Program of All-Inclusive Care for the Elderly (PACE-RI) Preventative Care and Health Outcomes Project

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Overview

As a Public Health Intern with PACE-RI, I assisted with Phase 2 of a quality improvement project. We designed instruments and collected and analyzed survey data from PACE participants and staff to better understand the scope and determinants of key health issues. Long-term, we hope this data is used to inform evidence-based practices that advance PACE's mission and the health and wellbeing of older adults across Rhode Island.

Background

- PACE-RI is a is a 501(c)(3) non-profit that provides wrap-around care to enable older adults that quality for nursing home-level care to remain in the community. PACE operates four centers in East Providence, Woonsocket, Westerly and Newport.
- This project began in fall of 2025. In Phase 1, a student from Rhode Island College developed and launched a survey to assess the overall health literacy of PACE participants.
- Phase 1 results underscored participants' reliance on PACE staff for health-related information, gaps in health literacy across racial/ethnic groups, and a need for additional data collection.

Objectives & Approach

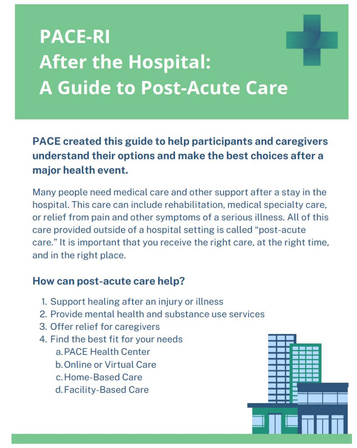
- Our objectives were to review existing literature, collect data, develop a participant- and caregiver-centered educational toolkit, and deliver recommendations to PACE leadership to address six key challenges:
  1. Routine vaccine uptake
  2. Health literacy & chronic disease management
  3. Preventable emergency room (ER) visits & hospital admissions
  4. Biannual care plan assessment (CPA) attendance
  5. Social determinants of health
  6. PACE staff skills & knowledge
- Data sources were anonymous participant (n=41) and staff (n=27) surveys, de-identified data from PACE-RI's electronic health record system, and key informant interviews.
- All PACE participants provided written informed consent. The participant survey was offered in English and Spanish.

Key Findings

- A quarter (27%) of participants were somewhat or very hesitant about getting vaccines. Common concerns were about safety and effectiveness.
- A third (32%) of participants said they lacked understanding and ability to manage their health conditions (for example, diabetes, heart disease).
- From June 1 to July 31, 2025, 99 PACE participants had 166 total ER visits and hospital admissions. Six participants accounted for 20% of these encounters.
- A third (32%) of participants did not know they were required to have a CPA every six months. Among those who were aware of CPAs, opinions were evenly split—about 50% found them helpful, 50% did not.
- Housing and food insecurity were a concern for 25% and 23% of PACE participants, respectively. 75% received SNAP benefits, and 38% said their benefits had decreased in the six months prior.

Educational Toolkit

- The toolkit is intended to be an easy-to-use, low-cost intervention that everyone can reach for (examples below).



Note: these preliminary materials have not been approved as of 10/9/25.

Future Directions

- In Phase 3 of this project, one or more students will evaluate the implementation of the educational toolkit. In the future, students may help PACE implement and evaluate additional strategies to address the challenges outlined here.
- Evaluation indicators may include participant and caregiver engagement and satisfaction, chronic health outcomes, cost savings, and other markers of quality and efficiency.
- Successes and lessons learned should be communicated to a wider audience, including other PACE programs.

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