Center for Excellence in Assisted Living
CEAL@UNC

The National Center for Excellence in Assisted Living (CEAL@UNC)

Re: *HHS Request for Comment on the Update to the National Plan To Address Alzheimer's Disease*

August 14, 2026

The national Center for Excellence in Assisted Living (CEAL) was established in 2003 in response to the U.S. Senate Special Committee on Aging's Assisted Living Workgroup Report, as a unique national collaborative of diverse organizations working together to promote excellence in assisted living. In 2023, CEAL joined with the University of North Carolina at Chapel Hill (UNC) to create a closer partnership with research and provide more capacity to advance the well-being of the people who live and work in assisted living through research, practice, and policy. Information about CEAL@UNC is available at its website.

The national Center for Excellence in Assisted Living at the University of North Carolina at Chapel Hill (CEAL@UNC) appreciates the opportunity to comment on the National Plan to Address Alzheimer's Disease.

Specifically, we highlight the importance of research related to the seminal role played by assisted living communities in the provision of dementia care. Our national collaborative defines assisted living as "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."

Our comment is most relevant to the first question related to opportunities or challenge to advance research and development of interventions, although the points we raise are relevant to other questions as well.

Question 1. What opportunities or challenges exist in advancing research and development of interventions to prevent or treat AD/ADRD, including translating scientific progress into effective and scalable treatments and care?

Comment: Assisted living is the largest provider of residential long-term dementia care in the nation, serving nearly half a million older adults living with dementia. Built on a philosophy of non-institutional, person-centered care, assisted living holds promise to deliver quality dementia care. However, research focused on assisted living remains comparatively sparse relative to nursing homes, limiting the ability to identify, evaluate, and disseminate effective models, programs, and care practices in assisted living.

Two National Institute on Aging (NIA)-funded initiatives have substantial potential to advance dementia care research in assisted living: the National Dementia Workforce Study (NDWS) and the Long-Term Care (LTC) Data Cooperative. The NDWS "is the first nationally representative study examining workforce dynamics, training and job satisfaction among direct care workers and administrators," including assisted living. The LTC Data Cooperative "is a novel data resource that assembles skilled nursing facilities' and assisted living communities' electronic health record (EHR) data," allowing these data to be linked with Medicare claims and other data from the Centers for Medicare & Medicaid Services.

Together, these initiatives create important opportunities to evaluate dementia-specific and -related interventions in assisted living, including workforce training and support programs (e.g., *essentiALZ* and *Project ECHO*) and the implementation of evidence-based recommendations for medical and mental health care (e.g., the use of formal assessment tools for cognition and gradual dose reduction programs for psychotropic medications).

Our review of the 2025 Update to the National Plan to Address Alzheimer's Disease identified discussion of the LTC Data Cooperative's potential for research in skilled nursing facilities, but no attention to its application in assisted living. In addition, we found no reference to the NDWS. Given the growing role of assisted living in caring for individuals with AD/ADRD, we recommend that the Department of Health and Human Services explicitly recognize the importance of both initiatives in the National Plan and identify strategies to encourage assisted living community participation. Expanding engagement in these NIA-funded efforts would strengthen the evidence base for dementia care in assisted living and promote the development, evaluation, and dissemination of effective models, programs, and care practices.

Conclusion: If you have questions regarding our comments or would like to discuss them, contact Sheryl Zimmerman, PhD, University Distinguished Professor and Director, CEAL@UNC at CEAL@office.unc.edu.