WYOMING ALZHEIMER’S STATE PLAN TASK FORCE NEEDS ASSESSMENT RESULTS

WYOMING CENTER ON AGING

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Background

To gain insight into the lives of those with or caring for an individual with Alzheimer's disease or a related form of dementia, the task force gathered information from stakeholders statewide through a series of ten town hall listening sessions as well as an online survey. Individuals with varying perspectives on dementia care participated in the meetings and survey to provide their opinions and observations on the resources available to support dementia care and the needs in the state.

Town Hall Listening Sessions

Methods

A series of ten, 120-minute, town hall meetings were conducted across cities and towns of varying size in dispersed geographic regions in Wyoming. The town hall meetings were promoted through a press release distributed to local newspaper, television, and radio outlets, as well as through paper and electronic advertisements distributed through contact databases maintained by stakeholder organizations such as the Wyoming Center on Aging and Wyoming Department of Health Aging Division. Participants in the town hall meetings represented a variety of stakeholders across the continuum of dementia care such as administration, legislation and government, health and social services, first responders, caregivers, persons living with dementia, and interested community members.

Every session was structured and facilitated according to the same methods. All listening sessions began with participants in a large group. The majority of each meeting (i.e., 60-90 minutes) was spent in large group discussions; the remaining proportion (i.e., 30-60 minutes) was spent in small groups of people with similar roles (e.g. caregivers, healthcare professionals and social service providers, administrators, policy makers). Each group participated in an in-depth discussion of issues related to Alzheimer's disease and related dementia (ADRD) care. All town hall meetings were conducted by an expert facilitator and in the English language.

Prior to commencing each town hall meeting, the expert facilitator introduced the project, distributed and read a consent form, and invited attendees to remain in the meeting if they agreed to the terms of participation (e.g., audiotaping). Next, the facilitator initiated a roll call of participants in the large group. During the roll call, each participant introduced him/herself and the reason that he/she believed that it was important to attend the meeting. The large groups were first asked to discuss following prompts:

- What are the available resources for those caring for an individual with Alzheimer's disease or a related dementia in your community?
- What are the local needs to improve the care of persons living with dementia?

The facilitator took notes on paper at the front of the room. All large groups were audio recorded. Following the large group discussion, participants were invited to self-select into smaller groups for additional discussion. Once again, a roll call was conducted to facilitate identification of participants with one another and to facilitate identification of individual voices on audiotape.

The small groups discussed the following prompts:

- When considering Alzheimer's disease, what are the priorities, needs, gaps, or problems faced by members of your group?
- What solutions do you think are most valuable to address these problems?
- Is there anything else that has not been mentioned that you would like the task force to be aware of?

Instruments: Participant demographics were assessed using the Participant Profile Form (PPF); this form, created and used by the Wyoming Center on Aging, assesses a variety of realms of participant demographics. The form used for the town hall meetings was altered to ask specific questions regarding education and current profession, as well as relation to individuals with ADRD, whether in a personal or professional capacity, or both. All participants were provided the same form.

Data Analysis: All town hall meetings, both large group and small group discussions, were audio recorded and transcribed. Three researchers trained in qualitative data analysis completed thematic analysis of the transcripts. Thematic analysis revealed overarching themes and subthemes expressed regarding dementia care in Wyoming.

Participants: Participants include 175 individuals who attended one of the town hall listening sessions. The average age of the participants was 59.32 years old and attendees ranged in age from 14 years to 87 years old. The majority were female (*n* = 126; 73.7%), non-Hispanic (*n* = 158; 94%), white (*n* = 157; 98.1%) with some Native American representation (*n* = 3; 1.9%). A large percentage of individuals in attendance were caregivers to an individual living with dementia (*n* = 73; 41.7%). The majority of attendees care for a spouse (*n* = 26; 35.6%) or parent (*n* = 23; 31.5%) with Alzheimer's disease or a related dementia.

Table 1. Relationship of Town Hall Attendees to Care Recipient

Caregiver Relationship	Frequency	Percent
Spouse	26	35.6
Child	23	31.5
Friend	6	8.2
Family Member	17	23.3
Other	1	1.4
Total	**73**	**100.0**

Table 2: Town Hall Attendance by Location

Location	Frequency	Percent
Gillette	11	6.3
Cheyenne	34	19.4
Guernsey	14	8.0
Casper	27	15.4
Rock Springs	9	5.1
Lander	6	3.4
Ethete	7	4.0
Jackson	27	15.4
Worland	19	10.9
Cody	21	12.0
Total	**175**	**100.0**

Results: Results from the town hall listening sessions revealed the available resources to support dementia care as well as needs and areas for improvement. The themes relating needs are organized into four categories. The Awareness/Information and Referral; Access to Care; Caregiver; and Workforce categories reflect the themes in the data that correspond to the focus areas of the four Task Force subcommittees.

Resources for Dementia Caregivers. A summary of the themes describing resources for dementia caregivers appear in Table 3. Please note that this is not an exhaustive list of all resources reported at the town hall listening sessions, but an overview of the types of resources shared during the needs assessment process.

Table 3. Resources for Dementia Caregivers

Theme	Subthemes	Illustrative Quotations
Senior Centers	**Overall Beneficial Resource**	• "Oh yeah, the senior centers are a great, great, wonderful investment in the state" (Caregiver, Guernsey). • "We do a wonderful service at our senior center in Greybull" (Caregiver, Worland).
	Transportation Services	• "Transportation through the senior center, life lines…" (Attendee, Cody).
	Meals/Nutrition Services	• "They have meals twice a week on Mondays and Wednesdays, and then the bus comes on Thursdays, and they always have…it's usually full" (Attendee, Cody). • "That's kind of where we step in providing the funding that we've received from the aging division in help them. Even to keep them at home, we offer a better home. It's not a new place, they're not going to become more confused, to where if the family then decides it's getting way too much even when we are in there, then they can look at other situations. But our nurses and our CNA's and our homemakers, we've had a pretty good turnout that we've been able to keep everybody at home so far" (Healthcare Professional, Rock Springs).
Community Groups	**Community Groups**	• "We also have a grass-roots group. We have no budget, but it's called Age Friendly Jackson Hole that meets monthly and we have for the past three years. We advocate for, well, people of all ages, but mostly seniors. We're working on getting an age-friendly designation for our town through the World Health Organization, and with

		AARP to get things more accessible to disabled and older people" (Attendee, Jackson).
Caregiver Resources	**Support Groups**	- "That's a good positive thing, but that's why we have it [support group], so you will learn a lot and just it's nice to know resources like throwing out your situations and just being able to talk about what's going on and being able to reach out and be with other people that understand" (Caregiver, Cody).
	Respite Care	- "The Rotarian group is starting an online training class for caregivers, so that we can offer respite care. I think it'll probably be 18 weeks of training or so" (Caregiver, Guernsey).
	Caregiver Programs	- "That's the Wyoming Dementia Care. They facilitate an art therapy session once a month. They're also doing music and memory, respite so the caregiver can go as well, and vouchers that they give to caregivers and the caregivers can use out in the community for respite care" (Healthcare Professional, Casper).
	In-home Support	- "We can go into homes and provide in-home support. Our whole philosophy is to try to keep a person in their own home as long as possible because we know that's where they want to be. Whatever the person needs - the caregiver or the person themselves, we try to see if we could help provide that, whether it's equipment or information" (Healthcare Professional, Guernsey).
Professional Resources	**Law Enforcement**	- "I think one of the things that the Powell Police Department has is a form that you can fill out and has a place for your picture, picture of your loved ones, you can do the list of their medications, emergency contact information. If they find somebody out wandering around they will look at that picture and know where this person lives" (Attendee, Cody).
	Healthcare Professionals	- "I think a good thing our local doctor is doing is a lot of [cognitive] assessments. People at a younger age starting to think … this could happen

		to us. To get rid of that stigma and then also to start to do memory screens and starting to do evaluations to find out where you're at to keep track" (Healthcare Professional, Jackson).
	AARP	- "AARP, though, from the State of Wyoming is really good working with lobbyists and they're a good go-between and good resource to know. If you connect yourself with them and at the legislators sharing that information and they'll share with you what's coming up" (Attendee, Cody).
Residential Care and Hospice	**Person-centered Approach to Residential Care**	- "When we look at specific strengths of the living center, it is an Eden registered facility, meaning that we're person-centered and relationship based. The staff have primary assignments with the residents, so they know them well and can individualize the care to the needs of the residents" (Healthcare Professional, Jackson).
	Hospice as Resource	- "We are really lucky we have an awesome hospice" (Attendee, Rock Springs).

Awareness/Information and Referral Themes. Table 4 presents the themes, subthemes, and illustrative quotations related to the issues associated with how people in Wyoming become aware of information, services, and resources for dementia care. The themes include public awareness and stigma, information and referral, information on service quality, and methods of information delivery.

Table 4. Summary of Awareness/Information and Referral Themes

Theme	Subthemes	Illustrative Quotations
Public Awareness and Stigma	- **Need to Identify the Problem**	- "Yeah, a lot of people think it is just, oh grandma forgot her car keys again or something and they don't understand" (Attendee, Rock Springs). - "Yeah and I think that it's still that I don't know where to turn and I think a huge issue is admitting and that there's a problem" (Healthcare Professional, Guernsey).
	- **Fear and Stigma**	- "I know a person here that, a lad here, that her husband has Alzheimer's, and one of the children has nothing to do with them because he doesn't know what the hell it is.

		So he doesn't talk to his dad or nothing" (Attendee, Rock Springs).
	• **Solutions**	• "Once a week or once every other week one of the pages in the newspaper is on aging concerns." (Healthcare Professional, Guernsey).
Information and Referral	• **Knowing Whom to Call**	• "They can call the division on aging and just ask for it. They don't know that. The problem is a lack of communication." (Healthcare Professional, Rock Springs). • "Once you get into the Alzheimer's diagnosis, Where do I go? Who do I start with?" (Healthcare Professional, Ethete) • "Along with that is getting family members the knowledge of where to go for help. And they feel like they need help…I didn't need it yesterday, but I really do today…Who do I call? What do I do? And having those resources available and easy to access because oftentimes they are struggling with other issues themselves" (Healthcare Professional, Jackson). • "And my father took care of her at home. The last year of her life she couldn't walk or talk. My dad is 81 years old, and I don't want to duplicate things that ya'll have already said, but I cannot tell you how confusing it is for the people with dementia to figure out where the services are, how you go about getting them. We have to contact other agencies to reach agencies to reach agencies to reach agencies. And my dad did that, right? He did it. God bless him" (Caregiver, Rock Springs).
	• **Community Resource Awareness**	• "One thing I see a lot of, not only with Alzheimer's, is when there's a sudden illness or an accident, or whatever, all this time before they've never had access to any of these services. Whether it's home health, or senior center, or whatever. They have no clue what's out there. Again, the educational thing. They have no idea what's available" (Healthcare Professional, Guernsey).

		- "I think advertising of all this stuff here, more advertising for people because they don't know what available. They don't look for it, or they don't see it" (Administrator, Rock Springs).
Information on Service Quality	- **Information on Service Quality**	- "Say a loved one gets this, you don't know which is a good facility and which is a bad facility. You're just at the mercy" (Attendee, Rock Springs). - "I know … you used to be able to access that from the department of health where you could get a review of the last two or three surveys and what was found and their action plan, their correction plan" (Attendee, Rock Springs).
Methods of Information Delivery	- **One Stop Shopping**	- "I think if there was some sort of one stop shopping sort of place for the Jim's of the world to understand what is out there and then education about it" (Administrator, Rock Springs). - "Your one stop shop needs to have multiple outlets because it's easy and probably cost effective to dump it all in the internet, but not every elder can use that. You'll have to find places inside the communities where they are comfortable going, like a library. Or a senior center. Or some place where they are accustomed to going." "The grocery store. I mean they go there every week get the groceries on Tuesday mornings, you know… (Attendee, Rock Springs).
	- **Information at Diagnosis**	- Maybe when a doctor makes that formal diagnosis, maybe that's when the education should be kicking it for the family" (Attendee, Guernsey). - "Or maybe there should be a packet that the doctor can say, 'Here's what we know. Here's more resources to contact'" (Healthcare Professional, Guernsey). - "If they diagnose you or your family member, what do they tell you after that? If they diagnose you with cancer, they're gonna say, "Well, you need to go here, or

		there, or do this or that." But what about Alzheimer's?" (Healthcare Professional, Ethete)
	• **Informational Packets**	• "And maybe a packet for Alzheimer's versus a packet for dementia or mix them together, or…just so that when the family has something tangible to look at" (Healthcare Professional, Guernsey). • "Yeah I was thinking, what he talked about a while ago, about hospital sending home these instructions. 'Once you get home, this is what you need to do, what you need to know.' It'd be nice to have a Alzheimer's packet to send home" (Healthcare Professional, Guernsey).
	• **Information Agents**	• "Well, when you get a certain illness or whatever, you have to see the dietician. Well, why can't you go see somebody that will sit down and explain to you dementia or Alzheimer's. What you see now, what will be your next…It wouldn't be any different than seeing a dietician because now you're diabetic" (Healthcare Professional, Guernsey). • "Well, if every senior center had one (someone to sit down and explain dementia), and could link them, somehow…" (Healthcare Professional, Guernsey). • "I'm wondering if the extension offices have the nutrition education and things like that. That are supposed to be for family use, for family services. I wonder if there's some way to get the extension offices connected to this to provide the education part of it" (Healthcare Professional, Guernsey).

Access to Care. Themes, subthemes, and illustrative quotes related to access to care for geriatric and dementia care services are summarized in Table 5. Themes include access to memory care and care continuum facilities, access to geriatric mental health, access to home health and in-home services, access to geriatric assessment, access to respite and adult day services, access to care coordination, financial barriers to care, and senior centers as valuable resources.

Table 5. Summary of Access to Care Themes

Theme	Subthemes	Illustrative Quotations
Access to Memory Care and Care Continuum Facilities	• **Lack of Facilities, Particularly in Rural Areas**	• "I had to move mom three times in five years to a higher care facility. She was first in assisted living and then she had to go to a secure assisted living and then she had to go to a nursing home environment where she could receive hospice care. That is really hard on a person with dementia. We don't have anything in this part of the state at all, any transitional facilities" (Caregiver, Cody).
	• **Regulatory Barriers to Memory Care**	• "So I have assisted living, I have memory care….We charge $5,900 a month and even at that rate with the regulations, if it were by itself it would fail. And that's because of the regulation the state enforces on us, mainly with staffing and nurses. I don't mind paying for nurses but my nurses aren't allowed to practice to their full scope which is very difficult" (Administrator, Rock Springs).
	• **Existing Facilities at Capacity**	• "We had to send a loved one, one of our patients, to three hours away from Sundance because there was nothing. Even into South Dakota, nothing" (Administrator, Sundance, attendee at Gillette). • "The lack of resources at the facility level allows facilities to cherry pick. Some of these folks don't want a patient, because they would deem them as high maintenance. They have that choice, because there's not other such resources" (Attendee, Cheyenne). • "Well, the wait list is there because we don't have the staff. So we've got that

	• **Staffing Barriers to Care (available space in a facility but no staff to work)**	secured wing that is empty [at the Wyoming Retirement Center in Basin]” (Legislator, Lander).
Access to Geriatric Mental Health	• **Little Geriatric Psychiatry Expertise** • **Few Inpatient Geriatric Mental Health Facilities**	• “Speaking of meds, another problem with us here in Rock Springs is the access to care. So we don’t have a geriatric physician here, let alone a geriatric psychiatrist. And so for our, especially memory care, residents to have a family practitioner trying to deal with all the ins and outs and ups and downs of a resident is really difficult. So often we have to send them, or with the family, we decide to send them to Salt Lake” (Administrator, Rock Springs). • “The State Hospital is actually limiting any admissions because they have staffing issues and the ability to pay. So, to even move someone who has psychiatric….that behaviors related around dementia to another facility is impossible to do”(Administrator, Gillette).
Access to Home Health and in-home services	• **Poor Access in Some Rural Areas**	• “We do have some support services, but like I say I can only give a caregiver three hours a week of respite. And if you live out in Pavilion or Kemmerer, it takes you that long to get to the grocery store and do your grocery shopping and come back. And really respite is supposed to be a break” (Healthcare Professional, Lander). • “It’s very difficult for people who are struggling at home. They’re desperate. And there’s really no….not very many options” (Administrator, Gillette).
Access to Geriatric Assessment	• **Need for Interprofessional Assessment**	• “If you can get a grip from several different specialists’ view points of the problem and then you can start making some plans as a family or an individual” (Attendee, Cheyenne).
Access to Respite and Adult Day Services	• **Very Limited** • **Cost Prohibitive**	• Multiple reports of no respite or adult day services in the area.

		• “There is no financial model to help with that [adult day care] except for private pay, and oftentimes people have a very difficult time paying for it because it’s expensive.” (Administrator, Gillette) • “Either it’s another source that the state funds through the department of aging or something like that, or you have to pay for it [out of pocket].” (Legislator, Lander)
	• **Regulatory Barriers to Adult Day Services**	• “When we built our facility we had hoped that we could put a DayHab in our building, but for licensure reasons couldn’t. So, that’s not off the table, it’s just down the road. Because everyone is separately licensed, and when you have everyone separately licensed you have to separate everything and you can’t share resources” (Administrator, Gillette).
	• **Necessary for Wellbeing of Caregiver**	• “If we had something that was an adult day center, or something for somebody to go that was safe while their family worked during the day, or just to give caregivers a break. They very well could stay at home if their family had some more resources” (Caregiver, Ethete). • “One of the other concerns, because my mom took care of my dad for 11 years and the doctors told her she would end up dying before him because it’s so hard on the caregiver. So we need somebody that even if it’s someone who can stay home taking care of that family member, they need someone to come in and give them a break” (Caregiver, Ethete).
Access to Care Coordination	• **Trips to the ER – Frustrating and Uncoordinated**	• “I’ve never had anyone walk in and know that the minute they walk into the exam room, that my mother had dementia. I’ve always had to tell them” (Caregiver, Gillette).

	- **ER –Unnecessary Workups**	- “And each time, the first thing those doctors wanna do is a CT scan, and if we have not been there to say “No, she does not need that,” I can’t tell you how many CT scans she probably would’ve had” (Caregiver, Gillette).
	- **EMS Role in Care Coordination**	- “EMS is in homes, hundreds of senior homes every year, for various calls and situations. That ability for us to confer [with healthcare professionals and social service providers]. We see a lot of things. We almost need the incidents that happen [inaudible 01:17:26] often, we may not transport them to the ER because we now have the opportunity to plug them in there. And then we encounter privacy confidentiality issues as well, that we can't just call a family member, call an agency. There's some [inaudible 01:17:42] but that's an area that's a gap that we need to probably understand better how we can plug people in [to services]” (Emergency Medical Technician, Jackson).
Financial Barriers to Care	- **Respite Fully Out of Pocket in Many Areas**	- “There is a CNA that will go in and stay overnight with somebody but she charges like $20 and hour or $40 an hour or something. Most people can’t afford that. You can’t. There is no way” (Caregiver, Ethete).
	- **Funding gaps**	- “There’s a big gap between the people who have been able to afford long term care insurance and the people who are qualifying for Medicaid. There’s a huge gap in there that is a giant crack. That’s the crack that needs to be filled, for sure” (Attendee, Rock Springs). - “They might be retired and then they’re receiving a retirement [payment] and that’s why they don’t qualify [for Medicaid]” (Attendee, Ethete).

Senior Centers Valuable Resource	• **Provide Multiple Important Services** • **Valuable Social Outlet**	• "Well, as a conduit of [the senior center], my mom has gotten Meals on Wheels. And she hasn't been able to move, which is another set of eyes on her throughout the day. So that has been helpful" (Caregiver, Gillette). • "So the senior centers also have a lot of social things going on, that really helps keep people's minds active" (Healthcare professional, Lander).

Caregiver Needs. Themes, subthemes, and illustrative quotations related to the needs of dementia caregivers are presented in Table 6. Themes include the need for caregiver support and education and the respite care.

Table 6. Summary of Caregiver Themes

Theme	**Subthemes**	**Illustrative Quotations**
Caregiver Support and Education	• **Caregiver Strain and Emotional Wellbeing**	• "They do it until the bitter end, they end up sick. They end up hurting themselves" (Healthcare Professional, Cody). • "Another thing is a lot of the families, when their loved one has Alzheimer's and they don't recognize who they are. It really bothers people" (Caregiver, Lander). • "And support for caregivers when your loved one has either passed or been put into a care center setting because I know my dad was, I mean, he had his days planned out. He was her caregiver… Then once she passed away, one of the things that I looked back on now is the doctor said to him, "Are you depressed?", and he said, "Yeah." He went onto the next question. I mean, we never really went any further with it" (Healthcare Professional, Cody). • "There's so much guilt. It's because… "It's the person, not the disease." But it's so personal when you're getting hit, or when you're sitting there going, "Mom, why are you doing that?" It's personal, but it's not. There's so much guilt" (Healthcare Professional, Gillette). • "It's hard, that's partly the emotional breakdown of caregivers is because you have to hold a lot of that in. And it does take a toll after a while" (Caregiver, Cody).

	- **Need for Family Support**	- "Because if they're diagnosed as having Alzheimer's and then… I don't know if there's varying degrees… A whole gamut of family support, more or less. Some guys have none, some guys have lots" (Caregiver, Ethete). - "My husband has Alzheimer's, and he's been there for about five years now, and I have asked every facility, at the doctors, even at the VA, if they had a support group for me. There's none, whatsoever, that I can go to" (Caregiver, Worland). - "I think caregivers need some money for occasional entertainment for themselves and their loved ones. I think that's neglected" (Attendee, Worland). - "Caregivers are burned out and wiped out and they… Can't get away to come to these things" (Healthcare Professional, Jackson).
	- **Caregiver Education**	- "Some type of class that helps you with finding out legally, financially, what your options are, what doctors, even what kind of meds they should be on" (Caregiver, Cody). - "Here's what we're talking about. Education. I think we need education about the disease, the neurodegenerative diseases. We need education for what services are available" (Caregiver, Jackson).
Respite	- **Access to Respite**	- "I think a respite provider at each center would be awesome" (Caregiver, Guernsey). - "Relief for the caregiver… Like a friend who can come in and stay, that they're comfortable with" (Caregiver, Worland).

Workforce Issues in Dementia Care. Themes, subthemes, and illustrative quotations related to the healthcare workforce in Wyoming are presented in Table 7. Themes include the need for primary care provider and direct care worker education about Alzheimer's disease and related dementia; the CNA shortage in Wyoming; the need for additional staffing resources in long term care and the potential use of volunteers to alleviate the stresses of the direct care worker shortage; as well as the challenges of direct care including burnout, low wages, and the need for increased respect for direct care workers.

Table 7. Summary of Workforce Themes

Theme	**Subtheme**	**Illustrative Quotation**
Education of Workforce	**Primary Care Provider Education**	• "At some point in time those folks are gonna run across a doctor that can provide information but the doctors absolutely have to be trained on more than here's how the medication can help you or here's a support group. They need that full spectrum of support that's available in the community" (Healthcare Professional, Rock Springs).
	CNA & Direct Care Worker Education	• "I feel like even our staff doesn't get the education that they need to care for our residents with dementia and they don't know how to handle it [the stress of dementia care] themselves sometimes" (Healthcare Professional, Rock Springs).
Direct Care Shortage	**CNA Shortage**	• "It keeps going back to finances. There's a nursing shortage in this country, so even if you had a ton of money and said, "I'm going to hire ten new nurses for each tribe just to do nothing but help Alzheimer's patients." Just trying to find those nurses is impossible" (Healthcare Provider, Ethete).
	Need for Additional Resources in Long Term Care	• "The stigma of long term care is they don't need as many nurses, and they don't need as many resources. And that is not true. They're sicker. They need more resources" (Administrator, Gillette).
	Use of Volunteers	• "They could train volunteers, because they're all volunteers. They could be trained and vetted and all that stuff" (Caregiver, Guernsey).
Challenges of Direct Care	**Direct Care Worker Burnout**	• "When you pay people a low wage and expect them to work really hard, you get burn out." (Administrator, Casper)

	Low Wages for Direct Care	- "You're paying people $10 an hour to do the hardest work of their life" (Administrator, Casper). - "We don't do it for the money, trust me" (23 year CNA, Jackson).
	Need to Respect Direct Care Workers	- "I think this: we have to up the wage [for CNAs] and up the training and the care and turn it into a profession. Just like nursing" (Administrator, Casper).

Needs Assessment Survey

Methods:

To gather input from individuals who may not have been able to attend a town hall listening session or who had additional feedback, the Wyoming Center on Aging conducted a needs assessment survey. Data were collected through either paper/pen or online survey. The survey was distributed through promotional emails of partner agencies, press release, and through the WyCOA website.

Data Analysis: Descriptive statistics from survey data were analyzed using SPSS version 24 (IBM, 2017).

Participants:

The survey was completed by 43 individuals who have a role in caring for a person living with dementia. Participants represent 18 out of 23 Wyoming counties. Descriptive statistics indicate that respondents were largely female (*n*=35; 81.4%), in their late middle-ages (*Mdn* birth year=1955), and were spouses (*n*=11; 25.6%) or adult children (*n*=18; 41.9%) of individuals with Alzheimer's disease or a related dementia. On average, respondents provided care nearly 60 hours of direct care per week (*M*=58.71; *SD*=68.84).

Results:

Participants rated their satisfaction with several facets of caregiving needs (scale: 1=very dissatisfied - 4=very satisfied). They reported highest satisfaction with availability of generalized healthcare providers (*M*=2.56; SD=.91) and quality of services (*M*=2.38; *SD*=1.16). Participants reported lowest satisfaction with support in rural areas, both in-person (*M*=1.38; *SD*=1.07) and delivered via telehealth and electronic means (*M*=1.03; *SD*=1.20).

Respondents also ranked the relative urgency of needs regarding several caregiving facets. Aggregate rankings revealed access to services (*M*=3.22; *SD*=2.16) and information about available services (*M*=3.75; *SD*=2.84) to be among the highest priorities, with telehealth and electronic support in rural areas (*M*=8.30; *SD*=3.45) among the lowest priorities.

Conclusion

While the town hall meetings and needs assessment survey are useful for identifying the resources and needs in communities throughout Wyoming, this data may not reflect the comprehensive need or resources throughout the state. Continued exploration of needs and resources is encouraged. Both the survey and town hall meetings highlight the need for increased education for healthcare professionals of all disciplines; improved caregiver support and services including respite care; improved access to services including clear pathways and systematic dissemination of information; and a focus on the direct care worker shortage that appears to be impacting the long term care of people living with dementia. Wyoming has many strengths to celebrate and build upon which are highlighted in this report. Future exploration of innovative community resources and programs (e.g., Rotary Club providing respite care) could improve dementia care and strengthen the aging network statewide.