

PARTNER PERSPECTIVE

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Advancing Excellence in Assisted Living: The Evolution of CEAL@UNC

Assisted living communities have been growing for decades: between 1990 and 2002, the number of assisted living beds increased 97% (to almost 1.2 million) while nursing home beds grew by only 7% (to 1.7 million) (*J Appl Gerontol* 2005;24:265–282). More so, the number of assisted living residents has been projected to double by 2040 (*Senior Housing News*, Oct. 7, 2019, <https://bit.ly/SHN-2019>).

In response to this growth, in 2001 the U.S. Senate Special Committee on Aging convened a hearing to better understand and ensure quality in assisted living nationwide. The outgrowth of the hearing was the landmark Assisted Living Workgroup report “Assuring Quality in Assisted Living” (April 2003, <https://bit.ly/ALWG-2003>), representing the perspectives of a national collaborative that included the Post-Acute and Long-Term Care Medical Association (PALTmed). This report outlined a comprehensive roadmap for quality and consistency in assisted living in the 21st century. Prominent among its 131 recommendations was to establish a national Center for Excellence in Assisted Living (CEAL) to be a collaborative clearinghouse for information and quality improvement.

Since its inception in 2003, CEAL has been dedicated to meeting the evolving needs of the millions who live and work in assisted living. CEAL has hosted symposia such as “Medication Management in Assisted Living” (2008) and “The Future of Assisted Living in the Era of Healthcare Reform” (2014) and has engaged in key initiatives to address medication management, information disclosure, person-centered care, quality improvement, and policy development/response, among others.

- **Medication management:** Recognizing that assisted living residents are over ten times as likely to be prescribed antipsychotics as community dwelling older adults and experience polypharmacy at rates equivalent to nursing home residents (*J Gen Intern Med* 2022;38:294–301), CEAL published several educational booklets on medication administration. In collaboration with researchers at the University of North Carolina at Chapel Hill (UNC), CEAL has participated in research funded by the National Institutes of Health and coauthored an article about the relationship between staff training and medication errors — finding that to avoid errors, all staff who handle medications should be trained to the level of a medication aide (*J Am Geriatr Soc* 2011;59:1060–1068).
- **Information disclosure:** In 2008, CEAL played a key role in the Assisted

Living Disclosure Collaborative, a federally funded project that developed a consensus-based disclosure tool (questionnaire) for communities to inform prospective residents and families about their practices and policies.

- **Person-centeredness:** In partnership with UNC, CEAL developed an open access, research-quality measure of person-centeredness in assisted living (PC-PAL: the Person-Centered Practices in Assisted Living tool kit), tailored to both residents and staff (*J Am Med Dir Assoc* 2015;16:132–137).
- **Quality improvement:** The CEAL-UNC partnership released the “Measures and Instruments for Quality Improvement in Assisted Living” report, detailing 254 quality improvement tools (<https://bit.ly/4h7jNjp>).
- **Policy development/response:** In 2016, CEAL produced reports on the implementation of the Home- and Community-Based Services (HCBS) Final Rule by invitation of the Centers for Medicare & Medicaid Services. One year later, in partnership with RTI International, CEAL produced a report analyzing the economic impact of minimum wage increases; in 2019, CEAL conducted a 15-year review of the 2003 Assisted Living Workgroup report, assessing progress in the industry and identifying emerging topics. Findings from this review were valuable during the COVID-19 pandemic and were referenced in an article suggesting future actions and policies surrounding infection control and quality of life in assisted living (*J Am Med Dir Assoc* 2023;24:134–139).

CEAL Becomes CEAL@UNC

Twenty years of CEAL’s contributions attested to the value of providing it with permanent infrastructure; in 2023 CEAL became the national Center for Excellence in Assisted Living at UNC (CEAL@UNC). Under the leadership of Sheryl Zimmerman, PhD, CEAL@UNC maintains its original national collaboration and has expanded its research, practice, and policy capacities to advance the well-being of the people who live and work in assisted living.

As before, CEAL@UNC remains informed by its diverse advisory board, which includes PALTmed leadership, as well as its strategic advisors who represent more than 40 organizations, advocacy groups, state agencies, and experts. This uniquely inclusive membership provides space for the numerous and diverse voices of assisted living to be

recognized and heard. Through regular consultation with its advisors, CEAL@UNC remains responsive to a variety of constituencies, holistically focusing on its mission to advance the well-being of the people who live and work in assisted living.

Advancing Well-Being Through Practice, Policy, and Research

CEAL@UNC focuses its efforts in four interconnected core areas: consumer, practice, policy, and research, with initiatives reflecting the dynamic landscape.

1. **Consumer:** CEAL@UNC bridges the gap between academic research and public understanding by compiling research on assisted living and translating it into readily available lay summaries.
2. **Practice:** CEAL@UNC develops tools to promote consensus recommendations for medical and mental health care in assisted living (*JAMA* 2022;5:e2233872).
3. **Policy:** CEAL@UNC confers with legislative representatives to inform assisted living policy, including legislation intended to identify best practices and promote clear communication through national voluntary reporting.
4. **Research:** CEAL@UNC convenes its network of more than 50 researchers and thought leaders to foster collaboration, dissemination, and multisite research.

By integrating these efforts into a cohesive narrative, CEAL@UNC continues to be a leading voice in assisted living. Recent contributions include a statement for the January 2024 U.S. Senate Special Committee on Aging hearing, and commentary on the Administration for Community Living’s Strategic Framework for a National Plan on Aging. CEAL@UNC also regularly shares expert perspectives as a guest columnist for *McKnight’s Senior Living*.


A Leading Voice: Defining Assisted Living

The diversity of assisted living reflects the varied needs of older adults requiring supportive care, but at the same time this has created uncertainty regarding what is — and is not — considered assisted living. This uncertainty presents a challenge to meaningful policy development, research, quality improvement, and consumer education. As a case in point, few people are aware that across the country states use 350 different licenses and certifications to govern assisted living (*Gerontologist* 2024;1;64:gnad109).

To promote clarity, CEAL@UNC has developed a holistic definition of assisted living. This unifying framework

recognizes the reality of assisted living and its intent, and lays the foundation for advocacy, policy, research, and quality improvement. In so doing, it emphasizes key constructs often overlooked by legislative or organizational frameworks — including the role of person-centered care, the provision of nursing and dementia-related services, and the presence of a supported and well-trained staff.

Through research, practice, and policy, CEAL@UNC continues to build on the vision of the 2003 Assisted Living Workgroup report, ensuring that the well-being of those who live and work in assisted living remains at the heart of its mission.

For information on how to participate in CEAL@UNC’s initiatives, please visit theceal.org or contact CEAL@office.unc.edu. 

What Is Assisted Living?

Assisted living communities are licensed residential settings that provide housing; personal care; wellness, social, recreational, and health-related services such as nursing and dementia care; and 24-hour access to staff. These communities’ core principles include person-centered services and policies, as well as an adequate number of well-trained, supported staff. Person-centered services and policies promote quality of life, privacy, choice, dignity, inclusion and independence as defined by each individual and those who know them best. (Sheryl Zimmerman, “Toward a Common Definition of Assisted Living,” *McKnight’s Senior Living*, September 3, 2024, <https://bit.ly/4h6VBXm>)

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