



The Dignity Digest

Issue # 276

March 24, 2026

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

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

DignityMA Zoom Sessions

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

Reflection

"Aging is not lost youth but a new stage of opportunity and strength. Like the earth in March, what looked dormant was merely gathering the power to become something new."

Inspired by [The Fountain of Age](#) by Betty Friedan

Guide to news items in this week's *Dignity Digest*

Nursing Homes

- [Safeguarding Older Adults: Rethinking Nursing Home Emergency Preparedness](#) (Yale School of Medicine, March 20, 2026)
- [Long-Term Care Ombudsmen Program: New Data and Trends](#) (AARP Public Policy Institute, November 4, 2025)

Long Term Care

- [Long-Term Care Affordability is Worsening for Middle-Class Americans](#) (AARP Public Policy Institute, March 12, 2026)
- [Affordability of Private Pay Long-Term Services and Supports in All States and the US](#) (AARP Public Policy Institute, March 12, 2026)

Housing

- [Governor Healey and MassHousing Launch Affordable ADU Financing for Massachusetts Residents](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, March 17, 2026)
- [Building for Aging: Recommendations for creating affordable and healthy senior housing](#) (Special Commission on Senior Housing (Executive Office of Housing and Livable Communities, January 2026)

Behavioral Health

- [Cops and the mental health crisis: Reset needed](#) (*Boston Globe, March 22, 2026)

Covid / Long Covid

- [Four truths about covid that have become clouded over time](#) (*Washington Post, March 22, 2026)

Disability Topics

- [Of Tracks and Trails: How Accessible Green Spaces Change Housing Markets and Neighborhoods](#) (Harvard University Joint Center for Housing Studies, March 23, 2026)

	<ul style="list-style-type: none"> • Why I always announce my son's autism (*Boston Globe, March 22, 2026) <p>Longevity</p> <ul style="list-style-type: none"> • How Older Adults Are Improving Their 'Sex Span' (New York Times (free access), March 6, 2026 (updated)) • Genes May Control Your Longevity, However Healthily You Live (*New York Times, January 29, 2026) <p>Caregiving</p> <ul style="list-style-type: none"> • The impossible task of caring for ageing parents who did not care for you: 'There's a lot of reliving old triggers' (The Guardian, March 20, 2026) • Family Caregiving in Massachusetts: New Research on the Realities Facing Family Caregivers and the Policies Voters Support (AARP Research, February 24, 2026) • How States Are Implementing the National Strategy to Support Family Caregivers (National Academy for State Health Policy, February 5, 2026) • When Caregivers Need Care, Hospitals are Responding (AARP Family Caregiving, January 29, 2026) • Why Don't More Caregivers Use Respite Care? (AARP Research, November 21, 2025) • Caregiving in the US 2025: Caring Across States (AARP & National Alliance for Caregiving, October 28, 2025) <p>End of Life</p> <ul style="list-style-type: none"> • 50 years ago, Karen Quinlan's coma sparked the movement for patients' rights near the end of life (The Conversation, March 23, 2026) <p>Workforce</p> <ul style="list-style-type: none"> • New study links more immigrants with lower elderly mortality (Harvard Gazette, March 20, 2026) • Let medical techs help solve the nursing home staffing crisis Guest Opinion (Rochester Business Journal, March 20, 2026) • AG Campbell Urges Supreme Court To Preserve Block On Trump Administration's Unlawful Termination Of Temporary Protected Status Protection For Haitian Nationals (Office of Attorney General Andrea Campbell, March 16, 2026) • State Strategies for Respite and Direct Care Workforce Registries (National Academy for State Health Policy, January 28, 2026) <p>Medicaid</p> <ul style="list-style-type: none"> • Proposed rollback of Mass. health aide program previews the coming pain of Medicaid cuts (CommonWealth Beacon, March 22, 2026)
Spotlight	<p>Caregiver tax credits are overdue</p> <p>*Salem News March 23, 2026</p> <p>There is a reckoning coming. Massachusetts, like the rest of the country, is growing older. While it is certainly good news that Bay State residents are living longer lives, the uncomfortable, inevitable fact remains that with</p>

longevity comes infirmity. Older residents require more medical care, and more help with daily living.

In the vast majority of cases, that care falls on family members — spouses, children and grandchildren. And the emotional, physical and financial burden of providing that care is weighing heavily on generations of residents. It affects businesses, as well.

“Many people have to quit their jobs in order to care for somebody, and that not only affects their income but their retirement benefits, and then there’s the loss of productivity for the employer who may have lost a great person,” Debra Whitman, chief public policy officer at AARP, told The Associated Press. “Finding ways to support family caregivers is a huge employment issue right now.”

Addressing this issue will require a many-pronged solution, and one particularly sturdy prong should come in the form of governmental aid. Here in Massachusetts, however, legislation that could provide some small amount of financial relief for family caregivers is languishing on Beacon Hill.

The proposal from state Sen. Jo Comerford and state Reps. Michael Kusmerek and David Rogers would create a caregiver tax credit of up to \$1,500 and authorize respite vouchers of up to \$1,500. That’s not a lot of money, but it’s money that could go a long way for the people who need it most.

Nonprofessional caregivers in Massachusetts put in 730 million hours of unpaid work valued at \$15 billion each year, according to a new AARP report. Caregiving includes duties that range from shopping, cleaning and cooking, to transportation and managing household finances.

When a loved one is suffering from a disease such as cancer or dementia, care can include bathing, feeding and the administering of medications. (It is estimated that roughly 11 million Americans were providing unpaid care for loved ones with dementia in 2023, contributing an estimated 18.4 billion hours of care valued at \$346.6 billion.)

In many instances, taking care of a loved one is essentially a full-time, unpaid second job. And it comes at a steep financial cost.

“Most Massachusetts caregivers have worked while providing care and have needed to adjust their work schedules by going in late, leaving early, or taking time off while working for an hourly wage,” the AARP report said. “Three in four spend their own money to provide care, and over half face financial hardships.”

	<p>More than half of caregivers surveyed for the AARP report said they spent \$100 to more than \$1,000 a month providing care, and that “this is extremely, very, or somewhat difficult for them.” The AARP survey found 85% of Massachusetts residents support a caregiver tax credit, and 74% back respite vouchers. Further, 71% support paying spouse caregivers.</p> <p>It goes without saying that this would be a significant investment during uncertain economic times. Gov. Maura Healey’s proposed 2027 budget is a mixed bag on the topic, with a proposed \$92 million increase for the Executive Office of Aging and Independence, but cuts to MassHealth, including for personal caregivers.</p> <p>Importantly, keeping the proposed legislation lodged in committee serves no one, and just adds to the inertia in the face of a problem that is only going to grow more urgent as the residents of Massachusetts age. As we, ourselves, age.</p>
<p>Quotes</p>	<p><i>In Massachusetts, it is estimated that caregivers provide more than 730 million hours of unpaid care valued at over \$15 billion each year. It is also estimated that family caregivers spend an average of \$7,242 each year on care for their loved ones...The typical family caregiver in Massachusetts age 30 and over is caring for a parent – most likely their mother. These caregivers on average are 54 years old, care for someone on average who is 74 years old, and likely to be a woman.</i></p> <p><u>Family Caregiving in Massachusetts</u> (AARP Research, February 2026)</p> <p><i>[A]dmitting 1,000 new immigrants would lead to 142 new foreign healthcare workers, without evidence of crowd out of native health care workers. We also find striking effects on mortality: a 25% increase in the steady state flow of immigrants to the US would result in 5,000 fewer deaths nationwide. We identify reduced use of nursing homes as a key mechanism driving this result.</i></p> <p><u>New study links more immigrants with lower elderly mortality</u> (Harvard Gazette, March 20, 2026)</p>

When disasters strike, nursing homes face uniquely high stakes. Residents often depend on power, medications, mobility assistance, and continuous care — all of which can be disrupted by hurricanes, wildfires, or other emergencies. Federal regulations require facilities to meet detailed emergency preparedness standards, and families often assume that passing inspections means residents will be protected. But does compliance translate into safety?

[Safeguarding Older Adults: Rethinking Nursing Home Emergency Preparedness](#) (Yale School of Medicine, March 20, 2026)

Staffing shortages have pushed facilities to their limits. Nurses are stretched thin. Residents sometimes wait not for specialized procedures, but for the routine medications they rely on every day to manage pain, blood pressure, diabetes, and other chronic conditions. . . Nursing homes today care for residents with increasingly complex medical conditions. At the same time, the pipeline of licensed nurses has not kept pace with demand. Without thoughtful regulatory modernization, the gap will widen — and access to timely, high-quality care will suffer.

[Let medical techs help solve the nursing home staffing crisis | Guest Opinion](#) (Rochester Business Journal, March 20, 2026)

“Haitian TPS [Temporary Protected Status] holders are essential to the fabric of our communities, contributing every day as neighbors, workers, caregivers and leaders. Without this community, critical industries in Massachusetts, like elder care and health care, would face grave workforce shortages.”

Attorney General Andrea Campbell, [AG Campbell Urges Supreme Court To Preserve Block On Trump Administration’s Unlawful Termination Of Temporary Protected Status Protection For Haitian](#)

[Nationals](#) (Office of Attorney General Andrea Campbell, March 16, 2026)

“Accessory dwelling units [ADU] give homeowners the flexibility to meet their housing needs by creating an additional housing unit on their property for intergenerational family housing, or to create rental income.”

MassHousing CEO Chrystal Kornegay, [Governor Healey and MassHousing Launch Affordable ADU Financing for Massachusetts Residents](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, March 17, 2026)

“If you are trying to gauge your own chances of getting to 100, I would say look at the longevity in your family.”

Dr. Thomas Perls, a geriatrician and the director of the New England Centenarian Study at Boston University, [Genes May Control Your Longevity, However Healthily You Live](#) (New York Times (free access), January 29, 2026)

“The narrative that we have about older adults not having sex is, really, ageism,” said

“Many people start to enjoy their sexuality a lot more as older adults. There’s this idea that they say, ‘Screw it. I’m not waiting around. I’m going to say what I want.’”

Rosara Torrisi, a licensed clinical social worker and founder of the Long Island Institute of Sex Therapy, [How Older Adults Are Improving Their ‘Sex Span’](#) (New York Times (free access), March 6, 2026 (updated))

Personal care attendants provide the essential labor that allows seniors and people with disabilities to live with dignity in their own homes. Over 50,000 people in Massachusetts rely on PCAs for the basic activities of daily living, including bathing, dressing, eating, toileting, and meal preparation. The PCA workforce is majority women, people of color, and immigrants.

By allowing residents to stay in their homes, PCAs prevent the need for more expensive medical interventions, such as long-term nursing home placements or frequent, avoidable emergency room visits.

[Proposed rollback of Mass. health aide program previews the coming pain of Medicaid cuts](#) (CommonWealth Beacon, March 22, 2026)

The private pay cost of long-term services and supports (LTSS) increased dramatically between 2019 and 2024.

[Long-Term Care Affordability is Worsening for Middle-Class Americans](#) (AARP Public Policy Institute, March 12, 2026)

The Long-Term Care Ombudsmen Program (LTCOP) is the sole federal program dedicated to receiving and addressing the complaints of these residents. In 2024, the LTCOP processed over 200,000 complaints. The LTCOP depends on a dedicated network of volunteer ombudsmen — yet concerning trends in volunteerism and workload have emerged in recent years.

[Long-Term Care Ombudsmen Program: New Data and Trends](#) (AARP Public Policy Institute, November 4, 2025)

Unlike in a hurricane or war zone, much of covid's toll happened out of public view, inside the crowded hospitals where people died on ventilators, often without families by their side in the early months...Seniors were the ones always at highest risk of death, and they are overwhelmingly the ones who still die from the virus. But at least 275,000 who died of covid were under the age of 65, according to Centers for Disease Control and Prevention [data](#). Covid was not as severe as feared in children, but the death toll of more than 1,600 is also higher than fatalities from other diseases that prompted

aggressive public health responses to spare children from preventable death.

[Four truths about covid that have become clouded over time](#)
(*Washington Post, March 22, 2026)

[Relative to Covid:] “These are traumatic experiences, and in many ways the ways we deal with it is to forget and move on. A lot of Americans don’t really remember those days, but we lived each one of them.”

Ziyad Al-Aly, a physician-scientist and senior clinical epidemiologist at Washington University in St. Louis who treated covid patients and has been extensively researching the long-term consequences of the virus, [Four truths about covid that have become clouded over time](#) (*Washington Post, March 22, 2026)

“People with mental health disabilities are entitled to a safe, appropriate and non-discriminatory emergency response in the same way and to the same extent that the general public receives. When armed law enforcement officers are the sole or primary responders to mental health emergencies, there is an increased risk of escalation, trauma and injuries, as well as increased likelihood of arrest, incarceration and death, with even higher risks for people of color.”

From the suit filed by the National Alliance on Mental Illness of Massachusetts (NAMI), NAMI of Central Massachusetts, and the Parent-Professional Advocacy League, [Cops and the mental health crisis: Reset needed](#) (*Boston Globe, March 22, 2026)

Today, many Americans take the fundamental right to refuse unwanted treatments for granted and put off [planning for life’s end](#). These are not easy conversations to have. According to [a 2020 University of Michigan study](#), only 59% of adults ages 50-80 have discussed their treatment preferences with family members or another trusted person, and less than 50% have completed an advance care

planning document...[T]his anniversary is an occasion to appreciate these important rights and to consider [putting wishes for end-of-life care in writing](#). [50 years ago, Karen Quinlan's coma sparked the movement for patients' rights near the end of life](#) (The Conversation, March 23, 2026)

Commentary
Offered by
DignityMA
Participants



Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.

Ensuring NIH Research Priorities Address the Needs of Older Adults, People with Disabilities, and Caregivers

By Richard t. Moore
March 23, 2026

The National Institutes of Health (NIH) has invited the public to shape a research agenda that truly reflects the realities of health and aging in America. As our population grows older, more diverse, and more dependent on complex systems of care, NIH's priorities must explicitly include older adults, people with disabilities, and caregivers as central—not peripheral—focuses. It's a pivotal opportunity for us to help shape research in the next five years in areas we care about and in which Dignity Alliance participants can make important contributions. This invitation for input is more than procedural; it's a call to action. The choices NIH makes today will determine whether millions of Americans can live independently or face institutional care, maintain dignity or experience decline.

Why Inclusion Matters

Older adults often live with multiple chronic conditions and functional limitations, yet much of current biomedical research examines diseases one at a time. This narrow focus misses the complex interplay of real-life health, producing fragmented care and poorer outcomes. When older Americans describe their priorities, they rarely talk about biomarkers or lab results—they talk about walking safely, preparing meals, staying connected, and managing daily activities. Yet research often overlooks these functional measures that truly define quality of life. The same holds for caregivers—spouses, adult children, friends—who form the backbone of care for millions. Their health and well-being directly affect the outcomes of those they support. When caregiver needs are ignored in research, the health of entire families suffers, and costs rise through preventable hospitalizations and early institutionalization. Prevention research must also extend into later life. A single fall, a missed medication, or a period of isolation can rapidly cascade into serious decline. As demand for care rises while the workforce shrinks, developing

evidence-based, scalable solutions to maintain independence is essential. Failing to include these populations in studies not only undermines equity, it undermines science itself.

Building a Research Agenda That Reflects Real Lives

The NIH can ensure that older adults, people with disabilities, and caregivers are woven into every level of scientific inquiry by aligning its goals with real-world needs. Advance Foundational Knowledge - NIH should study aging, multimorbidity, and functional status as core scientific variables. It must expand focus on mobility, cognition, sensory function, and independence—and formally recognize caregiving as a determinant of health. Research participation should extend to those over 80, individuals in long-term care, and those living with disabilities or frailty. Preventing Disease and Promoting Health - Prevention doesn't stop at midlife. NIH can strengthen later-life prevention research—addressing falls, cognitive decline, loneliness, and the social factors like housing and transportation that shape outcomes. Caregivers should be seen as partners in prevention, not just afterthoughts. Optimize Treatments and Interventions - Research must deliver interventions that work for people with multiple chronic conditions, not just those with a single diagnosis. Outcomes should measure function, quality of life, and the ability to remain safely at home. Innovations such as team-based home care, telehealth, and assistive technologies must be tested for accessibility and equity, ensuring they serve marginalized and mobility-limited populations.

Strengthening Workforce and Infrastructure

NIH's own operational goals, particularly its commitments to developing an interdisciplinary workforce and sustainable research infrastructure—can powerfully advance these efforts. Goal 1: Develop and Sustain an Interdisciplinary Research Workforce - Future research must bridge disciplines: geriatrics, rehabilitation, neuroscience, data science, and social and behavioral sciences. Cross-disciplinary training hubs and shared mentorship platforms can prepare investigators to confront the complex realities of aging, disability, and caregiving. Diversity and lived experience matter, too. Expanding opportunities for researchers from underrepresented groups—including those who have personal experience with aging, disability, or caregiving, and will make research more relevant and resilient. NIH can further encourage collaborative “team science” and cross-institute initiatives that break down silos and foster innovation grounded in human experience.

	<p>Goal 2: Build, Improve, and Sustain Research Infrastructure - Modern research infrastructure must be inclusive by design. Interoperable data platforms that integrate medical, behavioral, and social information can illuminate new insights into aging and multimorbidity. Laboratories, clinical trials, and digital platforms should be accessible to participants and researchers with disabilities, and community-based research networks linking universities, health systems, and local organizations can translate findings into practice faster.</p> <p>Emerging tools—AI, wearables, telehealth, adaptive devices—must be developed with accessibility, usability, and privacy at their core. When thoughtfully implemented, technology can enhance independence, safety, and health outcomes.</p> <p>Stewardship and Public Trust</p> <p>To achieve lasting progress, NIH must also strengthen its governance, transparency, and community partnerships. Scientific stewardship means investing in areas that truly matter to older adults—chronic conditions such as Alzheimer’s, cardiovascular, musculoskeletal, and metabolic diseases—while aligning funding with the demographic and social realities of America’s rapidly aging population. Transparency and engagement are equally essential. Older adults often face health literacy challenges and are especially vulnerable to misinformation. Clear communication, accessible data, and genuine collaboration with advocacy organizations can build trust and ensure research reflects lived experience. Thoughtful public–private partnerships—rooted in accountability and shared values—can accelerate innovation while maintaining the public’s confidence in science.</p> <p>NOT-OD-26-047: Request for Information (RFI): Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Fiscal Years 2027-2031</p> <p>All comments must be submitted electronically on the submission website.</p> <p>Responses must be received by 11:59:59 pm (ET) on May 16, 2026.</p>
Recruitment	<p>See: Listings on MASterList.com’s Job Board for all current listings</p>
DignityMA Study Session	<p><i>Using AI as an Advocacy Tool</i> <i>A Tutorial in the Use of Artificial Intelligence Applications by Advocates</i></p> <p>Wednesday, April 1, 2026, 1:00 p.m. via Zoom Presented: James Lomastro, PhD, Chair , DignityMA Facilities Workgroup and Coordinating Committee Member</p> <p>Registration required</p>

	<p>What AI does for advocates: Finds information Analyzes patterns Translates complexity Produces outputs</p> <p>This session will review basic concepts and techniques appropriate for any skill level. Registration required: https://us02web.zoom.us/meeting/register/tuwC9wNTTTYwVP0Cj2es0A</p>
<p>Reports</p>	<p><u>Long-Term Services and Supports Are Becoming Even More Unaffordable for Middle-Class Americans</u> AARP Public Policy Institute March 2026 By Ari Houser</p> <p>Key Takeaways</p> <ul style="list-style-type: none"> • The private pay cost of long-term services and supports (LTSS) increased dramatically between 2019 and 2024. Cost inflation was particularly high for the most frequently used home and community services (home health and assisted living), increasing by almost 50 percent over those five years. • LTSS affordability (income divided by cost) improved throughout the 2010s, as the cost of care rose more slowly than the income of older households, but the affordability of home and community services plummeted between 2019 and 2024. • There is considerable variation in private pay LTSS costs among states; for every type of service, the cost in the most expensive state is at least twice the cost of the least expensive state. <p><u>Family Caregiving in Massachusetts</u> AARP Research February 2026</p> <p>The demand for long-term care services will continue to increase as our population ages. It is estimated that 70 percent of adults who turn 65 will need some form of long-term care services during their lifetime.</p> <p>Family members are often the ones who provide care to their loved ones to help them through an illness or with chronic care. And that’s exactly what most voters in Massachusetts would prefer – to receive care at home from a caregiver if they need help due to aging or illness.</p> <p>In Massachusetts, it is estimated that caregivers provide more than 730 million hours of unpaid care valued at over \$15 billion</p>

each year. It is also estimated that family caregivers spend an average of \$7,242 each year on care for their loved ones. The typical family caregiver in Massachusetts age 30 and over is caring for a parent – most likely their mother.

These caregivers on average are 54 years old, care for someone on average who is 74 years old, and likely to be a woman.

These caregivers provide social connections and help their loved one with shopping, household chores, transportation, and preparing meals – many on their own with no paid or unpaid help. Most Massachusetts caregivers have worked while providing care and have needed to adjust their work schedules by going in late, leaving early, or taking time off while working for an hourly wage. Three in four spend their own money to provide care, and over half face financial hardships.

Two in three caregivers are stressed emotionally due to their caregiving responsibilities, and seven in ten working caregivers say they feel stressed in balancing their work and their family.

Many voters do not believe that the Massachusetts state government offers enough support for unpaid family caregivers. Consequently, the majority of voters support the establishment of a tax credit for caregivers, respite care vouchers, and more funding and resources for home and community long-term care services and supports.

[Building for Aging: Recommendations for creating affordable and healthy senior housing](#)

Special Commission on Senior Housing (Executive Office of Housing and Livable Communities)

January 2026

Commission Charge

The commission was charged with studying and making recommendations on creating affordable and healthy senior housing. Recommendations shall include, but not be limited to, strategies to better align housing, homecare and healthcare policy and programs to increase access and opportunity for residents to age in their community, including incentivizing multigenerational housing, home-sharing, development of ADUs to limit loneliness in adult populations, assist young families and limit the overall cost to the commonwealth.

The Affordable Homes Act directs the Commission to accomplish this charge through the following directives:

- (i) mapping out the economic profile of older adults
- (ii) determining gaps in services to older adults;

- (iii) identifying best practices for creating supportive senior housing with sustainable funding;
- (iv) determining strategies for connecting and streamlining services supporting older adults in their community, including identifying federal waivers or other actions to support integration of such services;
- (v) identifying partners to create opportunities for supportive housing development that incorporates health care infrastructure and service;
- (vi) estimating the costs and potential impact of programs and recommending comprehensive strategies;
- (vii) recommendations for creating academic partnerships to document and evaluate program innovations;
- (viii) an analysis of the projected demand for senior housing in the 5 years following the first meeting of the commission;
- (ix) recommendations to ensure senior housing is physically accessible and compliant with the Americans with Disabilities Act;
- (x) review of barriers to necessary housing modifications and potential funding sources;
- (xi) recommendations to encourage development of senior housing in areas within reasonable walking distance of amenities and public transportation;
- (xii) an evaluation of age-restricted housing and intergenerational housing with respect to costs, tenant preferences, accessibility and safety;
- (xiii) analysis of models of community-based housing that provide medical support, including residential care homes, rest homes and small house nursing homes;
- and
- (xiv) recommendations for design and infrastructure features including, but not limited to, increased ventilation and functional outdoor space for the purpose of preventing the spread of contagious diseases.

May Is Older Americans Month



**Administration on Community Living
Older Americans Month 2026 Theme: *Champion Your Health***

Every May, ACL leads the nation’s observance of Older Americans Month, a time to recognize older adults’ contributions and reaffirm our commitment to supporting their health and independence.

The 2026 theme, *Champion Your Health*, underscores prevention, wellness, and personal responsibility as cornerstones of healthy aging. It encourages taking an active role in managing and advocating for your health, accessing preventive care, and making informed decisions. This year, we are focused on evidence-based

	<p>approaches, self-management, caregiver roles, and community partnerships that empower individuals to lead healthy lives.</p> <p>The 2026 logos, sample article, and activity ideas are available now. Stay tuned for this year's poster, social media graphics, and more. Use the hashtag #OlderAmericansMonth on social media to share your plans and see what others are doing! ACL.gov/OAM</p>
<p>Disability History Storytelling Workshop</p>	<p>Disability Policy Consortium (DPC) <i>Disability History Storytelling Workshop</i> For ten weeks starting Monday, March 30, 2026, 5:30-7:30 p.m. The Disability Policy Consortium (DPC) will be offering a storytelling workshop on Zoom to any current or former resident of Massachusetts with disabilities who wants all or parts of their disability history documented and preserved. The workshop will continue weekly for ten weeks, though skipping Patriots' Day/Marathon Monday (April 20) and Memorial Day (May 25). The workshops are free, courtesy of a grant from Mass Humanities to collect, disseminate, and preserve the life stories of people with disabilities in Massachusetts. If you have already been working to tell your story on your own for this Mass Humanities project, you are still more than welcome to participate in this group activity, too. Sometimes, working with a group can spark your own thoughts on aspects of your life that you may want to document for history. Plus, working within a group that has homework each week makes one feel accountable to the rest of the group for bringing in your own homework each week. Homework will be given each week. Participants should do the work as best they can, and present how far they have gotten at the next week's class. You may express your homework in any way you prefer, including essay, poetry, painting, drawing, photography, singing, dancing, sculpture. At the end of ten weeks, participants can decide if they want to continue working on their projects on their own, or if they want the workshops to continue. To register, please email Sandy Novack at disabilityhistory@dpcma.org, or leave a message at the DPC office for her by calling 617 307 7775. Please provide your full name, your address, also your email address, phone number, and whether you request an ASL interpreter or another reasonable accommodation for the series of workshops. For the privacy of all participants, whatever is communicated in the workshop about someone's disability, health, and more stays inside the workshop, and should not be shared or otherwise used outside the workshop except by the person whose life it is about.</p>

In Person and / or
Online Events

Alzheimer's Association

Day of Advocacy and Awareness

Tuesday, March 24, 2026, 11:00 a.m.

Great Hall, State House

Alzheimer's Association holds a day of advocacy and awareness. Participants will share personal stories on Alzheimer's and encourage lawmakers to support legislation aimed at preparing the state for the future of Alzheimer's detection and increased access to early detection tools. There will be a panel discussion on care and treatment, recent and emerging research as well as the need for policy change. Panelists include Rep. Danielle Gregoire, Sen. Adam Gomez, a patient living with Alzheimer's and expert clinicians from Massachusetts General Hospital and Beth Israel Deaconess Medical Center.

Massachusetts Commission on the Status of Persons with Disabilities and MassAbility

Community conversation and resource fair.

Friday, March 27, 2026, 11:00 a.m.

UMass Lowell North Campus, 220 Pawtucket St., Lowell

[Zoom](#)

The Arc of Massachusetts and Advocates for Autism of Massachusetts (AFAM)

21st Annual Autism Advocacy Day

Safeguarding Our Future: Defending Critical Services for the Autism Community

Wednesday, April 8, 2026; 10:00 to 11:30 a.m.

Great Hall, Massachusetts State House

Autism Advocacy Day is an annual event that brings self-advocates, families, friends, and professionals together at the Massachusetts State House to make their voices heard on issues that matter most to the autism community.

In this urgent moment when essential supports and services are threatened, this year's theme is Safeguarding Our Future: Defending Critical Services for the Autism Community. Hosted by The Arc of Massachusetts and Advocates for Autism of Massachusetts (AFAM), this empowering event is an opportunity to learn about legislative priorities, connect with fellow advocates, and meet directly with your state legislators to share your stories.

They will be honoring Senator Paul Feeney and Senator-Elect Vanna Howard for their incredible work supporting this community.

Advocacy Day Registration

Pre-Event Webinar

	<p>Join Advocates for Autism of Massachusetts (AFAM) and The Arc of Massachusetts on March 19 at 12:00PM for a webinar designed to help you feel confident and prepared for Autism Advocacy Day 2026.</p> <p>They'll review this year's key legislative priorities impacting the autism community, walk through what to expect on Autism Advocacy Day, and share practical tips for meeting with your legislators and telling your story. Whether you're new to advocacy or a seasoned advocate, this webinar will help you make the most of Autism Advocacy Day on April 8.</p> <p>This webinar also serves as the kickoff of AFAM's new webinar series. They want to know what topics you would most like to see covered in future webinars. Share your ideas here.</p> <p>Pre-Event Webinar Registration</p>
<p>Webinars and Online Sessions</p>	<ol style="list-style-type: none"> 1. Virtual Briefing: Opportunities to Transform Care for Rural Older Adults The John A. Hartford Foundation Tuesday, March 24, 2026, 2:00 to 3:00 p.m. The John A. Hartford Foundation is holding a virtual briefing on older adults living in rural America, the Rural Health Transformation Program (RHTP), and how policymakers can use this funding to improve age-friendly care in rural areas. Registration: Transform Rural Care 2. Aging Network Innovation Conversation National Caregiver Support Collaborative (NCSC) Tuesday, March 24, 2026, 2:00 to 3:00 p.m. The webinar will feature speakers from Pima Council on Aging, an area agency on aging in Arizona, who will discuss supports that can be implemented by aging, kinship, and Tribal network organizations to improve caregiver support initiatives. Registration: Caregiver Support 3. Building Sustainable Elder Justice Coalitions with the STAR Framework presented by Katie Block National Center for State and Tribal Elder Justice Programs Wednesday, March 25, 2026, 2:00 p.m. Sustainability planning is critical to the long-term success of any Elder Justice Coalition (EJC). We'll discuss The STAR Framework: Sustainability Strategies for State and Tribal Elder Justice Coalitions, which approaches sustainability as an active process that helps coalitions remain Strategically Resilient, Trustworthy, Adaptable, and Responsive (STAR) over time. <ul style="list-style-type: none"> • Learn each pillar of the STAR Framework using examples • Explore how its strategies and reflection questions can support coalition leaders and partners in strengthening their planning and preparing for future work. Participants will also learn how to connect with the National Center for State and Tribal Elder Justice Coalitions and access additional tools and resources to support their coalition's work. Registration: Star Framework 4. Webinar on Innovative Approaches to Dementia Supports and Services

	<p>National Alzheimer’s and Dementia Resource Center (NADRC) Tuesday, April 7, 2026 2:00-3:00 p.m. Addressing the unique support and service needs of communities is central to effective home and community-based dementia care. While many dementia-specific interventions are grounded in research and best practices, they often require thoughtful adaptation to effectively reach underserved populations. Supports and services for people living with dementia, their caregivers, and their communities are most impactful when tailored to reflect cultural values, language, and lived experiences. This webinar will feature two specialized, community-based dementia programs, each focused on an underserved population: African American and Korean American communities. Both programs have adapted their approaches to reduce barriers to service acceptance, increase engagement, and address unmet needs. Together, they will demonstrate strategies for delivering strengths-based, dementia-specific services and supports while navigating and overcoming challenges.</p> <p>Presenters</p> <ul style="list-style-type: none"> • Jackie Dedeaux, MS, LSW, Southern Mississippi Planning and Development District • Hye-Won (Grace) Shin, PhD, Executive Director, Somang Society <p>Registration: NADRC</p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>5. Yale School of Medicine March 20, 2026 Safeguarding Older Adults: Rethinking Nursing Home Emergency Preparedness Research conducted by Dr. Natalia Festa of the Yale School of Medicine challenges the assumption that nursing home compliance with federal emergency preparedness regulations directly ensures resident safety during disasters. The study, published in <i>Health Affairs Scholar</i> and <i>BMJ Public Health</i>, found no significant association between a facility’s regulatory compliance scores and its actual post-disaster outcomes, suggesting that current "binary" measurement frameworks fail to capture essential dynamic elements like staffing mobilization and real-time adaptive decision-making. Interestingly, while compliance scores were not predictive of safety, the timeliness of inspections did show a protective effect, implying that the process of regular oversight and accountability may be more influential in maintaining preparedness than the mere achievement of minimum regulatory standards.</p> <p>6. AARP Public Policy Institute November 4, 2025 Long-Term Care Ombudsmen Program: New Data and Trends By Paul Lingamfelter More than two million Americans rely on nursing homes and assisted living facilities for essential services, from housing to healthcare. The Long-Term Care Ombudsmen Program (LTCOP) is the sole federal</p>

	<p>program dedicated to receiving and addressing the complaints of these residents. In 2024, the LTCOP processed over 200,000 complaints. The LTCOP depends on a dedicated network of volunteer ombudsmen — yet concerning trends in volunteerism and workload have emerged in recent years. If these trends continue, they may limit the effectiveness of the program going forward. Read the full report.</p> <p>Key Takeaways</p> <ul style="list-style-type: none"> • The Long-Term Care Ombudsmen Program (LTCOP) provides independent and resident-directed support to address concerns in nursing homes, assisted living communities, and other settings. • Volunteerism drives the LTCOP yet reported volunteer hours declined by more than half since 2016, from more than 600,000 hours to less than 300,000 hours in 2024. • Loss of LTCOP volunteer capacity coincides with increasing need for their support. There were more complaints in 2024 than 2016 and specifically more complaints related to resident care. • Individual ombudsmen face increasing pressures and on average are responsible for more beds per capita, increasing from 350 beds in 2016 to 603 in 2024. • The LTCOP provides an important support for family caregivers and other family members of long-term care recipients, who make about one in four complaints ombudsmen receive each year.
<p>Long Term Care</p>	<p>7. AARP Public Policy Institute March 12, 2026 Long-Term Care Affordability is Worsening for Middle-Class Americans By Ari Houser</p> <p>The private-pay cost of long-term services and supports (LTSS) has long been unaffordable for most Americans. Although these services became more affordable during the 2010s with the cost of care rising more slowly than income, over the past five years (2019–2024), the affordability trend has sharply reversed for home and community services, which older people and adults with disabilities overwhelmingly prefer over nursing facility care. This report explores the trends of increasing LTSS costs and decreasing affordability of home care, as well as variation in costs among different types of services and among states. Read the full report.</p> <p>Key Takeaways:</p> <ul style="list-style-type: none"> • The private pay cost of long-term services and supports (LTSS) increased dramatically between 2019 and 2024. Cost inflation was particularly high for the most frequently used home and community services (home health and assisted living), increasing by almost 50 percent over those five years. The cost of adult day services increased by 33 percent, compared to a 23 percent to 25 percent increase in the cost of nursing home care and a 22 percent increase in the median income of older households headed by someone 65 or older. • LTSS affordability (income divided by cost) improved throughout the 2010s, as the cost of care rose more slowly than the income of older households, but the affordability of home and community services plummeted between 2019 and 2024.

	<ul style="list-style-type: none"> • There is considerable variation in private pay LTSS costs among states; for every type of service, the cost in the most expensive state is at least twice the cost of the least expensive state. <p>8. AARP Public Policy Institute March 12, 2026 <u>Affordability of Private Pay Long-Term Services and Supports in All States and the US</u> By AARP Public Policy Institute The private-pay costs of long-term services and supports has long been unaffordable for most Americans. This interactive tool shows the annual cost of long-term services and supports in the United States by state, year, and type of service.</p>
Housing	<p>9. Office of Governor Maura Healey and Lt. Governor Kim Driscoll March 17, 2026 <u>Governor Healey and MassHousing Launch Affordable ADU Financing for Massachusetts Residents</u> <i>Second mortgages of up to \$250,000 will help homeowners add an additional unit to their home</i> The Healey-Driscoll Administration and MassHousing announced today the launch of a new, statewide accessory dwelling unit (ADU) loan program for Massachusetts homeowners. The new ADU loan program, announced last December, will provide second mortgages of up to \$250,000 to help eligible homeowners across Massachusetts add an additional housing unit to their property.</p> <p>10. Special Commission on Senior Housing (Executive Office of Housing and Livable Communities) January 2026 <u>Building for Aging: Recommendations for creating affordable and healthy senior housing</u> Executive Summary Housing costs are the biggest driver of economic insecurity for older adults. Unfortunately, after spending their working years making our many Massachusetts communities a great place to grow up and grow old, many older adults face the reality that they may not have the resources necessary to age in their community. The housing crisis profoundly affects all of us who call Massachusetts home. In 2024, Governor Healey issued Executive Order 621 which directed the Executive Office of Housing and Livable Communities (HLC) to develop the first comprehensive five-year statewide housing plan, “A Home For Everyone”, in partnership with a newly established 20-member Housing Advisory Council. The plan, released in February 2025, estimates that Massachusetts will need to add an additional 222,000 units of housing from 2025-2035—roughly 7% of existing homes. Analysis from the Commonwealth’s 2025 Statewide Housing Needs Assessment projects significant growth in the number of households headed by individuals over age 75 between today and 2035. By 2035, the oldest of the baby boomer generation will be turning 90 years old. Advances in public health, nutrition and medicine have provided the most significant gains in life expectancy in human history. Increased life</p>

expectancy coupled with declining birthrates has created an aging population within Massachusetts with the baby boomer generation, and their offspring, the millennials, representing a disproportionate percentage of the State’s population. The anticipated growth in households aged 75 or older in Massachusetts will significantly shape the future of our workforce and overall economic competitiveness. Fortunately, our older adults are well equipped to play a strong role in meeting our economic goals and in mentoring our succeeding generations. In comparison to earlier generations, older adults are healthier, more diverse and more educated. However, while there are double the number of older adults in the workforce than 35 years ago, the baby boomer generation is transitioning out of the workforce and into living on fixed incomes at a time where cost-of-living adjustments to Social Security benefits have not kept up with the rising costs of living. Projections from the State Housing Plan indicate that the number and proportion of extremely low income (ELI) residents in Massachusetts will continue to grow, largely driven by an aging population and the increased rates of disability that come with that shift. Older adults in Massachusetts have higher wealth on average, but findings from UMass Boston’s Elder Index estimate that roughly 80% of low-wealth older households have incomes less than what it takes to age well as compared to 63% nationally when factoring in Massachusetts’ cost of living. The ability to meet the housing needs of our rising older adult population is not one-size-fits-all and strategies will need to account for the specific strengths and needs that exist within each region and across income brackets.

Recognizing these challenges, the Senior Housing Commission worked to identify barriers to older adult housing production and to recommend administrative, regulatory, and legislative solutions. The Commission developed strategies that would allow Massachusetts to increase the supply of affordable older adult housing, ensure access to underlying services that support healthy aging and prevent costly emergency care utilization (and premature nursing home admission), improve search and application systems for residents with disabilities, and modernize the language and data systems underpinning accessibility policy. The Commission’s recommendations are summarized here and then detailed fully in the sections below.

Behavioral Health

11. *Boston Globe
 March 22, 2026
[Cops and the mental health crisis: Reset needed](#)
 By The Editorial Board
Lawsuit against Worcester police demands better 911 response.
 Three disability rights organizations have filed a first-of-its-kind federal lawsuit against the Worcester Police Department, alleging that its 911 emergency response system discriminates against individuals with mental health disabilities in violation of the Americans with Disabilities Act. The suit highlights traumatic incidents where armed officers used excessive force and physical restraints on autistic children, arguing that relying on law enforcement as primary responders to health crises significantly increases the risk of escalation, trauma, and injury. Despite

	<p>a 2024 Department of Justice probe that confirmed a pattern of excessive force and a failed local pilot program, Worcester continues to prioritize traditional policing over successful co-response models seen in cities like Boston and Cambridge. Ultimately, the litigation seeks to mandate a systemic shift toward clinician-led emergency interventions, ensuring that residents in crisis receive a safe, medicalized response rather than a disciplinary one.</p>
Covid / Long Covid	<p>12. *Washington Post March 22, 2026 Four truths about covid that have become clouded over time By Fenit Nirappil <i>In the early days, the virus posed a graver threat to people and the health care system, Trump embraced lockdowns he now blasts, and the benefits of vaccines were oversold.</i> The article reflects on the hidden toll of COVID-19, highlighting the early pandemic's impact on hospitals, public misconceptions, and evolving virus myths. It discusses the challenges faced by healthcare workers, the role of mitigation measures, and the changing perception of vaccines. The article also examines the political response and ongoing debates about restrictions and public health strategies. Read the full article for more on:</p> <ul style="list-style-type: none"> • The early experiences of healthcare workers during the pandemic. • How public perceptions of COVID-19 have evolved over time. • The political and social debates surrounding pandemic restrictions.
Longevity	<p>13. New York Times (free access) March 6, 2026 (updated) How Older Adults Are Improving Their 'Sex Span' By Catherine Pearson <i>With longevity comes the opportunity for an extended sex life, which some seniors find by staying active and open-minded.</i> The <i>New York Times</i> article titled "How to Have a Longer and More Fulfilling Sex Life" introduces the concept of "sex-span"—defined as the number of years a person remains sexually active and fulfilled—as a vital counterpart to "health span" and "lifespan." As medical advancements extend longevity, researchers and therapists are increasingly focusing on how maintaining intimacy into the eighth and ninth decades of life contributes to overall physical health and cognitive function. The piece explores the "sex-span" as both a biomarker of vitality and a key driver of emotional well-being, noting that while age-related challenges like hormonal shifts or erectile dysfunction are common, they are increasingly treatable. Ultimately, the article suggests that extending one's sex-span requires a shift in perspective that prioritizes communication, adaptability, and a broader definition of intimacy, allowing older adults to preserve deep physical connections as a core component of healthy aging.</p> <p>14. New York Times (free access) January 29, 2026 Genes May Control Your Longevity, However Healthily You Live By Gina Kolata</p>

	<p><i>A new study suggests that those with long-lived families probably have the best prospects of making it to a very old age</i></p> <p>The <i>New York Times</i> article, authored by Gina Kolata, details a comprehensive biological study of Maria Branyas Morera, who survived to the age of 117 as the world's oldest person. Published in conjunction with research in the journal <i>Nature</i>, the piece highlights how Morera possessed rare genetic variants that appeared to shield her from typical age-related cognitive and physical decline, resulting in cells that biologically appeared decades younger than her chronological age. The study also identifies her remarkably resilient gut microbiome—possibly bolstered by her habit of eating three servings of yogurt daily—as a significant factor in her low levels of systemic inflammation. While the research offers a "genetic blueprint" that scientists hope to translate into future longevity-mimicking drugs, experts in the article emphasize that such extreme longevity remains a complex interplay of exceptional DNA, healthy lifestyle choices, and significant environmental luck that cannot yet be easily replicated for the general population.</p>
<p>Disability Topics</p>	<p>15. Harvard University Joint Center for Housing Studies March 23, 2026 Of Tracks and Trails: How Accessible Green Spaces Change Housing Markets and Neighborhoods By Michelle Xiyue Li In this blog post, Michelle Xiyue Li highlights research showing that rail trails serve as powerful catalysts for urban revitalization, significantly boosting property values and shifting neighborhood demographics over time. Analyzing data from 1970 to 2020, the study finds that homes near these green spaces in Greater Boston saw value increases of up to 23 percent after three decades, a trend mirrored nationally by heightened demand from college-educated and higher-income residents. While these trails effectively drive community investment and homeowner wealth, the long-term demographic shifts suggest that they may inadvertently reduce accessibility for lower-income populations as neighborhoods become more affluent. Ultimately, the author suggests that while rail trails are valuable amenities, urban planners must pair them with inclusive housing policies to ensure that the benefits of such green investments are equitably shared with existing residents.</p> <p>16. *Boston Globe March 22, 2026 Why I always announce my son's autism By Whitney Ellenby <i>My husband thinks strangers would figure out for themselves that Zack is profoundly disabled. Now I know why I never take that chance.</i> This poignant essay explores the author's proactive strategy for navigating public spaces with her 25-year-old son, Zack, whose profound autism leads to high-energy, atypical behaviors that often startle or frighten bystanders. While her husband prefers a protective silence, assuming witnesses will eventually "figure out" the disability, the author utilizes Steven Pinker's concept of "common knowledge"—the recursive social understanding of what everyone else knows—to justify</p>

	<p>her immediate, vocal disclosures. By explicitly explaining Zack's condition to "bewildered strangers," she seeks to bridge the gap between their "private thoughts" of fear and a shared "public knowledge" of empathy. Ultimately, she frames this transparency not as "outing" her son, but as a vital gesture of respect that replaces confusion with the dignity of context, brokering a social agreement that allows Zack to access the world safely and authentically on his own terms.</p> <p><i>Whitney Ellenby is a former disability rights attorney in the US Department of Justice and the author of the 2018 book "Autism Uncensored: Pulling Back the Curtain."</i></p>
End of Life	<p>17. The Conversation March 23, 2026 50 years ago, Karen Quinlan's coma sparked the movement for patients' rights near the end of life By Robert S. Olick</p> <p>The landmark 1976 New Jersey Supreme Court decision regarding Karen Ann Quinlan, which marks its 50th anniversary on March 31, 2026, fundamentally transformed American bioethics by establishing that patients and their families—rather than doctors alone—have the right to make critical end-of-life decisions. After Quinlan entered a persistent vegetative state at age 21, her parents' legal battle to remove her respirator eventually resulted in a unanimous ruling that recognized a constitutional right to privacy and self-determination, effectively ending the era of "physician paternalism." This case laid the foundation for modern patient autonomy, leading to the creation of hospital ethics committees and the passage of advance directive laws in all 50 states. Despite these established legal protections, the author emphasizes that many Americans still haven't documented their medical wishes, using this anniversary as a call to action for families to engage in these difficult but essential conversations about death with dignity.</p>
Workforce	<p>18. Harvard Gazette March 20, 2026 New study links more immigrants with lower elderly mortality By Alvin Powel</p> <p>A new study from researchers at Harvard, MIT, and the University of Rochester indicates a significant correlation between increased immigration and lower mortality rates among the elderly in the United States. The findings suggest that for every 1,000 immigrants added to a metropolitan area, there are approximately 10 fewer elderly deaths, primarily due to the influx of foreign-born healthcare and long-term care workers who address critical staffing shortages. This growth in the workforce is characterized as additive rather than competitive, as it does not displace native-born workers or suppress wages. Furthermore, the increased availability of home-care staff allows more older adults to age in place, a factor strongly linked to better mental and physical health outcomes compared to institutionalized settings. Ultimately, the researchers argue that immigration serves as a vital tool for managing the nation's demographic shift and ensuring adequate care for a growing aging population.</p> <p>19. Rochester Business Journal</p>

March 20, 2026

[Let medical techs help solve the nursing home staffing crisis | Guest Opinion](#)

By Michael McRae

This guest opinion argues that New York's nursing home system is under unsustainable strain due to a staffing crisis that forces overextended nurses to spend significant portions of their shifts on routine medication administration rather than complex clinical care. To address this, the author advocates for a regulatory shift—currently proposed in Governor Hochul's Executive Budget—that would allow trained medication technicians (med techs) to handle non-invasive, routine prescriptions under nursing supervision. By adopting this model, which is already utilized in assisted living and many other states, nurses could practice at the "top of their license," focusing on critical assessments and wound care while ensuring residents receive medications more consistently. Ultimately, the proposal is framed as a necessary regulatory modernization that preserves resident safety and dignity by adapting to current workforce realities.

20. Office of Attorney General Andrea Campbell

March 16, 2026

[AG Campbell Urges Supreme Court To Preserve Block On Trump Administration's Unlawful Termination Of Temporary Protected Status Protection For Haitian Nationals](#)

Massachusetts Attorney General Andrea Joy Campbell joined a multi-state coalition in filing an amicus brief with the U.S. Supreme Court, urging the preservation of a preliminary injunction that blocked the termination of Temporary Protected Status (TPS) for Haitian nationals. The brief argues that the decision to rescind these protections was legally flawed and disregarded the catastrophic conditions in Haiti—including severe civil unrest, economic instability, and the aftermath of environmental disasters—that make the safe return of nationals impossible. Attorney General Campbell emphasizes that thousands of Haitian TPS holders are deeply integrated into the Massachusetts workforce and communities, and that ending their legal status would cause significant economic harm to the Commonwealth while unfairly uprooting families who have legally resided in the United States for years.

21. National Academy for State Health Policy

January 28, 2026

[State Strategies for Respite and Direct Care Workforce Registries](#)

Individuals and family caregivers often face challenges in finding qualified providers to deliver respite and long-term care. NASHP's webinar "State Strategies for Respite and Workforce Registries," held on January 28, 2026, offered a solution: workforce registries.

Online registries connect individuals and families with qualified providers, making it easier to access respite care and other long-term care while also supporting workforce recruitment and retention.

If you missed the webinar, view the recording and the slide deck to learn about the role of registries, and explore key considerations for designing and implementing effective registry systems.

22. The Guardian

March 20, 2026

[*The impossible task of caring for ageing parents who did not care for you: 'There's a lot of reliving old triggers'*](#)

By Stephanie Wood

is *Guardian* article explores the profound psychological and emotional burdens faced by adult children who must care for elderly parents who were neglectful, abusive, or emotionally absent during their upbringing. Experts and individuals interviewed highlight a "compliance paradox" where caregivers act out of a deeply ingrained sense of filial duty or personal values rather than a loving bond, often leading to the reliving of childhood traumas and "old triggers." The piece emphasizes that this "invisible" labor force faces significantly higher rates of depression and mental health struggles compared to those in supportive family dynamics, as they must navigate complex feelings of guilt, resentment, and grief while providing intimate care for those who once failed to provide it for them. Ultimately, the article calls for a broader societal recognition that caring for a parent is not a "one-size-fits-all" experience and that for many, it is an exhausting, often forced, act of kindness that comes at a high personal cost.

23. AARP Research

February 24, 2026

[*Family Caregiving in Massachusetts: New Research on the Realities Facing Family Caregivers and the Policies Voters Support*](#)

By Terri Guengerich

Family caregivers are the backbone of long-term care in Massachusetts. This statewide survey of registered voters 30 and older highlights who caregivers are, the challenges they face and the solutions that can make a difference.

AARP estimates that there are over 1.4 million family caregivers age 18 and older in Massachusetts. The AARP Massachusetts survey provides more insights into caregivers age 30 and older.

These caregivers help their parents, spouses and loved ones with daily living, medical tasks and emotional support. While caregiving is essential, it often comes at a personal and financial cost.

Seven in 10 feel or felt emotionally stressed, and 37% felt financially strained due to their caregiving. Nearly 8 in 10 (78%) caregivers have incurred expenses while caregiving. Transportation is the most common expense (63%), and 3 in 10 caregivers have modified their own home or a loved one's home, have purchased medical equipment or bought prescription drugs. Even more caregivers have helped with housing costs such as rent, mortgage, utilities or other upkeep expenses (41%). The AARP Massachusetts survey also found overwhelming bipartisan support for a state tax credit for caregivers (85%), respite care vouchers (74%), the creation of an advisory council on family caregiving (73%), paid care for spouses of care recipients (71%) and increasing funding for home and community-based services (80%).

The average family caregiver in the U.S. spends about 26% of their income on caregiving, which adds up to an average of more than \$7,200 a year. Family caregivers do so much for others and sacrifice so much.

They save taxpayer money by keeping loved ones out of expensive nursing homes. They deserve some recognition and support from the Massachusetts legislature.

24. National Academy for State Health Policy

February 5, 2026

[How States Are Implementing the National Strategy to Support Family Caregivers](#)

A range of federal, state, and private entities are advancing initiatives to support family caregivers in line with the National Strategy to Support Family Caregivers. These strategies encompass improvements to caregiver outreach, assessment, and services, as well as bolster the direct care workforce.

NASHP's webinar "How States Are Implementing the National Strategy to Support Family Caregivers," held on February 5, 2026, highlighted new and ongoing activities at both the national and state levels.

Speakers from the Administration for Community Living (ACL); The John A. Hartford Foundation; and the first ACL state caregiving implementation grant recipients, which included California, Maryland, Massachusetts, and Wisconsin, all shared updates on how they are addressing each of the goals in the National Strategy.

[VIEW RECORDING AND SLIDES](#)

25. AARP Family Caregiving

January 29, 2026

[When Caregivers Need Care, Hospitals are Responding](#)

By Paul Wynn

Some medical centers are recognizing caregivers as essential, offering training, counseling and resources that extend beyond discharge

Hospitals are increasingly recognizing family caregivers as essential partners in the healthcare system, moving beyond a patient-only focus to provide direct support that includes clinical training, mental health counseling, and peer-to-peer resources. Driven by data showing that supported caregivers can help reduce hospital readmissions and lower Medicare costs, institutions like Mount Sinai, MD Anderson, and Rush University Medical Center are formalizing programs that treat caregivers as "patients in their own right" or vital members of the care team. While these initiatives—ranging from psychotherapy to dementia management training—offer a lifeline for those managing complex care at home, they often remain limited to major metropolitan areas and frequently rely on philanthropic funding, highlighting a need for more systemic and scalable integration into the broader medical landscape.

26. AARP Research

November 21, 2025

[Why Don't More Caregivers Use Respite Care?](#)

By Karla Pak & Terri Guengerich

[Millions of adults](#) are caregivers, providing ongoing care to a relative or family member with a medical condition or disability. While caregiving can be deeply rewarding, it also brings significant emotional, physical and financial challenges.

Respite care is designed to give caregivers a much-needed break, offering the promise of relief and restoration. Yet, as our recent focus

groups revealed, most caregivers have never used formal respite care, and for many, the term “respite care” was unfamiliar until explained during our discussions. Once they understood, most realized they had relied on informal help from friends or family, but few had ever tried formal, paid support.

Why Is Respite Care So Hard to Use?

Caregivers described a complex mix of emotions when considering taking a break. Asking for informal care can bring feelings of guilt or anxiety. The idea of seeking formal respite care introduces additional concerns about cost, trust and the quality of care. These emotional and practical barriers shape the caregiving experience and help explain why so few take advantage of respite care services.

Caregivers told us that asking for help can feel like admitting failure. Guilt and cultural expectations run deep, especially in Black, Hispanic and Asian families, where caring for loved ones is seen as a family duty. One participant shared, “If I ask for help, I feel like I’m betraying my responsibility.”

For formal respite care, cost and access are major hurdles. Many insurance plans do not cover respite care and these services can be too expensive for caregivers to use regularly. One caregiver explained, “These services are not at all cheap, and when it comes to keeping somebody for maybe eight hours a day, it’s definitely too expensive.” Trust is another challenge. Caregivers worry about leaving loved ones with strangers and about the quality and consistency of care. Even when taking a break, many spend that time worrying about their loved one.

What Would Make Respite Care Easier?

Caregivers suggested several ways to make respite care more accessible and appealing:

- Reduce the stigma around asking for help and share positive stories of how respite care can help families thrive.
- Make information about services, costs and provider vetting easy to find and understand.
- Customize services to meet family needs, including language and cultural preferences.
- Ensure consistent staffing so caregivers can build trust with providers.
- Use technology to simplify scheduling and communication.
- Offer community support for paperwork, insurance and financial aid.
- Educate caregivers early, before a crisis hits, so they can plan ahead.

Moving Forward

Respite care has the potential to support caregivers and improve the quality of care for loved ones. But to realize that potential, we need to address the emotional, cultural and practical barriers that stand in the way. By listening to caregivers’ stories and acting on their suggestions, we can help make respite care a more normal and more accessible part of the caregiving journey.

Detailed Findings: [Perceptions of Respite Care: Findings From Virtual Focus Groups](#)

	<p>27. AARP & National Alliance for Caregiving October 28, 2025 Caregiving in the US 2025: Caring Across States New research from AARP and the National Alliance for Caregiving reveals how place can affect the caregiving experience, uncovering stark differences in financial strain, care intensity, and available support in states across the U.S. With nearly one in four adults serving as family caregivers, this state-by-state analysis offers the clearest picture yet of the challenges they face. Read Caring Across States.</p> <p>Key Findings</p> <p>Caregiving is a widespread reality across the U.S., with millions of adults providing care for loved ones with disabilities or complex medical conditions.</p> <p>Caregiver experiences vary significantly by state, especially in terms of intensity, financial impact, and access to support.</p> <p>High-intensity caregiving is common, with nearly half of caregivers providing extensive assistance with daily tasks and spending many hours each week on care.</p> <p>Financial strain is a major issue, with many caregivers reporting economic hardship and difficulty accessing affordable support services.</p> <p>Access to paid caregiving is uneven, largely influenced by state policies and programs, leaving many caregivers unpaid despite the intensity of their roles.</p> <p>Balancing work and caregiving is a challenge, with most caregivers also employed but lacking adequate workplace benefits, especially among hourly workers.</p> <p>Caregiver well-being is at risk, with widespread emotional stress and health challenges, and limited support systems to address these needs.</p> <p>Healthcare systems often overlook caregivers, with few being asked about their own needs or those of the person they care for, despite their critical role in care delivery.</p> <p>Full Report: Caring Across States Massachusetts</p> <ul style="list-style-type: none"> • State Snapshot • Detailed Overview <p>Additional resources: State-Specific Findings Caregiving in the US 2025 Caregiving in the US History Overarching CGUS 2025 Infographic</p>
Medicaid	<p>28. Commonwealth Beacon March 22, 2026 Proposed rollback of Mass. health aide program previews the coming pain of Medicaid cuts By Cari Medina <i>It's time for the state to show its resolve, not give in to the short-sighted, cruel policies coming from Washington</i> This opinion piece in the <i>Commonwealth Beacon</i> warns that the Healey-Driscoll administration's proposal to limit the ability of family members to serve as paid personal care attendants (PCAs) for MassHealth</p>

	<p>members is a harbinger of wider Medicaid cuts. Starting next year, Massachusetts is projected to lose as much as \$3.5 billion in annual federal aid as cuts to Medicaid are fully phased in. The article argues that the program, which expanded during the pandemic to address critical staffing shortages, has been essential for keeping people with disabilities and older adults in their homes. By rolling back these flexibilities to address budget gaps, the state risks destabilizing the fragile home-care infrastructure and forcing more individuals into costly institutional settings. Ultimately, the authors frame this move as a short-sighted fiscal decision that disregards the long-term human and economic benefits of supporting community-based care.</p>
<p>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life’s necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16 representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There’s still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: https://dignityalliancema.org/take-action/#/25. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via https://tinyurl.com/ForgetMeNotPNA or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p>Books by DignityMA Participants</p>	<p>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America’s Disabled By Alex Green Buy the book here</p>

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

[**American Eldercide: How It Happened, How to Prevent It**](#)
 By [Margaret Morganroth Gullette](#)
[Buy the book here.](#)

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.

Bringing People Home:
The Marsters Settlement

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

Marsters data for the calendar year 2025:

- 499 people who have returned and are active in the community
- Efforts to validate status of 63 others who are in the community
- Target for 2025 and 2026 is 600 transitions
- 1,369 currently enrolled
- 100 AHVP vouchers issued for transitions: 71 used, 10 in process.

The Alternative Housing Voucher Program (AHVP) is a state-funded rental assistance program in Massachusetts specifically designed for non-elderly (under age 60) people with disabilities who have low incomes.

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, 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.

	https://dignityalliancema.org/donate/ Thank you for your consideration!	
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com .	
Websites		
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .	
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/	
Contact information for reporting complaints and concerns	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
MassHealth Eligibility Information	MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care Table of Contents (Last updated: December 16, 2024) Massachusetts Medicaid Long-Term Care Definition Income & Asset Limits for Eligibility Income Definition & Exceptions Asset Definition & Exceptions Home Exemption Rules Medical / Functional Need Requirements Qualifying When Over the Limits Specific Massachusetts Medicaid Programs How to Apply for Massachusetts Medicaid	
Money Follows the Person	MassHealth Money Follows the Person 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. Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning Open PDF file, 1.34 MB, MFP Demonstration Brochure	

	MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version																																																
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/																																																
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/ Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025																																																
List of Special Focus Facilities	Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025 CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes. To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.																																																
Nursing Home Inspect	ProPublica <i>Nursing Home Inspect</i> Data updated October 15, 2025 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home's last three inspection cycles, or roughly three years in total (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?) <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> Updated October 15, 2025	Deficiency Tag	# Deficiencies	in # Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i>																																																

	<p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
<p>Participation opportunities with Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncouncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncouncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org

Please contact group leaders for more information.			
<i>Bringing People Home: Implementing the Marsters class action settlement</i>	Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/		
<i>REV UP Massachusetts</i>	REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page .		
<i>The Dignity Digest</i>	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> • Deborah Coogan • Jerry Halberstadt • Dick Moore • Dorothy Weitzman Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>			