PIONEER HEALTH

A Brighter COVID Dashboard:

State Should Cut Confusion And Clarify All Eldercare Cases and Deaths

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The authors wish to acknowledge the excellent assistance provided by Serena Hajjar, Research Assistant.

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PUBLIC POLICY RESEARCH

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Introduction

In the important area of COVID-19's effect on residents of nursing homes, skilled nursing facilities, rest homes, and assisted living facilities (collectively "eldercare"), the Executive Office of Health and Human Services (EOHHS) and the Massachusetts Department of Public Health (DPH) make available a significant quantity of data on the Mass.gov page titled "COVID-19 Response Reporting." EOHHS and DPH, to their credit, have made improvements to that reporting over time, including substantial recent changes that (as detailed below) Pioneer Institute had long advocated. However, there are certain reporting flaws and omissions that should still be remedied.

Since the onset of COVID-19, Massachusetts has experienced high mortality in eldercare facilities and among older citizens generally. In this context, clear and complete information relevant to infection control and prevention, cases, deaths and hospitalizations among older state residents is especially important. Although in more recent weeks, the administration of vaccines, along with previously implemented infection control and prevention measures, has helped to reduce cases and fatalities in eldercare facilities, there are important lessons to be gleaned from this past year that should be incorporated in future transparency efforts regardless of current, more positive outcomes.

Since the onset of COVID-19, Massachusetts has experienced high mortality in eldercare facilities and among older citizens generally.

In this white paper, Pioneer identifies these problems in the hope that EOHHS and DPH will fix them, and as part of Pioneer's series of recommendations about COVID-19 public policy in various realms, including eldercare. (See, for example, "Getting Nursing Home Care Right," which summarized Pioneer's warnings and recommendations concerning eldercare as of October 8, 2020 with respect to substantive policy and information transparency. These prominently included Pioneer's June 29, 2020 Open Letter to the COVID-19 Study and Recommendations Task Force established pursuant to Massachusetts House Bill H. 4672, a copy of which was sent to EOHHS.)

Reporting Flaws

Here is a brief summary of the flaws and omissions at issue:

- The "Interactive Data Dashboard" ("Dashboard") published by DPH is the most prominent feature on the COVID-19 Response Reporting page of Mass.gov. In one of its sections ("Higher Ed & LTCF"), the Dashboard used to report total cases and deaths for long-term care facilities — a category of eldercare that includes nursing homes, skilled nursing facilities, and rest homes. In a series of communications between Pioneer Institute ("Pioneer") and EOHHS beginning in December 2020, Pioneer pointed out that that section was silent on assisted living facilities (ALF) — an additional category of eldercare that is also important and state-regulated. Pioneer argued that the Dashboard should include total cases and deaths in assisted living facilities too, so that its data would encompass *all* state-regulated eldercare facilities.

  On April 15, DPH made a significant but disappointing change. The section at issue is still limited to long-term care facilities. And what it reports about them has been cut in half. While the section continues to report a numerical total for cases, it no longer does so for deaths. The total number of deaths is replaced by a reference to a separate section of the COVID-19 Response Reporting page of Mass.gov, which itself contains links to multiple complex Excel spreadsheets.

  This change defeats the purpose of a dashboard, which is to provide fundamental information in a clear and prominent way. In this section of the Dashboard, DPH should go back to reporting cases *and* deaths, and this time it should do so for *all* eldercare facilities — long-term care and assisted living.

- That same change raises significant additional transparency-related questions. Immediately before this change, the relevant section of the Dashboard reported more than 9,000 total COVID-19 deaths for long-term care facilities (of more than 17,000 COVID-19 deaths

overall). Among the various reports to which that section now refers, one — the "Aggregative Report" — communicates something very different: 6,224 deaths for all eldercare facilities (even including assisted living facilities). On the Dashboard, and also in recent communications to the *Boston Globe*, the state explains that a certain type of death has been removed from the tally: one where the person had recovered from COVID-19 before dying (presumably from some other cause). The Dashboard identifies this standard as the CDC's "National Healthcare Network Safety criteria" and says the standard was "developed specifically for use in LTCF [long-term care facilities]"; the Aggregative Report appears to characterize this standard as capturing "confirmed COVID-19 diagnoses or COVID-19 related deaths." The state has described the former, broader standard as a "surveillance" standard also authorized by CDC. Switching from the broader standard to the narrower, long term care-specific standard makes sense at first glance, but it is not sufficiently clear how the state is making decisions to exclude thousands of deaths under its apparently more restrictive definition. The state should provide more information on that process to ensure public confidence that eldercare deaths are being fully counted.

Switching from the broader standard to the narrower, long term care-specific standard makes sense at first glance, but it is not sufficiently clear how the state is making decisions to exclude thousands of deaths.

Also, the state is apparently still using the broader "surveillance" standard for the Dashboard's tally of *all* Massachusetts COVID-19 deaths (which still stands at greater than 17,000). The state should more clearly identify this surveillance standard. The Dashboard does not provide its precise name, and we cannot identify it with confidence based on the available information. Nor can we know whether the state is applying it correctly, without seeing whatever practical guidance has been provided to relevant state officials.

Also, the use of two standards risks understating the proportion of COVID-19 eldercare deaths to all COVID-19 deaths, if indeed total eldercare deaths are being tallied under a standard that is far more restrictive than the standard for counting all deaths. This is like trying to compare apples to oranges — it's not a rational comparison. Such a comparison would frustrate the public's right to clear information on what proportion of all COVID-19 deaths are associated with state-regulated eldercare facilities. The state should address and clarify this issue.

- Lastly, directly below the Dashboard is DPH's COVID-19 Weekly Public Health Report (Weekly Report), which has additional flaws and omissions concerning eldercare reporting, which we identified months ago to EOHHS:
  - The Weekly Report contains a section showing total cases and deaths at each long-term care facility. Until Thursday, April 15, that section reported total cases only in opaque ranges — for example, a long-term care facility that has had more than 200 COVID cases was designated as ">30." This was not helpful to a person attempting to make a sound decision among long-term facilities for him- or herself, or for a family member. Starting in December 2020, Pioneer advocated to EOHHS that DPH instead report *actual* case numbers for each facility. On April 15, DPH made that change, as well as another change that Pioneer advocated. The report now shows total cases and deaths over the entire pandemic, *as well as in the last 14 days*. (Pioneer had suggested the last *30* days, but DPH's choice is reasonable.)
  - DPH should be commended for those changes, but it should be noted that they come late in the pandemic and would have assisted families and hospital discharge planners during peak times. Also, the Weekly Report has a companion section for assisted living facilities — and DPH has made no changes to that section, even though it has the same two flaws and omissions described directly above, plus one more:
    - The assisted living section reports each facility's total cases solely in opaque ranges — the same uninformative reporting convention that DPH has now discarded for long-term care facilities.
    - It reports each assisted living facility's total cases over the entire pandemic, but not over any more recent period of time (such as the last 14 or 30 days).

- It reports total cases for each assisted living facility, but reports *nothing* about *deaths* at each facility. Yet there have been hundreds of deaths at these facilities, and there is no apparent reason for this report's confusing silence about that fact. Why would the Weekly Report show deaths for each long-term care facility, but not for each assisted-living facility?

Pioneer is aware that the state has a broad range of pressing COVID-19 priorities. As noted specifically herein, the issues addressed in this brief have been raised over the past several months with appropriate state authorities. Consistent with Pioneer's efforts advancing transparency throughout the pandemic, we are now raising these particular issues publicly. The reporting flaws addressed in this brief could be readily remedied by administrative or legislative action, and doing so would improve the current and future quality of eldercare information available to Massachusetts residents.

Also, as noted, DPH has very recently made substantial reporting changes in the area of eldercare. With administrative attention focused on making such revisions, the timing seems especially right to urge the additional changes addressed in this white paper.

Recommended Changes

More detail on each reporting flaw or omission is below, together with a suggested remedy:

The omission of assisted living from this section was inexplicable and not supported by objective facts concerning the importance of ALF as part of Massachusetts' eldercare landscape.

1. DPH has recently made the Dashboard's long-term care facilities section even narrower than it was before. It still excludes assisted living facilities, and, as to long-term care facilities, it no longer shows total deaths

Until April 15, the Dashboard prominently reported the number of cases and deaths among residents of long-term care facilities in a section titled "Higher Ed and LTCF [Long-term Care Facilities]." As DPH disclosed on the Dashboard, this category includes "nursing homes, skilled nursing facilities, and rest homes."

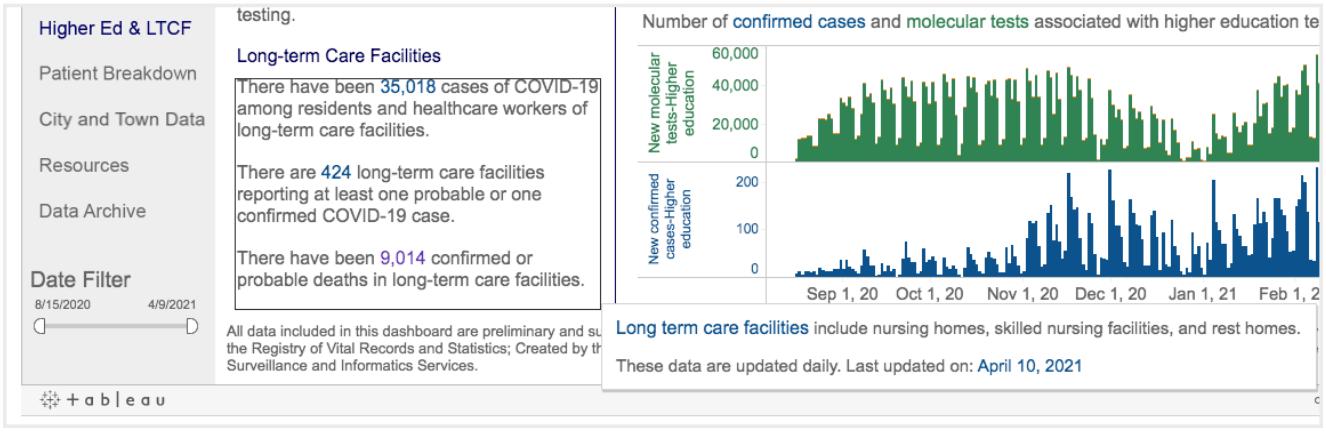
However, the Dashboard did not report — in that same section, or elsewhere — cases and deaths among residents of another type of eldercare facility: assisted living facilities.

Starting in December 2020, Pioneer urged EOHHS to supplement this section of the Dashboard, to include total cases and deaths in assisted living facilities as well.

The omission of assisted living from this section was inexplicable and not supported by objective facts concerning the importance of ALF as part of Massachusetts' eldercare landscape. Assisted living facilities are state-regulated (here are the 32 pages of regulations) and there are more than 250 such facilities in the Commonwealth (See pages 47-51 of this state Report).

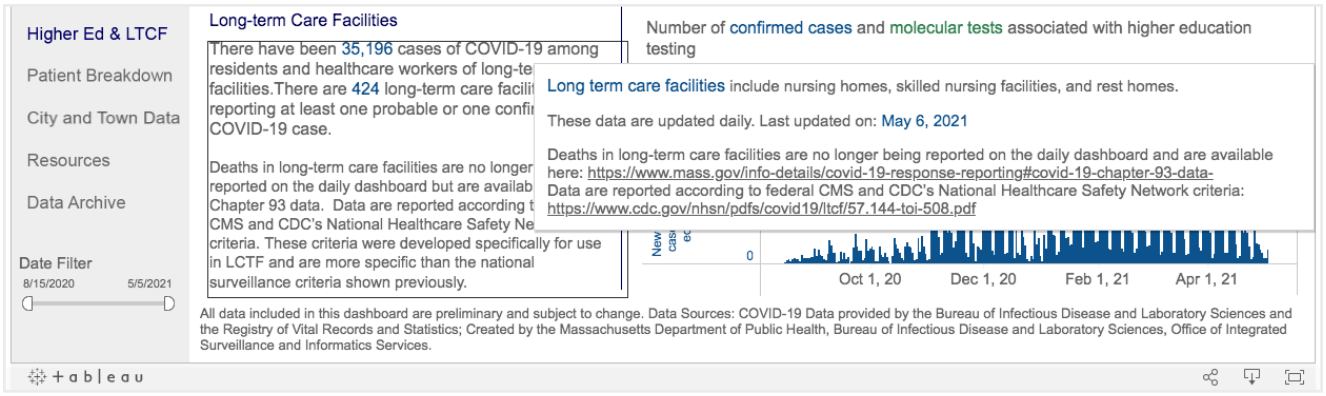
Regarding actual occupancy, an April 2020 WBUR article reported that assisted living facilities then housed 16,500 residents, about 40 percent of the 38,000 residents in nursing homes and 3,000 in rest homes. Assisted living facilities are a significant component of eldercare in the Commonwealth. On the eve of the pandemic, the assisted living population was apparently growing: a September 2019 report by an Executive Office of Health & Human Services (EOHHS) task force stated that the steady growth of assisted living facilities in Massachusetts was "contribut[ing] to the decline in the number of nursing facility residents." (See page 12 of the report, "The Massachusetts Nursing Home Industry at a Crossroads".) Moreover, being transparent about cases and deaths in ALF could improve insight into effective or ineffective measures incorporated into the facility construct that could prove helpful. For example, ALFs are usually single room occupancy facilities, with residents who may require less hands-on care in terms of functions of daily living. We would expect such constructs to aid in preventing the spread of COVID. There could be lessons to be learned here, but we don't know what they are due to the current lack of transparency.

Yet here is an image of the relevant portion of the Dashboard (taken on April 11, 2021, before the April 15 changes), showing important metrics for long-term care facilities only; there were no metrics here for assisted living facilities:



We first brought this issue to the EOHHS on December 21, 2020,[1] and raised it with the office in subsequent communications as well.

On April 15, DPH changed this section of the dashboard significantly, but unsatisfactorily. Its figure for total cases is still limited to long-term care facilities and excludes cases for assisted living facilities. As to deaths, the revised section contains no number at all, and instead refers to information elsewhere on Mass.gov. Here is an image of the relevant section taken on May 6; note the text box on the right side that appears when the cursor is hovered over the main text:



As this image shows, rather than simply stating the total number of deaths in long-term care facilities (or, even better, in *all* eldercare facilities), this revised report refers the public elsewhere: "[d]eaths in long-term care facilities are no longer being reported on the daily dashboard and are available here: https://www.mass.gov/info-details/covid-19-response-reporting#covid-19-chapter-93-data".

This reference isn't helpful. The link simply directs the user to another section on the same page of Mass.gov, titled "COVID-19 Chapter 93 Data." In turn, that section contains links to a variety of reports, some of which are not apparently relevant to long-term care, for example the "DOC Inmate Dashboard."

DPH *probably* intends to refer the public to a particular report called the "Chapter 93 Elder Facility Aggregative Report Monthly Update" (the Aggregative Report). This report does contain figures for total deaths at Massachusetts eldercare facilities, including assisted living facilities. But DPH has not made its apparent reference to the Aggregative Report explicit, and in any event — as explained in Section 4 below — the Aggregative Report is obscure and comprised of difficult-to-use complex spreadsheets.

In sum, DPH's change here is difficult to understand. With respect to transparency, it takes us backwards. The point of the Dashboard is to report fundamental information in a clear and accessible way. The total number of cases and deaths in state-regulated eldercare facilities is undoubtedly fundamental information.

As it has since December, Pioneer is advocating that this section of the Dashboard do the obvious: report total cases and deaths due to COVID-19 or its complications at assisted living and long-term care facilities — that is, at *all* types of eldercare facilities.

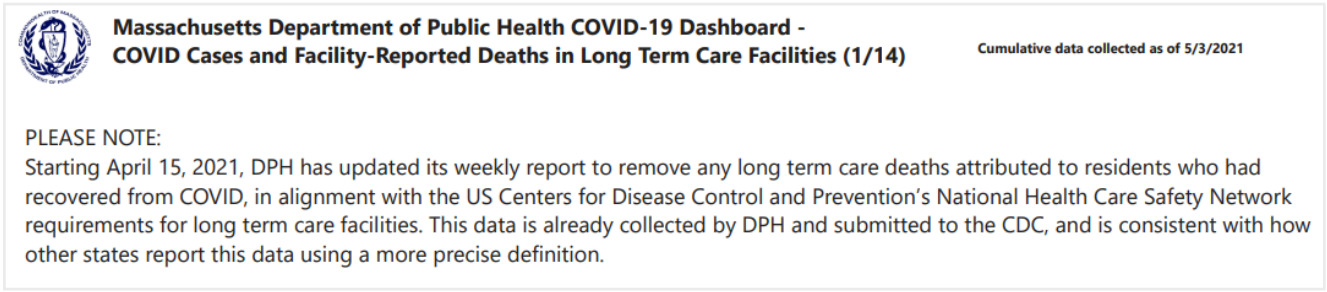
The point of the Dashboard is to report fundamental information in a clear and accessible way.
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2. That same change raises fundamental questions about the state's tally of total COVID-19 deaths, and the proportion thereof at eldercare facilities

As the April 11 image above shows, the Dashboard section at issue ("Higher Ed and LTCF") recently showed 9,014 COVID-19 deaths in long-term care facilities (i.e., as explained in Section 1, not including assisted living). But now that number is gone, and — as explained directly above — this Dashboard section refers the public to the various reports in the section titled "COVID-19 Chapter 93 Data." One of those reports, the Aggregative Report, provides a figure for total deaths in various categories of eldercare facilities. Its total staff and resident deaths for *all* eldercare facilities (including assisted living) is 6,224.[2] Its total staff and resident deaths excluding assisted living is 5,620 — more than 3,000 fewer deaths than the Dashboard reported for long-term care alone as recently as April 11.[3]

This sharp discrepancy between the Dashboard and the Aggregative Report had long existed, and, starting late last year, Pioneer had asked EOHHS to explain it. On December 21, 2020, for example, Pioneer asked in writing, citing then-current figures: "What accounts for the great disparity in total deaths between the Aggregative Report (around 5,000) and the Daily Dashboard (nearly 7,000)?" Communications on that topic continued thereafter.

Now, EOHHS and DPH concede that they have decided to abandon the large figure formerly on the Dashboard. They state that, in line with certain federal guidance specific to long-term care facilities, they now do not include in the tally of long-term care deaths situations where the resident had "recovered" from COVID-19 before dying. It should be noted that despite requests from Pioneer, EOHHS has not provided specific language from CDC to explain the broader death definition previously referred to as the surveillance method. As to the long term care-specific standard, the May 6 Weekly Report states as follows at the top of its page 3:



Massachusetts Department of Public Health COVID-19 Dashboard -
COVID Cases and Facility-Reported Deaths in Long Term Care Facilities (1/14)

Cumulative data collected as of 5/3/2021

PLEASE NOTE:
Starting April 15, 2021, DPH has updated its weekly report to remove any long term care deaths attributed to residents who had recovered from COVID, in alignment with the US Centers for Disease Control and Prevention's National Health Care Safety Network requirements for long term care facilities. This data is already collected by DPH and submitted to the CDC, and is consistent with how other states report this data using a more precise definition.

In the Aggregative Report, the state describes this long term care-specific standard as capturing "confirmed COVID-19 diagnoses and COVID-19 related deaths." The standard itself, at its page 11, states that its goal is to capture deaths "from SARS-COV-2 (COVID-19) related complications."

It may seem logical for the state to adopt this standard. However, in light of the statement that deaths have been "remove[d]" where the resident "recovered from COVID," and the huge number of deaths removed on that basis, there should be more public disclosure about the adoption of and implementation of the narrower standard.

As noted, on its page 11, the federal long-term standard states that "COVID-19 Deaths" are "defined by NHSN [National Healthcare Safety Network] as residents who died from SARS-COV-2 (COVID-19) related *complications*" (emphasis added). And its next paragraph states that the count includes people who "died from ongoing complications related to a *previous* COVID-19 infection" (emphasis added). How is the state ensuring that such deaths are not removed from the tally of eldercare deaths?

The May 6 DPH Weekly Report states (also on its page 3) that "[d]ata on deaths is self-reported by each facility," and that "DPH performs routine data quality reviews of the data it receives." Has the state provided guidance and/or training to state quality checkers and to long-term care facilities themselves about this particular issue, i.e., inclusion of deaths following complications of a previous COVID-19 infection? What is the content of that guidance? The state should make that information public to confirm that long-term care COVID-19 deaths are being counted as accurately and completely as possible.

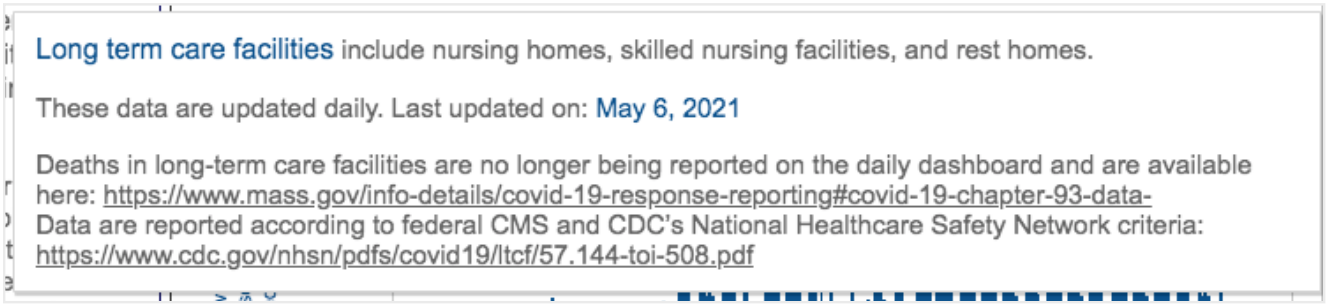
Has the state provided guidance and/or training to state quality checkers and to long-term care facilities themselves about this particular issue, i.e., inclusion of deaths following complications of a previous COVID-19 infection?

Such confirmation seems particularly necessary in light of the *Boston Globe*'s April 23 article, "Is Massachusetts Undercounting COVID Deaths in Nursing Homes?" That article reports yet another wrinkle in the state's recounting of nursing home deaths that has not been fully explained or officially reported. According to the article, the state asked nursing home administrators to take another look at the cause of deaths and to reclassify COVID-19 deaths if warranted, using the narrower definition. One problem with this directive is that the threshold language in the narrow standard now identified on the Dashboard (the National Healthcare Network Safety Criteria) is almost the same language as the definition used in the state's Aggregative Report, language that nursing home administrators were presumably to use in reporting deaths in the first place. So it's not at all clear to the public what administrators were to do differently. Whatever they did, it resulted in further lowering the death numbers in long-term care facilities, as reported in the April 24 *Globe* article, to 5,502. Clearly, much more explaining and transparency needs to be shed on this process before such a result can be accepted by the public.

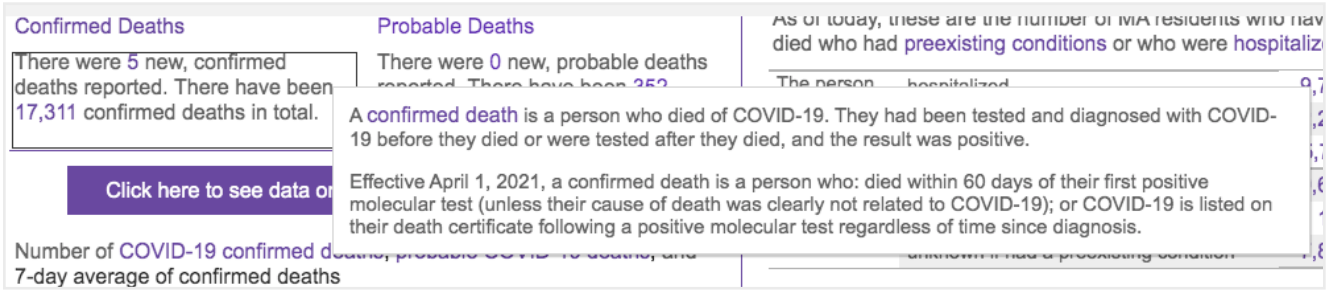
In addition, it appears that the thousands of deaths that have been removed from state's tally of long-term care COVID-19 deaths nonetheless remain in the state's tally of *all* COVID-19 deaths. The number of total confirmed deaths was reported as 17,082 on April 14 and 17,311 on May 6.[4] An April 15 *Boston Globe* article reports that state officials "said they will retain the previous standard for reporting overall COVID-19 deaths in Massachusetts on the weekly dashboard. As a result, the state's total COVID-19 death count will not shrink." The *Globe* article suggests that, for this purpose, the state uses "a different CDC standard, the so-called surveillance case definition, " which we have previously described.

The use of different standards raises troubling concerns about public health data reporting. Four obvious transparency-related questions exist, which the state should answer, supplementing the Dashboard itself as appropriate:

i. Precisely what is the standard that the state has used, and will continue to use, for its total COVID-19 death count? This standard should be specified on the Dashboard. The Dashboard does so for the long-term care standard; see the final sentence below (this is an image of a portion of the Dashboard's Higher Ed & LTCF section taken on May 6):



But the Dashboard does not do the same with respect to the different standard for counting overall COVID-19 deaths. This is an excerpt of the Dashboard's "COVID-19 Deaths" section, also imaged on May 6; see the text-box beginning with the words "A confirmed death . . . ":



The description of methodology is helpful, but precisely which standard, federal or otherwise, does it come from? The Dashboard should identify this basic information, which should be clear to the public.

ii. As shown in the image above, this section of the Dashboard contains the language "Effective April 1, 2021. . . " Does this mean a *different* standard was used before April 1, 2021? If so, what was *that* standard? It too should be identified.

iii. DPH should also identify the precise difference between the alternate counting methods (for long-term care and for overall deaths) that causes the profoundly different ultimate results. The Dashboard itself does not answer that question, and indeed suggests a broad similarity between the two standards. As noted, the long-term care standard encompasses individuals who died "from SARS-COV-2 (COVID-19) related complications." As to the count of *overall* COVID-19 deaths, the first sentence of the Dashboard's explanatory language — see the image above — states that a "confirmed death" is "a person who died of COVID-19 . . . ." These phrasings suggest a similar goal, so the very different result must reflect some underlying mechanical difference between the two approaches. The state should clearly identify that crucial difference, preferably giving representative examples of deaths that are excluded by the long-term care methodology but still encompassed within the broader methodology. This would allow evaluation of whether the difference in approach is in fact sensible and supported by underlying federal standards, and will ensure public confidence in the state's approach to counting eldercare COVID-19 deaths and overall COVID-19 deaths.

iv. The state should also address a related transparency concern: however well-grounded the varying methodologies may be *independently*, their simultaneous use on Massachusetts' Dashboard risks creating a significant public misimpression about the proportion of eldercare COVID-19 deaths to all COVID-19 deaths. It is basic math that if thousands of deaths are removed from the numerator (eldercare COVID-19 deaths) but retained in the denominator (all COVID-19 deaths), that drives down the percentage of the former to the latter. Indeed, it shrinks the apparent percentage of eldercare deaths by counting thousands of them as COVID-19 deaths, but, ironically, not as *eldercare* COVID-19 deaths.

It is basic math that if thousands of deaths are removed from the numerator (eldercare COVID-19 deaths) but retained in the denominator (all COVID-19 deaths), that drives down the percentage of the former to the latter.

The potential impact of this problem is significant. Before, the apparent proportion of eldercare COVID-19 deaths to all COVID-19 deaths was greater than half. 9,014 — the number of eldercare COVID-19 deaths shown on the Dashboard on April 11 (see the first screen-capture in Section 1) — is about 53 percent of the count of all confirmed COVID-19 deaths reported that same day (17,042),[5] and, as explained in Section 1, the 9,014 did not include assisted living. Now, even including assisted living, the apparent proportion of eldercare COVID-19 deaths to all COVID-19 deaths has dropped to about *36* percent. As noted, the Aggregative Report puts total staff and resident deaths for *all* eldercare facilities at 6,224, or 36.5 percent of 17,042.

Does 36 percent represent a fair picture, for Massachusetts, of COVID-19 eldercare deaths as a proportion of all COVID-19 deaths?

The Commonwealth's citizens have a right to clarity on this basic question. Such clarity is important outside the borders of Massachusetts as well. In the interest of transparency, and to assist with the development of policy lessons, journalists and researchers have focused on the various states' respective approaches to, and outcomes regarding, COVID-19 and eldercare.

For example, this *New York Times* analysis — which states that it was updated on April 28, 2021 — undertakes to identify each state's percentage of long-term care deaths to all deaths. The *Times* analysis puts that percentage at 51 percent for Massachusetts, seventh highest in the nation. The analysis apparently relies on the now-abandoned Dashboard figure. It lists "8,926" long-term care deaths in Massachusetts (which was the precise number reported on the Dashboard on March 29.[6]) What should the *Times* or other publications or researchers do now?

The *Times*' and all similar efforts are (at best) frustrated by the issue identified here: i.e., that the figures for eldercare deaths and total deaths now appear to be calculated using substantially different methodologies, which may understate the incidence of eldercare deaths in the state.

* * *

Pioneer recognizes that one source of this problem may be varying federal standards for counting COVID-19 deaths. If so, Massachusetts should nonetheless recognize the problem, be clearer about it in public reporting, and look for ways to resolve it. For example, Massachusetts could prominently warn on its Dashboard that no comparison is possible at this time between the reported total eldercare COVID-19 deaths and the reported total COVID-19 deaths overall. Massachusetts could also engage with appropriate federal officials to seek a more complete substantive solution — certainly there is some way to report COVID-19 deaths that aligns figures for eldercare deaths with figures for overall deaths without impairing other state and federal reporting and information-gathering goals.

Certainly there is some way to report COVID-19 deaths that aligns figures for eldercare deaths with figures for overall deaths without impairing other state and federal reporting and information-gathering goals.

It is important to note, however, that whatever the state is now doing with eldercare death numbers, even the Aggregative Report's lower numbers are highly troubling. For example, they show 5,580 nursing home resident deaths, which is 14 percent of the state's nursing home population of 38,000 residents — or about one in seven residents. In June 2020 Pioneer issued a public letter that was sent to EOHHS outlining the deficiencies that were plaguing the Commonwealth's nursing homes, along with proposed remedies (See Pioneer Institute Open Letter previously referenced). There were serious and substantial deficiencies that rocked the state's nursing homes regardless of which numbers the state now chooses to use.

3. As to the Weekly COVID-19 Public Health Report, DPH has made important changes to the section on long-term care facilities, but should do the same to the section on assisted living facilities

DPH's "Weekly COVID-19 Public Health Report" (Weekly Report) appears directly below the Dashboard and provides additional information in a variety of areas. This report's sections include one titled "COVID Cases and Facility-Reported Deaths in Long Term Care Facilities," and a similar section titled "COVID Cases in Assisted Living Residences."

Starting in December 2020, Pioneer advocated for improvements to those two sections. Pioneer engaged on this topic in a February 26, 2021 Zoom meeting with EOHHS personnel, and also in prior and subsequent written communications. For example, attached at Exhibit A are documents Pioneer provided to DPH on January 18, 2021; these are excerpts from the Weekly Report which Pioneer marked up to show suggested improvements.

Those efforts have been partially successful. As noted in the introduction, DPH has just made two changes to the section for long-term care facilities, both of which (as shown by Exhibit A) Pioneer had advocated:

A. ***In the Weekly Report's section for long-term care facilities, cases are no longer reported in opaque ranges.*** Before April 15, the long-term care section of the Weekly Report contained a column titled "Number of Cases." However, that column reported the number of cases at each facility solely by range, for example "11-30." The top range was ">30," even though according to Pioneer's analysis of other, more obscure DPH data then available (the monthly Aggregative Report addressed in Section 4 below), even considering residents alone (not including staff), more than 30 facilities had reported over 100 cases, and at least one facility — Catholic Memorial Home — had reported more than 200 cases. So the Weekly Report showed the same thing for a facility with 40 cases as for a facility with 140 (or 200) cases: ">30".

Consider Parsons Hill Rehabilitation and Restoration Center, a long-term care facility. Here was Parsons' line item in the April 8, 2021 Weekly Report (we have placed the report's column headings directly above it for context):

Facility	County	Total licensed beds	Number of Cases*	COVID-19 Deaths**
PARSONS HILL REHABILITATION & HEALTH CARE CENTER	WORCESTER	162	>30	7

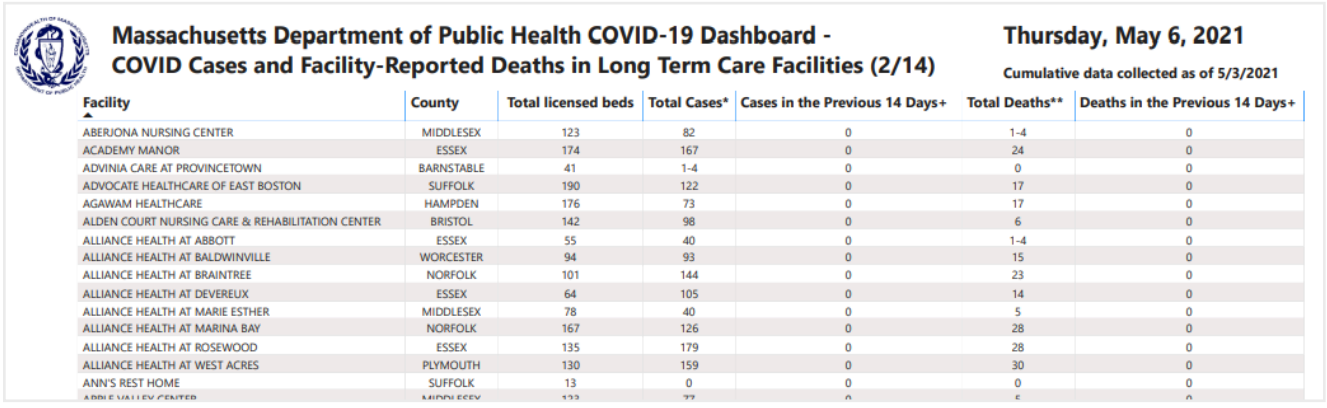
As shown, the Weekly Report displayed a ">30" for Parsons' number of cases. Yet according to the more obscure Aggregative Report addressed in Section 4 below, as of March 31, 2021, Parsons had more than 140 resident cases and more than 70 staff cases.

Pioneer argued that DPH should dispense with ranges entirely, and report the actual number of total cases for each eldercare facility. DPH did so in the most recent Weekly Report, issued on April 15.

B. ***The Weekly Report's section for long-term care facilities now sheds light on each facility's recent experience with COVID***. Previously, this section showed each facility's cases (by range) and deaths for the entire pandemic. But a facility's recent experience is another important fact for a person or family attempting to make a sound choice among facilities. For example, if a facility has had 40 total COVID cases, how many of them were last year as opposed to last month?

This section did not previously disclose such information, but now it does. It continues to report each facility's total cases and deaths (now in actual numbers, not ranges) over the course of the entire pandemic, and it also discloses the corresponding information over the last 14 days.

Together those two changes greatly improve the Weekly Report's section on long-term care facilities. Now cases are reported in actual numbers, and the report provides case and death information for the entire pandemic, *and* for the last 14 days. Here is an image of a representative portion of the revised report:



Massachusetts Department of Public Health COVID-19 Dashboard - COVID Cases and Facility-Reported Deaths in Long Term Care Facilities (2/14)

Thursday, May 6, 2021

Cumulative data collected as of 5/3/2021

Facility	County	Total licensed beds	Total Cases*	Cases in the Previous 14 Days+	Total Deaths**	Deaths in the Previous 14 Days+
ABERJONA NURSING CENTER	MIDDLESEX	123	82	0	1-4	0
ACADEMY MANOR	ESSEX	174	167	0	24	0
ADVINIA CARE AT PROVINCETOWN	BARNSTABLE	41	1-4	0	0	0
ADVOCATE HEALTHCARE OF EAST BOSTON	SUFFOLK	190	122	0	17	0
AGAWAM HEALTHCARE	HAMPDEN	176	73	0	17	0
ALDEN COURT NURSING CARE & REHABILITATION CENTER	BRISTOL	142	98	0	6	0
ALLIANCE HEALTH AT ABBOTT	ESSEX	55	40	0	1-4	0
ALLIANCE HEALTH AT BALDWINVILLE	WORCESTER	94	93	0	15	0
ALLIANCE HEALTH AT BRAINTREE	NORFOLK	101	144	0	23	0
ALLIANCE HEALTH AT DEVEREUX	ESSEX	64	105	0	14	0
ALLIANCE HEALTH AT MARIE ESTHER	MIDDLESEX	78	40	0	5	0
ALLIANCE HEALTH AT MARINA BAY	NORFOLK	167	126	0	28	0
ALLIANCE HEALTH AT ROSEWOOD	ESSEX	135	179	0	28	0
ALLIANCE HEALTH AT WEST ACRES	PLYMOUTH	130	159	0	30	0
ANN'S REST HOME	SUFFOLK	13	0	0	0	0

There is also bad news, though: these changes have solely impacted the Weekly Report's section for long-term care facilities. DPH has not made the corresponding changes to the Weekly Report's section for assisted living facilities — again, an important segment of Massachusetts' eldercare system.

Nor has DPH addressed another omission that is unique to the assisted living section, and which Pioneer also identified long ago. As explained and shown in the image above, the section for long-term care facilities reports total cases *and* total deaths for each facility. In contrast, the section for assisted living facilities only reports cases, not deaths. This was the case before the April 15 changes, and it remains so now.

Here is an image from the April 8 Weekly Report; note the absence of a column for deaths:

Massachusetts Department of Public Health COVID-19 Dashboard - COVID Cases in Assisted Living Residences (1/5)

Thursday, April 08, 2021

Cumulative data collected as of 4/8/2021 8:00am

Facility	County	Maximum Capacity	Number of Confirmed Cases*	Facility	County	Maximum Capacity	Number of Confirmed Cases*
Adelaide of Newton Centre	Middlesex County	61	>30	Benchmark Senior Living at Clapboardtree	Norfolk County	115	11-30
All American Assisted Living at Hanson	Plymouth County	96	>30	Benchmark Senior Living at Forge Hill	Norfolk County	109	>30
All American Assisted Living at Raynham	Bristol County	112	>30	Benchmark Senior Living at Robbins Brook	Middlesex County	89	>30
All American Assisted Living at Wareham	Plymouth County	112	>30	Benchmark Senior Living at The Commons in Lincoln	Middlesex County	81	>30
All American Assisted Living at Wrentham	Norfolk County	122	>30	Benchmark Senior Living at Woburn	Middlesex County	97	11-30
Allerton House at Central Park	Norfolk County	109	>30	Bertram House of Swampscott	Essex County	70	11-30
Allerton House at Harbor Park	Plymouth County	78	11-30	Bethany Homes - Merrivista	Essex County	33	1-10
Allerton House at Proprietors Green	Plymouth County	110	11-30	Billerica Crossings	Middlesex County	78	11-30
Allerton House at The Village at Duxbury	Plymouth County	36	11-30	Blaire House at Tewksbury Assisted Living	Middlesex County	35	11-30
American Inn at Sawmill Park	Hampden County	18	1-10	Blaire House of Milford	Worcester County	50	11-30
Armbrook Assisted Living	Hampden County	84	>30	Bridges by EPOCH at Andover	Essex County	72	11-30
Artis Senior Living of Lexington	Middlesex County	72	11-30	Bridges by EPOCH at Hingham	Plymouth County	54	1-10
Artis Senior Living of Reading	Middlesex County	64	>30	Bridges by EPOCH at Mashpee	Barnstable County	60	11-30

And here is an image from the May 6 Weekly Report; deaths are still missing:

Massachusetts Department of Public Health COVID-19 Dashboard - COVID Cases in Assisted Living Residences (1/5)

Thursday, May 06, 2021

Cumulative data collected as of 5/6/2021 8:00am

Facility	County	Maximum Capacity	Number of Confirmed Cases*	Facility	County	Maximum Capacity	Number of Confirmed Cases*
Adelaide of Newton Centre	Middlesex County	61	>30	Benchmark Senior Living at Clapboardtree	Norfolk County	115	11-30
All American Assisted Living at Hanson	Plymouth County	96	>30	Benchmark Senior Living at Forge Hill	Norfolk County	109	>30
All American Assisted Living at Raynham	Bristol County	112	>30	Benchmark Senior Living at Robbins Brook	Middlesex County	89	>30
All American Assisted Living at Wareham	Plymouth County	112	>30	Benchmark Senior Living at The Commons in Lincoln	Middlesex County	81	>30
All American Assisted Living at Wrentham	Norfolk County	122	>30	Benchmark Senior Living at Woburn	Middlesex County	97	>30
Allerton House at Central Park	Norfolk County	109	>30	Bertram House of Swampscott	Essex County	70	11-30
Allerton House at Harbor Park	Plymouth County	78	11-30	Bethany Homes - Merrivista	Essex County	33	1-10
Allerton House at Proprietors Green	Plymouth County	110	11-30	Billerica Crossings	Middlesex County	78	11-30
Allerton House at The Village at Duxbury	Plymouth County	36	11-30	Blaire House at Tewksbury Assisted Living	Middlesex County	35	11-30
American Inn at Sawmill Park	Hampden County	18	1-10	Blaire House of Milford	Worcester County	50	11-30
Armbrook Assisted Living	Hampden County	84	>30	Bridges by EPOCH at Andover	Essex County	72	11-30
Artis Senior Living of Lexington	Middlesex County	72	11-30	Bridges by EPOCH at Hingham	Plymouth County	54	1-10
Artis Senior Living of Reading	Middlesex County	64	>30	Bridges by EPOCH at Mashpee	Barnstable County	60	11-30

At minimum, this omission would impede an individual who is researching the COVID-19 status of assisted living facilities. Worse, it could mislead that person into thinking that the facilities he or she is considering have not *had* any deaths, even though the more obscure Aggregative Report addressed in Section 4 below shows hundreds of deaths for assisted living facilities.

To date, this omission appears inexplicable. EOHHS did represent in late February that it is working to include data on ALF deaths for future weekly reporting, but there is no time commitment for this change.

4. The flaws identified in this white paper are not remedied by the Chapter 93 Elder Facility Aggregative Report

DPH may believe the problems just identified are mooted by a separate report — the Chapter 93 Elder Facility Aggregative Report Monthly Update, or Aggregative Report. That report first appeared in late fall of 2020 and is updated on a monthly basis. Each covers a period starting on 3/10/2020, and the version that is posted as of this writing covers "March 10, 2020 to March 31, 2021." This report does provide an absolute number of cases and deaths for each eldercare facility, including each assisted living facility.

But it does not resolve the issues identified above. On the COVID-19 reporting page of Mass.gov, the Aggregative Report is in the fifth section (titled "COVID-19 Chapter 93 Data"), as the sixth of eleven hyperlinks. If DPH has the ability, it should check to see how many members of the general public (not researchers) have ever accessed this report.

Also, this report is a sprawling Excel spreadsheet with separate categories of information — cases among residents, cases among staff, etc. — in distinct sections. And because the tabs begin with row-by-row, facility-by-facility information, the aggregate totals for different categories of eldercare facilities are at the very bottom of each tab, starting in the *730th* row. Absent relevant expertise with Excel, people who do find this spreadsheet will have difficulty actually using it.

In addition, because the information in the Aggregative Report is updated once a month, its data — by definition — does not parallel the information in daily and weekly reporting.

Ultimately, the Aggregative Report is important and useful, but in essence it is a body of raw data. It is a complement to clear, prominent public reporting of key information, not a substitute for such reporting.[7]

The issues addressed here could and should also be addressed in a timely way. These issues represent substantively significant limitations in eldercare reporting.

Conclusion

Pioneer is well aware that the state is focused on many urgent COVID-19 priorities, including vaccine distribution. But the issues addressed here could and should also be addressed in a timely way.

Endnotes

1 At that time the Dashboard was a PDF report, not an interactive dashboard. (The latter was introduced in early January.) But the same issue existed. See for example page 23 of the December 15th daily report here: https://www.mass.gov/doc/covid-19-dashboard-december-15-2020/download

2 This figure is based on the most recent Aggregative Report, the time period for which is stated to be "March 10, 2020 to March 31, 2021." This figure combines the total for "All Facilities" in the "Resident Deaths" tab (6,187) with the total for "All Facilities" in the "Staff Deaths" tab (37).

3 This figure is also based on the most recent Aggregative Report. This figure combines the total for "All Facilities" in the "Resident Deaths" tab (6,187) with the total for "All Facilities" in the "Staff Deaths" tab (37), and then subtracts the corresponding figures for "Assisted Living Facilities" (595, and 9, respectively).

4 For all COVID-19 deaths in Massachusetts, the most recent figure is shown each day in the Dashboard's "COVID-19 Deaths" section. The figure for past dates is in the "Raw Data" file beneath the Dashboard, in a tab titled "Deaths Reported (Report Date)".

5 This is the Dashboard's total for all "Confirmed Deaths" as of April 11. The most recent figure is shown each day on the Dashboard in the "COVID-19 Deaths" section. The figure for past dates is in the "Raw Data" file beneath the Dashboard, in a tab titled "Deaths Reported (Report Date)".

6 See the "Raw Data" link beneath the Dashboard, and, within it, the tab titled "LTC Facilities." The "Deaths Reported in LTCFs" column shows the number of LTCF deaths reported by the Dashboard on past dates.

7 Also, superseded versions of this monthly Aggregative Report should be included in the "Archive of Chapter 93 COVID-19 Data." In late February, the state informed Pioneer that it does not intend to do so because each report encompasses, and supplements, prior reports' information. But as a matter of basic transparency and record-keeping, significant public reports concerning COVID-19 should be publicly available, whether or not superseded. Also, the archive is inconsistent on this issue: it contains one superseded monthly Aggregative Report (see the entry for December 31), but not others.

Exhibit A

A. REPLACE RANGES IN THIS COLUMN WITH ACTUAL CASE NUMBERS

B. ADD COLUMN FOR DEATHS

C. IN BOTH COLUMNS (CASES AND NEW COLUMN FOR DEATHS), SHOW IN BRACKET (I.E. "[#]") THE CORRESPONDING NUMBER FOR THE LAST 30 DAYS

Massachusetts Department of Public Health COVID-19 Dashboard - COVID Cases in Assisted Living Residences (1/5)

Thursday, January 07, 2021

Cumulative data collected as of 1/6/2021 8:00am

Facility	County	Maximum Capacity	Number of Confirmed Cases*	Facility	County	Maximum Capacity	Number of Confirmed Cases*
Adelaide of Newton Centre	Middlesex County	61	>30	Benchmark Senior Living at Clapboardtree	Norfolk County	115	11-30
All American Assisted Living at Hanson	Plymouth County	96	>30	Benchmark Senior Living at Forge Hill	Norfolk County	109	>30
All American Assisted Living at Raynham	Bristol County	112	11-30	Benchmark Senior Living at Robbins Brook	Middlesex County	89	11-30
All American Assisted Living at Wareham	Plymouth County	112	>30	Benchmark Senior Living at The Commons in Lincoln	Middlesex County	81	>30
All American Assisted Living at Wrentham	Norfolk County	122	11-30	Benchmark Senior Living at Woburn	Middlesex County	97	11-30
Allerton House at Central Park	Norfolk County	109	11-30	Bertram House of Swampscott	Essex County	70	11-30
Allerton House at Harbor Park	Plymouth County	78	1-10	Bethany Homes - Merrivista	Essex County	33	1-10
Allerton House at Proprietors Green	Plymouth County	110	11-30	Billerica Crossings	Middlesex County	78	1-10
Allerton House at The Village at Duxbury	Plymouth County	36	11-30	Blaire House at Tewksbury Assisted Living	Middlesex County	35	1-10
American Inn at Sawmill Park	Hampden County	18	1-10	Blaire House of Milford	Worcester County	50	11-30
Armbrook Assisted Living	Hampden County	84	>30	Bridges by EPOCH at Andover	Essex County	72	11-30
Artis Senior Living of Lexington	Middlesex County	72	11-30	Bridges by EPOCH at Hingham	Plymouth County	54	1-10
Artis Senior Living of Reading	Middlesex County	64	1-10	Bridges by EPOCH at Mashpee	Barnstable County	60	11-30
Artisan at Hudson	Middlesex County	100	1-10	Bridges by EPOCH at Pembroke	Plymouth County	54	11-30
Ashland Farms at North Andover	Essex County	101	11-30	Bridges by EPOCH at Sudbury	Middlesex County	54	>30
Assisted Living Center of Salisbury	Essex County	30	0	Bridges by EPOCH at Westford	Middlesex County	56	>30
Atria Draper Place	Worcester County	70	11-30	Bridges by EPOCH at Westwood	Norfolk County	72	>30
Atria Fairhaven	Bristol County	91	>30	Brigham House	Middlesex County	62	1-10
Atria Longmeadow Place	Middlesex County	114	11-30	Brightview Arlington	Middlesex County	93	11-30
Atria Maplewood Place	Middlesex County	105	11-30	Brightview Canton	Norfolk County	69	11-30
Atria Marina Place	Norfolk County	130	11-30	Brightview Concord River	Middlesex County	93	11-30
Atria Marland Place	Essex County	136	>30	Brightview Danvers	Essex County	84	11-30
Atria Merrimack Place	Essex County	139	11-30	Brightview of North Andover	Essex County	123	>30
Atria Woodbriar Park	Barnstable County	108	>30	Brightview Wakefield	Middlesex County	117	>30
Atria Woodbriar Place	Barnstable County	149	11-30	Broadview	Worcester County	63	>30
Atrium at Cardinal Drive	Hampden County	56	1-10	Brookdale Attleboro	Bristol County	151	1-10
Atrium at Drum Hill	Middlesex County	56	11-30	Brookdale Cape Cod	Barnstable County	118	11-30
Atrium at Faxon Woods	Norfolk County	60	11-30	Brookdale Cushing Park	Middlesex County	116	>30
Atrium at Veronica Drive	Essex County	62	11-30	Brookdale Eddy Pond East	Worcester County	80	1-10
Autumn Glen at Dartmouth	Bristol County	87	11-30	Brookdale Eddy Pond West	Worcester County	111	11-30
Avita of Needham	Norfolk County	70	11-30	Brookdale Quincy Bay	Norfolk County	150	1-10
Avita of Newburyport	Essex County	76	11-30	Brookside at Regency	Barnstable County	31	0
Bayberry at Emerald Court	Middlesex County	119	1-10	Cadbury Commons	Middlesex County	80	>30

Data Source: Self-Reported Data from ALRs to Office of Elder Affairs; * Includes staff and residents; Note: This list includes all Assisted Living Residences and their reported COVID-19 cases to date (staff and residents). The number of cases for a facility relies on the amount of testing conducted; facilities not included on this may have COVID-19 cases that have not yet been identified. Some facilities have tested some or all residents only; some have also tested staff. A low number of cases may reflect that not all residents and staff have not been tested, not necessarily low prevalence.

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D. ADD PROMINENT REFERENCE WITH HYPERLINK TO CH. 93 ELDERCARE FACILITY AGGREGATIVE REPORT

A. REPLACE RANGES IN THIS COLUMN WITH ACTUAL CASE NUMBERS

B. FOR EACH FACILITY, SHOW IN BRACKETS (I.E. "[#]") THE CORRESPONDING NUMBER FOR THE PRIOR 30 DAYS

Massachusetts Department of Public Health COVID-19 Dashboard - Thursday, January 07, 2021

COVID Cases and Facility-Reported Deaths in Long Term Care Facilities (1/9)

Cumulative data collected as of 1/5/2021

Facility	County	Total licensed beds	Number of Cases*	COVID-19 Deaths**	Facility	County	Total licensed beds	Number of Cases*	COVID-19 Deaths**
16 ACRES HEALTHCARE CENTER	HAMPDEN	120	>30	16	BEAR MOUNTAIN AT READING	MIDDLESEX	123	>30	32
ABERJONA NURSING CENTER INC	MIDDLESEX	123	>30	6	BEAR MOUNTAIN AT SUDBURY	MIDDLESEX	142	>30	15
ACADEMY MANOR	ESSEX	174	>30	25	BEAR MOUNTAIN AT WEST SPRINGFIELD	HAMPDEN	168	>30	21
ADVINIA CARE AT PROVINCETOWN	BARNSTABLE	41	1-10	0	BEAR MOUNTAIN AT WORCESTER	WORCESTER	173	>30	14
ADVINIA CARE AT WILMINGTON	MIDDLESEX	142	>30	31	BEAUMONT AT UNIVERSITY CAMPUS	WORCESTER	164	>30	42
ADVOCATE HEALTHCARE OF EAST BOSTON LLC	SUFFOLK	190	>30	19	BEAUMONT REHAB & SKILLED NURSING CTR - NATICK	MIDDLESEX	53	>30	10
AGAWAM HEALTHCARE	HAMPDEN	176	>30	27	BEAUMONT REHAB & SKILLED NURSING CTR - NORTHBORO	WORCESTER	96	>30	34
ALDEN COURT NURSING CARE & REHABILITATION CENTER	BRISTOL	142	>30	15	BEAUMONT REHAB & SKILLED NURSING CTR - NORTHBRIDGE	WORCESTER	154	>30	41
ALLIANCE HEALTH AT ABBOTT	ESSEX	55	>30	1-4	BEAUMONT REHAB & SKILLED NURSING CTR - WESTBORO	WORCESTER	152	>30	31
ALLIANCE HEALTH AT BALDWINVILLE	WORCESTER	94	>30	15	BEAVEN KELLY HOME	HAMPDEN	57	0	0
ALLIANCE HEALTH AT BRAINTREE	NORFOLK	101	>30	23	BELMONT MANOR NURSING HOME IN	MIDDLESEX	156	>30	56
ALLIANCE HEALTH AT DEVEREUX	ESSEX	64	>30	18	BELVIDERE HEALTHCARE CENTER	MIDDLESEX	115	>30	12
ALLIANCE HEALTH AT MARIE ESTHER	MIDDLESEX	78	>30	1-4	BENCHMARK SNR LIVING AT THE COMMONS IN LINCOLN SNF	MIDDLESEX	32	11-30	0
ALLIANCE HEALTH AT MARINA BAY	NORFOLK	167	>30	38	BENJAMIN HEALTHCARE CENTER	SUFFOLK	205	>30	20
ALLIANCE HEALTH AT ROSEWOOD	ESSEX	135	>30	34	BERKELEY RETIREMENT HOMETHE	ESSEX	44	11-30	0
ALLIANCE HEALTH AT WEST ACRES	PLYMOUTH	130	>30	37	BERKSHIRE PLACE	BERKSHIRE	54	11-30	1-4
ANN'S REST HOME	SUFFOLK	13	0	0	BERKSHIRE REHABILITATION & SKILLED CARE CENTER	BERKSHIRE	57	1-10	0
APPLE VALLEY CENTER	MIDDLESEX	123	>30	1-4	BETHANY SKILLED NURSING FACILITY	MIDDLESEX	169	>30	20
APPLEWOOD-A HOME FOR ELDERS	WORCESTER	32	1-10	0	BLAIRE HOUSE OF MILFORD	WORCESTER	73	>30	18
ARMENIAN NURSING & REHABILITATION CENTER	SUFFOLK	83	>30	30	BLAIRE HOUSE OF TEWKSBURY	MIDDLESEX	131	>30	23
ARNOLD HOUSE INC	MIDDLESEX	22	11-30	0	BLAIRE HOUSE OF WORCESTER	WORCESTER	75	>30	27
ATTLEBORO HEALTHCARE	BRISTOL	120	>30	15	BLUE HILLS HEALTH AND REHABILITATION CENTER	NORFOLK	92	>30	15
BAKER-KATZ SKILLED NURSING AND REHABILITATION CTR	ESSEX	77	>30	14	BLUEBERRY HILL REHABILITATION AND HEALTHCARE CTR	ESSEX	132	>30	25
BAYPATH AT DUXBURY NURSING & REHABILITATION CTR	PLYMOUTH	120	>30	19	BOSTON HOME INC (THE)	SUFFOLK	96	>30	1-4
BAYPOINTE REHAB CENTER	PLYMOUTH	169	>30	43	BOSTONIAN NURSING CARE & REHABILITATION CTR THE	SUFFOLK	121	>30	12
BEAR HILL HEALTHCARE AND REHABILITATION CENTER	MIDDLESEX	169	>30	30	BOURNE MANOR EXTENDED CARE FACILITY	BARNSTABLE	142	11-30	1-4
BEAR MOUNTAIN AT ANDOVER	ESSEX	135	>30	15	BRAINTREE MANOR HEALTHCARE	NORFOLK	177	>30	14

*Staff and residents; **Cumulative COVID-19 deaths –includes residents only. ***Facility is closed. Data will continue to be included for completeness but will not change except for the result of data cleaning.PLEASE NOTE: This list includes nursing homes, rest homes, and skilled nursing facilities; reported COVID-19 cases to date represent both staff and residents. The number of cases for a facility relies on the amount of testing conducted; facilities not included on this list may have COVID-19 cases that have not yet been identified. As of May 25th 344 nursing homes reported that at least 90% of staff and 90% of residents had been tested. ALSO: Data on deaths is self-reported by each facility. In accordance with long-term care regulations, nursing homes and rest homes must report deaths due to any cause in any resident, either confirmed COVID-19 positive, or suspected to have COVID-19, even if the individual was never tested. When the number of deaths is between 1-4 residents, the number is suppressed and reported as 1-4, to protect possible resident identification. The Department of Public Health performs routine data quality reviews of the data it receives. This includes removing duplicate results and updating counts if needed. Also, occasional negative tests from nursing home residents result after being reported first as presumptive and are removed. As a result of this, the total of self-reported deaths may decrease to ensure accuracy. Sources: MAVEN for confirmed cases; Individual facilities reported resident deaths to DPH Bureau of Health Care Safety and Quality's Health Care Facility Reporting System.

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C. ADD PROMINENT REFERENCE WITH HYPERLINK TO CH. 93 ELDERCARE FACILITY AGGREGATIVE REPORT

About the Authors

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David S. Clancy, a resident of Concord, Massachusetts, is a partner in the law firm Clancy & Shine LLC, which focuses on civil disputes. Mr. Clancy was previously partner at an international law firm, from which he retired after a 20-year career, also practicing civil litigation. Among other professional activities, Mr. Clancy served three terms on the Board of Editors of the Boston Bar Journal, and has published multiple articles in that and other legal publications.

Mission

Pioneer Institute develops and communicates dynamic ideas that advance prosperity and a vibrant civic life in Massachusetts and beyond.

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Success for Pioneer is when the citizens of our state and nation prosper and our society thrives because we enjoy world-class options in education, healthcare, transportation and economic opportunity, and when our government is limited, accountable and transparent.

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