

# The Impact of the Program of All-Inclusive Care for the Elderly (PACE) Closure on Social Isolation and Loneliness

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## 1. Background

- The Program of All-inclusive Care for the Elderly (PACE) is a comprehensive medical program that is designed to provide comprehensive care for older adults who are nursing home eligible
- The PACE program includes a day center and other services which directly and indirectly address social isolation and loneliness in older adults (Hirth et al., 2009)
- Social isolation and loneliness are important program targets due to the well-known adverse physical, psychological, and social outcomes associated with isolated and/or lonely states (National Academies of Sciences, Engineering, and Medicine, 2020)
- The only PACE program in the state of Wyoming was closed due to budget constraints, therefore all participants were discharged from the PACE service. Important opportunities for former PACE members to socially engage were likely diminished
- Other research examining impacts of PACE closure have addressed service use and health care expenditures, but information on the impacts of PACE closure on isolation and loneliness is limited

## 2. Objectives

- Assess the impact of the PACE closure on social isolation and loneliness
- Identify how PACE participants have adapted to the loss of services that address social isolation
- Explore needs and preferences for future intervention to address social isolation and loneliness

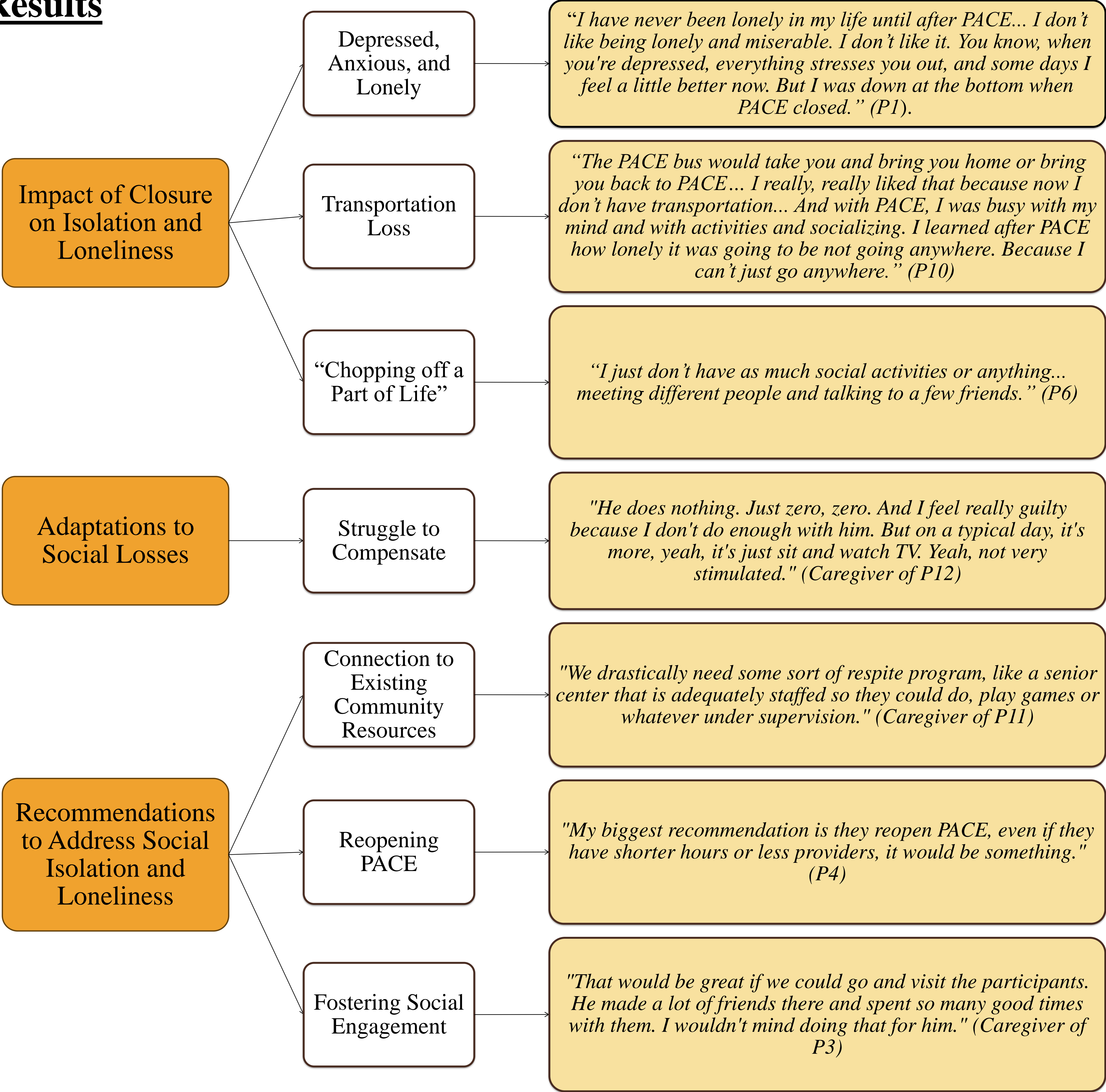
## 3. Research Design

- Sample
- Participants ( $n = 17$ ) included former PACE participants ( $n = 12$ ) or their caregivers ( $n = 5$ )
  - Eligible participants had to (1) be enrolled in the PACE program at Cheyenne Regional Medical Center at the time of program closure, (2) be involuntarily de-enrolled from the program at the time of PACE closure, (3) be age 60 or older at the time of PACE closure, and (4) and be continuing to reside in the prior PACE catchment area, or be a caregiver for a person meeting these criteria
  - Participants ( $n = 12$ ;  $M = 74$  years old,  $SD = 9.5$ ) were predominantly White ( $n = 8$ , 66%), female ( $n = 6$ , 50%), and lived alone ( $n = 6$ , 50%). Caregivers of participants ( $n = 5$ ;  $M = 63$  years old,  $SD = 11$ ) were predominantly Hispanic, Latino, or of Spanish origin ( $n = 3$ , 60%), female ( $n = 4$ , 80%), and lived with a partner ( $n = 4$ , 80%)
- Procedure
- Participants and their caregivers provided informed consent and completed a demographics form. Only participants completed health functioning and psychosocial measures prior to engaging in a qualitative interview
  - Interviews were audio-taped and were approximately 60-90 minutes long

## 4. Data Analyses

- Demographic characteristics and descriptive analyses of health functioning and psychosocial measures obtained via SPSS, version 28
- Interviews were transcribed verbatim and analyzed in three stages according to methods of Corbin and Strauss (2008)

## 5. Results



## 6. Conclusion

- Innovative programs, like PACE, are important comprehensive models that can address social isolation and loneliness concerns in older adults with chronic illnesses
- Results of this study demonstrated that the closure of PACE had substantial impacts on mental well-being, social isolation, and loneliness among participants
- Transporation loss was a salient barrier to community engagement
- Greater investment in adult day programs, transportation services, and creative solutions to help older adults connect face-to-face are needed
- Future studies should continue investigating the closure of important medical programs like PACE and its impact on physical, emotional, and social well-being among older adults with chronic illnesses

