

# States and Rural Communities With and Without the Program of All-Inclusive Care for the Elderly (PACE)

Julia D. Interrante, PhD, MPH
-------------------------------

Ingrid Jacobson, MPH

Madeleine Pick, MPH

Mariana Tuttle, MPH

Carrie Henning-Smith, PhD, MPH, MSW

#### **Key Findings**

- States with PACE have smaller shares of rural residents than states without PACE (23% vs. 39%).
- States with rural-headquartered PACE organizations have four times the median proportion of residents who identify as non-Hispanic Black compared with states without any PACE organizations (11% vs. 3%).
- Rural communities with a PACE headquarters differ from rural communities without a PACE headquarters along sociodemographic lines, including having more residents who identify as Hispanic (4% vs. 2%) or non-Hispanic and a race other than white alone (13% vs. 9%), higher educational attainment (58% vs. 50%), higher unemployment (4% vs. 2%), greater geographic mobility (13% vs. 7%), more residents without private transportation to work (5% vs. 1%), shorter travel time to work (73% vs. 64%), more occupied housing units (88% vs. 81%), and lower rates of home ownership (67% vs. 80%).

## Purpose

The purpose of this policy brief is to measure sociodemographic differences in areas with and without a PACE organization headquarters among rural communities and by state-level PACE availability and headquarters location.

## **Background and Policy Context**

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model for older adults (55 and older) who are at increased functional and medical risk requiring nursing home-level of care. PACE enables them to remain living in their community, rather than in institutional settings. Funded through the Centers for Medicare and Medicaid Services (CMS), PACE provides comprehensive services (e.g., medical care, transportation, home care, respite care, social services, nutrition) to support older adults to remain in their home and community. The majority of PACE participants (~90%) are dual eligible for Medicare and Medicaid; thus, PACE mostly serves lower income older adults.<sup>1</sup> The PACE model began in 1970, with the first programs receiving funding from CMS in 1990.<sup>2</sup> PACE can be found in all regions across the country, with 150 PACE organizations currently operating in 32 states and the District of Columbia. In 2005, the congressional passing of the Rural PACE Pilot Grant Program as part of the Deficit Reduction Act<sup>3</sup> resulted in the growth of PACE in rural areas, funding 15 programs based in rural communities across the US. The majority of those still operate today, and additional rural programs have since been added.

Currently, rural areas are home to a disproportionate share of older Americans. While 15% of the US population overall live in rural areas, 22% of older Americans are rural residents. Evidence suggests that this unbalanced distribution will continue to diverge, with the population projected to age faster in rural areas than in urban ones.<sup>4</sup> Older adults in rural areas face unique aging challenges, as these areas often have fewer social and health care resources to support services like housing, transportation, civic engagement, nutri-

## rhrc.umn.edu



tion, and social services.<sup>5</sup> Older adults in rural areas also have higher rates of disability and poorer health outcomes than their counterparts in urban areas.<sup>6</sup> Altogether, these issues warrant a clearer understanding of whether, and how, PACE operates in rural areas.<sup>7</sup>

Aging in a community setting, as compared to an institutional setting, provides a myriad of psychosocial and health benefits, such as increased sense of identity, higher engagement with social networks, and decreased loneliness,<sup>8</sup> all of which are associated with fewer negative health outcomes.<sup>9</sup> PACE allows older adults to remain in their community for as long as possible by coordinating round-the-clock comprehensive health care delivery to their enrollees. PACE also provides other services that are not health care-specific, such as taking care of pets and performing basic home repairs. PACE is a Medicare program administered as an option through state Medicaid plans;<sup>10,11</sup> thus, individual states can elect whether or not to provide PACE services. The PACE organizations that provide services are non-profit private or public entities that must meet certain requirements outlined by CMS.<sup>10</sup>

More information is needed to understand how effectively PACE is being used in rural areas, including where PACE organizations are headquartered, the areas they service, and the types of populations served. Minimal research has examined rural PACE organizational availability at a national level, and no previous research has described the populations served by PACE organizations across rural communities and by different states. Therefore, this analysis describes rural areas with and without a PACE organization headquarters and describes state-level differences by PACE organization availability and rural/urban headquarters location.

## Approach

Data on PACE organization headquarters locations came from the National PACE Association<sup>12</sup> for active PACE organizations as of September 2023. Community and state-level sociodemographic data for this analysis came from the IPUMS National Historical Geographic Information System (NHGIS),<sup>13</sup> including age, race and ethnicity, educational attainment, employment status, health insurance type, poverty, US citizenship status, disability, geographic mobility, transportation, travel time, and housing. The NHGIS data integrates data from the US Census, the American Community Survey (ACS), and Geographic Information System (GIS) files on census tract, county, and state boundaries. NHGIS data for these analyses used the most recently available data from the 2020 US Census and ACS 5-year estimates through 2021.

Analyses were conducted at both the rural community and at the state level. Among rural communities, sociodemographic characteristic differences for ZIP Code Tabulation Areas (ZCTA) with a PACE headquarters were compared with those ZCTAs without a PACE headquarters. Communities were classified as rural using the Federal Office of Rural Health Policy (FORHP) definition for program eligibility. FORHP uses a combination of US Census measures, the Office of Management and Budget definitions, and Rural-Urban Commuting Area (RUCA) codes to define rural areas.<sup>14</sup> For analyses at the state level, state PACE organization status was defined as 1) no PACE organization(s) in the state, 2) any PACE organization(s) in the state with rural-located headquarters, and 3) PACE organization(s) with only urban-located headquarters.

Among rural communities, median proportions were calculated to describe sociodemographic characteristics of those communities as a whole by PACE headquarters status, and differences were assessed using Wilcoxon Rank Sum tests. Because many measures were highly skewed, medians were the primary proportions assessed; however, means are also presented in order to provide multiple data points for comparison. Analyses were further restricted to older adults living in rural communities in order to examine differences specific to potential PACE eligible populations. As described above, PACE age eligibility rules require that individuals be 55 years or older. However, only some characteristics in the NHGIS data are available specific to individuals 55 and older (race and ethnicity, employment, poverty, geographic mobility, and transportation). Others characteristics are only available specific to individuals 65 and older (education, insurance, and disabilities) and some are not available by age (US citizenship, travel time, housing). At the state-level, median proportions were also calculated, overall and among older, rural-residing adults, and means are also presented in tables for comparison. State-level differences were examined comparing states with and without any PACE organizations, states with rural-located vs. urban-located PACE organization headquarters,



and states with rural-located PACE organization headquarters to states with no PACE organizations using Wilcoxon Rank Sum tests with exact procedures.

## Results

Eighteen rural-headquartered PACE organizations were identified across the US. The median proportion of rural communities with older adults (55+) was similar between those with and without PACE organizations (35.2% vs. 35.7%, respectively, p=0.304; Table 1). Compared to rural communities without PACE organizations, those with PACE organizations had a higher median proportion of residents who were Hispanic (3.9% vs. 1.8%, p<0.05) or who were non-Hispanic and were American Indian/Alaska Native, Asian American/Pacific Islander, Black, or other/multiple races (12.9% vs. 8.5%, p<0.05). Rural communities with PACE organizations also had statistically significant higher educational attainment (more than high school: 57.9% vs. 50.2%, p<0.01), had a greater proportion of residents who had moved in the past year (12.9% vs. 7.1%, p<0.05), had shorter travel time to work (<30 minutes: 73.0% vs. 63.7%, p<0.05), and had higher rates of occupied rather than unoccupied housing (87.9% vs. 80.9%, p=0.001). On the adverse side, rural communities with PACE organizations had higher unemployment rates (3.6% vs. 2.1%, p=0.005), a higher proportion of residents without private car transportation to work (4.6% vs. 1.4%, p<0.05), and lower rates of home ownership (67.1% vs. 79.6%, p<0.001), compared to rural communities without a PACE organization headquarters. Interestingly, there were no statistically significant differences between rural communities with and without a PACE organization headquarters by insurance type, poverty, or disability.

	With a headquarte		With PACE headquar			
Characteristics	Median	Mean	Median	Mean	P-value	
Age						
55+	35.2	33.6	35.7	37.9	0.304	
65+	20.5	20.2	19.9	21.9	0.929	
Race and Ethnicity						
Non-Hispanic						
American Indian/Alaska Native	0.2	2.3	0.0	2.6	0.002	
Asian American/Pacific Islander	1.1	1.3	0.0	0.7	<0.001	
Black	2.2	6.4	0.1	5.0	<0.001	
White	87.1	80.6	91.5	80.9	0.170	
Other/multiple	3.0	3.4	1.5	2.7	0.014	
Hispanic	3.9	5.9	1.8	6.6	0.043	
Education						
Less Than High School	10.1	10.0	9.6	11.9	0.972	
High School Graduation	30.2	31.0	36.8	36.7	0.018	
More Than High School	57.9	59.0	50.2	49.8	0.007	
Insurance						
Private	58.4	57.4	54.6	52.5	0.254	
Public	34.4	35.1	35.0	36.2	0.980	
Uninsured	7.0	7.5	7.4	9.5	0.570	

Table 1. Differences in local population characteristics for rural communities with and without a PACE organization headquarters



## Table 1 (continued). Differences in local population characteristics for rural communities with and without a PACE organization headquarters

	With a headquarte		With PACE headquar		
Characteristics	Median	Mean	Median	Mean	P-value
Below Poverty Level	13.7	15.2	11.9	13.9	0.121
US Citizen	99.0	98.2	99.8	96.9	0.121
Disabilities	)).0	)0.2	)).0	)0.)	0.005
Any	17.0	16.9	15.9	17.3	0.541
One	9.9	9.1	8.3	9.1	0.235
2+	7.3	7.8	7.0	8.2	0.506
None	83.0	83.1	83.8	81.0	0.721
Employment Status	03.0	0.0.1	03.0	01.0	0.721
Employed	54.8	54.4	54.1	52.3	0.825
Unemployed	3.6	3.5	2.1	2.9	0.005
Not in labor force	41.2	42.1	42.4	43.4	0.789
Geographic Mobility					01,09
No Move	86.7	85.4	91.3	88.8	0.001
Unemployed	7.4	7.9	3.2	4.3	<0.001
Not in labor force	5.5	6.7	3.9	5.4	0.021
Means of Transporation to Work					
Car	88.5	87.8	90.1	84.4	0.437
Public transit	0.1	0.5	0.0	0.4	0.002
Taxi, cycle	1.2	1.2	0.3	1.6	0.015
Walk	3.3	3.8	1.1	3.5	0.016
Work from home	6.1	6.8	5.1	7.5	0.191
Travel Time to Work					
< 30 min	73.0	72.4	63.7	62.9	0.017
30-59 min	19.6	20.0	25.2	27.5	0.086
60+ min	7.0	7.6	6.7	9.6	0.774
Housing Units per 100 People	45.0	46.0	48.7	62.4	0.081
Occupied	87.9	87.9	80.9	75.2	0.001
Unoccupied	12.1	12.1	18.6	23.3	0.003
Owned	67.1	66.3	79.6	76.6	<0.001
Rented	32.9	33.7	19.8	21.3	<0.001

When comparing rural communities with and without a PACE organization headquarters among older adults living in those communities, many of the same patterns persisted (Table 2). Rural communities with a PACE organization headquarters had a greater median proportion of residents who had moved in the past year (7.7% vs. 2.2%, p<0.01), a higher median proportion of residents without private car transportation to work (3.3% vs. <0.1%, p<0.01), and had higher educational attainment (more than high school: 51.9% vs.



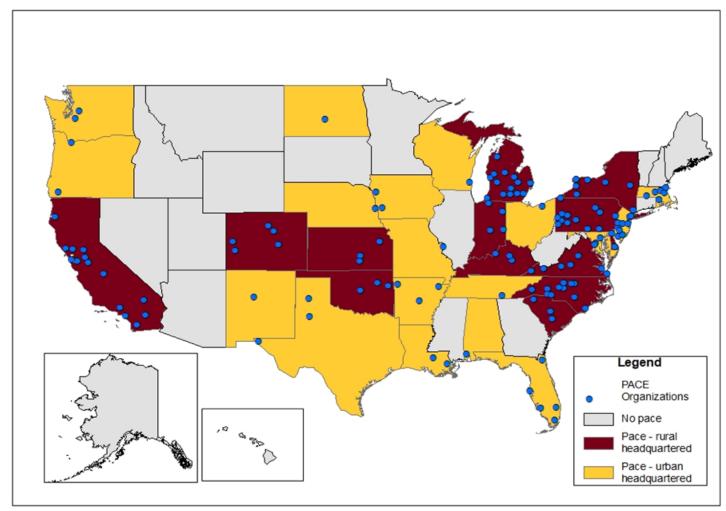
## Table 2. Differences in local population characteristics among older adults for rural communities with and without a PACE organization headquarters

	With a		Witho		
	headquarte	rs (n=18)	PACE headquart	ters (n=18,641)	
Characteristics	Median	Mean	Median	Mean	P-value
Among Residents Aged 55+					
Race and Ethnicity					
Non-Hispanic					
American Indian/Alaska Native	0.3	2.2	0.2	2.4	0.017
Asian American/Pacific Islander	0.6	0.8	0.1	0.5	<0.001
Black	1.2	5.2	0.2	4.4	0.001
White	91.7	86.6	94.0	85.6	0.359
Other/multiple	2.4	2.7	2.2	2.7	0.755
Hispanic	1.6	2.5	1.1	3.9	0.024
Employment status					
Employed	33.4	32.8	33.9	34.0	0.604
Unemployed	0.9	1.2	0.0	1.1	0.008
Not in labor force	65.8	66.0	64.0	62.4	0.376
Below poverty level	9.6	10.3	9.0	11.3	0.418
Geographic Mobility					
No Move	92.1	92.7	96.3	92.7	<0.001
Moved within county	4.1	4.2	0.9	2.0	<0.001
Moved into couty	3.6	3.1	1.3	2.7	0.004
Means of Transporation to Work					
Car	88.4	86.5	88.1	79.5	0.934
Public transit	0.2	0.4	0.0	0.4	<0.001
Taxi, cycle	0.7	1.4	0.0	1.5	0.001
Walk	2.4	2.6	0.0	3.4	0.003
Work from home	6.5	9.0	5.1	9.2	0.145
Among Residents Aged 65+					
Education					
Less than high school	12.9	13.1	11.0	14.7	0.486
High school graduation	33.2	33.0	38.7	38.0	0.138
More than high school	51.9	53.9	43.3	43.5	0.015
Insurance					
Private	23.2	22.9	17.6	18.3	0.010
Public	76.8	76.5	80.8	77.1	0.054
Uninsured	0.3	0.5	0.0	0.6	0.003
Disabilities					
Any	36.3	36.3	35.1	35.6	0.723
One	18.4	17.8	16.2	17.4	0.354
2+	17.6	18.6	16.3	18.2	0.388
None	63.7	63.7	63.5	60.3	0.810



43.3%, p<0.05). One exception to the overall pattern was health insurance type, with more older residents of rural communities with a PACE organization headquarters having private insurance compared to those older residents without a PACE organization headquarters (23.2% vs. 17.6%, p=0.010), a difference that was not statistically significant when including all ages.

Figure 1 displays the state-level PACE organization status across all 50 US states and the District of Columbia as of 2023. Eighteen (35.3%) states did not have any PACE organizations, while 32 (62.7%) states and the District of Columbia had one or more PACE organizations; 13 with at least one headquartered in a rural community and 20 with headquarters only located in urban areas. States without PACE organizations were highly concentrated in the West (62% of Western states). States with at least one rural-headquartered PACE organization included California, Colorado, Delaware, Indiana, Kansas, Kentucky, Michigan, North Carolina, New York, Oklahoma, Pennsylvania, South Carolina, and Virginia. California had the most PACE organizations of any state (n=24), only one of which was rural-headquartered. Pennsylvania (n=19) and Michigan (n=14) had the next most PACE organizations, each of which had three that were rural-headquartered, followed by North Carolina (n=11) with one that was rural-headquartered. Virginia was the only other state with more than one rural-headquartered PACE organization (n=2) out of their eight total PACE organizations.



#### Figure 1. Geographic distribution of PACE organizations by PACE headquarters location in rural or urban areas



Tables 3 and 4 (pages 8-11) describe differences in state-level characteristics by state PACE organization status, with Table 4 restricted to each state's rural-residing older adult populations. Compared to states without PACE organizations, states with PACE organizations had significantly lower median proportions of residents who were rural-residing (23.3% vs. 38.8%, p<0.05) and had a higher median proportion who identified as non-Hispanic Black (11.2% vs. 2.6%, p<0.01), had less than a high school education (6.4%) vs. 5.0%, p<0.05), and rented their housing (13.0% vs. 11.9%, p<0.01). Among states' rural-residing older residents, while not statistically significant, states without PACE had higher employment rates (38.0% vs. 32.7%, p=0.118) and greater educational attainment (59.1% vs. 49.4%, p=0.058) than states with PACE organizations. In line with findings from Tables 1 and 2, the proportion of residents with any disabilities was not significantly different.

Among states with PACE organizations, there were no statistically significant differences in population characteristics between those with rural-headquarters and those with urban-headquarters. However, states with urban-headquartered PACE organizations had slightly greater median proportions of residents who were rural residing (25.2% vs. 21.1%, p=0.970). When examining differences between states with rural-headquartered PACE organizations and states without PACE organizations, only the median proportion of residents who identified as non-Hispanic Black was significantly different. States with rural-headquartered PACE organizations had four times the proportion of residents who identified as non-Hispanic Black compared with states without any PACE organizations (10.5% vs. 2.6%, p=0.006). Among rural-residing older adults, this racial difference was also statistically significant, at three times higher in states with rural-headquartered PACE organizations vs. no PACE (0.5% vs. 1.7%, p=0.003).

## **Discussion and Implications**

#### Key Findings

Eighteen rural-headquartered PACE organizations were identified across the US. Rural communities with a PACE headquarters differed from rural communities without a PACE headquarters along sociodemographic lines, including having more residents who identified as Hispanic or non-Hispanic and a race other than white, higher educational attainment, greater geographic mobility, shorter travel time to work, and more occupied housing units. Rural communities with PACE organizations also had higher unemployment, more residents without private transportation to work, and lower rates of home ownership when compared to rural communities without PACE organizations headquartered within them. States with PACE had smaller shares of rural residents than states without PACE.

#### Implications

This analysis found that rural communities with a PACE organization headquartered within it appear to have more racially diverse populations compared to those without, and these differences remained when assessing characteristics specifically among older adults (age 55+). This indicates that PACE may be uniquely positioned to serve more diverse rural communities and older adults of color, though this analysis includes data at the community level and does not include data on the demographics of PACE participants. Future work may investigate whether the racial makeup of PACE participants is reflective of their broader communities.

We also identified differences in the socio-economic characteristics between communities with a rural PACE headquarters and those without, including differences in employment rates, housing, and transportation. These may impact not only those served by PACE, but also the PACE workforce. In particular, rural communities with a PACE headquarters had fewer residents with private transportation to work, which may impact workforce recruitment, especially for jobs requiring travel to enrollees' homes. Finally, we found that rural communities with a PACE headquarters were more likely than those without to have residents who had moved within the past year. It is possible that people move to communities with PACE because of a need for access to those services. Still, the vast majority (>90%) of older adults in rural communities, both with and without a PACE headquarters, had not moved within the past year. This degree of residential stability may be a strength for starting and sustaining PACE sites, building on the social cohesion among older adults in rural areas.<sup>15</sup>

#### Table 3. Differences in state characteristics by state PACE organization status

		Median Pro			Mean Pro				
			PACE He	adquarters			PACE Hea	adquarters	Rural-headquartered
	No PACE	Any PACE	Rural	Urban	No PACE	Any PACE	Rural	Urban	vs. no PACE
	(n=18)	(n=33)	(n=13)	(n=20)	(n=18)	(n=33)	(n=13)	(n=20)	P-value
Rural	38.8	23.3	21.1	25.2	38.1	24.1	24.0	24.2	0.125
Age									
55+	29.8	29.8	29.3	30.1	30.0	29.4	29.6	29.3	0.540
65+	16.7	16.4	16.3	16.7	16.7	16.3	16.4	16.3	0.373
Race and Ethnicity									
Non-Hispanic									
American Indian/Alaska Native	0.6	0.2	0.2	0.3	2.1	0.9	0.8	1.0	0.352
Asian American/Pacific Islander	2.9	3.0	3.2	2.7	5.6	4.1	4.5	3.8	0.395
Black	2.6	11.2	10.5	11.5	7.2	12.9	12.6	13.1	0.006
White	77.8	66.8	64.2	70.1	70.2	65.2	65.6	64.9	0.373
Other/multiple	3.3	3.4	3.6	3.2	4.4	3.6	3.8	3.5	0.395
Hispanic	8.6	9.8	9.8	10.9	10.5	13.3	12.6	13.8	0.418
Education									
Less than high school	5.0	6.4	6.8	6.3	5.9	6.9	7.1	6.8	0.051
High school graduation	19.0	19.6	19.6	19.0	19.0	18.7	18.9	18.6	0.767
More than high school	44.0	43.1	43.2	43.1	43.2	42.8	42.3	43.0	0.312
Insurance									
Private	62.1	62.2	61.7	63.0	61.8	61.4	61.3	61.5	0.708
Public	27.5	29.0	29.2	28.8	27.9	29.1	29.0	29.1	0.515
Uninsured	9.0	7.6	8.0	7.6	8.7	8.0	8.1	7.9	0.594
Below poverty level	4.4	4.7	4.8	4.7	4.4	4.9	4.8	5.0	0.170
US Citizens	96.8	95.6	96.0	95.3	96.1	94.9	95.1	94.9	0.275
Disabilities									
Any	12.4	13.0	13.0	12.9	12.9	13.1	13.2	13.0	0.567
One	7.0	7.1	7.1	6.9	7.1	7.0	7.0	7.0	0.953
2+	5.5	6.1	6.1	5.9	5.8	6.1	6.2	6.0	0.125
None	85.4	85.3	85.2	85.6	85.4	85.3	85.2	85.5	0.650

#### Table 3 (continued). Differences in state characteristics by state PACE organization status

	Median Proportions					Mean Pro			
			PACE Hea	adquarters			PACE Hea	adquarters	Rural-headquartered
	No PACE (n=18)	Any PACE (n=33)	Rural (n=13)	Urban (n=20)	No PACE (n=18)	Any PACE (n=33)	Rural (n=13)	Urban (n=20)	vs. no PACE P-value
Employment status									
Employed	49.3	48.2	47.7	48.8	48.8	48.5	48.1	48.8	0.275
Unemployed	2.4	2.6	2.6	2.6	2.5	2.7	2.7	2.7	0.395
Not in labor force	28.4	29.4	30.1	28.6	28.7	29.1	29.4	28.8	0.196
Geographic mobility									
No move	85.4	85.0	85.1	85.0	85.1	85.2	85.4	85.0	0.622
Moved within county	7.1	7.4	7.1	7.5	7.5	7.3	7.1	7.5	0.540
Moved into county	6.5	6.2	6.2	6.2	6.4	6.4	6.4	6.4	0.890
Means of transportation to work									
Car	39.9	39.8	40.1	39.5	40.1	39.2	39.1	39.2	0.859
Public transit	0.5	0.5	0.5	0.6	0.9	1.8	1.7	1.9	0.828
Taxi, cycle	0.8	0.7	0.7	0.7	0.9	0.8	0.8	0.9	0.170
Walk	1.3	1.0	1.0	1.1	1.5	1.3	1.2	1.4	0.211
Work from home	4.6	4.1	4.5	4.0	4.3	4.5	4.4	4.5	0.622
Travel time to work									
<30 min	29.5	27.7	27.7	27.4	30.1	28.1	277	28.4	0.146
30-59 min	11.5	11.5	11.5	11.5	10.4	11.7	11.6	11.7	0.418
60+ min	2.7	2.8	2.7	2.8	3.0	3.3	3.4	3.3	0.540
Housing units per population	43.7	44.2	44.1	44.3	44.2	43.8	43.4	44.1	0.890
Occupied	38.6	38.8	38.9	38.8	38.0	38.8	38.3	39.1	0.859
Unoccupied	5.3	5.0	4.6	5.0	6.2	5.1	5.0	5.1	0.211
Owned	25.9	25.7	25.9	25.4	26.0	25.3	25.5	25.2	0.650
Remted	11.9	13.0	12.7	13.2	12.0	13.5	12.9	13.9	0.106

#### States and Rural Communities With and Without the Program of All-Inclusive Care for the Elderly (PACE)

#### Table 4. Differences in state characteristics among rural-residing older adults by state PACE organization status

	Median Proportions					Mean Pro				
				PACE He	adquarters			PACE He	adquarters	Rural-headquartered
	No PACE (n=18)	Any PACE (n=33)	Rural (n=13)	Urban (n=20)	No PACE (n=18)	Any PACE (n=33)	Rural (n=13)	Urban (n=20)	vs. no PACE P-value	
Among Residents Aged 55+										
Race and Ethnicity										
Non-Hispanic										
American Indian/Alaska Native	0.8	0.5	0.5	0.5	2.8	1.3	1.3	1.4	0.622	
Asian American/Pacific Islander	0.6	0.5	0.5	0.5	2.7	0.7	0.7	0.7	0.352	
Black	0.5	1.6	1.7	1.5	3.5	6.0	6.5	5.7	0.003	
White	90.5	88.0	88.7	87.4	84.2	84.3	84.7	84.1	0.622	
Other/multiple	2.6	2.5	2.2	2.5	3.3	2.6	2.7	2.6	0.594	
Hispanic	2.1	2.0	2.3	2.0	3.6	5.0	4.1	5.6	0.679	
Employment status										
Employed	38.0	32.7	33.0	32.3	36.6	34.2	33.8	34.5	0.135	
Unemployed	1.2	1.0	1.1	1.0	1.3	1.1	1.2	1.1	0.650	
Not in labor force	61.0	66.0	65.9	66.7	62.0	64.7	65.0	64.4	0.115	
Below poverty level	9.3	10.1	9.5	10.4	10.0	10.7	10.6	10.8	0.441	
Geographic Mobility										
No Move	93.5	93.9	93.9	94.1	93.7	93.6	93.6	93.7	0.767	
Unemployed	2.9	2.9	2.8	3.0	2.8	2.9	2.8	3.0	0.953	
Not in labor force	3.5	3.3	3.3	3.2	3.5	3.4	3.6	3.3	0.679	
Means of Transporation to Work										
Car	30.0	28.1	28.0	28.2	29.7	28.7	28.5	28.8	0.258	
Public transit	0.2	0.1	0.1	0.1	0.3	0.2	0.2	0.1	0.106	
Taxi, cycle	0.5	0.4	0.4	0.4	0.6	0.4	0.4	0.4	0.075	
Walk	0.9	0.7	0.7	0.7	1.3	0.8	0.7	0.9	0.115	
Work from home	4.1	2.8	2.7	3.0	3.8	3.2	3.1	3.3	0.146	

		Median Proj	portions			Mean Pro			
			PACE He	adquarters			PACE Hea	adquarters	Rural-headquartered
	No PACE (n=18)	Any PACE (n=33)	Rural (n=13)	Urban (n=20)	No PACE (n=18)	Any PACE (n=33)	Rural (n=13)	Urban (n=20)	vs. no PACE P-value
Among Residents Aged 65+									
Education									
Less than high school	9.9	13.7	13.9	13.5	11.3	13.9	13.9	14.0	0.115
High school graduation	31.4	37.0	36.5	37.9	33.3	36.3	36.1	36.4	0.187
More than high school	59.1	49.4	49.6	47.8	55.4	49.8	50.0	49.6	0.187
Insurance									
Private	19.8	20.1	20.5	20.1	19.9	20.7	20.4	20.8	0.198
Public	77.1	76.0	75.9	76.1	77.2	75.8	76.3	75.5	0.135
Uninsured	0.5	0.4	0.4	0.5	0.6	0.5	0.5	0.6	0.679
Disabilities									
Any	33.6	35.2	34.6	35.4	34.0	34.9	34.5	35.1	0.679
One	17.3	16.9	16.5	17.3	17.0	17.1	16.6	17.4	0.211
2+	16.4	17.8	17.6	18.3	17.1	17.8	17.8	17.8	0.441
None	64.8	61.8	61.8	61.0	63.6	62.2	62.8	61.8	0.567

Table 4 (continued). Differences in state characteristics among rural-residing older adults by state PACE organization status

State-level comparisons show similar trends in racial diversity: states with PACE organizations are home to a significantly higher percentage of non-Hispanic Black residents compared to those without. This is also borne out in comparing states with a rural-headquartered PACE organization to states without any PACE organization. Also at the state level, we found some important differences in the geographic distribution of PACE headquarters. States with any PACE sites (rural or urban) had a lower proportion of the population residing in rural areas (23.3% compared to 38.8% of residents in non-PACE states). This suggests that some states with high percentages of rural residents do not have any PACE sites, thus limiting access to these services for many rural older adults. This is an important area for research and policy attention to identify and address barriers to starting and sustaining PACE or other home- and community-based programs that serve older adults in rural areas.

#### Limitations

A limitation of this study is that the locations of the PACE organizations in this analysis are based on their headquarters and do not include their full service area or all communities that may be served by a PACE organization. However, the communities described in this analysis that have a PACE headquarters likely include older adults that have greater access to PACE services because of living geographically close to the organization.

### Conclusion

In this brief, we find within-rural and state-level rural/urban differences in the population characteristics of places with a PACE organization headquarters vs. those without a PACE headquarters. We also find differences by state, with more than one-third (35.3%) of states having



no access to PACE and others with multiple PACE organizations. States with larger percentages of rural residents were disproportionately less likely to have PACE, which suggests potential equity issues in access to this home- and community-based service for older adults with complex medical needs. Given that most older adults, including most rural older adults, want to age in place,<sup>16</sup> ensuring equity across communities and states in access to services is an important area for policy attention.

## References

1. NPA. Understanding the PACE Model of Care. Accessed May 12, 2024. <u>https://www.npaonline.org/starting-expanding-a-pace-program/understanding-the-pace-model-of-care</u>

2. National PACE Association. PACE History. Published 2024. Accessed March 13, 2024. <u>https://www.npaonline.org/starting-expanding-a-pace-program/understanding-the-pace-model-of-care/pace-history</u>

3. Spon. Sen. Judd Gregg [R-NH]. *Deficit Reduction Act of 2005.* 109th Congress; 2006. Accessed February 28, 2024. <u>https://www.congress.gov/bill/109th-congress/senate-bill/1932</u>

4. Cohen SA, Greaney ML. Aging in Rural Communities. *Curr Epidemiol Rep.* 2022;10(1):1-16. doi:10.1007/s40471-022-00313-9

5. Aging in Place in Rural Communities. RHIHub. Published December 2016. Accessed March 13, 2024. <u>https://www.ruralhealthinfo.org/toolkits/aging/1/rural-issues</u>

6. Crankshaw K. Disability Rates Higher in Rural Areas Than Urban Areas. United States Census. Published June 23, 2023. Accessed March 14, 2024. <u>https://www.census.gov/library/stories/2023/06/disability-rates-higher-in-rural-areas-than-urban-areas.html</u>

7. Tuttle C, Tanem J, Schroeder J, Tuttle M, Henning-Smith C. Rural-Urban Differences among Older Adults. *University of Minnesota Rural Health Research Center*. Published online August 27, 2020. Accessed March 13, 2024. <u>https://rhrc.umn.edu/publication/ruralurban-differences-among-older-adults/</u>

8. Ratnayake M, Lukas S, Brathwaite S, Neave J, Henry H. Aging in Place: *Dela J Public Health*. 2022;8(3):28-31. doi:10.32481/ djph.2022.08.007

9. How Does Social Connectedness Affect Health? Centers for

**Rural Health Research** 

& Policy Centers

Funded by the Federal Office of Rural Health Policy

www.ruralhealthresearch.org

Disease Control and Prevention. Published March 2023. Accessed March 13, 2024. <u>https://www.cdc.gov/emotional-wellbeing/socialconnectedness/affect-health.htm</u>

10. Centers for Medicare and Medicaid Services. Programs of All-Inclusive Care for the Elderly for States. Centers for Medicare and Medicaid Services. Published 2024. Accessed March 13, 2024. <u>https://www.medicaid.gov/medicaid/long-term-services-supports/pace/programs-of-all-inclusive-care-for-elderly-for-states/index.html</u>

11. National PACE Association. Bringing PACE to Your State. National PACE Association. Published 2024. Accessed March 13, 2024. <u>https://www.npaonline.org/starting-expanding-a-paceprogram/resources-states/bringing-pace-to-your-state</u>

12. National PACE Association. Find a PACE Program Near You. National PACE Association. Published 2024. Accessed March 13, 2024. <u>https://www.npaonline.org/find-a-pace-program</u>

13. Manson S, Schroeder J, Van Riper D, et al. IPUMS National Historical Geographic Information System: Version 18.0 [dataset]. Published online 2023. http://doi.org/10.18128/D050.V18.0

14. Defining Rural Population. HRSA. Published January 2024. Accessed March 13, 2024. <u>https://www.hrsa.gov/rural-health/about-us/what-is-rural</u>

15. Henning-Smith C, Tuttle M, Swendener A, Lahr M, Yam H. Differences in Residential Stability by Rural/Urban Location and Socio-Demographic Characteristics. Published online August 2023. Accessed May 12, 2024. <u>https://rhrc.umn.edu/wp-content/uploads/2023/07/UMN-Policy-Brief\_residential-stability\_8.2.pdf</u>

16. Henning-Smith C, Mulcahy J, Lahr M, Tanem J. Preferences for Long-Term Care Arrangements among Rural and Urban Older Adults. Published online 2021. Accessed October 19, 2023. https://rhrc.umn.edu/publication/preferences-for-long-term-care-arrangements-among-rural-and-urban-older-adults

## **Suggested Citation**

Interrante JD, Jacobson I, Pick M, Tuttle M, and Henning-Smith C. States and Rural Communities With and Without the Program of All-Inclusive Care for the Elderly (PACE). *UMN Rural Health Research Center Policy Brief.* Sept 2024. <u>https://rhrc.umn.edu/publication/states-and-rural-communities-with-and-withoutthe-program-of-all-inclusive-care-for-the-elderly-PACE</u>

Support for this study was provided by the Federal Office of Rural Health Policy, Health Resources and Services Administration, Cooperative Agreement U1CRH03717-13-00. The information, conclusions, and opinions expressed are those of the authors, and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

For more information, contact Julia D. Interrante (inter014@umn.edu)

University of Minnesota Rural Health Research Center Division of Health Policy and Management, School of Public Health, 2221 University Avenue SE, #350 Minneapolis, MN, 55414