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Assisted Living Through Research, Policy, and Practice

What's in the Name?

Springer

Assisted Living Through Research, Policy, and Practice explores "how well assisted living communities are fulfilling their original mission of providing both assistance and quality of life," and describes current and emerging practices and policies that could enhance these communities' ability to deliver on this dual promise.

This document contains publicly available abstracts of each chapter; the complete book and individual chapters are available for purchase on the Springer website here.

Chapter 1. Assisted Living at the Crossroads

Authors: Helena Temkin-Greener & Sheryl Zimmerman

Abstract. Assisted living communities have become a central component of U.S. long-term care, serving an increasingly diverse and medically complex population. Conceived as a residential alternative to traditional nursing home care for those who do not require ongoing medical care, assisted living now operates at the intersection of housing, supportive services, and health care, raising fundamental questions about whether these settings fulfill their intended dual mission of providing both *assistance* and *living*. This introductory chapter frames the volume's central inquiry by examining how the evolution of resident needs, market forces, regulatory variability, and financing arrangements have shaped assisted living in practice. It highlights persistent tensions between flexibility and accountability, autonomy and risk management, and residential identity and expanding care responsibilities. The chapter also situates assisted living within broader policy debates about aging in place, care integration, workforce capacity, and public financing, particularly Medicaid. By outlining key conceptual, empirical, and policy challenges, this chapter establishes a framework for the contributions that follow and underscores the need for research, practice, and policy approaches that more closely align assisted living's aspirations with contemporary realities.

Chapter 2. Assisted Living Communities and their Residents

Author: Jinjiao Wang

Abstract. This chapter explores differences in assisted living models across the United States, and in the characteristics of their residents. It examines critical dimensions such as cost, ownership, bed count, and service delivery models—including contractual arrangements with state Medicaid programs that allow some assisted living communities to serve the dually eligible Medicare-Medicaid beneficiaries. Assisted living residents are compared with those living in nursing homes and in traditional community housing, with an emphasis on differences in health status, cognitive and functional limitations, and service needs at admission. The chapter also delves into the diverse factors influencing decisions to move into assisted living, such as personal preferences, caregiver capacity, and escalating care needs, as well as the key drivers of transitions out of assisted living into nursing homes or hospitals. By addressing how assisted living resident profiles and care needs are evolving alongside system-level factors, this chapter highlights the challenges these communities face in maintaining their original mission of supporting independence within a homelike environment. Particular attention is paid to the implications of rising acuity among the residents, and the need for enhanced assessment practices, flexible care models, and coordination with external medical and skilled care providers to ensure high-quality, person-centered care throughout residents' trajectories.

Chapter 3. State Regulations and Oversight in Assisted Living

Authors: Wenhan Guo & Helena Temkin-Greener

Abstract. Assisted living communities serve a growing population of older adults with significant health care needs. Unlike nursing homes that are federally regulated, assisted living communities are governed by state-specific regulatory frameworks that vary widely in their requirements for licensing, staffing, scope of services, resident rights, and regulatory enforcement. In this chapter we discuss assisted living regulations, highlight key differences across states in regulatory specificity, and examine how these differences are associated with quality of care, resident safety, and access. Relying on recent empirical evidence, we examine how variations in regulations—especially related to staffing, training, and medication management—are associated with both positive and negative outcomes for residents across states. We also examine financial transparency and enforcement infrastructure, and their implications. The pros and cons of stricter state regulations are discussed in the context of preserving the person-centered ethos of assisted living, while optimizing quality of care for the residents.

Chapter 4. The Assisted Living Workforce

Author: Lindsay B. Schwartz

Abstract. The assisted living workforce is vital in helping residents to remain as independent as possible and have a good quality of life. Without the workforce, assisted living communities would cease to exist in the long-term care continuum. A wide variety of staff make up this workforce including direct care professionals (DCPs), dietary/food service, housekeeping, maintenance, nurses, physician assistants (PAs), nurse practitioners (NPs), physicians, administrators, including executive directors. DCPs constitute 75% of assisted living workforce, which is primarily female, non-white, with about a third being eligible for public benefits including Medicaid and the supplemental nutrition assistance program (SNAP). Staffing shortages in these communities have existed for years but the COVID-19 pandemic turned the shortage into a crisis. Issues that continue to lead to turnover include low wages, few if any benefits, difficult work both emotionally and physically, along with poor job quality.

Chapter 5. Dementia and Dementia Care in Assisted Living

Authors: Philip D. Sloane, Sheryl Zimmerman, David Balter, Elizabeth Morton

Abstract. Assisted living (AL) communities have become the primary residential long-term care setting for older adults living with dementia, in large part because persons living with dementia require supportive care as opposed to nursing care. In AL, optimal dementia care is individualized and addresses cognitive needs, security, social engagement, self-esteem, and quality of life, and incorporates environmental design principles that foster independence and safety. Current issues related to dementia care in AL include specialized units, approaches to risk management, cohabitation with a partner who does not have dementia, coexistence of serious mental illness, capacity and consent, intimacy, and sexual expression.

Chapter 6. Mental Health Care in Assisted Living

Authors: Cassandra L. Hua, Ijebusonma Agundu

Abstract. The proportion of residents with mental health conditions in assisted living is increasing. However, it is unclear whether assisted living communities are equipped to provide the holistic mental health services necessary to support this population. Research shows that assisted living residents with mental health conditions such as anxiety, depression, bipolar disorder, and schizophrenia are more likely to transition to nursing homes before the end of their lives. Factors such as insufficient staff training, limited on-site mental health services, a lack of medical presence, and the absence of mental health assessments at admission may prevent residents with mental health conditions from aging in place. Research trials are needed to evaluate nonpharmacological interventions that could improve the quality of life for these residents. Recommended solutions for practice and policy include telehealth mental health services, staff training in mental health, and mandatory mental health assessments.

Chapter 7. Medical Care in Assisted Living

Authors: Sarah Howd, Thomas Caprio

Abstract. Assisted living communities represent a central part of residential care in the U.S., offering supportive housing that blends independence with needed assistance. Originally designed as a social, non-medical model, assisted living increasingly serves residents with complex medical, cognitive, and behavioral needs, narrowing distinctions from nursing homes. This chapter explores the evolving role of medical care in these communities, focusing on regulatory variability, staffing models, and the clinical challenges for frailer residents. Key issues include “acuity creep,” limited nursing presence leading to higher emergency care use, and increasing reliance on home health, hospice, and telemedicine. The chapter emphasizes the need for clearer residency agreements, greater physician and nursing integration, and stronger system coordination. Policy recommendations include standardization, enhanced nursing requirements, expanded on-site medical services, and development of medical director roles to strengthen safety, equity, and quality of life in assisted living.

Chapter 8. End-of-Life Care and Hospice

Author: Emmanuelle Belanger

Abstract. Assisted living communities have become a major site of care for older adults at the end of life, yet they were not designed to manage serious illness. This chapter reviews empirical evidence about end-of-life care in assisted living, emphasizing dying in place and hospice use. Many residents are frail, with multiple chronic conditions and dementia, and over half receive hospice services before death. Hospice plays a central role in helping residents remain in assisted living, but care quality varies, with lower satisfaction reported compared to deaths at home. Wide state-level differences in hospice access, length of stay, and rates of dying in place reflect the complexity of state regulations, staffing requirements, and hospice market factors. The chapter calls for standardized quality reporting, stronger hospice partnerships, and greater staff training in dementia and palliative care. Future studies should address research gaps, especially among Medicare Advantage enrollees, and explore how community-level characteristics and practices shape residents’ outcomes. Ultimately, improving end-of-life care in assisted living requires aligning policy, regulations, and practice to support aging and dying in place.

Chapter 9. Quality of Life and Quality of Care in Assisted Living

Author: Candace L. Kemp

Abstract. Quality of life and quality of care are essential and consequential matters in assisted living. Yet, quality, as with the industry itself, is complicated and continually evolving and influenced by a host of factors, including struggles between the industry's past, present, and future, what it promises and realistically can deliver (and to whom), and the involvement of diverse, often conflicting values and interests. This chapter provides an overview of empirical research on quality of life and care in assisted living communities while highlighting the social embeddedness and dynamism of these two broad concepts. The chapter draws on research that characterizes residents as embedded in "convoys of care," made up of the formal and informal care partners who support and help meet their needs. Using this model as a framework, the chapter considers subjective and objective measures of quality through an exploration of the multiple multi-level factors that individually and collectively create variability in quality experiences in assisted living.

Chapter 10. Perspectives of Providers and Consumer Advocates Regarding "Assisted" and "Living"

Authors: Walter Moczygemba, Sheryl Zimmerman, Rita Altman, Jennifer Svoboda, Elizabeth H. Wheatley

Abstract. Understanding the perspectives of assisted living providers and consumer advocates is important to understanding assisted living. This chapter summarizes discussion groups held with assisted living providers/operators, residents' family members, and resident advocates, providing their lived experiences related to the eight core themes explored in this book. Through their conversations, a picture of a multifaceted and dynamic sector emerges, with some communities innovating in the face of changing resident profiles, workforce shortages, and evolving regulations, while other communities, less able to innovate due to internal and external challenges, may experience compromised care. The perspectives shared in this chapter provide a unique insight into today's assisted living, offering new avenues of exploration for research and bringing lived experience to the findings reported throughout this book.