



The Dignity Digest

Issue # 298

September 1, 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

Late August carries a distinct, quiet gravity. The long, unstructured warmth of midsummer begins to yield to the sharper cadence of autumn, bringing an instinctive pressure to reset, produce, and accelerate. Before stepping into that momentum, we are well served to pause and honor the space between where we have been and where we are rushing to go.

The sense of dignity is not measured in grand gestures, but how we treat and respect ourselves and each other. In a culture that frequently measures self-worth by output and speed – being first, having the most, or by any other superlative - we honor our and others' inherent value by respecting our right to exist, reflect, and change without guilt or judgement.

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

Nursing Homes

- [Protecting Nursing Home Residents' Voting Rights](#) (Center for Medicare Advocacy, August 27, 2026)
- [Ventilator use, poor nursing home care quality linked to C. auris fungus transmission, study finds](#) (McKnights Long-Term Care News, August 27, 2026)

Aging Topics

- [An aging population in China inspires a new industry: Adult children for hire](#) (Washington Post, August 31, 2026)
- [Super agers have an immune system superpower](#) (Scientific American Health & Medicine, August 19, 2026)

Demographics

	• <u>Global Older Adult Population Projected to Nearly Double by 2060</u> (U.S. Census Bureau, August 31, 2026) Longevity • <u>He Said He Was the World's Healthiest Man. Then Came a Stunning Diagnosis.</u> (New York Times, August 21, 2026) Covid / Long Covid • <u>FDA just approved updated covid shots. Here's what to know as cases edge upward.</u> (Washington Post, August 28, 2026) • <u>F.D.A. Approves New Covid Vaccines, and They Should Be Available Soon</u> (New York Times, August 27, 2026) Medicaid • <u>Changes in Federal Medicaid Eligibility Will Affect Millions of Americans</u> (NEJM Catalyst, August 25, 2026) Alzheimer's and Other Dementia • <u>I'm a long-term-care nurse. Navigating my dad's dementia care and the \$7,700 monthly cost still overwhelmed me.</u> (*Business Insider, August 27, 2026) State Policy • <u>Governor Maura Healey Awards \$17.9 Million to Improve Community Health Across Massachusetts</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 28, 2026) • <u>Governor Healey- Launches Campaign to Help More People Enter Mental Health Careers</u> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 27, 2026) Federal Policy • <u>To get the national debt under control, start with the retirement state</u> (Washington Post, August 24, 2026) From Our Colleagues from Around the Country • <u>(Center for Medicare Advocacy, August 27, 2026)</u>
Quotes	<i>"Why do you want to live to 150?" . . . "There is one essential truth. There is no immortality."</i> <u>He Said He Was the World's Healthiest Man. Then Came a Stunning Diagnosis.</u> (New York Times, August 21, 2026) <i><u>An Aging World: 2025</u> finds that the global population is aging faster than ever before. Between 2020 and 2025, the proportion of the population age 65 and older exceeded the population age 5 and younger for the first time in recorded history.</i> <u>Global Older Adult Population Projected to Nearly Double by 2060</u> (U.S. Census Bureau, August 31, 2026)

20% of Americans rely on Medicaid, and as of March of 2026, it's about 75 million people.

[*Changes in Federal Medicaid Eligibility Will Affect Millions of Americans*](#)
(NEJM Catalyst, August 25, 2026)

Although the 2026 memorandum “discusses two investigations of supposed election fraud occurring at nursing homes, . . . no fraudulent votes were cast in either of these cases, and there is no evidence of any systemic or significant vote fraud or coercion in nursing homes.”

[*Protecting Nursing Home Residents' Voting Rights*](#) (Center for Medicare Advocacy, August 27, 2026)

“Where you live, whether you can afford healthy food and housing, and whether you can get the support you need all have an impact on your health.”

Governor Maura Healey, [*Governor Maura Healey Awards \\$17.9 Million to Improve Community Health Across Massachusetts*](#)
(Office of Governor Maura Healey and Lt. Governor Kim Driscoll, August 28, 2026)

“We have both elderly parents and young children to support. A lot of the time, when we focus on taking care of the younger ones, we end up unable to look after the old.”

Liu Cheng, who established Time Bank in Suzhou, China to hire out “shared children”, [*An aging population in China inspires a new industry: Adult children for hire*](#) (Washington Post, August 31, 2026)

*Medical experts say the vaccines are effective at preventing serious illness, hospitalization and death, but uptake of the shots updated annually [*remains low*](#), according to Centers for Disease Control and Prevention data. Coronavirus infections are increasing or likely to be growing in 47 states, [*according to Aug. 19 CDC data*](#).*

[*FDA just approved updated covid shots. Here's what to know as cases edge upward.*](#) (Washington Post, August 28, 2026)

	<i>“One thing I find particularly remarkable is that, even after more than a century of life, the immune system may still retain the ability to adapt.”</i> Kosuke Hashimoto, a biologist at the University of Osaka in Japan, Super agers have an immune system superpower (Scientific American Health & Medicine, August 19, 2026)
Spotlight  The \$72.80 Project	<u>The \$72.80 Project</u> The “\$72.80 Project” is an advocacy campaign conceived and produced by Noah Daube-Valois, a 20 year old Vassar College student who lives in Northampton, MA. He has spent this summer working with residents at Rockridge Retirement Home, many of whom he says, “now feel like family”. Only a month ago did he realize that most of these residents live on \$72.80 a month. He has shared some of his experiences: “Some of the activities I facilitate are trips to Big Y and Walmart. One resident asked on the last trip if I could add a third stop: Dollar Yard. He said he could no longer justify spending a few extra dollars at Walmart when living on a minuscule budget. “Recently, I recorded an interview with one of the residents I’ve gotten to know. He eloquently and emotionally called for Massachusetts legislators and community members to support raising the Personal Needs Allowance so he can afford to ‘take [his] grandson out for ice cream like [his] own grandfather did’. “I am ashamed by this inequality and am creating a podcast to raise awareness. I admire the Dignity Alliance’s commitment to senior rights. I’m wondering if I could conduct a brief phone interview with somebody in the organization. Furthermore, I would be honored to collaborate on a multi-generational fight for change.”

	The podcast is now available online: The “\$72.80 Project” This is written introduction to the podcast: Massachusetts seniors need our help. In the second costliest state in the U.S., nursing and rest homes residents are forced to survive on \$72.80 a month. That’s often not enough to afford toiletries, clothing, and over-the-counter medications — never-mind birthday gifts for grandchildren. That’s why seniors receive \$200 in Alaska, \$163 in Nevada, \$160 in Florida, and so forth. This is the story of our elderly neighbors who live on \$72.80 in one of the richest states, in the richest country in the world. Sign up to follow for future \$72.80 Project podcasts.
Spotlight	Guardians speak for incapacitated adults who can’t <i>Massachusetts needs a system to pay guardians for indigent adults.</i> Boston Globe By The Editorial Board August 31, 2026 Massachusetts should establish a public guardian program through which qualified people are paid to be guardians for indigent clients. The heartbreaking scenario occurs daily: A patient is ready to leave the hospital for a nursing home or rehabilitation facility, but they have dementia or another ailment that renders them incapable of decision-making. No family member is authorized to sign them into another facility, so the patient remains hospitalized. When someone lacks a guardian, it stops the patient from getting care they need. It also creates a bottleneck in hospital discharges, tying up a bed that could be used for someone else. According to the Massachusetts Health and Hospital Association, in May, Massachusetts hospitals reported having

	70 patients awaiting a guardian before they could be discharged. A report on guardianship released by the Massachusetts Department of Public Health on Aug. 4 estimates that there are more than 3,000 patients a year who require appointment of a guardian and whose hospital discharge is delayed. To say Massachusetts has a system for appointing guardians for incapacitated adults would be an exaggeration. Rather, Massachusetts has a patchwork of solutions that's resulted in a guardian shortage with no guarantee guardians are providing appropriate services. Lawmakers should make it easier to designate a family member as a temporary decision-maker. More importantly, Massachusetts should establish a public guardian program through which qualified people are paid to be guardians for indigent clients. Maintaining the status quo means the problem will only worsen as baby boomers age and medical advances keep more people alive. Mass General Brigham associate general counsel Joshua Abrams said already, compared to several years ago, there are fewer available guardians, a greater need, and more overwork among guardians. "We have an aging population, many of whom don't have family," said Boston attorney Brandon Saunders, who handles guardianship cases. "We're going to have to face the reality that we have to protect our elders, and it will cost money." In the best-case scenario, a person designates a health care proxy before they become incapacitated. Without that, a relative, friend, clergy, or acquaintance can petition the court to be declared a guardian. The system breaks down, however, when a patient doesn't have someone to be their guardian. There are three state agencies that help people find and pay for guardians, but eligibility and space are limited. There are separate court-ordered programs for people in nursing homes with MassHealth coverage or in psychiatric facilities, with
--	--

	guardians reimbursed up to \$100 a month. If a patient has money, a professional guardian can petition the court for reimbursement for the guardian's work. But if the patient is indigent and ineligible for state programs, the system relies on unpaid volunteers — often lawyers or social workers working pro bono or retirees. This is unsustainable. The Department of Public Health report says hospitals' attorneys typically approach four to 13 people to find one guardian. Saunders said his firm files about 50 petitions a month on behalf of hospitals and families, and a dearth of professional guardians causes "huge delays." "It's not uncommon to continue a hearing week after week because we haven't found someone," Saunders said. The system doesn't ensure guardians are properly trained or have a caseload that lets them attend to each client. The best solution would be to create a system that imposes qualification and training requirements on guardians, with funding that ensures guardians are paid for their time, even if a patient has no money. The Massachusetts Guardianship Policy Institute has spent six years piloting a demonstration program. Wynn Gerhard, the institute's Elder Justice Fellow, said the institute uses \$1 million in private funding to pay people to serve as a "guardian of last resort" for 80 clients in Suffolk, Plymouth, and Norfolk counties. Each guardian is limited to 20 clients, and the institute spends around \$11,000 annually per client. Gerhard said nursing homes are happy to have guardians who return their calls, and guardians have helped patients leave nursing homes for community-based living. "We try to make the point that this is what good guardianship is, this is how it can be done, and it saves money and is better for the health care system and patients," Gerhard said. The Department of Public Health report estimates that creating a public guardianship program for 3,100 to 4,950 people a year would cost between \$31 million and \$54.5 million. But if fewer people need services, the cost would be less. At least
--	---

	three states — Colorado, Washington, and Oregon — have state-funded guardianship programs, which cost between \$686,000 and \$8 million to serve between 81 and 420 people, according to the DPH report. The report also recommends passing a “default surrogate” law, creating an expedited way for family members to become medical decision-makers when someone has no health care proxy. Massachusetts is one of just four states without this type of law. A bill reported out of the Judiciary Committee in 2025 would let a physician appoint a surrogate decision-maker, with priority going to the patient’s spouse, then adult children, then other family members, with guidelines the physician and surrogate must follow. There are legitimate concerns about whether default surrogate laws adequately protect patients’ rights. But there are ways to craft a law narrowly, so a surrogate is given limited powers for a limited time. Hospitals want change because stuck patients impact their bottom line, but the more important reason to change policy is common human decency: If an elderly woman alone in the hospital needs someone to speak for her, she should have a qualified person to do so.
Commentary Offered by DignityMA Participants  Margaret Morganroth Gullette is an internationally known cultural critic, an essayist, anti-ageist	Fault lies in perk-hungry leaders and power of lobbies, not ‘gerontocracy’ Boston Globe By Margaret Morganroth Gullette August 27, 2026 It’s not “gerontocracy,” as David D’Alessandro suggests, that makes so many on Beacon Hill lazy and corrupt. It’s often the power of lobbies and the structure of governance that pays so many to head do-nothing committees. Who has faith that younger “leaders” won’t crave the same perks? Meanwhile, Massachusetts is losing one of its best legislators of recent years, the wise and knowledgeable Senator Patricia Jehlen, who, after wrangling the best possible long-term care bill out of the craven fools who for decades have failed to pass a raise in the “personal needs allowance” for the indigent residents of nursing homes, is leaving — at only 82.

activist, and prize-winning writer of nonfiction. Her latest book, <i>American Eldercide: How It Happened, How to Prevent It</i> (2024) was nominated for a Pulitzer Prize and a National Book Award for Nonfiction. It won a MASS Cultural Council 2025 grant in Literature. She is a member of DignityMA's Coordinating Committee The views expressed by individuals are their own and do not necessarily reflect the policy position or perspective of Dignity Alliance Massachusetts.	We need more people who care — of whatever age — since so much remains to be done in so many areas of state responsibility. That legislators like Jehlen are reelected year after year is due to the wisdom of voters in their districts. Some blame does fall elsewhere — on the voters sending back legislators who are happy with the sclerotic system. It's no surprise that D'Alessandro, a former finance CEO, is mistaking older age for weakness. For decades foolish corporations avoiding seniority raises have rejected their experienced workers, when many know that successful businesses keep their “gray hairs” leading an intergenerational workforce. Margaret Morganroth Gullette Newton
Reports	<u>An Aging World: 2025</u> U.S. Census Bureau August 2026 By Rachel Bacon, Daniel Goodkind, Paul Kowai, and Mitali Sen Introduction The global population is getting older even faster than envisioned just a decade ago. The inevitable shift towards top-heavy age distributions, unprecedented in human history, constitutes one of the most significant changes and challenges for many societies in the coming decades. The two key demographic causes of population aging are well known. Falling death rates result in more people who live to older ages, and falling fertility reduces the population at younger ages. These demographic changes create a seemingly inescapable “fertility trap”—a growing share of older people in a population destined to continually shrink. Moreover, sustained low fertility below the “replacement” level (about two births per couple) accelerates the process by eventually causing the number of parents to decline each year. Among the world's most populous countries, the first to experience both a shrinking population and a greater proportion of older people were Russia (where the population decline began in 1996) and Japan (where the population began to fall in 2008). Although other countries have since joined them, the world population overall is expected to keep growing for several decades. Like past reports in the series, “An Aging World: 2025” addresses diverse audiences, including regional and country level statistical agencies, international and domestic research organizations, academic institutions, and the general public. The first purpose in this report is to look at past, current, and projected counts, proportions, and growth rates of older populations. We report on projections until the year 2060, because “An Aging World: 2015” projected until 2050. Older populations have increased because of worldwide improvements in health services, educational status, and economic development. The second purpose of “An Aging World: 2025” is to summarize socioeconomic statistics for all countries where data are available. Finally, the third purpose of this

	report is to review the most recent literature and highlight some of the leading areas of research on aging, including the importance of building age-friendly communities, the impact of artificial intelligence in health systems and employment, as well as the impact of humanitarian disasters on an aging population. The world population surpassed the 8 billion mark in 2023, and there are now 77 countries in which 14 percent or more of the population is at older ages, a key threshold typical of higher income countries. However, not all has gone as expected. There have been at least two events with relevance to population aging: rapidly declining fertility and the COVID-19 pandemic. Their impacts on the economic, health, and overall well-being of the older population are frequently discussed in this report. Report: An Aging World: 2025
Recruitment	See: Listings on MASterList.com's Job Board for all current listings
In Person and / or Online Events	1. Massachusetts Commission for the Blind Tuesday, September 1, 2026, 3:00 p.m. Public hearing Proposed Comprehensive Annual Independent Living Social Services Plan for fiscal 2027. COBLivestream 2. Massachusetts Commission for the Blind Wednesday, September 2, 2026, 1:00 p.m. Rehabilitation Council Meeting Agenda includes a commissioner's update, plus updates on the budget and programs and services. COBagenda and Livestream 3. Personal Care Attendant Workforce Council Thursday, September 3, 2026, 3:00 p.m. Meeting in an executive session Bargaining update. PCAZoom
Webinars and Online Sessions	4. Residents' Decision-Making Rights in Nursing Facilities and Assisted Living Justice in Aging Tuesday, September 8, 2026, 2:00 p.m. to 3:00 p.m. Under federal law, residents of long-term care facilities have broad rights to make decisions regarding their lives. This webinar, Residents' Decision-Making Rights in Nursing Facilities and Assisted Living, will include information on law and advocacy strategies that enable residents to participate in care planning, control the health care and medication that they receive, accept visitors at any hour of the day or night, and vote in the upcoming elections. In general, the assisted living discussion will apply to facilities that accept Medicaid payment for services. Who Should Attend:

	This training will provide strategies for professionals assisting nursing facility and assisted living facility residents, including: • Long-term care ombudsman representatives. • Legal services attorneys and paralegals. • Other aging network professionals. Key Takeaways: After attending this presentation, participants will: • Understand federal and state authorities' protections enforcing residents' decision-making rights. • Identify and assess common issues preventing residents from exercising their rights. • Develop and implement effective advocacy solutions to protect resident choices. Presenters: • Eric Carlson, Director, Long-Term Services and Supports Advocacy, Justice in Aging • Gelila Selassie, Director, Health Advocacy, Justice in Aging Background Information for Attendees: 25 Common Nursing Home Problems and How to Resolve Them Sep8Register Now 5. What the Midterms Mean for Older Adults Benjamin Rose Tuesday, September 15, 2026, 12:00 p.m. Join nationally recognized aging policy leader Bob Blancato for a nonpartisan conversation about how the 2026 midterm elections may shape policies affecting older adults and caregivers. From healthcare and long-term care to federal funding and aging services, this session will help you understand the issues, opportunities, and challenges ahead. "Bob" Blancato is the National Coordinator of the bipartisan 3000-member Elder Justice Coalition. He is also President of Matz, Blancato and Associates, the Executive Director of the National Association of Nutrition and Aging Services Programs, and the National Coordinator of the Defeat Malnutrition Today coalition. 6. The Accountability Gap: Examining Nursing Home Oversight and Accountability in the Post-Pandemic Era The Long Term Care Community Coalition Tuesday, September 15, 2026, 1:00 p.m. In this webinar, LTCCC will present findings from its latest study examining nursing home oversight and enforcement in the post-COVID era. The program will explore how effectively state and federal agencies are enforcing standards related to staffing, infection control, dementia care, and other critical areas, and highlight persistent gaps in oversight and enforcement that continue to put residents at risk. Register for LTCCC's September 15 Webinar 7. Advancing Caregiver Support Through Replicable Innovations National Caregiver Support Collaborative Wednesday, September 16, 2026, 2:00 p.m. With over 63 million caregivers in the U.S., aging network organizations need to apply innovative approaches that expand their reach and deliver
--	---

	support in new and effective ways. Join ACL's National Caregiver Support Collaborative (NCSC) for a webinar showcasing a new resource designed to help organizations identify relevant innovations and learn practical strategies to replicate and scale effective practices. Hear from USAging, an NCSC grantee, and two area agencies on aging as they share examples of successful innovation and actionable steps other aging network organizations can apply to their own work. Attendees will learn how to: • Identify innovative practices to enhance caregiver programs through USAging's Caregiver Services and Supports Innovations Hub • Replicate innovative practices using key implementation considerations and lessons learned from aging network organizations • Assess the impact and feasibility of scaling innovations Speakers • Cara Goldstein, Assistant Director of Caregiving Services and Supports, USAging • Allegra Joffe, Caregiver and Support Services Unit Supervisor, Fairfax Area Agency on Aging • Erica Marks, Director of Volunteer Services, Age Well 8. Webinar on Caring With Confidence: Building Resilience for Dementia Caregivers National Alzheimer's and Dementia Resource Center (NADRC) Wednesday, September 16, 2026, 2:00 p.m. Caring for a person living with dementia is a meaningful journey that can bring both rewards and challenges for caregivers and families. The National Alzheimer's and Dementia Resource Center (NADRC) is hosting "Caring with Confidence: Building Resilience for Dementia Caregivers," a webinar during which Oakwood Creative Care will highlight how its Alzheimer's Disease Programs Initiative grant from ACL is expanding innovative caregiver support services that foster resilience, emotional well-being, and meaningful connections. Presenters will provide an overview of Oakwood's mission, the communities it serves across Arizona, and its expanded commitment to supporting caregivers of people living with dementia. Participants will learn about Resilient Together, Oakwood's six-week support program designed to help caregivers, care partners, and families build resilience through emotional support, grief resources, practical guidance, and opportunities for connection. Through real-world examples and case studies, attendees will explore how resilience-based approaches can empower caregivers, strengthen family relationships, enhance well-being, and help families navigate the dementia journey with greater confidence and support. Presenters • Tara Krantzman, Chief Operations Officer, Oakwood Creative Care • Lorena Diaz, MSW, LMSW, Oakwood Creative Care
--	---

Previously posted webinars and online sessions	Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/
Nursing Homes	9. Center for Medicare Advocacy August 27, 2026 <u>Protecting Nursing Home Residents' Voting Rights</u> By Toby Edelman A group of thirteen U.S. Senators, led by Elizabeth Warren and Alex Padilla, sent an August 12, 2026 letter urging Centers for Medicare & Medicaid Services (CMS) Administrator Mehmet Oz to rescind a July 20, 2026 Quality & Safety Special Alert Memo (QSSAM-26-04-[NH]) and reinstate prior 2020 and 2024 guidance affirming nursing facilities' obligations to actively help residents vote. The lawmakers argue that the revised memorandum replaces constructive compliance instructions with warnings of prosecution and unsubstantiated allegations of voter fraud, effectively intimidating long-term care staff and threatening to disenfranchise vulnerable residents by discouraging staff from assisting with mail-in ballots and registration. 10. McKnights Long-Term Care News August 27, 2026 <u>Ventilator use, poor nursing home care quality linked to <i>C. auris</i> fungus transmission, study finds</u> By Foster Stubbs A study published in the <i>American Journal of Infection Control</i> and reported by <i>McKnight's Long-Term Care News</i> found that the transmission of the multidrug-resistant fungus <i>Candida auris</i> (<i>C. auris</i>) in skilled nursing facilities is strongly linked to mechanical ventilator care and lower measures of care quality. Analyzing 227 Maryland nursing facilities between 2019 and 2023, researchers discovered that while 9% of all nursing homes experienced <i>C. auris</i> transmission, 62% of ventilator-equipped facilities saw outbreaks—making ventilator capability the single largest independent predictor of spread (odds ratio 77). Transmission was also significantly correlated with lower family ratings of care, higher resident acuity, and elevated rates of pressure ulcers among high-risk long-stay residents, leading authors to urge public health agencies and operators to prioritize targeted screening, colonization surveillance, and infection control interventions in ventilator units and facilities with lower care quality indicators. 11. Justice in Aging February 24, 2026 <u>25 Common Nursing Home Problems—& How to Resolve Them</u> Justice in Aging's advocacy manual, <i>25 Common Nursing Home Problems—& How to Resolve Them</i> (authored by Eric Carlson and updated in February 2026), is a comprehensive consumer guide designed to help nursing home residents, families, and advocates identify and challenge routine, unlawful facility practices using the federal Nursing Home Reform Law (42 C.F.R. §§ 483.1–483.95). Organized into key operational categories—substandard care, illegal

	evictions and hospital-dumping, Medicaid discrimination, improper termination of Medicare/Medicare Advantage therapy, visiting restrictions, and unlawful admissions contracts (such as mandatory third-party guarantees and forced arbitration clauses)—the guide counters widespread false statements made by facility staff with explicit legal citations and step-by-step resolution strategies to ensure residents receive the high-quality, person-centered care and protections guaranteed by federal statute. Download PDF
Covid / Long Covid	12. Washington Post August 28, 2026 FDA just approved updated covid shots. Here's what to know as cases edge upward. By Rachel Rouben <i>Questions remain over formal federal recommendations for which Americans should get a vaccine, which could complicate availability of the shots in a handful of states. The spread of the virus remains low.</i> The FDA approved updated coronavirus vaccines for high-risk Americans, including older adults and those with underlying health conditions. The vaccines from Pfizer-BioNTech, Moderna and Sanofi target current variants. Legal issues have delayed federal recommendations, but pharmacies are preparing to distribute the shots. Most Americans can still get vaccinated off-label, and major insurers will cover the vaccines. Read the full article for more on: • The legal challenges affecting federal vaccine recommendations. • How pharmacies are preparing for the vaccine rollout. • The impact of state-level regulations on vaccine availability. 13. New York Times August 27, 2026 F.D.A. Approves New Covid Vaccines, and They Should Be Available Soon By Maggie Astor <i>The shots have been approved for people 65 and older, and for younger people with underlying conditions. Others may be able to get them off label.</i> In <i>The New York Times</i> article "What to Know About New Covid Vaccines for Fall 2026" (August 27, 2026), Maggie Astor reports that the FDA has approved updated monovalent COVID-19 vaccines targeting the currently dominant XFG variant from manufacturers Pfizer, Moderna, and Sanofi/Novavax, with doses beginning to ship to pharmacies and clinics immediately. Formally approved for all adults aged 65 and older as well as younger individuals with underlying health conditions that elevate risk (a group estimated to cover 30% to 60% of the U.S. population), the shots may also be administered off-label by doctors to other individuals seeking protection. While major private health insurers and Medicare are expected to continue full coverage, the article highlights potential access hurdles for younger healthy individuals depending on state-level pharmacy dispensing laws and ongoing policy

	uncertainties surrounding federal distribution channels like the Vaccines for Children program.
Aging Topics	14. Washington Post August 31, 2026 An aging population in China inspires a new industry: Adult children for hire By Huiyee Chiew and Lyric Li <i>The companionship of young men and women is available for hire to help lonely elders in their day-to-day.</i> In China, young adults are hired as 'shared children' to provide companionship to lonely elders amid a growing aging population. These surrogates offer social interaction but not medical care. Critics raise safety concerns, while supporters see it as fulfilling a social need. The initiative reflects China's demographic challenges and the need for regulated elder care services. Read the full article for more on: • How China's aging population is impacting family dynamics. • The role of tech companies in developing elder care solutions. • Safety concerns and regulatory challenges in an emerging industry. 15. Scientific American Health & Medicine August 19, 2026 Super agers have an immune system superpower By Mary Randolph <i>Could this secret cellular weapon be the key to longevity?</i> In the <i>Scientific American</i> article "<i>Super Agers Have an Immune System Superpower</i>" (August 19, 2026), Mary Randolph reports on research led by biologist Kosuke Hashimoto at Osaka University showing that supercentenarians (individuals living past age 110) possess an extraordinarily high concentration of rare "killer" immune cells known as CD4 cytotoxic T lymphocytes (CD4 CTLs). Unlike typical helper T cells that merely coordinate defense, these specialized white blood cells directly attack and eliminate damaged cells, viruses, persistent inflammation, and tumors. Analyzing over 40,000 immune cells across various age cohorts and modeling data from 1,500 individuals, the researchers found that these cells actively expand and clone themselves after age 100—suggesting that extreme longevity is supported by an adaptive, resilient immune system that retains the ability to actively combat cellular damage and persistent antigens even after a century of life.
Demographics	16. U.S. Census Bureau August 31, 2026 Global Older Adult Population Projected to Nearly Double by 2060 <i>Population in the United States Will Age Slower Than in Other Countries</i> The share of the world population age 65 and older is projected to nearly double from 10.5% to 19.6% between 2025 and 2060, according to a new report released today by the U.S. Census Bureau. An Aging World: 2025 finds that the global population is aging faster than ever before. Between 2020 and 2025, the proportion of the population age 65 and older exceeded the population age 5 and younger for the first time in recorded history.

	In 2025, the United States ranked the 48th oldest country out of 227, with 18.9% of its population age 65 or older. By 2060, older adults are projected to make up 23.4% of the U.S. population. Yet the United States will fall to 110th place globally because other countries are aging much more rapidly.
Longevity	17. New York Times August 21, 2026 <u>He Said He Was the World's Healthiest Man. Then Came a Stunning Diagnosis.</u> By Anemona Hartocollis <i>Bryan Johnson, the longevity guru, wants to live forever. But the big question is why.</i> Technology entrepreneur and biohacker Bryan Johnson, widely known for spending millions annually on his intensive anti-aging "Blueprint" regimen, revealed he has been diagnosed with autoimmune gastritis—a chronic, incurable condition in which the immune system mistakenly attacks stomach lining cells, impairing the absorption of vital nutrients such as iron and vitamin B12. The diagnosis followed years of persistently low ferritin levels that failed to improve with supplements and dietary changes, ultimately confirmed via a stomach biopsy. While Johnson attributed the underlying roots of his condition to early-life stressors, depression, and poor diet before his health transformation, medical experts and observers have raised questions about whether his aggressive self-experimentation and massive daily supplement intake may have contributed. Rather than stepping back, Johnson has stated he plans to treat the condition as a new optimization challenge, pursuing emerging experimental therapies while prompting a broader public debate over the biological boundaries and unforeseen risks of extreme longevity protocols.
Alzheimer's and Other Dementia	18. *Business Insider August 27, 2026 <u>I'm a long-term-care nurse. Navigating my dad's dementia care and the \$7,700 monthly cost still overwhelmed me.</u> By Noah Sheidlower <i>This as-told-to essay is based on a conversation with Tasha Crouse, 55, who is <u>caring for her father</u> with dementia. She lives in Wisconsin but frequently visits her father, who is in a <u>memory care</u> facility in Colorado. Crouse became his conservator as his condition worsened. Crouse's lawyer and fiduciary confirmed details of the <u>conservatorship agreement</u>.</i> After recognizing her father's progressive cognitive and physical decline following her mother's death, a long-term care nurse stepped in to arrange in-home help and eventually secured a space for him in a Colorado memory care facility costing approximately \$7,700 per month. Following a medical crisis that left him in a coma, she navigated a complex, costly legal process with an attorney charging \$400 an hour to obtain permanent court conservatorship to manage his finances and liquidate his investments—a role complicated by frequent bureaucratic hurdles and skepticism from financial institutions. With her father's savings projected to last only two years, likely forcing the sale of his

	home, the author reflects on the emotional and logistical toll of long-distance caregiving, prompting her to establish her own advanced directives and long-term care plans to spare her children similar burdens.
Medicaid	19. NEJM Catalyst August 25, 2026 Changes in Federal Medicaid Eligibility Will Affect Millions of Americans By Erik Mikaitis, M.D., M.B.A., F.A.C.P., C.P.E., and Thomas H. Lee, M.D., M.Sc. Abstract Erik Mikaitis, Chief Executive Officer of Cook County Health in Chicago, IL, discusses implications of the recent U.S. federal Medicaid eligibility changes on patients, health systems, communities, and the broader community, and how to respond. The Medicaid changes are expected to cause millions of Americans to lose coverage, not only because of ineligibility, but because of administrative barriers that include redeterminations and new work requirements. Mikaitis describes how Cook County Health and its partners are responding to these changes through community outreach and redetermination events to help reduce confusion and maintain coverage. Through the Medicaid Get the Facts initiative, an unbranded, open-source microsite, Cook County Health and its partners are also working together to get information to those who need it.
State Policy	20. Office of Governor Maura Healey and Lt. Governor Kim Driscoll August 28, 2026 Governor Maura Healey Awards \$17.9 Million to Improve Community Health Across Massachusetts <i>Funding for 31 communities and organizations will expand access to healthy food, housing, behavioral health resources and supports for older adults</i> Governor Maura Healey announced \$17.9 million in grant funding distributed across 31 community-based organizations, municipalities, and regional planning commissions through the fourth round of the Massachusetts Community Health and Healthy Aging Funds. Administered as a partnership between the Massachusetts Department of Public Health (DPH), the Executive Office of Aging & Independence (AGE), and Health Resources in Action (HRiA), the multi-year grants aim to tackle health inequities and the social determinants of health by expanding access to affordable housing, nutritious food, behavioral health services, and supportive programming that helps older adults live safely and independently in their communities. Healthy Aging Grant • Health Care for All (Bristol, Essex, Hampden, and Suffolk counties, \$500,000) • MAB Community Services, Inc./MA Association for the Blind and Visually Impaired (Berkshire, Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties, \$400,000) • Nuestras Raíces, Inc. (Hampden County, \$499,953) • United Way of Franklin and Hampshire Region (Franklin County, \$472,845)

	• Friends of Indian Senior Citizens Organization, Inc. (Middlesex, Norfolk, and Worcester counties, \$100,000) 21. Office of Governor Maura Healey and Lt. Governor Kim Driscoll August 27, 2026 <u>Governor Healey- Launches Campaign to Help More People Enter Mental Health Careers</u> <i>“Turn Your Compassion Into Your Career” highlights jobs, training and financial assistance available across Massachusetts</i> Governor Maura Healey announced the launch of “Turn Your Compassion Into Your Career,” a multilingual statewide public awareness campaign designed to recruit and train a stronger, more diverse behavioral health workforce across Massachusetts. Led by the Department of Mental Health’s Office of Behavioral Health Promotion and Prevention, the initiative directs students, career changers, job seekers, and individuals with lived experience to a centralized web portal (Mass.gov/YourBHCareer) where they can explore pathways ranging from peer specialists and community health workers to licensed clinicians, while accessing state scholarships, tuition assistance, and job-placement resources.
Federal Policy	22. Washington Post August 24, 2026 <u>To get the national debt under control, start with the retirement state</u> <i>The Washington Post</i> Editorial Board’s interactive analysis, “<i>Social Security, Medicare Insolvency Is Coming. Here Are Solutions</i>” (August 24, 2026), warns that the approaching exhaustion of the Social Security and Medicare trust funds (projected for 2032 and 2033, respectively) threatens automatic, across-the-board benefit cuts of roughly 25% and 10% unless Congress enacts structural reforms. Emphasizing that both entitlement programs operate on a pay-as-you-go basis and directly expand federal deficits, the board argues against relying purely on general revenue bailouts and instead proposes a multi-pronged reform package: restructuring Social Security into a basic, tax-funded safety net floor paired with stronger means-testing for higher-income seniors and expanded compulsory private retirement savings; implementing stricter means-testing on Medicare premiums so wealthier beneficiaries pay the full cost of coverage; and curbing long-term Medicare growth by limiting the addition of expensive new billing codes and treatments rather than cutting existing, essential medical services.
From Our Colleagues from Around the Country	23. <u>Center for Medicare Advocacy</u> August 27, 2026 • CMA Comments on CMS’ CY 2027 Home Health Prospective Payment System Proposed Rule • People With Greater Health Needs Leave Medicare Advantage at Higher Rates, Yet the Government Will Waste \$1 Trillion on MA Overpayments Over the Next Decade • Senators Urge CMS to Protect Nursing Home Residents’ Voting Rights • New Resource Hospital Observation Status Fact Sheet • Free Webinar Skilled Nursing Facility Appeals & Updates • Alert Correction - Acuity Based Staffing (August 6, 2026)

A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)	<i>The Campaign to Increase the Personal Needs Allowance (PNA)</i> 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. 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. 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. <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>
Books by DignityMA Participants	<u>A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</u> By Alex Green <u>Buy the book here</u> 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. <u>American Eldercide: How It Happened, How to Prevent It</u> By Margaret Morganroth Gullette <u>Buy the book here.</u> 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 <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending</i>

	<i>Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. 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 <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month. 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	Risking Old Age in America https://okayboomer.substack.com/ By Harry Margolis With 65 million Baby Boomers becoming older by the day, the United States is facing a looming elder care crisis. This blog explores how the nation and individuals can prepare for it.	
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><tr><td>Deficiency Tag</td><td># Deficiencies</td><td>in # Reports</td><td>MA facilities cited</td></tr><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></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
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																																														
Nursing Home Compare	Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. https://tinyurl.com/NursingHomeCompareWebsite																																																
Data on Ownership of Nursing Homes	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.		
DignityMA Call Action	• Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content		
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group leaders for more information.	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	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@bostoncil.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
<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>: • Noah Daube-Valois • Wynn Gerhard • Margaret Morganroth Gullette • Dick Moore 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>
<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> <i>Previous issues of The Tuesday Digest and The Dignity Digest are available at: https://dignityalliancema.org/dignity-digest/</i> <i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i>	