

National Center for Health Statistics: Long Term Residential Care

The goal of this project was to develop a national typology, or classification system, of long-term residential care places. Making state-to-state comparisons regarding long-term care availability, use, and related research and policy questions is extremely difficult because states differ in their licensing and labeling practices for these residences. A national typology that classifies similar places in different states by a common set of characteristics, such as size, services provided, or population served will allow researchers and policymakers to compare the supply, distribution, and characteristics of the full continuum of long-term care residential places and facilities.

Lead Agency:

National Center for Health Statistics (NCHS)
Centers for Disease Control and Prevention (CDC)

Agency Mission:

The mission of the National Center for Health Statistics (NCHS) is to provide statistical information that will guide actions and policies to improve the health of the American people. As the Nation's principal health statistics agency, NCHS leads the way with accurate, relevant, and timely data.

Principal Investigators:

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Partner Agency:

National Institute on Aging

General Description:

The well-documented aging of the population, particularly those aged 85 and older, will lead to an increase in the number of people who need long-term care services. While

most people who need long-term care services receive them in their own home, personal care received outside both the home and traditional nursing facilities is an important and growing service option. This is especially the case for people who can no longer live alone but do not require the skilled level of care provided by a nursing home. This type of care—broadly referred to here as *residential care*—includes congregate settings that provide both housing and supportive services.

In 2002, states reported a total of 36,399 licensed long-term care residential facilities with 910,486 units or beds, a 14.5% increase over 2000. However, there is no existing agreed-upon classification system that allows one to distinguish the different types of long-term care residential places across the country. In 2003, the Assisted Living Workgroup (ALW), formed by the U.S. Senate Special Committee on Aging in 2001, recommended that places designated as *assisted living facilities* provide 24-hour supervision, provision and oversight of personal and supportive services (assistance with activities of daily living (ADLs)) and instrumental activities of daily living (IADLs), health-related services (e.g., medication management services), social services, recreational activities, meals, housekeeping and laundry, and transportation services.

The precursor to the Typology project – the 2001 Inventory of Long-Term Care Residential Places (ILTCRP) project – was sponsored by the National Center for Health Statistics (NCHS), the Agency for Healthcare Research and Quality (AHRQ), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services (HHS). Based on state licensing criteria and state regulations obtained in the ILTCRP, relevant literature review, and expert opinions, a typology of long-term care residential places in the U.S. was developed.

The typology proposed includes any place licensed, registered, or officially listed by a state that houses older adults and provides residential care, such as 24-hour supervision/responsibility, provision and oversight of personal and supportive services (ADLs and IADLs), medication management, meals, housekeeping, and laundry. The typology excludes: (1) nursing homes, (2) hospitals, (3) facilities for only mentally ill, mentally retarded, or developmentally disabled; (4) places that house military population; (5) HUD section 202 subsidized housing; (6) senior citizen cooperatives; (7) naturally-occurring retirement communities (NORC); (8) commercial retirement communities (that do not include licensed or certified places described above); and (9) other places for independent living.

On January 12-13, 2004, the National Center for Health Statistics (NCHS) conducted an expert meeting of about 50 long-term care researchers, residential care providers, industry representatives, and colleagues from various federal agencies. The objectives of the meeting were to: review, critique, and refine a proposed typology of long-term care residential places; discuss issues related to surveying these places; confirm the need for a survey of long-term care residential places; discuss the challenges of developing a sampling frame and classifying long-term care residential places; identify the places that should be included in a survey of long-term care residential places; and offer recommendations for refining the proposed typology of residential care places. Subsequent initiatives associated with this project have included the design of a national survey of residential care facilities, the development of an unduplicated sampling frame from which the sample for the national survey will be drawn, and preparations for

conducting a nationally representative survey of residential care facilities and their residents.

Excellence: What makes this project exceptional?

Creating a uniform classification system or typology for long-term care residential places would enable the federal government to monitor long-term care policy and payment initiatives more effectively. A sampling frame that covers the full continuum of existing long-term care residences in the U.S could be established. A typology would enable researchers to tailor their sampling methodologies and data collection strategies for the different types of long-term care residential places, direct care workers, and residents. The typology development has served as one of the precursor activities to the design of a national survey of residential care facilities and preparations for conducting a nationally representative survey of residential care facilities and their residents. This project has been part of a larger effort characterized by collaboration among multiple Federal agencies within the U.S. Department of Health and Human Services (HHS) to enable a better understanding of long-term care residential places.

Significance: How is this research relevant to older persons, populations and/or an aging society?

There are various types of “long-term care” residential places in the U.S. States differ in their licensing and labeling practices for long-term care residential places and services, making cross state comparisons extremely difficult. The term “assisted living” is used in the regulations or statutes in 32 states and the District of Columbia in 2002, however the characteristics of facilities labeled as assisted living vary dramatically across states. Even within states, the labeling among various hybrid facilities or residential communities that provide long-term care services but are not certified nursing homes is inconsistent. Facility licensing, regulation, and payment policy also vary considerably across states. Places licensed as board and care facilities in one state may be licensed as assisted living facilities in another state.

Effectiveness: What is the impact and/or application of this research to older persons?

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Innovativeness: Why is this research exciting or newsworthy?

The experts convened for this two-day meeting concluded that a nationally representative survey of long-term care residential places is needed. Many consumers are confused about the different types of residential care places and the services they provide. Researchers and policy makers need to understand how services and populations change among residential care settings and be able to track the evolution of residential care over time. Given survey costs and budgetary constraints, most participants recognized that the scope of a survey may need to be limited to residential care places licensed/registered and listed by the state.

Most participants recommended conducting a provider-based survey, which will provide more information on characteristics of the selected types of residential care places than a population-based survey. This project was a precursor to the National Survey of Residential Care Facilities being conducted by the National Center for Health Statistics in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), United States Department of Health and Human Services, the Agency for Healthcare Quality and Research (AHRQ), United States Department of Health and Human Services, and the United States Department of Veterans Affairs.