia care is helping nursing home staff better recognize and manage pain in residents, moving away from relying on medication. According to Dr. Barbara Resnick, a professor at the University of Maryland School of Nursing, the key is to rethink how pain is expressed in people with dementia. Because they often cannot say "I hurt," their pain can be misinterpreted as "bad behavior," such as being cranky, hitting, or resisting care. This misinterpretation can lead to skipped meals, infections, and unnecessary hospitalizations. The new approach, based on national guidelines from PALTmed, emphasizes:</p> <ul style="list-style-type: none"> • Recognizing pain through behavioral cues. • Finding the root cause of the pain (which could be as simple as an untrimmed nail). • Using non-drug interventions first. <p>Dr. Resnick highlights that non-pharmacological methods, like a simple conversation or talking about a happy memory, are safer than opioids, which can increase confusion and the risk of falls in dementia patients. She advises families to ensure that a loved one's pain is being assessed and that staff are actively looking for the underlying cause.</p>
Private Equity	<p>21. *New England Journal of Medicine August 30, 2025 <u>The Corporatization Deal — Health Care, Investors, and the Profit Priority</u> By Amitabh Chandra, Ph.D., and Mark Shepard, Ph.D. In their article "The Corporatization Deal," authors Amitabh Chandra and Mark Shepard discuss the growing role of large corporations in the U.S. healthcare industry. They argue that while many view this trend negatively, it is a complex phenomenon driven by the need for capital to</p>

	<p>fund expensive improvements in care. The authors analyze the trade-offs of this "deal" between investors and healthcare organizations.</p> <p>The Corporatization Deal: An Exchange of Capital for Profits</p> <p>The authors define corporatization as an arrangement where healthcare organizations accept capital from investors (like private equity firms, banks, or pension funds) in exchange for a commitment to generate profit. This investment allows organizations to upgrade technology, facilities, and staff salaries, which benefits patients by improving care. However, the requirement to make a profit can push these organizations to change their operations in ways that challenge traditional medical ethics. This can lead to actions such as reducing charitable services, shortening patient appointments, or inflating billing codes.</p> <p>When Corporatization Succeeds and Fails</p> <p>The article presents three examples to illustrate the mixed results of this trend:</p> <ul style="list-style-type: none"> • In Vitro Fertilization (IVF): Corporatization has been largely positive in this sector. Because success rates are easy to measure and patients pay out-of-pocket, competition has driven clinics to improve quality and align profits with patient value. • Nursing Homes: The effects of corporatization on nursing homes have been negative. A lack of strong regulation and the vulnerability of patients, combined with the difficulty of measuring quality, has led to lower-quality care, higher mortality rates, and "profit tunneling" where companies pay inflated prices to their own suppliers. • Biopharmaceutical Industry: This industry is presented as an area that couldn't exist without massive private investment to fund expensive, high-risk research and development. While this model has led to lifesaving drugs, the profit motive can also distort innovation, leading to a focus on highly profitable diseases over less-profitable ones. <p>Alternatives to Corporatization</p> <p>The authors also briefly consider alternatives to corporatization, such as government funding and the nonprofit model. However, they argue that neither is a complete solution. Government funding is often unreliable due to political shifts and bureaucracy, while nonprofits may lack the capital needed for expensive innovation and can still be tempted to dilute their charitable mission for financial reasons.</p> <p>The authors conclude that because healthcare is a unique market, there is no simple "fix" to perfectly align profits with patient value. Policymakers must carefully weigh the benefits and harms of corporatization in each specific area of medicine to determine if it's the right choice.</p>
<p>Federal Policy</p>	<p>22. *Boston Globe August 29, 2025 <u>CDC officials who resigned in protest describe embrace of anti-science, anti-vaccine ideology under RFK Jr.</u> By Jason Laughlin and Sarah Rahal Former high-ranking officials from the Centers for Disease Control and Prevention (CDC) have stated that Health Secretary Robert F. Kennedy Jr. is deliberately undermining the agency and its scientific mission. The</p>

officials, who recently resigned in protest, expressed alarm that Kennedy's decisions are based on anti-vaccine ideology and are leaving the nation unprepared for future health crises.

Abandonment of Science and Expertise

According to the former officials, Kennedy has shown little interest in the scientific and medical expertise of the CDC's staff. They described his actions as an "abandonment of science in favor of anti-vaccine ideology. The firing of CDC Director Dr. Susan Monarez and the subsequent resignations of her top lieutenants were seen as inevitable, as they refused to "rubber stamp" decisions that contradicted scientific evidence.

Among the specific actions cited as evidence of this ideological approach are:

- **Dismissing and replacing the Advisory Committee for Immunization Practices** with individuals who share his anti-vaccine views.
- **Canceling \$500 million in federal funding for mRNA vaccine research.**
- **Making major public health policy announcements**, such as the new COVID vaccine recommendations for children and pregnant women, without notifying or consulting with CDC officials.

Undermining Public Trust and Safety

The former officials believe Kennedy's actions are designed to sow doubt among the public about established medical advice. Dr. Daniel Jernigan, who spent three decades at the CDC, stated that the public is seeing important health decisions being made on Kennedy's "whims" rather than on science, and that this is a deliberate effort to decrease access to vaccines. The officials also noted that the CDC's ability to respond to diseases like Ebola and track global threats has been significantly diminished by workforce reductions and the shift in focus away from established public health practices.

Some states are considering forming their own health cooperatives to provide residents with alternate guidance, but experts warn this cannot compensate for the vast experience being lost at the CDC.

Do you have any questions about the role of the CDC or the broader implications of these events for public health?

23. *New York Times

August 29, 2025

[Will the C.D.C. Survive?](#)

By Apoorva Mandavilli

Robert F. Kennedy Jr.'s assault may have dealt lasting damage to the agency, experts fear, with harsh consequences for public health.

The provided text describes the Centers for Disease Control and Prevention (CDC) as an agency in crisis, with many public health experts believing it's on the verge of "imploding" or "dying." This decline is attributed to a series of actions taken by Health Secretary Robert F. Kennedy Jr.

Key Points of the CDC's Decline

- **Loss of Leadership and Staff:** The firing of CDC Director Susan Monarez, less than a month into her tenure, was the most recent

	<p>and public event in a wave of turmoil. This was followed by the resignation of at least four high-ranking officials in protest. These departures, along with earlier budget cuts and layoffs, have led to a significant loss of expertise and institutional knowledge.</p> <ul style="list-style-type: none"> • Budget and Authority Cuts: The CDC has lost roughly half of its budget and many of its contracts. Its authority, particularly in setting vaccine policy, has been severely diminished, with key decisions being made by the health secretary's office in Washington without input from CDC scientists. • Undermining Scientific Process: The text highlights a fundamental shift away from science-based decision-making. The health secretary has bypassed standard protocols, such as the public review of data by independent advisers, and has made decisions unilaterally. The appointment of an acting director, James O'Neill, who has no medical or scientific training, further underscores this point. • Consequences for Public Health: The weakening of the CDC has far-reaching consequences beyond just vaccine policy. State and local health departments rely on the agency for funding and expertise to address a wide range of issues, from chronic diseases to food safety. The article warns that the country is less prepared to track and respond to new infectious diseases and that the public health infrastructure could take decades to repair. The article concludes that while some agree with Mr. Kennedy's broad health goals, his approach is viewed as a lawyer trying to win an argument rather than a scientist following the evidence, a method that is "breaking" the agency and losing its "good people." <p>24. *New York Times August 28, 2025 <u>Medicare Will Require Prior Approval for Certain Procedures</u> By Reed Abelson and Teddy Rosenbluth <i>A pilot program in six states will use a tactic employed by private insurers that has been heavily criticized for delaying and denying medical care.</i> Medicare is planning a new pilot program that will use artificial intelligence (AI) to screen and potentially deny coverage for certain medical procedures under traditional Medicare. This has raised concerns among patients, doctors, and lawmakers who fear it could introduce the very problems that have plagued private Medicare Advantage plans. The New Program</p> <ul style="list-style-type: none"> • The program, called the Wasteful and Inappropriate Service Reduction Model, will start next year in six states (Arizona, New Jersey, Ohio, Oklahoma, Texas, and Washington). • The government plans to hire private companies that will use AI to review about a dozen specific procedures, such as certain spine surgeries and steroid injections, that officials say are costly and have little benefit.
--	---

- The AI companies will have a financial incentive to deny claims, as they will be paid a share of the savings from rejections.
- While officials say a human clinician will make the final denial decision, critics worry this is a first step toward privatizing traditional Medicare and adopting the unpopular practice of prior authorization.

Widespread Opposition

The new model is already facing opposition from a diverse group of critics, who argue that it's a "slippery slope" that could expand to other treatments.

- Patients, like Frances L. Ayres, fear that this program will bring the same "hassle" and care denials they chose to avoid by staying with traditional Medicare.
- Physician groups, including the American Medical Association, say prior authorization is one of the most burdensome requirements they face.
- Experts and former Medicare officials point out that the financial incentives are the same ones that have caused "so much scrutiny" in Medicare Advantage.
- Democratic lawmakers have also voiced opposition, warning that giving for-profit companies a "veto" over care will erode the traditional Medicare system.

The article concludes that while eliminating wasteful spending is a valid goal, this approach is surprising because it takes the "most unpopular part of Medicare Advantage and [applies] it to traditional Medicare."

25. *New York Times

August 28, 2025

[*The Public Health Disaster Everyone Saw Coming*](#)

By Jeneen Interlandi

Here's a breakdown of the key points from the text:

The Firing: Dr. Monarez was fired less than a month after being confirmed. According to a White House statement, her agenda was "not aligned with the president's agenda of Making America Healthy Again." News reports suggest her firing was due to clashes with Health Secretary Robert F. Kennedy Jr. over vaccine policy.

The Health Secretary's Actions: Despite reassurances during his confirmation hearing that he was a supporter of "gold standard science," the text argues that Secretary Kennedy has been actively dismantling the nation's vaccination apparatus. He has:

- Gutted the committee that helps set vaccine recommendations.
- Undermined access to COVID boosters.
- Poured resources into attempting to link vaccines to autism.
- Canceled almost \$500 million in federal contracts for mRNA vaccine development.

The Roles of Other Leaders: The text highlights that the leaders of the FDA (Dr. Marty Makary) and the NIH (Dr. Jay Bhattacharya), while initially seen by some as a moderating influence, have not stood up to the health secretary. Instead, they have allowed political agendas to override scientific principles within their own agencies.

	<p>A "Brain Drain" of Expertise: In protest of these changes, at least four top CDC officials have resigned, with more rumored to be leaving. The article notes that a "serious and sustained exodus" of scientists and civil servants has been happening all year, taking decades of knowledge and expertise with them.</p> <p>A Broader Concern: The summary concludes by questioning how the nation's top public health official seems to have little interest in or understanding of public health, as evidenced by Secretary Kennedy's focus on unproven theories about antidepressants and "mitochondrial challenges."</p> <p>The article suggests that while Dr. Monarez's firing is a serious event, it's not a surprising one given the "tumultuous summer" of budget cuts, firings, and shifts in protocol that have already been underway.</p>
Disability Topics	<p>26. *Boston Globe September 1, 2025 (updated) <u>A judge has been watching the MBTA on behalf of riders with disabilities. That is about to change.</u> By Angela Mathew</p> <p>For nearly two decades, an independent judge has kept a watchful eye on the MBTA, ensuring that the transit agency complies with the rules for <u>riders with disabilities</u>. Come December, that oversight is expected to end, transferring to a citizen-led group.</p> <p>Some say it's a natural evolution. Others worry that without a judge staying on top of matters, the T could lapse.</p> <p>Back in <u>2006, a settlement agreement</u> required the T to complete more than 200 tasks to make the bus and subway more accessible, changes including reducing platform gaps, improving elevator reliability, and clarifying stop announcements, necessary steps to comply with the Americans with Disabilities Act.</p> <p>From Legal Oversight to Citizen Advocacy</p> <p>The settlement, overseen by an independent monitor, Judge Patrick King, will officially conclude once the MBTA meets its final agreed-upon terms. At that point, a group of disabled riders, the Riders' Transportation Access Group (RTAG), will take over the role of monitoring the transit agency's accessibility.</p> <p>This transition has been met with mixed feelings from the plaintiffs of the original lawsuit:</p> <ul style="list-style-type: none"> • Optimism: Many, including plaintiff Joanne Daniels-Finegold, believe the transition is a positive step. Independent monitor Judge King and attorney Taramattie Doucette feel the change is "exciting and innovative" and that "power rests with the people." Plaintiff Andy Forman is also hopeful, noting that many MBTA staff members in the accessibility department now have disabilities, giving riders a "seat at the table." • Skepticism: Other plaintiffs, like Myrnairis "Mic" Cepeda, are worried that without a monitor who has legal authority, the T may not take their concerns seriously. She believes newer members of the RTAG group don't fully understand the history of the struggle. Plaintiff Katarina "Kat" Torres Radisic shares a similar fear but acknowledges that the group could always sue again if needed.

Editor's note:

Alex Green is an Adjunct Lecturer in Public Policy at Harvard University's Kennedy School of Government. He is a Visiting Fellow at the [Harvard Law School Project on Disability](#). He is a widely recognized advocate, writer, and scholar on the [history of disability institutions](#) in America. Alex is a DignityMA supporter.

Ongoing Challenges

While the MBTA has made progress, some plaintiffs point to remaining issues. For instance, Andy Forman, who is legally blind, wants to see better quality stop announcements. Tom Gilbert, who is visually impaired, highlighted the ongoing problem of potholes at bus stops, which he says are an example of accessibility issues that get "thrown around like a political football" between different government entities.

27. Substack

August 31, 2025

[\(Un\)Hidden: Disability Histories and Our World](#)

By Alex Green

It's possible to end the secrecy that hides a state, a nation, and the world's historic abuses of disabled people. You can help make it happen.

A disability rights movement in Massachusetts is working to expose and address the state's history of institutionalizing and abusing disabled people. According to an article from (Un)Hidden, this effort is focused on opening up historical records that have been largely inaccessible to the public.

Massachusetts's Role in Disability History

For decades, Massachusetts led the way in creating a model for segregating people with intellectual, developmental, and mental disabilities. The author argues this system laid the groundwork for many of the brutal ideas and practices that are still seen today. Despite this history, records from these institutions have been kept from the public through strict privacy laws, which critics say are a cover-up.

These laws have prevented researchers and even descendants of those who were institutionalized from accessing information. For example, Kimberly Turner's family history is tied to the state's Fernald School, and she is unable to access records about her great-grandmother and grandfather who were both institutionalized there.

The Current Movement and Its Progress

A coalition of disabled people and their allies has been working for over 10 years to change these policies. Their efforts have led to significant progress, including the creation of the Special Commission on State Institutions in 2023. This commission recently issued a report that found the state has "weaponized" privacy laws to serve its own interests at the expense of the public.

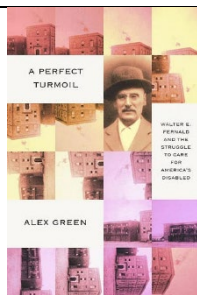
The movement's recent successes include:

- A bill that would open institutional records with reasonable privacy protections after 75 years, as long as the person has been deceased for 50 years.
- The inclusion of key recommendations in a supplemental budget proposed by Governor Maura Healey, which would make it easier to access records, stop the destruction of documents, and repeal a law that allowed medical schools to experiment on the bodies of the disabled dead.

How to Help

	<p>Alex Green urges readers to take action, regardless of where they live. They list several steps that people can take to support the cause, including:</p> <ul style="list-style-type: none"> • Share the story widely with others on social media and via email. • Contact Massachusetts officials to support the proposed changes, and ask for more, including a formal apology for the atrocities committed in state institutions. • Reach out to media to encourage them to cover the issue. <p>Alex argues that while these individual actions may seem small, they are essential to pushing for lasting and meaningful change.</p>
From Other States	<p>28. McKnights Long-Term Care News August 26, 2025 Nursing home to pay \$12M to settle financial fraud, understaffing allegations By Kimberly Marselas A New York nursing home, Van Duyn Center for Rehabilitation and Nursing, will pay \$12 million in penalties to settle allegations that its owners, Efraim Steif and Uri Koenig, defrauded Medicaid and neglected residents. According to an investigation by the New York Attorney General's Office:</p> <ul style="list-style-type: none"> • The owners allegedly diverted millions of dollars of taxpayer money meant for resident care between 2015 and 2022. This included taking out a mortgage and charging the nursing home "fraudulently inflated rental payments," as well as paying themselves salaries for work they did not perform. <p>This alleged fraud resulted in unsafe conditions and inadequate staffing, which led to "traumatic injuries and tragic deaths" for residents. The nursing home currently has a one-star rating.</p> <p>The settlement agreement includes:</p> <ul style="list-style-type: none"> • A \$2 million restitution payment to New York's Medicaid program. • A \$10 million Resident Care Fund to improve care and staffing levels, including potentially raising staff pay. • The installation of an independent healthcare monitor and a financial monitor to oversee the facility's operations. • The owners are prohibited from selling or closing the facility for at least five years. • Additional penalties of up to \$5,000 per day if the nursing home fails to implement the monitors' recommendations.
Public Sessions	<p>29. Massachusetts Commission for the Blind Tuesday, September 2, 2025, 12:00 p.m. <i>Statutory Advisory Board meeting</i> Agenda includes a report from Commissioner John Oliveira, program updates, and public comment. Agenda and Access</p> <p>30. Massachusetts Commission for the Blind Wednesday, September 3, 2025, 1:00 p.m. <i>Rehabilitation Council meeting</i></p>

	<p>Agenda includes updates on the budget, programs, and services, as well as an internship panel discussion.</p> <p>Agenda and Access</p>
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled</p> <p>By Alex Green</p>



About the Author:

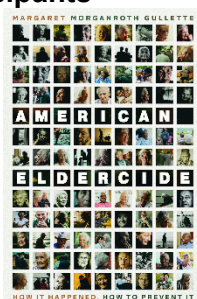
Alex Green teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.

From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, *A Perfect Turmoil* is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.

In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.

[Buy the book here](#)

Books by DignityMA Participants



About the Author:

Margaret Morganroth Gullette is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

[American Eldercide: How It Happened, How to Prevent It](#)

By [Margaret Morganroth Gullette](#)

A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.

Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up.

Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.

Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.

[Buy the book here.](#)

Bringing People Home: The Marsters Settlement

Webpages:

https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/

	https://marsters.centerforpublicrep.org/
Support Dignity Alliance Massachusetts Please <u>Donate!</u>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoores8473@charter.net.</p>
Websites	<p><u>Health Law Advocates</u> https://www.healthlawadvocates.org/</p> <p>HLA provides high quality, free legal assistance to income-eligible Massachusetts residents having difficulty accessing health care or health insurance coverage. We also provide legal assistance to consumers with unaffordable medical debt. HLA represents individuals and litigates class-actions and impact cases.</p> <p>HLA specializes in:</p> <ul style="list-style-type: none"> • Challenging denials of health insurance enrollment (commercial and public insurance) • Fighting denials of coverage for specific health care services (commercial and public insurance) • Protecting patients from illegal medical billing and collection practices • Obtaining access to health care through state agencies and school systems, especially for children <p><u>Public Justice Center</u> https://www.publicjustice.org/en/</p>

	<p>The Public Justice Center pursues systemic change to build a just society.</p> <p>The PJC uses legal advocacy tools to pursue social justice, economic and race equity, and fundamental human rights for people who are struggling to provide for their basic needs.</p> <p>The PJC is a civil legal aid office that provides advice and representation to low-income clients, advocates before legislatures and government agencies, and collaborates with community and advocacy organizations.</p> <p>The PJC chooses projects and cases that will make a significant impact on systems, laws, and policies.</p>	
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024</p>	

	<p>49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid. This is important information for consumers – particularly as they consider a nursing home. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.

	<ul style="list-style-type: none"> For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful. <p>Massachusetts facilities listed (updated)</p> <p>Newly added to the listing</p> <ul style="list-style-type: none"> Salem Rehab Center, Salem https://www.adviniacare.com/adviniacare-salem/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225644/ Fall River Healthcare https://www.nextstephc.com/fallriver Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225723/ <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> 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 Somerset Ridge Center, Somerset https://somersetridge rehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225747 Tremont Healthcare Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488/ <p>Massachusetts facilities that are candidates for listing (months on list)</p> <ul style="list-style-type: none"> AdviniaCare Newburyport (13) https://www.adviniacare.com/adviniacare-country-center/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225332 Brandon Woods of New Bedford (1) https://brandonwoodsnewbedford.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225264/ Cape Cod Post Acute, Brewster (9) https://capecodrehabhc.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225667/ Charwell House Health and Rehabilitation, Norwood (37) https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1)
--	--

	<p>https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412</p> <ul style="list-style-type: none">Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <p>No longer operating</p> <ul style="list-style-type: none">South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram																																																
Nursing Home Inspect	<p>ProPublica Nursing Home Inspect Data updated April 23, 2025 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><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td>Tag B</td></tr><tr><td>C</td><td>106</td><td>82</td><td>Tag C</td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td>Tag D</td></tr><tr><td>E</td><td>2,133</td><td>767</td><td>Tag E</td></tr><tr><td>F</td><td>676</td><td>314</td><td>Tag F</td></tr><tr><td>G</td><td>517</td><td>339</td><td>Tag G</td></tr><tr><td>H</td><td>58</td><td>35</td><td>Tag H</td></tr><tr><td>I</td><td>3</td><td>2</td><td>Tag I</td></tr><tr><td>J</td><td>53</td><td>28</td><td>Tag J</td></tr><tr><td>K</td><td>27</td><td>9</td><td>Tag K</td></tr><tr><td>L</td><td>9</td><td>3</td><td>Tag L</td></tr></table> <p>Updated April 23, 2025</p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	Tag B	C	106	82	Tag C	D	7,445	1,401	Tag D	E	2,133	767	Tag E	F	676	314	Tag F	G	517	339	Tag G	H	58	35	Tag H	I	3	2	Tag I	J	53	28	Tag J	K	27	9	Tag K	L	9	3	Tag L
Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited																																														
B	315	222	Tag B																																														
C	106	82	Tag C																																														
D	7,445	1,401	Tag D																																														
E	2,133	767	Tag E																																														
F	676	314	Tag F																																														
G	517	339	Tag G																																														
H	58	35	Tag H																																														
I	3	2	Tag I																																														
J	53	28	Tag J																																														
K	27	9	Tag K																																														
L	9	3	Tag L																																														
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p>																																																

	<p>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.</p> <p>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.</p> <p>https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services</p> <p><i>Data on Ownership of Nursing Homes</i></p> <p>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>		
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org</p> <p>Facebook: https://www.facebook.com/DignityAllianceMA/</p> <p>Instagram: https://www.instagram.com/dignityalliance/</p> <p>LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts</p> <p>Twitter: https://twitter.com/dignity_ma?s=21</p> <p>Website: www.DignityAllianceMA.org</p>		
Participation opportunities with Dignity Alliance Massachusetts	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu

Most workgroups meet bi-weekly via Zoom.	Facilities (Nursing homes and rest homes)	Jim Lomastro Arlene Germain	jimlomastro@comcast.net agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
Interest Groups meet periodically (monthly, bi-monthly, or quarterly).	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
Please contact group leaders for more information.	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
Bringing People Home: Implementing the Marsters class action settlement	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
REV UP Massachusetts	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
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">• Charlie Carr• Wynn Gerhardt• Alex Green• Jeni Kaplan• Jim Lomastro• Dick Moore• Sarah Vox 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 <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</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.

Previous issues of The Tuesday Digest and The Dignity Digest are available at:

<https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.