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 "I have never been lonely in my life until after PACE... I don't like being lonely and miserable. I don't like it. You know, when Depressed, you're depressed, everything stresses you out, and some days I Anxious, and feel a little better now. But I was down at the bottom when Lonely PACE closed." (P1). "The PACE bus would take you and bring you home or bring you back to PACE... I really, really liked that because now I Impact of Closure Transportation don't have transportation... And with PACE, I was busy with my on Isolation and mind and with activities and socializing. I learned after PACE Loss Loneliness how lonely it was going to be not going anywhere. Because I can't just go anywhere." (P10) "Chopping off a "I just don't have as much social activities or anything... meeting different people and talking to a few friends." (P6) Part of Life" "He does nothing. Just zero, zero. And I feel really guilty Adaptations to Struggle to because I don't do enough with him. But on a typical day, it's more, yeah, it's just sit and watch TV. Yeah, not very Social Losses Compensate stimulated." (Caregiver of P12) Connection to "We drastically need some sort of respite program, like a senior Existing center that is adequately staffed so they could do, play games or Community whatever under supervision." (Caregiver of P11) Resources Recommendations "My biggest recommendation is they reopen PACE, even if they to Address Social Reopening have shorter hours or less providers, it would be something." PACE Isolation and Loneliness "That would be great if we could go and visit the participants. Fostering Social He made a lot of friends there and spent so many good times with them. I wouldn't mind doing that for him." (Caregiver of Engagement

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



