



# The Dignity Digest

Issue # 255

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

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|                                | <b>*May require registration before accessing the article.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>DignityMA Zoom Sessions</b> | 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 <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Quotes</b>                  | <p><i>Justice in aging . . . is inseparable from economic democracy: aligning financing, labor, and oversight systems with the lived realities of those who reside and work within them . . . The true task is to redesign the long-term care economy so that dignity is not a branding exercise, but a measurable outcome of how society allocates its collective resources. Only when the structure of payment and ownership reflects the moral claim of equal worth—when workers are paid a living wage, residents have autonomy, and public funds serve the public good—will the halo, reversed or not, cease to obscure reality. What will remain is justice: economic, social, and human.</i></p> <p>James A. Lomastro, <b><i>The Reverse Halo Effect: Reputational Dynamics and Advocacy Strategy in Nursing Home Oversight</i></b> (October 19, 2025)</p> <p><i>“I’m strong. Really strong. And vulnerable, too. Both can be true. . . I’ll die with this disease, but I do have control over what I do with it for the next few years.”</i></p> <p>Harvard Professor Dr. Sue Goldie, <a href="#"><u>Sue Goldie Has Parkinson’s Disease</u></a> (New York Times (free access), October 13, 2025)</p> <p><i>“That will translate to layoffs and office closures and ultimately longer wait times and longer drives for health care services for all of us.”</i></p> <p>Kaitlyn Kenney Walsh, vice president of policy and research at the Blue Cross Blue Shield of Massachusetts Foundation, <a href="#"><u>The thousands in Mass. who receive federal health insurance subsidies</u></a></p> |

[fear for their financial security if they get cut](#) (\*Boston Globe, October 13, 2025)

*Research shows that once patients are on more than 10 medications, [the rate of medication-related problems increases dramatically](#) and [the chance of patients taking them all correctly falls dramatically](#). They are more likely to be confused about what medications they are on ([and therefore more likely to get the wrong medications](#) when they are in the hospital), they are less likely to take them as prescribed, they are more likely to have side effects, and they are more likely to suffer from harmful interactions between the medications.*

[There is no conspiracy, but doctors do have a bias when it comes to medications](#) (\*Boston Globe, October 14, 2025)

*[We must confront the ingrained assumptions](#) that more medicine is better and ensure that de-prescribing (reducing or stopping medications that may be harmful or that may no longer be beneficial), patient autonomy, and alternative approaches are prioritized in every encounter.*

[Overprescribing is a systemic ill that ails older patients](#) (Boston Globe, October 20, 2025)

*"If [federal] credits expire, 65,000 Massachusetts residents — enough to fill Gillette Stadium — could lose their coverage over the next 14 months and hundreds of thousands more would see their costs rise, putting care further out of reach. That deepens the strain on our caregivers, worsens capacity challenges and leads to longer wait times and higher costs for everyone."*

Valerie Fleishman, executive vice president and chief innovation officer at the Massachusetts Health and Hospital Association, [Sticker shock forecast due to expiring health insurance subsidies](#) (\*State House News, October 16, 2025)

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|                                                                                                                                                                                                                                                                                                              | <p><i>Despite repeatedly promising not to cut Social Security, the Trump Administration is <a href="#">reportedly</a> preparing a proposed <a href="#">rule</a> that could reduce the share of applicants who qualify for Social Security Disability Insurance (SSDI) <a href="#">by up to 20 percent</a>.</i></p> <p><a href="#"><i>Trump Administration Plans Deep Cuts to Social Security Disability Insurance, Particularly for Older Workers</i></a> (Center on Budget and Policy Priorities, October 16, 2025)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>Commentary Offered by DignityMA Participants</b></p>  <p>Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.</p> | <p><b><i>Massachusetts at a Crossroads: A Vision for a Dignified Long-Term Care Future</i></b><br/> <b>GSA Connect</b><br/> October 18, 2025<br/> By Richard T. Moore</p> <p>Massachusetts is approaching a demographic inflection point that will profoundly reshape its long-term care (LTC) landscape. “Massachusetts at a Crossroads: A Vision for a Dignified Long-Term Care Future,” a report by Dignity Alliance Massachusetts, offers a comprehensive and urgent call to action for policymakers, providers, and advocates to reimagine the Commonwealth’s approach to aging and disability services. With the population aged 85 and older projected to increase by 40% over the next decade, the report argues that the state must pivot from its institutional-heavy model toward a more equitable, person-centered, and community-based continuum of care.</p> <p>The report’s central thesis is that Massachusetts’ current LTC infrastructure is unsustainable and misaligned with the preferences of older adults and people with disabilities, who overwhelmingly wish to age in place. Despite this, the state continues to invest heavily in nursing home infrastructure, even as demand for institutional care declines. The authors point to flawed demographic projections and outdated assumptions that have led to overbuilding and underutilization of nursing facilities, while home- and community-based services (HCBS) remain underfunded and fragmented.</p> <p>Drawing on data from state agencies, national trends, and stakeholder interviews, the report outlines five core principles for transforming the LTC system:</p> <ol style="list-style-type: none"> <li>1. Dignity and Autonomy: Services must prioritize individual choice, cultural relevance, and the right to age with dignity in the setting of one’s choice.</li> </ol> |

2. Equity and Access: The system must address racial, economic, and geographic disparities in care access and quality.
3. Transparency and Accountability: Public investments in LTC should be tied to measurable outcomes, including quality of life, workforce stability, and consumer satisfaction.
4. Sustainability and Innovation: The state must invest in scalable, cost-effective models such as supportive housing, adult day health, and integrated care teams.
5. Workforce Empowerment: A stable, well-compensated, and respected direct care workforce is foundational to any successful reform.

The report critiques the state's current Certificate of Need (CON) and Determination of Need (DoN) processes, which it argues has failed to align facility expansion with actual community needs. It also highlights the disproportionate impact of COVID-19 on nursing home residents and staff as a stark indicator of systemic vulnerabilities. In response, the authors propose a moratorium on new nursing home construction, a redirection of capital funds toward HCBS infrastructure, and the creation of a statewide LTC planning council with consumer representation.

For gerontologists, the report is a vital resource that bridges policy analysis with the lived experiences of older adults and people with disabilities. It underscores the need for interdisciplinary collaboration across public health, social work, housing, and aging services to build a system that is not only clinically effective but also socially just. The report's emphasis on upstream investment, prevention, and community integration aligns with the Gerontological Society of America's commitment to advancing aging research and practice that enhances quality of life across the lifespan.

In sum, "Massachusetts at a Crossroads" is both a sobering diagnosis and an inspiring blueprint. It challenges stakeholders to confront entrenched assumptions and to co-create a future where long-term care is not a last resort, but a dignified, empowering, and integrated part of community life.

[State headed for perfect storm on senior care](#)

## **Worcester Telegram & Gazette**

October 19, 2025

By Richard T. Moore

This month, as the United Nations marks the International Day of Older Persons, we in Worcester, North County and the Blackstone Valley have reason to reflect — and to act. Our region takes pride in its communities and its care. The UMass Memorial Health System and UMass Chan Medical School offer world-class acute care. But when it comes to long-term care, we are reaching a breaking point.

A new report from Dignity Alliance Massachusetts, "Massachusetts at a Crossroads: Facing a Predictable Crisis," warns that the commonwealth is heading into a demographic storm without an actionable plan. Over the next decade, the number of residents 85 and older will increase by 40%. These aren't just numbers, they're our parents, partners, and neighbors. Yet Massachusetts remains stuck in denial and delay. We are not ready.

This isn't just about a shortage of staffed nursing home beds. It's a failure of imagination and leadership. Most older adults and people with disabilities want to remain in their homes and communities. More than 90% say so. Yet public dollars continue to flow into outdated institutional models that fail to offer privacy and infection protection. It's time to redirect those funds toward home- and community-based services that preserve independence and dignity.

The gaps are especially stark outside Greater Boston. In Central and Western Massachusetts — from the Berkshires to the Pioneer Valley and the Blackstone Valley — communities face rising housing costs, underfunded programs, and a shortage of care workers. When a nursing home closes, residents are often relocated far from family. For low-income individuals relying on MassHealth, choices are even more limited. The message is clear: The current system wasn't built for today's older adults, and care is declining.

We've known this was coming. Advocates and caregivers have sounded the alarm for years. What's missing is coordinated, transparent, accountable action. The Dignity Alliance report offers a roadmap: Launch a public process to assess long-term care needs over the next five to 10 years. Reinvest in home care, adult day programs, accessible transportation, and workforce support — so people can age in place with dignity.

We must also improve the facilities that remain. Large, shared-room nursing homes are relics. We can build smaller, homelike settings that protect privacy and honor each person. But this vision depends on solving the workforce crisis. Direct care workers — often women and immigrants — are underpaid and overworked. They deserve fair wages, benefits, and career paths. Dignity for those receiving care must include dignity for those providing it.

There are glimmers of hope. The [Marsters v. Healey settlement](#) requires the state to help thousands of nursing home residents return to community living. The new Office of Aging and Independence, if restored to full Cabinet-level authority, could coordinate across agencies. But these efforts must be accelerated and fully funded — not buried in bureaucracy. In May, Gov. Maura Healey issued [Executive Order No. 642](#), directing every Cabinet department to focus on “age-friendly” programs. Reports are due next month. But unless those plans include real funding and actionable steps, their words will ring hollow to those who urgently need affordable housing, transportation, health care, and the staff to deliver it.

Every family in our region will feel the impact of decisions made — or not made — in the next two years. We can prepare with care and planning, or we can face a crisis by ignoring the problem as the aging population continues to grow. This is not just a financial choice. It’s a moral one.

Now is the time for elected officials, local leaders, and community members to demand urgent action: invest in home- and community-based services, support fair wages for care workers, and hold state leaders accountable to implement the Dignity Alliance plan. Our dignity — and our future — depend on it.

### **Private Equity Ownership Concerns**

October 20, 2025

By Richard T. Moore

The private equity (PE) ownership model has become increasingly prevalent in the senior care sector, and while it can bring capital and operational efficiencies, multiple studies have raised serious concerns about its impact on staffing levels and care quality.

Here’s a synthesized analysis grounded in recent findings:

**How Private Equity Ownership Can Compromise Staffing and Quality in Senior Care**

### 1. Profit Maximization vs. Care Quality

- **Incentive Misalignment:** PE firms are typically driven by short-term returns, often aiming to exit investments within 3–7 years. This can lead to cost-cutting strategies that prioritize profitability over resident well-being.
- **Reduced Spending on Staffing:** Studies show that PE-owned nursing homes tend to reduce staffing levels, particularly among registered nurses (RNs), who are critical for high-quality care.

### 2. Operational Restructuring and Financial Engineering

- **Complex Ownership Structures:** PE firms often restructure facilities into multiple entities (e.g., separating real estate from operations), which can obscure accountability and make regulatory oversight more difficult.
- **Increased Debt Loads:** Leveraged buyouts can saddle facilities with debt, diverting funds from care delivery to debt servicing.

### 3. Quality of Care Outcomes

- **Worsened Health Outcomes:** A 2021 study found that PE-owned nursing homes had higher rates of emergency room visits and hospitalizations, and lower staffing ratios compared to non-PE-owned counterparts.
- **COVID-19 Exacerbation:** During the pandemic, facilities owned by PE firms were more likely to experience severe outbreaks and higher mortality rates, partly due to understaffing and inadequate infection control.

### 4. Referral Services and Transparency Concerns

- **A Place for Mom:** While not a direct care provider, its PE ownership raises questions about **referral bias**. Since it is funded by participating providers, there may be incentives to steer families toward facilities that pay higher fees, regardless of quality or fit.
- **Lack of Transparency:** Families often assume these services are neutral, but the financial relationships between referral platforms and providers are not always disclosed clearly.

### What This Means for Policy and Oversight

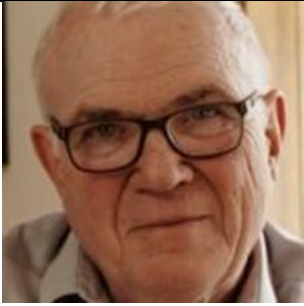
- **Need for Transparency:** Advocates are calling for clearer disclosure of ownership structures and financial relationships, especially in referral services and long-term care chains.
- **Stronger Regulation:** Proposals include minimum staffing standards, limits on debt-financed acquisitions, and public reporting of quality metrics tied to ownership models.

### Sources:

- Systematic review on PE impact in U.S. nursing homes
- Roosevelt Institute report on PE and nursing home care
- Private Equity Stakeholder Project report on bankruptcies and risks
- Health Policy review on PE and nursing home outcomes
- Healthcare Brew article on COVID-19 and PE-owned facilities

[Overprescribing is a systemic ill that ails older patients](#)

\*Boston Globe



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.

October 20, 2025

By James A. Lomastro

Dr. Jeffrey L. Schnipper's call for restraint and transparency in prescribing highlights crucial concerns about polypharmacy, or the use of multiple medications, and medication safety ("[There is no conspiracy, but doctors do have a bias when it comes to medications.](#)" Opinion, Oct. 14). However, the issue of overprescribing demands that we address the deeper forces of ageism and ableism that often drive these patterns, especially among older and disabled people.

[Older people](#), disproportionately affected by chronic illness, are more likely to be prescribed multiple medications, sometimes without adequate consideration for their individual needs, preferences, or vulnerability to side effects and harmful interactions. This is not just a clinical oversight but also a reflection of systemic biases that see aging patients as passive recipients rather than partners in their own care.

Older adults frequently experience medication-related harm simply because their concerns go unheard or their unique risks are overlooked. [We must confront the ingrained assumptions](#) that more medicine is better and ensure that de-prescribing (reducing or stopping medications that may be harmful or that may no longer be beneficial), patient autonomy, and alternative approaches are prioritized in every encounter.

Physicians, patients, and health systems must reject age-based bias in medical decision-making and prioritize clear communication, shared decision-making, and individualized care. Doing so would not only help protect patients from harm. It would also restore dignity to the way we care for our aging population.

### ***The Reverse Halo Effect: Reputational Dynamics and Advocacy Strategy in Nursing Home Oversight***

October 19, 2025

By James A. Lomastro, PhD

In discussions of nursing home quality, the "halo effect" is familiar: the tendency to generalize a single positive trait or reputation across all aspects of performance. Historically, nonprofit and religious nursing homes have benefited from such a halo, presumed to be compassionate and community-oriented simply by virtue of mission or affiliation. In recent years, however, a different and more dangerous psychological dynamic has taken hold across the sector — the reverse halo

effect. Once trust is eroded, every shortcoming appears emblematic of systemic failure. This reputational phenomenon, long recognized in organizational psychology and behavioral economics, has profound implications for both for-profit and nonprofit care institutions — and for the advocates working to reform them.

### **For-Profit Nursing Homes: Manufacturing and Suffering from the Reverse Halo**

The for-profit nursing home sector has, in many respects, created the conditions for a reverse halo of its own making. Private equity and investor-owned chains often enter the market promising efficiency, modernization, and “value-driven” care. Yet repeated evidence of cost-cutting at the expense of staffing and resident safety undermines those claims and shapes a durable negative narrative. A 2021 study by Gupta et al. in JAMA Health Forum found that private equity ownership is associated with a 10% higher mortality rate among residents and an estimated 20,000 excess deaths over twelve years. Further research by the U.S. Government Accountability Office (GAO, 2023) and academic analyses in Health Affairs confirm the pattern: lower staffing ratios, higher turnover, and poorer compliance with care standards. When these findings are publicized, the result is more than a technical indictment — it is moral. For-profit providers become symbols of greed and exploitation in the public imagination. Each incident of abuse or neglect is no longer viewed as isolated but as confirmation of a systemic pathology. This is the reverse halo effect in full force: reputational failure becomes self-perpetuating, shaping how regulators, families, and journalists interpret every new data point. Yet paradoxically, this reverse halo can also harden resistance to reform. For-profit leaders often respond defensively, framing critics as ideologues who “don’t understand business realities.” The resulting polarization stalls the kind of data-driven, system-level solutions that could actually improve outcomes.

### **Nonprofit and Religious Homes: When Moral Reputations Collapse**

Nonprofit and religiously affiliated nursing homes face the opposite risk. For decades, they have benefited from a presumption of virtue — seen as compassionate alternatives to corporate chains. But when their performance falters, the reputational fall is often steeper and more devastating. This, too, is the reverse halo effect. A single inspection failure or well-publicized abuse case can destroy decades of goodwill.

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|  | <p>Stakeholders interpret not only operational failure but moral betrayal: “How could they, of all places, allow this to happen?” Three factors heighten this vulnerability:</p> <ol style="list-style-type: none"> <li>1. <b>Mission–Performance Gap</b><br/>When a facility claims to serve “in the spirit of Christ” or “guided by compassion,” yet operates with chronic understaffing or outdated practices, the gap between message and reality becomes a moral wound. The public expects more, not less, from organizations that frame care as ministry.</li> <li>2. <b>Governance and Expertise</b><br/>Nonprofit boards often consist of well-meaning community or religious leaders who lack clinical, financial, or compliance expertise. Oversight failures, when exposed, amplify perceptions of incompetence or hypocrisy.</li> <li>3. <b>Resource Limitations</b><br/>With heavy dependence on Medicaid reimbursements and charitable contributions, nonprofit homes frequently struggle to maintain competitive staffing. Yet the public does not easily excuse failures attributed to lack of funds when the organization’s moral identity has promised something higher.</li> </ol> <p><b>Two Faces of the Reverse Halo</b><br/>The dual nature of the reverse halo reveals a larger truth about the sector: both moral overreach and moral distrust distort accountability.</p> <ul style="list-style-type: none"> <li>• For-profit chains suffer from a trust deficit — even high-performing facilities are judged through the lens of systemic suspicion.</li> <li>• Nonprofits and religious homes suffer from a trust collapse — their moral capital evaporates faster once the illusion of virtue breaks.</li> </ul> <p>In both cases, perception shapes regulation, funding, and policy momentum. Media coverage amplifies extremes, greed, or betrayal, while nuanced discussion of structural causes (staffing ratios, Medicaid payment adequacy, fragmented data systems) fades into the background.</p> <p><b>Turning Reputation into Leverage: A Strategy for Advocates</b><br/>For advocates and reform coalitions, recognizing the reverse halo effect is not merely diagnostic, it is strategic. Properly understood, it offers tools for mobilization, accountability, and systemic redesign.</p> <ol style="list-style-type: none"> <li>1. <b>Reframing Accountability</b><br/>Advocacy should pivot from moral rhetoric to measurable outcomes. Rather than arguing that for-profits are “bad” or</li> </ol> |
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|  | <p>nonprofits are “good,” reformers can focus on transparent metrics: staffing stability, inspection timeliness, complaint patterns, and hospitalization rates. This reframing avoids moral polarization and grounds debate in empirical performance.</p> <p>2. Value-Based Leverage<br/>When mission-driven organizations invoke moral purpose, advocates can hold them to their own values: “If your mission is dignity and compassion, demonstrate it in your data.” This turns the moral identity of nonprofits from a shield into a lever for accountability.</p> <p>3. Restoring Trust through Transparency<br/>Both sectors can rebuild credibility by supporting open data platforms that translate regulatory and performance information into forms families can actually use. Public dashboards showing inspection frequency, staffing trends, and resident satisfaction transform abstract accountability into something tangible.</p> <p>4. Coalition and Narrative Rebuilding<br/>Recognizing the shared reputational vulnerability of all nursing homes — for-profit and nonprofit alike — allows advocates to build reform coalitions focused on systemic modernization, not blame. Investment in data infrastructure, workforce equity, and predictive oversight technologies can be framed as the pathway to restoring public trust across the entire field.</p> <p><b>Beyond Morality: Systemic Reform</b><br/>The broader policy context reinforces this point. Nursing home oversight in the United States remains largely calendar-based, with federal law requiring inspections at least every 15 months. Yet facilities with the poorest performance often go the longest without review. Data fragmentation compounds the problem: the Centers for Medicare &amp; Medicaid Services (CMS) sets standards; state agencies conduct inspections; staffing and ownership data sit in separate silos. Accountability disappears in the gaps. Modern oversight requires what economists and data scientists call risk-based regulation — using predictive analytics and AI to identify where problems are likely to emerge and intervening before harm occurs. Artificial intelligence excels at exactly what human inspectors struggle with: detecting subtle signals across massive datasets — staffing instability, complaint clustering, or financial anomalies — that precede quality breakdowns. When the system fails to adopt these tools, both types of organizations — mission-driven and profit-driven — remain trapped in outdated structures that magnify their reputational vulnerabilities. The reverse halo becomes self-</p> |
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fulfilling: without technological modernization, trust continues to erode, and public outrage replaces informed oversight.

### **Tax Exemption Issue**

Nonprofit nursing homes retain tax-exempt status for serving charitable purposes, yet many now operate like for-profits—relying on Medicaid, using related-party transactions, and offering limited community benefit. This convergence undermines the justification for exemption, which diverts public funds that could improve staffing, wages, and resident care. From a distributive justice perspective, tax breaks without demonstrated public value perpetuate inequity. Advocates argue exemptions should be conditional on measurable outcomes such as fair wages, transparency, and service to low-income residents. Without such accountability, nonprofit tax advantages become regressive subsidies rather than instruments of social good in long-term care.

### **Conclusion: From Reputation to Justice — Restoring Economic and Distributive Fairness in Long-Term Care**

The reverse halo effect reveals how distorted moral narratives have obscured the true economic structure of American long-term care. Public debates about “good” nonprofits and “bad” for-profits miss the deeper injustice: the entire financing and oversight system distributes risk downward—onto low-wage workers and vulnerable residents—while concentrating reward upward, to owners, executives, and investors. This is not simply a matter of organizational ethics. It is a question of economic and distributive justice. The nursing home sector absorbs billions in public funds through Medicaid and Medicare, yet the value extracted from this system does not flow equitably. Frontline caregivers—predominantly women, immigrants, and people of color—earn poverty wages averaging \$17.36 per hour and face turnover rates approaching 100 percent annually. Meanwhile, complex ownership structures allow private investors to siphon profits through management fees, real estate rents, and related-party transactions, often beyond the reach of standard cost reporting requirements.

Nonprofit and religious homes, though less extractive, are caught in the same structural trap: dependent on inadequate Medicaid reimbursement and subject to the same market pressures that favor cost compression over quality investment. When they fail, they reveal that moral mission alone cannot correct distributive inequity built into the financing model. Justice in this context demands not only moral reform but

redistribution of power and resources. Economic fairness must be built into the architecture of oversight itself.

**Three principles can guide this transformation:**

**1. Reinvest Public Dollars in Direct Care**

Every public payment—Medicaid or Medicare—should be tied to a use-of-funds requirement: a guaranteed minimum share for direct care staffing, fair wages, and resident supports. Transparency in labor spending is not bureaucratic red tape; it is a moral test of whether public money truly serves public purpose.

**2. Cap Extractive Practices**

Ownership and financing reforms must close the loopholes that allow private equity firms and related-party companies to divert funds meant for care. Profit and administrative caps, coupled with quarterly public reporting, would ensure that capital returns do not come at the expense of human dignity.

**3. Empower Workers and Residents as Knowledge Sources**

Economic justice requires participatory oversight. Workers and residents hold the most accurate, real-time understanding of quality. Integrating their voices—through data-sharing, workplace councils, and whistleblower protections—converts experiential knowledge into structural accountability.

Advocates can use the reverse halo effect as a tool of economic leverage. When reputational collapse exposes the contradictions of the system, that is the moment to push for redistributive reform. Rather than moralizing individual organizations, the focus must turn to how public resources are used, who benefits, and who bears the risk. In this sense, the future of nursing home reform is not merely about transparency or technology, but about equitable value distribution. Artificial intelligence and data integration can detect where instability begins, but only structural redistribution—ensuring that the hands providing care share in the economic value of that care—can prevent collapse.

Justice in aging, therefore, is inseparable from economic democracy: aligning financing, labor, and oversight systems with the lived realities of those who reside and work within them. It is not enough to polish reputations or correct perception biases. The true task is to redesign the long-term care economy so that dignity is not a branding exercise, but a measurable outcome of how society allocates its collective resources. Only when the structure of payment and ownership reflects the moral claim of equal worth—when workers are paid a living wage,

residents have autonomy, and public funds serve the public good—will the halo, reversed or not, cease to obscure reality. What will remain is justice: economic, social, and human.

### **The Human Cost of Technical Debt**

#### **Generations – American Society on Aging**

October 16, 2025

By James A. Lomastro

*How failed technology perpetuates suffering in determining disability qualification for older adults.*

More than 1.15 million Americans are trapped in a bureaucratic maze where outdated technology transforms what should be a straightforward administrative process of determining qualification for disability benefits into a prolonged ordeal that threatens their survival.

In September 2024, Social Security Commissioner Martin O'Malley said in an testimony before Congress, "Thirty thousand people died in 2023 while waiting for their disability [decisions](#)"—a statistic the agency calculated for the first time, making it a significant revelation about the human cost of processing delays that disproportionately impacts older adults.

The disability determination crisis represents one of the most devastating examples of how accumulated technical debt can perpetuate human suffering, particularly among older populations that bear the brunt of these systemic failures.

David Camp, CEO of the National Organization of Social Security Claimants' Representatives, said, "a disability claimant is waiting for basic income and health insurance. ... To wait an extra month could be the month in which the untreated, already cured disease kills," further noting that although SSA can't prevent all deaths among those waiting for disability benefits, it has a responsibility to reduce that number.

#### **The Disproportionate Impact on Older Americans**

Older adults constitute a significant share of disability applicants, many seeking benefits for age-related health conditions such as cardiovascular disease, arthritis, degenerative neurological disorders, and mobility impairments that can accompany aging. For these individuals, the [seven-month average wait](#) for an initial decision—up 86% from 2019, represents not merely administrative delay but a direct threat to health and survival during their most vulnerable years.

Across the first eight months of the 2024 federal fiscal year, which began Oct. 1, the average wait was 230 days, or more than seven and a half [months](#). The intersection of aging and

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|  | <p>disability determination delays creates a perfect storm where those with the least time to spare face the longest waits.</p> <p>The <a href="#">statistics</a> reveal a devastating reality for older adults. For those whose initial applications are denied, the journey becomes even more treacherous: the average wait for reconsideration by the SSA, the first step in appealing a denied claim, is seven months. If reconsideration is denied, it takes another 15 months on average to get to the next step, a hearing before a Social Security administrative <a href="#">law judge</a>.</p> <p><a href="#">For older adults</a> in their 60s and 70s, these combined delays of up to two years can consume a significant portion of their remaining lifespan. The cruel mathematics of aging means that older applicants are substantially more likely to be among the roughly <a href="#">10,000 applicants who die and 8,000 who file for bankruptcy</a> while waiting for a decision on their application—their final years marked by financial insecurity and untreated medical conditions.</p> <p><b>Structural Ageism Embedded in Technical Debt</b></p> <p>The technological failures that plague disability determination reflect and perpetuate structural ageism—<a href="#">systematic discrimination</a> built into institutions that disadvantage older adults. When 30,000 people die waiting for benefits, and a disproportionate number are older adults with age-related conditions, this represents not just bureaucratic inefficiency but institutionalized violence against older populations. The fact that such failures would be utterly intolerable in private-sector applications serving younger, more affluent demographics exposes how society devalues the lives and dignity of older people with disabilities. Legacy systems designed for simpler, single-condition cases cannot efficiently process the medical complexity that can characterize older bodies.</p> <p><a href="#">‘For older adults</a> in their 60s and 70s, these combined delays of up to two years can consume a significant portion of their remaining lifespan.’</p> <p>Second, the <a href="#">digital divide</a> disproportionately affects older adults who may lack the computer literacy or internet access necessary to navigate increasingly digitized application processes. While younger applicants can monitor case status online, upload documents electronically, and communicate via email, many older adults struggle with these technologies, creating additional barriers in a system already stacked against them.</p> <p>The shift toward digital systems without maintaining accessible alternatives effectively discriminates against older populations with lower technological proficiency.</p> |
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## **Geographic Disparities and Cumulative Disadvantage in Aging**

[Geographic disparities](#) in processing times expose how technical debt creates profoundly unequal aging experiences based on location. These disparities compound existing regional inequalities in aging support infrastructure. States with weaker fiscal capacity cannot invest in system modernization, creating a feedback loop where technical debt perpetuates regional inequalities in outcomes for older adults. This is exacerbated by the “provider tax” system, where states with stronger fiscal capacity can invest in modernizing systems, while economically disadvantaged states remain trapped with outdated infrastructure. Rural areas, which have higher proportions of older residents, often have the worst technological infrastructure and longest processing times, further disadvantaging older adults who have contributed to society throughout their working lives.

### **The Cascade of Harm in Late Life**

For older populations, disability determination delays trigger a cascade of harms that accelerate decline and reduce quality of life during precious years. Older adults unable to work due to age-related conditions face financial catastrophe during the months-long determination process.

Fixed incomes from limited savings cannot sustain basic needs for seven months or longer. Families struggle to support older parents while managing their own financial obligations, creating intergenerational stress that strains family bonds during a period when emotional support becomes critical.

Medical conditions worsen without timely access to healthcare that disability benefits provide. An older adult with untreated diabetes may progress to neuropathy, vision loss, or kidney disease during the determination process. Cardiovascular conditions deteriorate without proper medication and monitoring. Cognitive decline can accelerate without appropriate interventions. The [system](#) designed to provide support harms older people by withholding healthcare access during medically critical periods, creating permanent disability that might have been prevented with timely intervention.

The psychological toll proves equally devastating. Older adults who have worked throughout their lives experience profound indignity in being forced to prove their inability to work, while simultaneously being denied the means to survive. The stress of financial insecurity, deteriorating health, and bureaucratic frustration contributes to depression, anxiety, and social isolation—conditions that significantly impact health outcomes

in older groups. The roughly 8,000 who file for bankruptcy while waiting include disproportionate numbers of older adults, destroying financial security built over lifetimes of work and permanently undermining their capacity to age with dignity.

### **Barriers to Care Coordination for Aging Populations**

The lack of integration between disability determination systems and modern healthcare technology creates particularly severe barriers for older adults who must provide extensive medical documentation across multiple providers. The requirement to manually gather records from numerous specialists, coordinate communications across fragmented systems, and navigate complex bureaucratic procedures proves especially burdensome for older adults with cognitive decline, mobility limitations, or lack of family support.

‘The Medical Evidence of Record system requires caseworkers to print electronic documents, scan them into imaging systems, and manually index them.’

The Case Processing and Management System cannot directly interface with electronic health records systems, forcing manual data entry for every medical document. For older adults seeing multiple specialists and accumulating hundreds of pages of medical records, this creates weeks or months of delay. The Medical Evidence of Record system requires caseworkers to print electronic documents, scan them into imaging systems, and manually index them—a process that can take weeks for the complex cases typical of aging applicants with multiple chronic conditions.

### **The Moral Imperative: Aging with Dignity**

The disability determination crisis fundamentally undermines the capacity of older adults to age with dignity—a basic human right that society claims to honor but systematically violates through technological neglect and debt. When 30,000 people die annually waiting for benefits, and older adults bear disproportionate harm, this represents a profound moral failure that demands immediate action. The technology exists to dramatically improve these systems through artificial intelligence solutions: natural language processing that automatically extracts relevant medical information, predictive analytics that expedite clear-cut cases, automated evidence gathering that interfaces with healthcare systems, and document processing that eliminates manual indexing.

Yet technical debt prevents implementation of solutions that could save the lives of older applicants. SSA’s core systems still operate on IBM mainframes designed in the 1980s for batch processing, lacking the application programming interfaces

necessary to integrate modern AI workflows. The barriers are not technological, but political and economic—a lack of investment in systems serving vulnerable older adults and a tolerance for technical debt that would be unacceptable in private-sector applications serving younger, wealthier demographics.

### **A Crisis Compounded: Recent Threats to an Already Failing System**

The existing crisis has been dramatically worsened by recent policy decisions. Instead of addressing the technological failures that already claim 30,000 lives yearly, the Trump administration and the Department of Government Efficiency (DOGE), led by Elon Musk, have systematically dismantled SSA's capacity to serve older adults and people with disabilities. Roughly 3,000 SSA employees have been terminated or accepted voluntary separations, with proposals to cut upward of 7,000 more. These reductions target the workforce struggling to process the 1.15 million applications trapped in bureaucratic limbo—applications disproportionately filed by older adults.

In March 2025, former [Commissioner of Social Security Martin O'Malley](#) warned that due to DOGE's efforts, Americans could "see the system collapse and an interruption of benefits" within 30 to 90 days. For older adults in their 60s and 70s already waiting months or years for determinations, such a collapse could prove fatal. A Senate analysis examining the impact of these workforce reductions projects that average wait times for disability benefits will double, and—more devastatingly—the number of people who will die waiting for benefits will also double, to roughly 67,000 Americans annually.

This represents a compounding of cruelty: technical debt already creates lethal delays for older adults, and now deliberate policy choices threaten to double the death toll, while making unsubstantiated claims of fraud that stigmatize older adults seeking benefits they've earned through decades of work.

SSA's IT modernization plan, initiated in 2017, aims to replace legacy systems, reduce IT and other operating costs, and re-engineer business processes. [The Digital Modernization Strategy](#), developed as part of this initiative, focuses on retiring legacy systems in favor of newer and more efficient technologies. Specific annual operating costs are not detailed in the available documents. However, SSA's FY 2025 budget request includes \$14.299 billion in administrative funding, which supports various operational expenses, including IT modernization efforts. Regarding projected savings, [SSA's](#)

[Office of the Inspector General](#) has identified more than \$18.4 billion in cost savings through various recommendations, though these are not exclusively tied to IT modernization. The path forward requires treating modernization as critical infrastructure for supporting older populations, implementing safeguards that ensure equity and accessibility for older adults, and sustained political commitment extending beyond election cycles. Success depends upon recognizing that how we treat our most vulnerable citizens reflects our society's fundamental values. Until we address these failures, older adults will continue suffering needlessly, their final years held hostage by systems that prioritize bureaucratic efficiency over human dignity. The choice before us is clear: continue accepting a system that kills thousands of older Americans annually through delay or commit to comprehensive modernization that serves justice for those who built the society we inherit.

**[Western Mass. can't wait — The long-term care crisis is here](#)**

**\*Daily Hampshire Gazette**

October 13, 2025

By James A. Lomastro

Western Massachusetts prides itself on community and mutual support, from neighbors to families. But we are reaching our limits. The long-term care system meant to help us as we age is

failing, and Western countries are set to face the worst of the coming crisis. A new Dignity Alliance Massachusetts report, "Facing a Predictable Crisis," warns of trouble. The state is heading into a demographic storm without a plan. Over the next decade, the number of residents aged 85 and older is expected to increase by 40 percent. These numbers are not just statistics; they represent our mothers, fathers, and partners. Yet Massachusetts is stuck — denial, delay, no clear, data-driven planning. We are not ready.

The issue isn't just a shortage of nursing home beds. It's a failure of imagination and leadership. Most older adults and people with disabilities want to stay in their homes and communities. Still,

public funds are poured into outdated institutional models instead. We should redirect those dollars. Home and community-based services can help preserve independence and dignity.

This gap is especially clear in western Massachusetts. From the Berkshires to Franklin County, rural towns are facing

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|  | <p>challenges, including a shortage of care workers, rising housing costs, and</p> <p>a mix of underfunded programs. When a local nursing home closes, as several have already, residents are often relocated far from their families. For low-income individuals who rely on MassHealth, options are even more limited. The message is clear: the system is not designed for us, and it is not built to last. We've known this was coming. Advocates and caregivers have sounded the alarm for years.</p> <p>What's missing is action — coordinated, transparent, and accountable. The Dignity Alliance report outlines a plan: to initiate a thorough public process to determine the actual need for long-term services and supports over the next five to ten years. After that, we need to reinvest in home care, adult day programs, accessible transportation, and workforce supports so people can age in place with dignity.</p> <p>We also need to improve the facilities that are still in place. Large, shared-room nursing homes are a thing of the past. We can create smaller, homelike settings to protect privacy and focus on each person. However, this vision hinges also on addressing the workforce crisis. Direct care workers, who are often women and immigrants, are typically underpaid. They deserve fair wages, benefits, and advancement. Dignity for those receiving care means dignity for those providing it too.</p> <p>Meanwhile, families in western Massachusetts are already devising their own solutions, such as caregiving across generations, adjusting work schedules, and piecing together community support. We are stepping in where government planning has fallen short. But individual efforts cannot replace public responsibility.</p> <p>There are glimmers of progress. The <i>Marsters v. Healey</i> settlement — a federal case requiring the state to help thousands of nursing home residents return to community living — offers a path forward. Similarly, the creation of the new Office of Aging and Independence, if restored to full cabinet-level authority and empowered to coordinate across agencies, would also be beneficial.</p> <p>However, these efforts must be accelerated and fully funded, rather than being bogged down in bureaucracy. Western Massachusetts has consistently demonstrated what is possible when communities collaborate, but only if the state acknowledges the magnitude of the crisis and begins planning for it now.</p> |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Every family in this region will feel the impact of the decisions made or not made in the next two years. We can prepare with care and planning, or we can face a crisis by ignoring the problem. This is not just a financial choice, but a moral one. Now is the time for our elected officials, local leaders, and community members to demand urgent action: support investments in home and community-based services, advocate for fair wages for care workers, and hold state leaders accountable to implement the Dignity Alliance plan. Our dignity and future depend on what we do next.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>Remembering with Dignity</b></p> <p>To access the submission form scan</p>  <p>or click on:<br/> <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or<br/> <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>.</p> <p>For more information or questions, contact:<br/> Deborah W. Coogan<br/> Chair, DignityMA's<br/> "Remembering with Dignity" initiative<br/> <a href="mailto:dwc@cooganlaw.com">dwc@cooganlaw.com</a><br/> 617-332-8828</p> | <p><b><i>Dignity Alliance Massachusetts Launches "Remembering with Dignity," a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></b></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><b>How to Submit a Remembrance:</b></p> |

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|                                                                                      | <ul style="list-style-type: none"> <li>• Visit <a href="http://www.dignityalliancema.org">www.dignityalliancema.org</a> and navigate to the “Pandemic Memorial” page under the “Resources” tab or click on <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>. The QR code below can also be used.</li> <li>• A remembrance should be no more than <b>175 words</b>.</li> <li>• Rather than a formal obituary, each submission should describe the person’s essence, values, and their story.</li> <li>• 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).</li> </ul> <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> |
| <b>Transitions</b>                                                                   | <p><b>Alzheimer’s Association, Massachusetts/New Hampshire Chapter</b><br/> <a href="#">Jim Wessler</a> has retired after 27 years with the Alzheimer’s Association. <a href="#">Ginny Hanbridge</a> is the new Executive Director of the MA/NH Chapter and the Regional Vice President for New England. (<a href="mailto:glhanbridge@alz.org">glhanbridge@alz.org</a>)</p> <p><b>Massachusetts Department of Transportation</b><br/> Transportation Secretary Monica Tibbits-Nutt resigned and Gov. Maura Healey’s administration tapped MBTA General Manager <a href="#">Phil Eng</a> to serve as interim transportation secretary while he also runs the sprawling transit agency.</p> <p><b>Executive Office of Health and Human Services</b><br/> <a href="#">Amy Rosenthal</a> will join EOHHS as Undersecretary of Health effective November 17, 2025. She has served as the executive director of Health Care For All (HCFA) since 2017.</p>                                                                                                                                                                                                                                                     |
| <b>Healthy to 100: The Science of Social Connection</b><br><a href="#">SUBSCRIBE</a> | <p><b>National Train Your Brain Day</b></p> <p>Let’s party: it’s National Train Your Brain Day! We don’t know who started it, or even why it is a day, but we’re all for it: It’s a reminder that mental fitness is just as important as physical fitness. It’s a day to challenge your mind - learn a new skill, take a class, maybe read a newsletter that stretches your thinking. But here’s something people often forget: one of the best brain workouts doesn’t come from an app or a crossword - it comes from other people. <a href="#">Research shows</a> that social connection keeps the brain sharp, reducing the risk of cognitive decline and even dementia. Conversations, laughter, and shared experiences light up more parts of the brain than solitary activities do. So call a</p>                                                                                                                                                                                                                                                                                                                                                                                                  |

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|                                                                 | friend, set up a dinner party, or simply strike up a conversation with the person next to you at the park. Your brain will thank you.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Recruitment</b>                                              | See: <a href="#">Listings on MASterList.com's Job Board</a> for all current listings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Guide to news items in this week's <i>Dignity Digest</i></b> | <p><b>Health Care</b><br/> <a href="#">There is no conspiracy, but doctors do have a bias when it comes to medications</a> (*Boston Globe, October 14, 2025)</p> <p><b>Disability Topics</b><br/> <a href="#">Sue Goldie Has Parkinson's Disease</a> (New York Times (free access), October 13, 2025)</p> <p><b>Protective Services</b><br/> <a href="#">Elderly deserve stronger protections from abuse</a> (Daily Hampshire Gazette, October 13, 2025)</p> <p><b>Federal Policy</b><br/> <a href="#">Food Stamp Benefits May Run Out in November, Officials Warn</a> (*New York Times, October 17, 2025)<br/> <a href="#">Trump Administration Plans Deep Cuts to Social Security Disability Insurance, Particularly for Older Workers</a> (Center on Budget and Policy Priorities, October 16, 2025)<br/> <a href="#">The thousands in Mass. who receive federal health insurance subsidies fear for their financial security if they get cut</a> (*Boston Globe, October 13, 2025)</p> <p><b>State House</b><br/> <a href="#">Sticker shock forecast due to expiring health insurance subsidies</a> (*State House News, October 16, 2025)</p> <p><b>Office of Attorney General Andrea Campbell</b><br/> <a href="#">AG's Office Secures Guilty Plea From Leominster Woman For Posing As Caregiver To Steal From Elderly Victims In Worcester And Middlesex Counties</a> (Office of Attorney General Andrea Campbell, October 14, 2025)</p> <p><b>In Person Events</b><br/> <b>Massachusetts Councils on Aging, <a href="#">Fall Conference</a></b>, Wednesday, October 22 through Friday, October 24, 2025, Sea Crest Beach Resort, North Falmouth<br/> <b>Massachusetts Commission for the Blind, <a href="#">White Cane Awareness Day Celebration</a></b>, Friday, October 24, 2025, 10:00 a.m., Great Hall, State House</p> <p><b>Public Sessions</b><br/> <b>Joint Committee on the Judiciary, <a href="#">Hearing</a></b>, Tuesday, October 21, 2025, 1:00 p.m.<br/> <b>Health Policy Commission Board, <a href="#">Monthly Meeting</a></b>, Thursday, October 23, 2025, 12:00 p.m.<br/> <b>Massachusetts Health Connector, <a href="#">Public Hearing</a></b>, Thursday, October 23, 2025, 1:00 p.m.<br/> <b>Assisted Living Residences Commission, <a href="#">Public Hearing</a></b>, Wednesday, November 5, 2025 2:00 p.m.</p> |

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| <p><b>DignityMA Study Sessions</b></p> <p><b><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></b></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"> <li>• Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</li> <li>• James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</li> <li>• Steven Schwartz, JD, Special Counsel, Center for Public Representation</li> </ul> <p>Recordings of Jim Roosevelt’s and Steve Schwartz’s presentations are available at <a href="https://dignityalliancema.org/videos/">https://dignityalliancema.org/videos/</a>. Bob Blancato’s presentation is being rescheduled.</p> |
| <p><b>DignityMA Study Session</b></p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p> | <p><b><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></b></p> <p><del>Wednesday, May 21, 2025, 2:00 p.m.</del></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:<br/> <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a></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>                                                                                                                                                                                                                                                                                                                                                             |

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| <b>Webinars and Online Sessions</b>                   | <ol style="list-style-type: none"> <li> <b>1. Association of Asian Pacific Community Health Organizations</b><br/> Thursday, October 23, 2025, 2:00 p.m.<br/> <a href="#"><u>Healing Relationships, Healthier Communities: Reducing Isolation to Improve Older Adult Health</u></a><br/> <b>Summary:</b> Join us for a collaborative webinar with <a href="#"><u>AAPCHO</u></a> that explores community-based modalities for fostering trust to improve health outcomes among older health center patients. Participants will gain insights from case studies that share outreach and engagement approaches for building connection in older adults as well as communication strategies that prioritize their preventive care needs. Learn more and register <a href="#"><u>here</u></a> </li> <li> <b>2. National Center for Equitable Care for Elders</b><br/> Sessions will be held on October 24, November 7, November 21 and December 5, 2025 from 1:00 to 2:00 p.m.<br/> <a href="#"><u>Prioritizing What Matters to Older Adults Living with Chronic Disease</u></a><br/> Apply by October 23, 2025<br/> Summary: This NCECE small group training will focus on age-friendly approaches to encourage the development and maintenance of healthy lifestyle behaviors in older adults. Health center participants will discuss special considerations for chronic disease self-management in an aging population, including physiological changes and health-related needs.<br/> <a href="#"><u>Apply here</u></a> </li> </ol> |
| <b>Previously posted webinars and online sessions</b> | <p>Previously posted webinars and online sessions can be viewed at:<br/> <a href="https://dignityalliancema.org/webinars-and-online-sessions/"><u>https://dignityalliancema.org/webinars-and-online-sessions/</u></a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Health Care</b>                                    | <ol style="list-style-type: none"> <li> <b>3. *Boston Globe</b><br/> October 14, 2025<br/> <a href="#"><u>There is no conspiracy, but doctors do have a bias when it comes to medications</u></a><br/> By Jeffrey L. Schnipper<br/> <i>Physicians need to be more upfront with their patients about the benefits and harms of the medications we prescribe.</i><br/> <b>Refuting Claims of Pharmaceutical Corruption</b><br/> Dr. Schnipper argues against the idea that physicians are corrupted by the pharmaceutical industry. <ul style="list-style-type: none"> <li>• He states that direct influence from drug companies is small, and access for pharmaceutical representatives to teaching hospitals has been highly restricted for decades.</li> <li>• He calls conspiracy theories—such as doctors keeping people sick for profit or conspiring to suppress nonprescription remedies—"patently absurd" and contrary to the professional oath to help the sick.</li> </ul> <b>Physician Prescribing Habits</b> <ul style="list-style-type: none"> <li>• Doctors develop a "comfort level" with specific medications they deem "best in class" based on effectiveness, safety, cost, and ease of use.</li> <li>• This can lead to a loss of perspective, where physicians may exaggerate the benefits of even the most effective drugs (like</li> </ul> </li> </ol>                                                                                                                                                         |

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|                                 | <p>statins) and overlook that the "best" medication for a condition (like Alzheimer's) may only have modest effects.</p> <p><b>The Problems with Over-Prescribing</b></p> <p>A physician's enthusiasm for prescribing can lead to several issues:</p> <ul style="list-style-type: none"> <li>• <b>High Costs:</b> Medications contribute significantly to high U.S. healthcare costs, as the country has historically not negotiated drug prices.</li> <li>• <b>Neglect of Lifestyle Changes:</b> Doctors may be too quick to prescribe medication for conditions like high blood pressure, where lifestyle changes (diet, exercise) should be the first-line treatment, partly because it's easier than counseling.</li> <li>• <b>Medication Safety:</b> The most common safety issue is polypharmacy (taking too many medications). <ul style="list-style-type: none"> <li>○ Once a patient is on more than 10 drugs, the rate of side effects, drug interactions, and confusion increases dramatically.</li> <li>○ This reduces the patient's ability to take their most important medications correctly.</li> </ul> </li> </ul> <p><b>Recommended Solutions</b></p> <p>Dr. Schnipper suggests a multi-faceted approach:</p> <ul style="list-style-type: none"> <li>• <b>For Physicians:</b> Be more transparent with patients about the true benefits and harms of medications.</li> <li>• <b>For Patients:</b> Have a "healthy skepticism," ask questions about benefits and harms, and consider declining less important medications, especially if already on many.</li> <li>• <b>For Health Systems:</b> Implement programs to address polypharmacy and promote lifestyle changes as first-line treatments.</li> <li>• <b>For Policy:</b> Tie the cost of medications more closely to their effectiveness and safety rather than their production cost.</li> </ul> |
| <p><b>Disability Topics</b></p> | <p><b>4. New York Times (free access)</b><br/> October 13, 2025<br/> <a href="#"><u>Sue Goldie Has Parkinson's Disease</u></a><br/> By John Branch</p> <p><b>The Diagnosis and Decision to Go Public</b></p> <ul style="list-style-type: none"> <li>• Dr. Sue Goldie, a distinguished professor at Harvard's T.H. Chan School of Public Health, was diagnosed with Parkinson's disease in 2021 at age 59.</li> <li>• For nearly four years, she kept her diagnosis secret from most colleagues, students, and administrators, fearing it would alter her reputation and cause others to underestimate her.</li> <li>• She has been secretly documenting her physical and emotional struggles through thousands of video diaries.</li> <li>• This article serves as her public disclosure, a decision made as her symptoms worsen and hiding them becomes exhausting.</li> </ul> <p><b>The "N of 1" Experiment: Triathlon</b></p> <ul style="list-style-type: none"> <li>• Just before her diagnosis, Goldie had impulsively begun training for Ironman triathlons.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|                            | <ul style="list-style-type: none"> <li>• Upon learning that intense exercise is one of the most effective ways to stem Parkinson's symptoms, she dedicated herself to the sport, viewing herself as an "N of 1" (a one-person experiment).</li> <li>• Despite the challenges—including developing workarounds for her symptoms and suffering serious falls and injuries—she completed a full Ironman in 2022 and continues to compete in half-Ironman races.</li> </ul> <p><b>Symptoms and Personal Struggles</b></p> <ul style="list-style-type: none"> <li>• Goldie struggles with motor symptoms like tremors, bradykinesia (slowness), rigidity, and postural instability (balance issues), as well as non-motor symptoms like anxiety.</li> <li>• She describes a profound fear of losing her identity and a feeling of being "alone" with the disease, which is incurable and progressive.</li> <li>• She finds it distressing when people tell her she "looks well," as it invalidates the immense effort it takes to conceal her symptoms.</li> </ul> <p><b>New Advocacy</b></p> <ul style="list-style-type: none"> <li>• Goldie is now combining her professional expertise in global health education with her personal diagnosis by creating a new series of educational videos about Parkinson's disease.</li> <li>• She advocates for exercise and physical therapy to be prescribed to patients immediately upon diagnosis, not just after symptoms become debilitating, and for insurance companies to cover it.</li> <li>• Despite the "one-way train" of the disease, she is determined to "get things done" while she is still the "best me."</li> </ul> |
| <b>Protective Services</b> | <p><b>5. Daily Hampshire Gazette</b><br/>October 13, 2025<br/><a href="#"><u>Elderly deserve stronger protections from abuse</u></a><br/>By Herman Lupinsky</p> <p>Massachusetts prides itself on protecting the vulnerable, yet our state has created a troubling double standard that leaves elderly residents at greater risk than children when it comes to false and malicious abuse reports.</p> <p>Under Massachusetts General Law Chapter 119, §51A, our child protection system includes robust safeguards against fraudulent reporting. Anyone who willfully files a false child abuse report faces fines up to \$2,000 or criminal penalties. The Department of Children and Families must notify alleged perpetrators when reports are “unsupported,” and clear procedures exist for appeal and expungement. These protections recognize that false accusations can destroy lives and families.</p> <p>Our elder abuse reporting system, governed by M.G.L. Chapter 19A, offers no comparable protections. While mandated reporters enjoy immunity when acting in good faith, the law specifies no criminal or civil penalties for knowingly false or malicious reports about elder abuse. There are no standardized procedures for notifying falsely accused caregivers, no clear paths to correct erroneous records, and no mechanism to expunge malicious reports from the system.</p> <p>This disparity is not merely a bureaucratic oversight — it creates real harm. Elderly individuals are, in many ways, more vulnerable to false</p>                                                                                                                 |

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|                       | <p>reporting than children. Many live alone or depend on just one or two caregivers. A single malicious report can instantly sever these lifelines, leaving an elder without food, medication, or companionship. Seniors with dementia, hearing loss, or mobility limitations may not understand investigations or be able to defend themselves. Unlike children in DCF cases, elders receive no automatic advocate or guardian ad litem. The consequences cascade rapidly. False reports disrupt essential care and medication schedules, trigger involuntary hospitalizations, freeze bank accounts, and open doors to predatory guardianship petitions. The emotional trauma alone can accelerate cognitive decline. Long-term effects include permanent health deterioration, financial devastation from legal fees, loss of independence, and premature institutionalization or death.</p> <p>Without deterrents, the Adult Protective Services system can be weaponized. Family members file repeated reports to harass relatives or position themselves for inheritance battles. Health care providers deflect legitimate complaints by filing retaliatory reports against their advocates. Nursing homes use reports to justify removing “difficult” residents. Predatory actors leverage unverified allegations to pursue lucrative guardianship appointments.</p> <p>Because APS protects reporter identities and lacks mandatory review processes for false claims, there is virtually no accountability. The same behavior that could cost someone \$2,000 and criminal charges in a child abuse context carries no penalty when the victim is elderly.</p> <p>This is state-sanctioned discrimination. By providing strong procedural safeguards, penalties, and appeal rights for child abuse reports while omitting comparable protections for elders, Massachusetts effectively enables false and malicious elder abuse reporting. The message is clear and cruel: the rights and reputations of older adults matter less. We must also ensure parity in training, investigation oversight, and access to advocacy. Elder abuse mandated reporter training should match the rigor of DCF programs. Elders should have guaranteed access to legal advocates during investigations. A rapid review panel should evaluate cases where disruption of care poses immediate danger.</p> <p>Our elderly population built this commonwealth. They deserve protection not only from genuine abuse but also from the abuse of systems meant to help them. They deserve the same dignity, due process, and legal safeguards we automatically extend to children.</p> <p>Until Massachusetts corrects this imbalance, we are failing our most vulnerable citizens. The Legislature must act to ensure that protecting the elderly includes protecting them from weaponized reporting. Equal vulnerability demands equal protection under law.</p> |
| <b>Federal Policy</b> | <p><b>6. *New York Times</b><br/> October 17, 2025<br/> <a href="#"><i>Food Stamp Benefits May Run Out in November, Officials Warn</i></a><br/> By Linda Qiu and Tony Romm<br/> <b>Government Shutdown Threatens SNAP Benefits</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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|  | <ul style="list-style-type: none"> <li>• A continued government shutdown into November could lead to "insufficient funds" for the Supplemental Nutrition Assistance Program (SNAP), according to the Agriculture Department.</li> <li>• Approximately 42 million low-income individuals are at risk of severe disruptions to their food stamp benefits.</li> <li>• The Agriculture Secretary stated that the program is projected to "run out of money in two weeks."</li> </ul> <p><b>Potential Impact on Recipients</b></p> <ul style="list-style-type: none"> <li>• The Agriculture Department has directed state agencies to pause the process of loading November benefits.</li> <li>• More than a dozen states have warned recipients that they may face significant delays, receive reduced aid, or get no assistance at all next month.</li> <li>• Such a disruption to food stamp benefits would be the first of its kind in the last 20 years.</li> <li>• In May, the program served nearly 42 million people, with an average benefit of \$188.</li> </ul> <p><b>Possible Contingency Plans</b></p> <ul style="list-style-type: none"> <li>• The agency is exploring contingency plans but faces challenges: <ul style="list-style-type: none"> <li>◦ A \$6 billion contingency fund exists but would not be enough to cover the full month's benefits.</li> <li>◦ Using "Section 32" funds (from customs duties) is a possibility, but this account is also heavily used for other nutrition programs like WIC and school lunches.</li> <li>◦ The department has regulations to reduce benefits based on need, potentially cutting aid more for higher-income families.</li> <li>◦ A legal theory suggests SNAP could be funded as an entitlement program (like Medicare) that is not subject to the annual appropriations process.</li> </ul> </li> </ul> <p><b>State and Expert Guidance</b></p> <ul style="list-style-type: none"> <li>• States like Illinois and New York have indicated they cannot provide funding from their own budgets.</li> <li>• Policy expert Carolyn Vega urged officials to find a quick resolution, noting that even a delay "can be really significant to a family."</li> <li>• Ms. Vega also cautioned against panic and emphasized that eligible individuals should still apply for benefits.</li> </ul> <p><b>7. Center on Budget and Policy Priorities</b><br/> October 16, 2025<br/> <a href="#"><u>Trump Administration Plans Deep Cuts to Social Security Disability Insurance, Particularly for Older Workers</u></a><br/> By Kathleen Romig<br/> Here is a summary of the selected text.</p> <p><b>Proposed Cuts to Disability Benefits</b></p> <p>The Trump Administration is reportedly preparing a rule that could cut the share of applicants qualifying for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) by as much as 20%.</p> <ul style="list-style-type: none"> <li>• This is projected to be the <b>largest cut in SSDI history</b>, exceeding the Reagan-era cuts.</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• An Urban Institute analysis estimates that even a cut half this size would result in <b>750,000 fewer beneficiaries</b> within ten years.</li> <li>• Current beneficiaries could also lose benefits during eligibility reviews.</li> </ul> <p><b>Disproportionate Impact on Older Workers</b></p> <p>The rule is expected to disproportionately harm older applicants by changing how eligibility criteria are applied.</p> <ul style="list-style-type: none"> <li>• <b>Targeting Age:</b> The rule would discount the barriers that age poses to finding substantial work, despite the law requiring the Social Security Administration (SSA) to consider it. Nearly 80% of disabled workers are 50 or older.</li> <li>• <b>Geographic Harm:</b> States in the South, Appalachia, and the Rust Belt are likely to be hit hardest. These regions have higher shares of older workers with less formal education who more commonly worked in physical jobs.</li> </ul> <p><b>Broader Negative Consequences</b></p> <p>Restricting disability eligibility is expected to cause several cascading hardships.</p> <ul style="list-style-type: none"> <li>• <b>Retirement Insecurity:</b> Rejected applicants may be forced to claim Social Security retirement benefits early, which could <b>permanently reduce their monthly benefits by up to 30%</b>.</li> <li>• <b>Loss of Health Care:</b> Losing SSDI eligibility would prevent access to Medicare (which recipients typically get after 24 months). Losing SSI could mean losing Medicaid coverage.</li> <li>• <b>Other Supports:</b> Rejected applicants may struggle to access food assistance (which has strict time limits for non-disabled individuals) and face barriers from new Medicaid work requirements.</li> </ul> <p><b>Context of SSA Actions</b></p> <p>The article frames this proposed rule as the latest in a series of administration actions threatening Social Security.</p> <ul style="list-style-type: none"> <li>• This includes a recent "radical downsizing" at the SSA, which cut 7,000 staff, disrupting services.</li> <li>• It also points to new restrictions on how the public can engage with the SSA for assistance.</li> </ul> <p>8. <b>*Boston Globe</b><br/> October 13, 2025<br/> <a href="#"><i>The thousands in Mass. who receive federal health insurance subsidies fear for their financial security if they get cut</i></a><br/> By Jason Laughlin<br/> Here is a summary of the selected text:<br/> <b>Federal Health Insurance Subsidies at Risk</b><br/> Millions of Americans who purchase health insurance through the Affordable Care Act (ACA) marketplace may face significantly higher premiums if Congress does not extend the current subsidies, which are set to expire at the end of the year.</p> <ul style="list-style-type: none"> <li>• <b>Political Stalemate:</b> Democrats are pushing to make the subsidies permanent, while Republicans have proposed a one-year extension contingent on government funding negotiations.</li> </ul> |
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|              | <ul style="list-style-type: none"> <li>• <b>Budgetary Impact:</b> The Congressional Budget Office estimates that making the subsidies permanent would add \$350 billion to the national deficit by 2035 but would also ensure an additional 3.8 million people.</li> </ul> <p><b>Impact on Individuals and Families</b></p> <p>The expiration of subsidies would lead to substantial increases in monthly insurance premiums, forcing many to make difficult financial choices.</p> <ul style="list-style-type: none"> <li>• <b>Significant Premium Hikes:</b> The average increase for a consumer in Massachusetts could be \$1,300 a year, with some facing much larger increases.</li> <li>• <b>Real-World Examples:</b> <ul style="list-style-type: none"> <li>○ A couple in Millis, MA, could see their monthly payment of \$450 increase by \$800.</li> <li>○ A hairdresser's premium could jump from \$282 back to \$932 a month.</li> <li>○ Some families earning near 500% of the poverty level (around \$133,000 for a family of three) may no longer qualify for any subsidies.</li> </ul> </li> <li>• <b>Financial Strain:</b> Many individuals, including the self-employed, small business employees, and those in rural areas, would struggle to afford coverage, potentially leading to difficult choices between healthcare and other necessities like rent or childcare.</li> </ul> <p><b>Broader Consequences for the Healthcare System</b></p> <p>The loss of subsidies would have far-reaching effects beyond individual premium costs.</p> <ul style="list-style-type: none"> <li>• <b>Increased Uninsured Rate:</b> KFF estimates that between 34,000 and 57,000 more people in Massachusetts could become uninsured.</li> <li>• <b>System-Wide Strain:</b> A reduction in insured individuals could lead to longer emergency room wait times and less money in the healthcare system, potentially causing layoffs, office closures, and longer waits for everyone.</li> <li>• <b>Higher Premiums for All:</b> If younger, healthier people drop their insurance, the overall insurance pool becomes older and sicker, driving up premium costs for everyone.</li> </ul> <p><b>Differing Viewpoints</b></p> <ul style="list-style-type: none"> <li>• <b>Support for Extension:</b> Proponents, like Senator Elizabeth Warren, argue that the subsidies are crucial to prevent financial hardship and ensure access to healthcare.</li> <li>• <b>Opposition to Extension:</b> The Cato Institute, a right-leaning think tank, views the subsidies as a temporary pandemic measure that is now too expensive and benefits some who don't need the assistance.</li> </ul> |
| State Policy | <p>9. <b>*State House News</b><br/> October 16, 2025<br/> <a href="#"><i>Sticker shock forecast due to expiring health insurance subsidies</i></a><br/> By Alison Kuznitz<br/> <i>New premium estimates about to hit mailboxes as subsidy extension talks continue in Washington</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Here is a summary of the selected text:

### **Health Insurance Premiums Set to Rise in Massachusetts**

Massachusetts Health Connector members are facing significant premium increases in 2026 as enhanced federal subsidies, initiated during the COVID-19 pandemic, are set to expire at the end of the year.

#### **Key Impacts of Expiring Subsidies**

- **Notification:** Members are beginning to see these potential premium hikes in their online portals, with official mail notifications expected within the next couple of weeks.
- **Cost Examples:**
  - A 52-year-old single mother's premium could jump from \$75 to \$500 per month.
  - A 62-year-old couple in Peabody earning \$85,000 could see their monthly premium rise from \$892 to \$2,096.
  - A 57-year-old couple in Worcester earning \$85,000 could see their premium rise from \$528 to \$1,687.
- **Potential Coverage Loss:** An estimated 65,000 Massachusetts residents could lose their health coverage over the next 14 months.

#### **Affected Populations**

- **Higher Earners:** Households earning above 400% of the federal poverty level (approx. \$62,600 for one person, \$128,400 for a family of four) will no longer qualify for subsidized ConnectorCare and must find unsubsidized plans.
- **Legally Present Noncitizens:** Around 36,000 members who are noncitizens but legally present will lose eligibility for ConnectorCare starting Jan. 1, regardless of the subsidy extension, due to the "One Big Beautiful Bill Act."

#### **Political and Legislative Context**

- **Federal Disagreement:** Enhanced premium tax credits are set to expire under the 2022 Inflation Reduction Act. U.S. Senate Democrats are blocking stopgap spending measures to reopen the (shut down) federal government in an attempt to preserve these subsidies.
- **Republican Stance:** Vice President JD Vance criticized the tax credits for "waste and fraud," while Senate Majority Leader John Thune has suggested allowing a vote on extension only if "reforms" are included.
- **State-Level Action:** The Massachusetts House passed a spending bill to restructure the hospital assessment program, adding more funding to the Health Safety Net Fund for uninsured care.

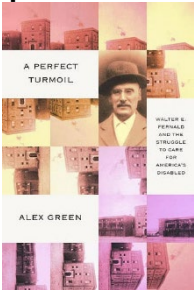
#### **Broader Consequences**

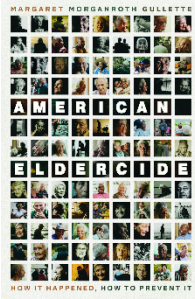
- **Patient Health:** Individuals may be forced to drop coverage, leading them to delay or forgo necessary care (e.g., mammograms, blood pressure checks, asthma inhalers), which could worsen health outcomes.
- **Healthcare System Strain:**
  - An increase in uninsured patients using emergency departments would deepen the strain on hospital capacity, caregivers, and wait times.

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|                                            | <ul style="list-style-type: none"> <li>○ Hospitals would face "unsustainable losses" from rising uncompensated care, straining the already underfunded Health Safety Net.</li> <li>• <b>Public Distress:</b> The Health Connector is preparing for a surge in "distressing" and "escalated" calls from members facing anxiety over how to afford their premiums.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Office of Attorney General Andrea Campbell | <p><b>10. Office of Attorney General Andrea Campbell</b><br/>October 14, 2025<br/><a href="#"><u>AG's Office Secures Guilty Plea From Leominster Woman For Posing As Caregiver To Steal From Elderly Victims In Worcester And Middlesex Counties</u></a></p> <p>The Attorney General's Office (AGO) today announced that Regina Henaku, 33, of Leominster, has pleaded guilty to stealing thousands of dollars from multiple elderly victims while posing as a professional caregiver and working at health care agencies and long-term care facilities throughout Worcester and Middlesex Counties. Through various jobs as a supposed health care worker, the AGO alleged that Henaku stole the bank cards of at least 16 elderly victims, used the bank cards of 11 of those victims to steal approximately \$28,000, and attempted to steal from the rest.</p> <p>On October 14, 2025, as a result of charges brought by the AGO, Henaku pleaded guilty in Middlesex Superior Court to Larceny Over \$250 from an Elder or Disabled Person; Credit Card Fraud; Attempted Larceny Over \$250 from an Elder or Disabled Person; Identity Fraud; and Witness Intimidation. As a result of the plea, Henaku was sentenced to two years in a House of Correction, with one year to serve and the balance suspended for 2 years. Additionally, Henaku was barred from any work involving the elderly and disabled and from working in health care or social work.</p> <p>During and following the AGO's investigation, virtually all of the fraudulent credit card purchases was refunded to victims by their credit card and banking companies. As a result of the plea, Henaku has also been ordered to pay any remaining restitution to victims of her scheme. In <a href="#"><u>March 2025</u></a>, the AGO secured indictments against Henaku. The AGO alleged that between August and November 2024, Henaku used the stolen identities and professional credentials of a relative and a former co-worker to fraudulently pose as a professional caregiver and gain employment at five different health care agencies, long-term care facilities, and assisted living facilities. Henaku typically stayed at each job for a period of a few weeks, during which time she allegedly stole the credit or debit cards of elderly victims, including MassHealth members, and then used or attempted to use the cards without the victims' knowledge.</p> <p>The locations at which Henaku worked while stealing from the victims include a long-term care facility in Framingham, a senior living facility in Bedford, and assisted living facilities in Hudson and Leominster, amongst others within Worcester and Middlesex Counties.</p> |
| In Person Events                           | <p><b>11. Massachusetts Councils on Aging</b><br/><a href="#"><u>Fall Conference</u></a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|                        | <p>Wednesday, October 22 through Friday, October 24, 2025<br/> Sea Crest Beach Resort, 350 Quaker Road, North Falmouth<br/> Sessions will explore collaboration between aging service access points and councils on aging, creating community with memory cafes, communication techniques to interact with individuals who have Alzheimer's, accommodating transportation needs, hoarder disorder, building vaccine confidence, reaching older adults experiencing homelessness or living under guardianship, AI and technology for dementia care and caregiver support, and social prescribing to arts and cultural programming, among other topics.</p> <p><b>12. Massachusetts Commission for the Blind</b><br/> Friday, October 24, 2025, 10:00 a.m.<br/> Great Hall, State House<br/> <a href="#">White Cane Awareness Day Celebration</a><br/> The cane helps identify and empower people who are blind or have low vision, organizers say. Winners will also be announced for the Meg Robertson Mobility Awards, which honors individuals who "demonstrate mobility skills at their level and incorporate the white cane into their lives to increase independence." The State House's accessible entrance is at Ashburton Park.</p> <p><b>13. <a href="#">Global Ageing Network Summit</a> and the <a href="#">LeadingAge Annual Meeting</a></b><br/> November 1 through 5, 2025<br/> Thomas Michael Menino Convention Center, Boston<br/> <a href="https://globalageing.org/2025-joint-conference/">https://globalageing.org/2025-joint-conference/</a><br/> <a href="https://annualmeeting.leadingage.org/">https://annualmeeting.leadingage.org/</a></p> |
| <b>Public Sessions</b> | <p><b>14. Joint Committee on the Judiciary</b><br/> Tuesday, October 21, 2025, 1:00 p.m.<br/> <a href="#">Hearing H.1814</a> <i>An Act to create the office of the tenant advocate in the Office of the Attorney General</i></p> <p><b>15. Health Policy Commission Board</b><br/> Thursday, October 23, 2025, 12:00 p.m.<br/> <a href="#">Monthly Meeting</a><br/> The commission plans to hold its annual health care costs trends hearing on November 12, and commissioners will review the plans and agenda for that event. Commissioners also plan to discuss the HPC's investment program strategy and the two programs in development, and review and release new research on pharmacy deserts in Massachusetts. Findings from the agency's annual cost trends report will be previewed, with the report slated for release later this year. The meeting will conclude with agency updates from Executive Director David Seltz.<br/> <a href="#">Livestream</a></p> <p><b>16. Massachusetts Health Connector</b><br/> Thursday, October 23, 2025, 1:00 p.m.<br/> <a href="#">Public Hearing</a><br/> Massachusetts Health Connector holds a public hearing on emergency amendments tied to eligibility and enrollment regulations for Connector</p>                                                                                                                                                                                                                                                                                                                                                                                                          |



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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>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: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. 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 <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), 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><b>Books by DignityMA Participants</b></p>  <p>About the Author:<br/> <b>Alex Green</b> 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.</p> | <p><b><u><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></u></b><br/> By Alex Green</p> <p>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, <i>A Perfect Turmoil</i> 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.</p> <p>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.</p> <p><b><u><a href="#">Buy the book here</a></u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Books by DignityMA Participants</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b><u><a href="#">American Eldercide: How It Happened, How to Prevent It</a></u></b><br/> By <a href="#">Margaret Morganroth Gullette</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



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.

## 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://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/)  
<https://marsters.centerforpublicrep.org/>

## Support Dignity Alliance Massachusetts

[Please Donate!](#)

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.

**As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, [www.DignityAllianceMA.org](http://www.DignityAllianceMA.org), which has thousands of visits each month.**

**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.**

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|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                | <a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a><br><br>Thank you for your consideration!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |
| <b>Dignity Alliance Massachusetts Legislative Endorsements</b> | Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a><br>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:dickmoore1943@gmail.com">dickmoore1943@gmail.com</a> .                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |
| <b>Websites</b>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |
| <b>Blogs</b>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |
| <b>Podcasts</b>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |
| <b>YouTube Channels</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |
| Previously recommended websites                                | The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . 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 <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |
| Websites of Dignity Alliance Massachusetts Members             | See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            |
| Contact information for reporting complaints and concerns      | <b>Nursing home</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <a href="#">Department of Public Health</a><br>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a><br>2. Fax completed form to (617) 753-8165<br>Or<br>Mail to 67 Forest Street, Marlborough, MA 01752<br><a href="#">Ombudsman Program</a> |
| MassHealth Eligibility Information                             | <a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a><br><b>Table of Contents</b> (Last updated: December 16, 2024)<br><a href="#">Massachusetts Medicaid Long-Term Care Definition</a><br><a href="#">Income &amp; Asset Limits for Eligibility</a><br><a href="#">Income Definition &amp; Exceptions</a><br><a href="#">Asset Definition &amp; Exceptions</a><br><a href="#">Home Exemption Rules</a><br><a href="#">Medical / Functional Need Requirements</a><br><a href="#">Qualifying When Over the Limits</a><br><a href="#">Specific Massachusetts Medicaid Programs</a><br><a href="#">How to Apply for Massachusetts Medicaid</a> |                                                                                                                                                                                                                                                                            |
| Money Follows the Person                                       | <b>MassHealth</b><br><a href="#">Money Follows the Person</a><br>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.<br><b>Statistics as of March 31, 2025:</b><br>344 people transitioned out of nursing facilities in 2024                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                            |

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|                                  | <p>49 transitions in January and February 2025<br/>           910 currently in transition planning<br/> <a href="#">Open PDF file, 1.34 MB, MFP Demonstration Brochure</a><br/> <a href="#">MFP Demonstration Brochure - Accessible Version</a><br/> <a href="#">MFP Demonstration Fact Sheet</a><br/> <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Nursing Home Closures            | <p>List of Nursing Home Closures in Massachusetts Since July 2021:<br/> <a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Determination of Need Projects   | <p>List of Determination of Need Applications regarding nursing homes since 2020:<br/> <a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a><br/>           Recent approval:<br/> <a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a><br/>           Approved May 5, 2025</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| List of Special Focus Facilities | <p><b>Centers for Medicare and Medicaid Services</b><br/> <i>List of Special Focus Facilities and Candidates</i><br/> <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a><br/> <b>Updated March 26, 2025</b><br/>           CMS has published a new list of <a href="#">Special Focus Facilities</a> (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.<br/>           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.<br/>           This is important information for consumers – particularly as they consider a nursing home.<br/> <b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Post the list on your program's/organization's website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Massachusetts facilities listed (updated )</b></p> <p><b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>Salem Rehab Center, Salem<br/> <a href="https://www.adviniacare.com/adviniacare-salem/">https://www.adviniacare.com/adviniacare-salem/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225644/">https://projects.propublica.org/nursing-homes/homes/h-225644/</a> </li> <li>Fall River Healthcare<br/> <a href="https://www.nextstephc.com/fallriver">https://www.nextstephc.com/fallriver</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225723/">https://projects.propublica.org/nursing-homes/homes/h-225723/</a> </li> </ul> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>Marlborough Hills Rehabilitation and Health Care Center, Marlborough<br/> <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225063">https://projects.propublica.org/nursing-homes/homes/h-225063</a> </li> <li>Somerset Ridge Center, Somerset<br/> <a href="https://somersetridge rehab.com/">https://somersetridge rehab.com/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a> </li> <li>Tremont Healthcare Center, Wareham<br/> <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225488/">https://projects.propublica.org/nursing-homes/homes/h-225488/</a> </li> </ul> <p><b>Massachusetts facilities that are candidates for listing (months on list)</b></p> <ul style="list-style-type: none"> <li>AdviniaCare Newburyport (13)<br/> <a href="https://www.adviniacare.com/adviniacare-country-center/">https://www.adviniacare.com/adviniacare-country-center/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225332">https://projects.propublica.org/nursing-homes/homes/h-225332</a> </li> <li>Brandon Woods of New Bedford (1)<br/> <a href="https://brandonwoodsnewbedford.com/">https://brandonwoodsnewbedford.com/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225264/">https://projects.propublica.org/nursing-homes/homes/h-225264/</a> </li> <li>Cape Cod Post Acute, Brewster (9)<br/> <a href="https://capecodrehabhc.com/">https://capecodrehabhc.com/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225667/">https://projects.propublica.org/nursing-homes/homes/h-225667/</a> </li> <li>Charwell House Health and Rehabilitation, Norwood (37)<br/> <a href="https://tinyurl.com/Charwell">https://tinyurl.com/Charwell</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225208">https://projects.propublica.org/nursing-homes/homes/h-225208</a> </li> <li>Life Care Center of Merrimack Valley, Billerica (2)<br/> <a href="https://lcca.com/locations/ma/merrimack-valley/">https://lcca.com/locations/ma/merrimack-valley/</a><br/> Nursing home inspect information:<br/> <a href="https://projects.propublica.org/nursing-homes/homes/h-225546/">https://projects.propublica.org/nursing-homes/homes/h-225546/</a> </li> </ul> |
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|                      | <ul style="list-style-type: none"><li>• Medway Country Manor Skilled Nursing &amp; Rehabilitation, Medway (1)<br/><a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a><br/>Nursing home inspect information:<br/><a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></li><li>• Pine Knoll Nursing Center, Lexington, (3)<br/><a href="https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab">https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab</a><br/>Nursing home inspect information:<br/><a href="https://projects.propublica.org/nursing-homes/homes/h-225049/">https://projects.propublica.org/nursing-homes/homes/h-225049/</a></li><li>• RegalCare at Glen Ridge (20)<br/><a href="https://www.genesishcc.com/glenridge">https://www.genesishcc.com/glenridge</a><br/>Nursing home inspect information:<br/><a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></li><li>• West Newton Healthcare, West Newton (9)<br/><a href="https://www.nextstephc.com/westnewton">https://www.nextstephc.com/westnewton</a><br/>Nursing home inspect information:<br/><a href="https://projects.propublica.org/nursing-homes/homes/h-225324/">https://projects.propublica.org/nursing-homes/homes/h-225324/</a></li></ul> <p><b>No longer operating</b></p> <ul style="list-style-type: none"><li>• South Dennis Healthcare, South Dennis<br/><a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li></ul>                      |                |                       |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
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| Nursing Home Inspect | <p><b>ProPublica</b><br/><b>Nursing Home Inspect</b><br/><b>Data updated October 15, 2025</b><br/>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 (July 1, 2022 through September 30, 2025. Massachusetts listing:<br/><a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a><br/><b>Deficiencies By Severity in Massachusetts</b><br/><a href="#">(What do the severity ratings mean?)</a></p> <table><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Reports</th><th>MA facilities cited</th></tr><tr><td>B</td><td>257</td><td>187</td><td><a href="#">Tag B</a></td></tr><tr><td>C</td><td>77</td><td>63</td><td><a href="#">Tag C</a></td></tr><tr><td>D</td><td>5,993</td><td>1,193</td><td><a href="#">Tag D</a></td></tr><tr><td>E</td><td>1,872</td><td>630</td><td><a href="#">Tag E</a></td></tr><tr><td>F</td><td>446</td><td>226</td><td><a href="#">Tag F</a></td></tr><tr><td>G</td><td>420</td><td>278</td><td><a href="#">Tag G</a></td></tr><tr><td>H</td><td>54</td><td>30</td><td><a href="#">Tag H</a></td></tr><tr><td>I</td><td>2</td><td>1</td><td><a href="#">Tag I</a></td></tr><tr><td>J</td><td>64</td><td>31</td><td><a href="#">Tag J</a></td></tr><tr><td>K</td><td>30</td><td>9</td><td><a href="#">Tag K</a></td></tr><tr><td>L</td><td>7</td><td>2</td><td><a href="#">Tag L</a></td></tr></table> <p><b>Updated October 15, 2025</b></p> | Deficiency Tag | # Deficiencies        | # Reports | MA facilities cited | B | 257 | 187 | <a href="#">Tag B</a> | C | 77 | 63 | <a href="#">Tag C</a> | D | 5,993 | 1,193 | <a href="#">Tag D</a> | E | 1,872 | 630 | <a href="#">Tag E</a> | F | 446 | 226 | <a href="#">Tag F</a> | G | 420 | 278 | <a href="#">Tag G</a> | H | 54 | 30 | <a href="#">Tag H</a> | I | 2 | 1 | <a href="#">Tag I</a> | J | 64 | 31 | <a href="#">Tag J</a> | K | 30 | 9 | <a href="#">Tag K</a> | L | 7 | 2 | <a href="#">Tag L</a> |
| Deficiency Tag       | # Deficiencies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | # Reports      | MA facilities cited   |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| B                    | 257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 187            | <a href="#">Tag B</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| C                    | 77                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 63             | <a href="#">Tag C</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| D                    | 5,993                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1,193          | <a href="#">Tag D</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| E                    | 1,872                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 630            | <a href="#">Tag E</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| F                    | 446                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 226            | <a href="#">Tag F</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| G                    | 420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 278            | <a href="#">Tag G</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| H                    | 54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 30             | <a href="#">Tag H</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| I                    | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1              | <a href="#">Tag I</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| J                    | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 31             | <a href="#">Tag J</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| K                    | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9              | <a href="#">Tag K</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| L                    | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2              | <a href="#">Tag L</a> |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |
| Nursing Home Compare | <p><b>Centers for Medicare and Medicaid Services (CMS)</b><br/><i>Nursing Home Compare Website</i><br/>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                       |           |                     |   |     |     |                       |   |    |    |                       |   |       |       |                       |   |       |     |                       |   |     |     |                       |   |     |     |                       |   |    |    |                       |   |   |   |                       |   |    |    |                       |   |    |   |                       |   |   |   |                       |

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|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                               | <p>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"> <li>• <b>Staff turnover:</b> 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.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <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><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p> |                               |                                                                                                                                            |
| Data on Ownership of Nursing Homes                                                                                            | <p><b>Centers for Medicare and Medicaid Services</b></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 <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                            |
| DignityMA Call Action                                                                                                         | <ul style="list-style-type: none"> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                            |
| Access to Dignity Alliance social media                                                                                       | <p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a></p> <p>Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a></p> <p>Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a></p> <p>LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a></p> <p>Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a></p> <p>Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                                            |
| <p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p> | <b>Workgroup</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Workgroup lead</b>         | <b>Email</b>                                                                                                                               |
|                                                                                                                               | General Membership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Bill Henning<br>Paul Lanzikos | <a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a><br><a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a> |
|                                                                                                                               | Assisted Living                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | John Ford                     | <a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>                                                                                     |
|                                                                                                                               | Behavioral Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Frank Baskin                  | <a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>                                                                       |
|                                                                                                                               | Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lachlan Forrow                | <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>                                                                   |
|                                                                                                                               | Facilities (Nursing homes and rest homes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jim Lomastro                  | <a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Interest Groups meet periodically (monthly, bi-monthly, or quarterly).<br><br>Please contact group leaders for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Home and Community Based Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Meg Coffin                 | <a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Legislative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Richard Moore              | <a href="mailto:Dickmoore1943@gmail.com">Dickmoore1943@gmail.com</a>                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Legal Issues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Stephen Schwartz           | <a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a>                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Interest Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Group lead</b>          | <b>Email</b>                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Housing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bill Henning               | <a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Veteran Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | James Lomastro             | <a href="mailto:iimlomastro@comcast.net">iimlomastro@comcast.net</a>                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Frank Baskin<br>Chris Hoeh | <a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a><br><a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Covid / Long Covid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | James Lomastro             | <a href="mailto:iimlomastro@comcast.net">iimlomastro@comcast.net</a>                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Incarcerated Persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TBD                        | <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>                                                     |
| <b>Bringing People Home: Implementing the Marsters class action settlement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a><br>Center for Public Representation<br>5 Ferry Street, #314, Easthampton, MA 01027<br>413-586-6024, Press 2<br><a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a><br>Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a>                                         |                            |                                                                                                                                |
| <b>REV UP Massachusetts</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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.<br>Website: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a><br>To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a> .                                                                                                                                |                            |                                                                                                                                |
| <b>The Dignity Digest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | For a free weekly subscription to <i>The Dignity Digest</i> :<br><a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a><br>Editor: Paul Lanzikos<br>Primary contributor: Sandy Novack<br>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"><li>Judi Fonsh</li></ul> Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> .<br><i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</i> |                            |                                                                                                                                |
| <i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i><br><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i><br><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i><br><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i><br><a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a><br><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                                                                                                                                |