

Does Long-Term Care in Massachusetts Need a Wellness Check?

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February 1, 2026

A wellness check is one of the simplest tools we have to prevent harm. It is not a diagnosis, an accusation, or a solution in itself. It is a pause prompted by concern—a moment to ask whether someone is safe, supported, and able to manage under current conditions. When warning signs accumulate and crises become routine, failing to make that call becomes its own form of neglect.

By that standard, long-term care in Massachusetts urgently needs a wellness check.

The Commonwealth has long taken pride in being a national leader in health care policy. Yet when it comes to long-term care, older adults, people with disabilities, and caregivers actually live day to day—the system shows clear signs of distress. Families are pushed to crisis before help arrives. Older adults are discharged from hospitals into settings they did not choose and often cannot leave. Paid caregivers are asked to do increasingly complex work for wages that make retention nearly impossible. Oversight systems document violations and fines while residents experience loneliness, immobility, and loss of control over their daily lives.

If this were an individual, any responsible professional would insist on an immediate assessment.

A long-term care wellness check in Massachusetts would begin by confronting a fundamental misalignment between policy and lived experience. Most people want to remain in their homes and communities for as long as possible, yet access to home- and community-based services remains constrained by eligibility rules, workforce shortages, and waiting lists. Institutional care continues to function as the default, not because it is preferred, but because alternatives are unavailable when families need them most.

The system is also profoundly reactive. Support often arrives only after a fall, hospitalization, or caregiver exhaustion. Decline is treated as inevitable aging rather than as the predictable result of unmet needs. Prevention—early supports, flexible services, caregiver relief—is talked about far more than it is funded.

The workforce crisis is another unmistakable warning sign. Chronic understaffing, high turnover, and burnout are not temporary disruptions; they are structural conditions. No system can deliver dignity or safety when the people providing care are stretched beyond endurance and treated as interchangeable rather than essential.

Oversight, while necessary, remains insufficient. Compliance-focused inspections cannot capture whether residents feel safe, respected, or in control of their lives. A facility can pass an inspection and still fail the people who live there every day. A wellness check would insist that lived experience matters as much as regulatory checklists.

The question, then, is who makes the call.

An organization like **Dignity Alliance Massachusetts** is uniquely positioned to do so. As a coalition grounded in aging, disability rights, legal advocacy, health policy, and lived experience, it can see

across silos that often keep problems fragmented and invisible. It can connect budget decisions to real-world consequences, staffing shortages to resident harm, and policy delays to preventable crises.

Making the call does not mean issuing a single report and moving on. It means naming the situation clearly: that long-term care in Massachusetts is holding together, but barely; that normalization of crisis has lowered expectations; and that incremental fixes are no longer sufficient. It means centering on the voices of those who receive care and those who provide it, treating their experiences not as anecdotes, but as evidence. It means pushing policymakers to define success by human outcomes—autonomy, safety, connection, and dignity—not simply by cost containment or compliance.

A true wellness check would also be forward-looking. It would ask whether public investments align with what people actually need, whether caregivers are supported before they burn out, and whether the Commonwealth is preparing for a future in which older adults will soon comprise one in four residents. It would challenge Massachusetts to live up to the moral weight of calling itself a commonwealth.

A wellness check is not about blame. It is about responsibility. When warning signs are visible and we choose not to respond, we implicitly accept preventable harm. Massachusetts still has time to act—but only if it is willing to pause, assess honestly, and intervene before crisis becomes the permanent condition of long-term care.

The knock on the door is already happening. The only remaining question is whether we will answer it in time.