

## Article



### *Senior Living*

Defining Assisted Living  
Along the Healthcare  
Continuum

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One of the central problems facing the senior housing industry is that policy-makers and the general public do not understand the various types of senior housing products, including assisted living. We often hear the complaint from our clients and prospective clients that "the industry throws around terms like 'CCRC' and 'Assisted Living' without really fully explaining what those terms mean."

We also know that these terms may have different meanings across geographic boundaries. There is currently no standard across the country in terms of just a common definition for assisted living. This needs to happen so that the industry can gain credibility and understanding. But there will be barriers to this happening.

The determination of where assisted living begins and ends on the health care continuum is a crucial part of the defining process for this industry. Confusion about the industry's proper place and relationship to independent living and skilled nursing is a topic raised by providers and developers alike. Some suggest that we are in the midst of a revolution about this continuum as the whole health care world is changing. Basically, it boils down to "what is health care?" Traditional elderly housing is definitely not health care. Hospitals and nursing facilities clearly are health care. What about the middle piece assisted living? Does keeping someone out of a nursing home constitute health care? Some would argue "yes." Yet, the debate about where assisted living fits on the health care continuum is far from resolved, because many others will point out, the debate between the social model and the health care services model is getting tighter.

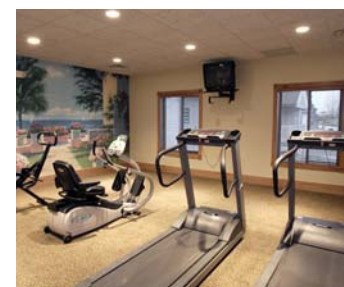
Many feel that policy-makers lacked understanding and sensitivity about the core features and philosophy of assisted living, our



respondents expressed a concern about the future regulatory environment for assisted living. They argued that overly stringent regulations have emerged in some areas from a lack of understanding of the assisted living product. In other cases, delays in development of assisted living-specific regulations have resulted in governance by board-and-care laws that are inappropriately matched to new assisted living projects.

In contrast to these stories of regulatory mismatch, we heard several stories about states that had successfully designed assisted living regulations that fit the philosophy and development patterns of the industry. A respondent familiar with the regulatory environment in Minnesota explained that policy-makers in that state had been very supportive and encouraging of the assisted living industry. The respondent reported that "the State of Minnesota has recognized assisted living as an alternative to nursing facilities and has decided categorically not to overregulate this industry." Some city governments have been particularly astute in recognizing the potential for assisted living. As one architect working in urban areas stated, "In many cities, policy-makers are recognizing an opportunity to employ residents of public housing projects to care for their aging neighbors either in the older person's own apartment or in a separate building that would be a relatively simple structure. This concept is much like a CCRC because it allows the care to be provided in the older person's home for as long as possible."

The growth in the number of segregated dementia/Alzheimer's wings as well as free-standing dementia/Alzheimer's residences is gaining in popularity these days. Designing facilities for the various types and stages of dementia can increase. Designers are working to create more "user friendly" environment where residents with dementia



could be more closely monitored, yet not feel like they are constantly being watched. In some instances, "group home" models are being used for Alzheimer's patients residing in assisted living facilities.

There are different approaches being used when it comes to designing assisted living facilities that will support Alzheimer's patients, some facilities feel these residents can be integrated into the home alongside residents who do not have cognitive impairments, while other facilities choose to isolate the cognitively impaired.

Among the CCRC-based assisted living developers, we received reports that special design plans were being developed for the cognitively impaired population. Yet, as one architect suggested, as with many other aspects of assisted living development, the developers approached this problem in a number of different ways. As he reported, "One facility with a large dementia population might design many small dining rooms in order to minimize disruption, while another facility might prefer the more social atmosphere of one large dining hall."

