State Plan Supplement Survey of Wyoming Residents Report Attachment E

Wyoming Department of Health Aging Division

2021

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Letter from Senior Administrator

Dear Wyoming Resident,

The Wyoming Department of Health (WDH), Aging Division's State Plan Supplemental Survey Report was commissioned with the help of the University of Wyoming. This document serves as an in-depth review and analysis of survey results gathered with the intent to inform the four-year state plan on aging.

The Wyoming State Plan Aging Survey was part of a broad outreach campaign to understand the goals of older adults with respect to aging and barriers to reaching those goals. Wyoming's aging population is rapidly increasing; therefore, it is expected that the demand for services will also increase. It is important for the Aging Division to understand the needs as well as the goals of the older adult population to appropriately respond utilizing innovative solutions. This will ensure older adults, caregivers, and providers have the resources necessary to navigate the changing times.

As the focal point for Wyoming's aging network, the Aging Division administers Older Americans Act and State funding for older adults across the state. The Aging Division accomplishes this by partnering directly with local providers to ensure services are delivered in a timely and efficient manner. By collaborating with key partners across the state we can ensure as many services as possible are available to assist older adults.

We recognize and appreciate the significant contributions made by older adults and seek to ensure they receive the support they need to age with dignity and respect. We also recognize the importance of capturing the thoughts and ideas of our residents to accurately respond to these needs. This State Plan Supplemental Survey Report describes the methodology and subsequent results of a statewide survey designed to inform the Aging Division.

Sincerely,

Lisa M. Osvold. B.S.W., M.B.A.

Senior Administrator

Wyoming Department of Health, Aging Division

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State Plan Supplement Survey of Wyoming Residents Report Attachment E

Wyoming Department of Health—Aging Division
In collaboration with the
Wyoming Center on Aging, University of Wyoming

June 2021

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Executive Summary

This report presents research findings from a state-wide assessment of Wyoming residents and was conducted in collaboration with researchers from the *Wyoming Center on Aging (WyCOA)* at the *University of Wyoming (UW)*. The goal of the survey was to investigate and document current and future perceived needs and preferences of residents with respect to aging in Wyoming. Mixed-method research was conducted during Winter 2021 to assess the aging-related needs and concerns of current and future older resident cohorts throughout the state. For this project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, and quantitative and qualitative data collected directly from residents of Wyoming.

Demographic Profile (U.S. Census Bureau)

- In 2019 there were an estimated 581,024 people living in Wyoming. Of that population, the majority (58.9%) were under age 45, and about 41% was age 45 or older.
- About 22.5% of the state's population is age 60 and older, including 6.2% who are aged 75 and older.
- The share of the population aged 45 to 59 declined in size by 9.6% between 2010 and 2019.
- By 2040, almost 1 in 3 residents (28.0%) will be age 60 or older.
- About 28.1% of Wyoming residents age 65 and older live alone in their households.
- An estimated 38.7% of Wyoming's 230,101 households contain at least one person who is age 60 or older.
- About 49.7% of individuals age 75 and older experience one or more disabilities that could inhibit their ability to age in place.

Survey of Wyoming Residents Highlights

• Challenges to aging in Wyoming include the expense of services ranging from meal delivery to nursing home stays (reported by 41.0% of the total sample); distance from important healthcare services (40.7%); and limited options for nursing homes or assisted living facilities (39.6%).

- Most older respondents 60 to 74 (86.3%) and 75 and older (89.9%) said that they [will] depend on Social Security for their financial wellbeing.
- Significant numbers of older adults, particularly those in the 60 to 74 age group (26.5%) indicated that they planned to continue working for money as part of their financial plan for old age.
- Most respondents reported a preference to stay in their current housing with no changes, with slightly greater indication of this preference among respondents age 75 and older (60.6%) compared to those age 60 to 74 (55.3%).
- Elder abuse remains a significant problem. About 1 out of 3 (31.0%) survey respondents indicated that they had experienced or personally known an older adult who had experienced elder abuse.
- The most frequently cited barriers to remaining in the community included costs of paying for care and support for long term community living (64.3%); limited transportation options in communities throughout the state (39.3%); and expenses associated with housing, such as taxes and utility payments (36.0%).
- Among the resources deemed most important for aging in the community by participants of all ages were access to local medical care (97.1%); sufficient transportation services (95.0%); affordable accessible housing (92.1%); and home health care (medical) services (89.5%).
- About 1 in 3 respondents (33.4%) reported that they were currently an informal caregiver looking after aging parents, grandparents looking after or raising grandchildren, older adults caring for an adult child with a disability, or an older adult caring for their older adult spouse.
- A substantial proportion (43.5%) reported that better access to information and support services and referral programs would facilitate their caregiving.
- Most older Wyoming residents meet their local and regional travel needs using private transportation, including a large percentage of individuals who drive their own automobiles well into old age.
- The attribute of senior centers that was rated highest by older adults for attractiveness was the opportunity to socialize with others. Almost 61% of all

older respondents rated this attribute as attractive. Other highly rated attributes of senior centers included hot meals in a social setting (41.0%); and access to health, fitness, and wellness services (30.3%).

- The most common barrier to using senior centers was the perception that senior center services were not needed, as reported by 27.2% of respondents age 60 to 74, and 18.6% of respondents age 75 and older.
- Most older Wyoming residents are connected to the Internet, but more respondents age 60 to 74 (93.0%) have Internet connections than those age 75 and older (75.8%).
- Most older respondents (90.8%;) have devices such as cell phones, computers, and tablets that can be used to access information from the internet. Still, nearly 1 in 10 do not.

Focus Groups/Listening Sessions Summary

- The top three identified issues for Wyoming were healthcare, transportation, and services which were each cited in most focus group sessions and were discussed as issues in 7 out of 8 state regions. The rural and frontier aspect of Wyoming is a contributing factor for these issues to be prominent among community-dwelling adults.
- Healthcare and in-home services were prominent issue of concern for the focus
 groups and community listening sessions participants. For quality medical
 care, often residents must travel long distances. Many Wyoming residents live
 in small towns with limited health resources. Hospitals with advanced medical
 equipment tend to be located in cities with larger populations and may require
 greater travel. Many times, older adults may forego care due to this barrier.

Acknowledgements

The Wyoming Department of Health and the research team at Wyoming Center on Aging at the University of Wyoming are indebted to many Wyoming residents for their contributions to this report. We received invaluable support and input regarding study design and content from Lisa Osvold, Sabine Schenck, and Kristen Glennie.

Many informal discussions were held with individuals whose positions in the state are integral to creating an environment where residents can age optimally. For their valuable time and assistance, thanks are extended to Dr. James Bush (WDH—Staff Physician), Jane Carlson (Wyoming Adult Protective Services Analyst), Patricia Hall (State Long Term Care Ombudsman), Thomas Lacock (AARP, Wyoming Associate State Director, Communications/State Advocacy), and Sam Shumway (AARP, Wyoming State Director).

Ultimately, our data collection process would not have been complete if not for the willingness of civic-minded stakeholders, including those who participated in focus groups. Their detailed insights into living and aging in Wyoming helped to provide better understanding of the experiences of older residents. Additionally, recruitment for focus groups was facilitated by: Bruce Allison, Sherry Blackburn, John Freeman, Andy Gienapp, Diane & Randy Harrop, Julie Hoffman, Cynthia Johnson, Laura Moore, Sandy Rupp, and Jack Tarter.

Finally, we thank all 866 community-members who took time to respond to the state plan survey, which provided a broader understanding of the aging-related concerns in our state. We are proud to acknowledge all members of the community who made this important research possible, to improve our state's plan for aging in the coming years.

The authors, Bernard A. Steinman, Daniel Barbakoff, Jennifer Tabler, Mark J. Kelly, Jeff Clark, Catherine P. Carrico, and Christine McKibbin are responsible for the contents of this report.

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Table of Contents

Letter from Senior Administrator	i
Executive Summary	iv
Demographic Profile (U.S. Census Bureau)	iv
Survey of Wyoming Residents Highlights	iv
Focus Groups/Listening Sessions Summary	vi
Acknowledgements	vii
Table of Contents	ix
Introduction	1
Purpose	1
Methodology	2
Demographic Profile	2
State Plan Survey	2
Survey Sampling and Administration	3
Non-Random Recruitment Online	4
Random Sampling in State Regions	4
State Regions	5
Survey Administration	9
Focus Groups	9
Data Analyses	10
Results	11
Demographic Profile of Wyoming (U.S. Census)	11
Age-Structure and Population Growth	11
Composition of Wyoming's Older Population	16
State Plan Survey Results	23
Section 1: Demographics	23
Section 2: Aging General	26
Section 3: Community-Living	37
Section 4: Caregiving	46
Section 5: Older Adults	50
Focus Groups/Listening Session Summary	60
Conclusion	62
References	64
Appendix A: Wyoming Department of Health—Aging Division State Plan Survey	66
Annendix R. Particinant Comments	113

Introduction

Wyoming, like most states, is experiencing an aging phenomenon. Its population is growing older on average at an unprecedented rate resulting in communities that are noticeably older on average. As a result, communities around the state are recognizing changing needs and priorities that pertain to their older residents. Even so, in coming years these communities will experience continued growth in the numbers and proportion of residents who are age 60 and older. This remarkable demographic shift is expected to bring increased demand for programs, services, and other considerations that address aging-related needs.

Currently, many services for older adults are coordinated and supported across the state by the *Aging Division* of the *Wyoming Department of Health (WDH-AGD)*. At the local level, invaluable programs and services are made available from community senior centers, which have evolved into comprehensive hubs of information, services, programs, and activities for older people. These entities are important resources that are viewed as central points of contact for many older residents seeking assistance with meeting their aging-related needs.

Effective coordination and planning are necessary to ensure that communities throughout the state are prepared to meet imminent challenges associated with the rapidly aging population, and to capitalize on potential opportunities that population aging can afford the state of Wyoming. In the planning process, it is increasingly relevant for stakeholders across the state to have clear, *evidence-based* understanding of the needs of the state's older residents, to prioritize efforts, minimize unnecessary costs and expenditures, and to maximize scarce resources.

Purpose

This report presents research findings from a state-wide assessment of Wyoming residents conducted by WDH-AGD, in collaboration with researchers from the Wyoming Center on Aging (WyCOA) at the University of Wyoming (UW). The goal of the assessment was to investigate and document current and future perceived needs and preferences of residents with respect to aging in Wyoming. Specifically, assessment items were designed to identify concerns related to optimal "aging in place", caregiving needs, as well as environmental qualities that influence the state's livability for older people in the state. To this end, we analyzed various data sources to acquire, clarify and report nuanced information about aging-related issues to

provide support for the state's four-year plan by WDH-AGD for providing aging services.

Methodology

Research described in this report was conducted during Winter 2021 to assess the aging-related needs and concerns of current and future older resident cohorts throughout Wyoming. We employed a mixed-method approach to evaluate the perceptions of residents about their goals for the future regarding aging in Wyoming, barriers to their goals, and the availability and quality of community features throughout the state that could impact the well-being of older adults.

Collecting data from multiple sources is a good strategy for converging on accurate and multifaceted representations of populations from the perspective of a diverse set of stakeholders (Royse et al., 2010). For this project, we compiled data from several sources, including publicly available information obtained through the U.S. Census Bureau, and quantitative and qualitative data collected directly from residents of Wyoming.

Demographic Profile

As an initial step toward understanding characteristics of Wyoming's older population through quantitative data, we generated a demographic profile of the state using data from the *American Community Survey* (ACS)—a large, annual survey conducted by the *U.S. Census Bureau*. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (i.e., 2015-2019) for Wyoming and selected communities within Wyoming to highlight and compare demographic characteristics, such as growth of the older population, and shifts in the age distribution, as well as current composition data such as gender, race, educational attainment, householder status, living arrangements, household income, and disability status.

State Plan Survey

The main component of our data collection effort was a statewide survey designed by the research group to support the development of the state's four-year (2021 thru 2025) plan for aging services delivered by *WDH-AGD*. The survey included quantitative and open-ended items chosen based on their importance with respect to the planning needs of the Aging Division.

The Wyoming State Plan Aging Survey was part of a broad outreach campaign to understand the goals of older adults with respect to aging and barriers to achieving those goals. The survey was made available to residents online via the Internet, with an option for a paper version. In general, assessment goals identified at the outset by the Aging Division related to five aging-related domains of relevance to residents of the state. The full resident survey (items reproduced in **Appendix A**) was composed of sections relating to the following areas of interest, with targeted participants in parentheses:

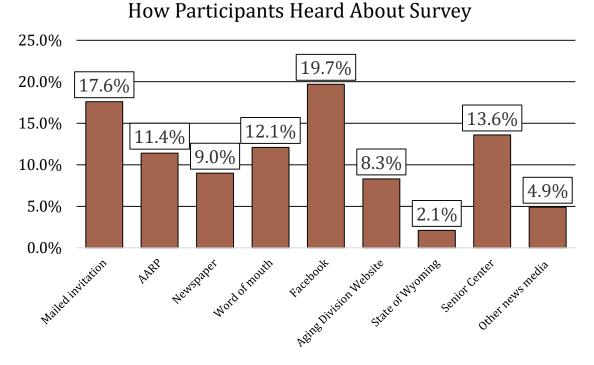
- Survey Demographics (whereas some demographic responses were requested from all participants, other demographic items were asked only of older adults and caregivers who made up the majority of respondents);
- General Aging Issues (response requested from all participants);
- Community Living (response requested from all participants);
- Informal Caregiving (response requested from participants who provide informal care); and
- Age-Specific Issues (response requested from participants aged 60 and older).

Survey Sampling and Administration

We used a combination of random and non-random sampling convenience sampling to recruit a sample of Wyoming residents who voluntarily completed the selfadministered survey online or by paper. Individuals were eligible to participate in the survey if they were of adult age (18 and older) and if they were residents of Wyoming. Participants who did not meet these inclusion criteria, were automatically screened from continuing the survey.



Figure 1. A summary of the primary channels from which people learned about the survey.



Note: Participants may have heard about the AGD's survey from multiple sources, so proportions that are presented do not add up to 100%.

Non-Random Recruitment Online

We recruited participants through a variety of methods (see **figure 1**), including an announcement of the survey and an invitation to participate placed in local media outlets (e.g., newspaper and television). Multiple "email blasts" announcing the project were sent to large networks of Wyoming residents, including messages sent to *AARP Wyoming*'s emailing list for the state. Additionally, we used social media (e.g., *Facebook*) extensively and encouraged spread by word-of-mouth from those who participated. All prospective participants were directed to the website of *Wyoming Department of Health—Aging Division* (https://health.wyo.gov/aging/), where they would find a link to the electronic survey. Additional promotion came from organizations such as *AARP* and the *Aging Division*'s network of senior centers and other service providers.

Random Sampling in State Regions

To ensure that we reached as many people as possible across the state, and for those who do not have internet access for the online survey, we ran a mailing campaign via

Wyoming Survey and Analysis Center (WYSAC) at UW, where a random sample was chosen, and 3,000 letters signed by the WDH-AGD Senior Administrator were sent to residents statewide to request participation in the online survey. If recipients were unable to complete the online version, yet wanted to participate in the survey, they could call WDH-AGD, to request a paper version of the survey as well as a stamped addressed return envelope. For most survey items both versions were the same, but the paper version was abridged to exclude some questions, resulting in a shortened version.

State Regions

For purposes of analyses which would provide information to support development of the State Plan on Aging, WDH-AGD divided the state into eight regions (see **figures 2 & 3**, and **table 1**). These regions were similar to Wyoming regions defined in the Welcome to Wyoming: A Guide for Newcomers commissioned by the Wyoming Humanities Council (2012). Some changes were made from the original regions to align along county lines in order to create eight distinct regions within Wyoming. The regions were identified as: (1) Southeast Wyoming, (2) East Wyoming, (3) North Central Wyoming, (4) West Wyoming, (5) Southwest Wyoming, (6) Central Wyoming, (7) Wind River, and (8) Bighorn Basin. Analyses below that examine items according to region refer to each region by their designated names or, more often, by their corresponding numbers (see **table 1**, below).



Figure 2. The Eight Regions of Wyoming Delineated by the Aging Division

Each of the regions in Wyoming is important and unique. Region 1 is characterized as being more urban than the rest of Wyoming on average, containing the metropolitan areas of Cheyenne and Laramie. The City of Cheyenne, in Laramie County is the largest city in Wyoming, whereas the City of Laramie, in Albany County is home of the *University of Wyoming*, making Albany County relatively younger than the rest of the state.

Table 1. Regions of Wyoming and Constituent Counties

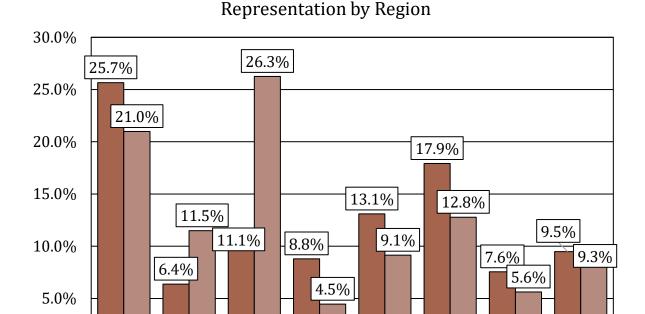
Number	Region Name	County List
1	Southeast Wyoming	Laramie, Albany
2	East Wyoming	Platte, Goshen, Niobrara, Weston, Crook
3	North Central Wyoming	Campbell, Johnson, Sheridan
4	West Wyoming	Teton, Sublette, Lincoln (½ to La Barge and Cokeville)
5	Southwest Wyoming	Lincoln (½ to Kemmerer, Sage, Fontenelle), Uinta, Sweetwater, Carbon
6	Central Wyoming	Converse, Natrona
7	Wind River	Fremont
8	Bighorn Basin	Park, Hot Springs, Washakie, Big Horn

East Wyoming (Region 2), defined as the conglomeration of counties along Wyoming's border with Nebraska and South Dakota, is highly rural and contains Wyoming's Black Hills and High Plains terrain. Region 3 in the North Central part of the state is a relatively affluent region; for analyses, some communities in this area included Gillette, Buffalo, and Sheridan.

The western part of Wyoming, designated as Region 4, runs along much of Wyoming's shared border with Idaho. Lincoln County is split between regions, with the northern part of the county, including communities such as La Barge and Cokeville included in Region 4. Yellowstone and Grand Teton National Parks also have heavy influence over this region. Other important communities in West Wyoming are Jackson Hole, Dubois, and the collection of towns within Star Valley (e.g., Thayne, Alpine.).

Region 5 in Southwest Wyoming, includes the southern portion of Lincoln County, containing communities such as Kemmerer, and counties in the southwestern part of the state. Southwest Wyoming is an area defined by diverse settings. Rock Springs is a major city in the region, but highly rural parts of the area, such as the bulk of Carbon County, are also included in Region 5.

Figure 3. Comparing Survey Responses and Relative Populations of Wyoming Regions.



0.0%

Region 6 makes up Central Wyoming, and contains the City of Casper, another of the state's relatively metropolitan areas with greater population. Region 7 is the Wind River region, which consists only of Fremont County. Region 7 is of particular interest to the *Aging Division*, as results from this region may reflect the interests of aging Native American populations. Lander, Riverton, and Fort Washakie are some of the communities in Region 7. Finally, Region 8 is designated as the Bighorn Basin in the northern part of Wyoming, east of Yellowstone. It has a strong agricultural tradition, and some key communities are Thermopolis, Cody, and Powell.

■ Proportion of State ■ Proportion of Sample

Survey administration aimed to have representative responses across the various regions operationalized by *WDH-AGD*. As suggested by **figure 3** above, Region 3, consisting of Campbell, Sheridan, and Johnson counties, was disproportionately represented in the survey sample. Region 3 had a greater level of participation than its state proportion. High levels of survey engagement through the Campbell County Senior Services in Gillette may account for the response rate in that region. Aside from

this one region, completion of surveys was generally aligned with each region's proportion of the state's population (see **figure 3**).

Survey Administration

In all its forms, the survey response period ran for approximately five weeks from January 20 to February 26, 2021, with limited responses recorded as early as Jan 12 for piloting and going into early March to account for delays in postage service. A total of 1,241 responses were originally recorded. After deleting cases where no useable data had been provided (including 120 recorded responses that were left completely blank, and one case submitted as a test by staff of the *Aging Division*) or not enough data was provided (254 recorded responses that were less than 6% completed, excluded Zip code, or excluded sex and/or age), 866 cases remained to be analyzed.

Focus Groups

Staff of *WDH-AGD* conducted a series of focus groups and community listening sessions by way of *Zoom* Internet interfacing. Electronic methods of engagement were employed to maintain safety for participants during the COVID-19 pandemic. Focus group participants were hand-selected and invited for wide representation based on region, sex/gender, age, and profession.

Community listening sessions were advertised on the *Wyoming Department of Health's* website, the *WDH-AGD's Facebook* page, community newspapers, statewide newspapers, regional newspapers (e.g., from larger cities in Wyoming), a prerecorded interview on *Wyoming Public Radio (WRP)*, *WPR* online events, *Medicaid* email newsletters, and amongst Wyoming's aging network.

Focus group and listening sessions were based broadly on probes that assessed satisfaction with aging in Wyoming and the challenges older adults face related to general aging, aging in place, and caregiving. Specific items asked about utilization of services available for older adults and the importance of having those services in a community. Finally, participants were asked to speak about any other issues regarding aging in Wyoming that had not been addressed in earlier probes or discussions. Sessions lasted up to an hour, and question sets were limited to 15 minutes on average. See "Attachment F – Statewide Focus Groups & Community Listening Sessions" of the State Plan on Aging 2021 - 2025 for greater detail on methods used in qualitative activities.

Data Analyses

Census data used for the demographic profile were adapted from public-use files available on the Internet (U.S. Census Bureau, 2021). These data, and data collected during the state-wide survey of residents were analyzed using simple descriptive statistics, including frequencies and crosstabs. In relevant instances, items were also analyzed in this manner by region. Selected quantitative results are summarized in the body of this report, and full results are reported in **Appendix A**. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., responses to survey question: "Do you have any other final thoughts you would like to share with us at this time about anything related to aging issues or services in your communities." Full responses to this item can be viewed in **Appendix B**.)

Comments and general themes derived in listening sessions were used to create focus group probes. Analysis for qualitative date (i.e., focus groups) were completed by three raters (DB, MK, JC), who conducted content analysis using emergent coding according to the recommended guidelines to determine emerging underlying themes (Stemler, 2001). Content categories were listed in order of frequency of occurrence, with more frequently occurring content categories indicating a higher level of significance (Francis et al., 2004). A summary of focus group results is provided below. Detailed explanations of methods and findings are provided in "Attachment F – Statewide Focus Groups & Community Listening Sessions" of the State Plan on Aging.

Results

Demographic Profile of Wyoming (U.S. Census)

Age-Structure and Population Growth

According to the *American Community Survey* (ACS), in 2019 there were an estimated 581,024 people living in Wyoming. Of that population, the majority (58.9%) were under age 45, and about 41% were age 45 or older (see **table 2**). Residents who were 60 to 74 (94,960 individuals) made up about 16.3% of the population, and another 36,022 residents (6.2%) were aged 75 and older.

Table 2. Percent distribution of Wyoming's Population by age group, 2019 estimates

	<u>Number</u>	<u>Percent</u>
Under Age 18	136,371	23.5%
Age 18-44	205,817	35.4%
Age 45-59	107,854	18.6%
Age 60-74	94,960	16.3%
Age 75 and Older	36,022	6.2%
Total	581, 024	100.0%

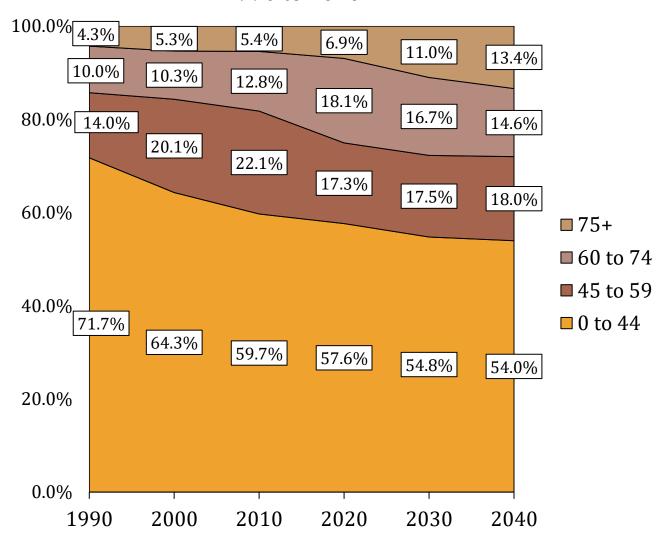
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table S0101

Figure 4 (below) shows the distribution of Wyoming's population by age from 1990 and projected out until 2040. The dramatic growth of older age groups is evident across this period. For example, in 1990 just 14.3% of the population of Wyoming was age 60 and older. By 2040, the proportion of older people is expected to nearly double. By that time, almost 1 in 3 residents (28.0%) will be age 60 or older. Also noteworthy is the inverse decline in the proportion of relatively younger, workingaged residents, who often provide many of the important services that maintain and support communities and their residents. In 1990, residents age 59 and younger made up about 85.7% of the population, whereas by 2040, that segment of the population is projected to make up only about 72.0% of the total. These population

trends are likely to impact all aspects of life in Wyoming, including the state's industry and labor needs.

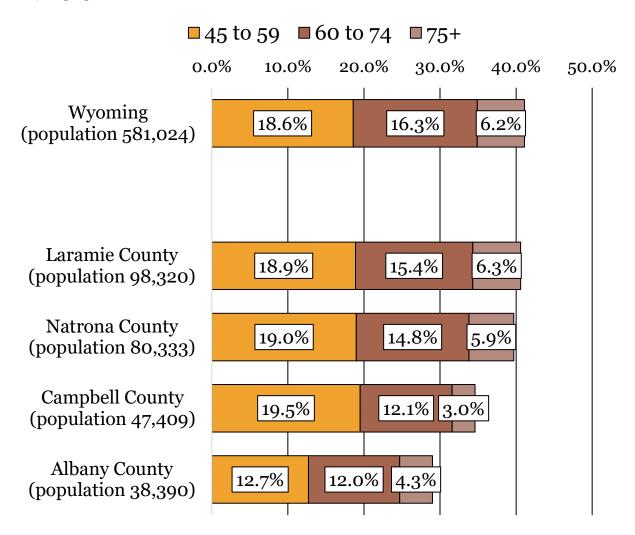
Figure 4. Wyoming population stratified by age group, 1990 to 2040

Wyoming Population Trends by Age Group, 1990 to 2040



Source: U.S. Census Bureau, Census of Population for 1990 thru 2010; Projections for 2020 thru 2040, Wyoming Department of Administration and Information, Economic Analysis Division (http://eadiv.state.wy.us/pop/AgeSex_PROJ_2040.htm)

Figure 5. Age distribution of older residents in Wyoming and counties with major population centers



Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table DP05

A significant share of Wyoming's population is over the age of 45. **Figure 5** shows the population distribution of older adults for the state and four counties with relatively large populations for comparison. About 22.5% of the state's population is age 60 and older, including 6.2% who are aged 75 and older. According to Steinman et al. (2016), large proportions of Wyoming residents age 60 and older live outside of Census Designated Areas (i.e., unincorporated and incorporated places including cities and towns such as the City of Laramie), suggesting that a significant number of the state's residents live in relatively rural or extremely remote settings where accessing services and meeting aging-related needs is likely more difficult.

Since the 2010 decennial U.S. Census, population growth in Wyoming overall and in comparison-counties has been concentrated in older age groups (**table 3**, below). Among the total population of all ages, Wyoming experienced just 3.1% growth between 2010 and 2019. Laramie County, the seat of the state's capital and its largest city, Cheyenne, saw the greatest change overall during that period, growing by 7.2%.

Remarkably, <u>Wyoming and all comparison counties each saw reductions in their population shares aged 45 to 59</u>. For instance, for Wyoming, that age-group declined in size by 9.6%. Of the four comparison communities, Albany County saw the greatest decline in this age group, declining in size by 14.2%.

The segment of the population age 60 and older grew the most throughout the state between 2010 and 2019, increasing in size by 20.4% for Wyoming overall. Population growth of older adults in comparison-counties was greater than the state's growth. For example, in Laramie County, the number of residents age 60 and older grew by nearly 26.7%; in Campbell County that age group grew by 58.9%, each suggesting that older people are congregating in larger relatively metropolitan regions of the state. Over the next ten years, the aging of the Baby Boomer cohort will continue to swell the proportion of older residents across Wyoming.



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Table 3. Population growth between 2010 and 2019: Wyoming and comparison communities

<u>All Ages</u>		Age 45 to 59			<u>Age 60+</u>				
Community	Pop. 2010	Pop. 2019	% Growth	Pop. 2010	Pop. 2019	% Growth	Pop. 2010	Pop. 2019	% Growth
Wyoming (State)	563,626	581,024	3.1%	124,523	112,547	-9.6%	102,657	123,584	20.4%
Laramie County	91,738	98,320	7.2%	19,846	18,616	-6.2%	16,829	21,317	26.7%
Natrona County	75,450	80,333	6.5%	16,772	15,280	-8.9%	13,516	16,667	23.3%
Campbell County	46,133	47,409	2.8%	10,488	9,223	-12.1%	4,501	7,150	58.9%
Albany County	36,299	38,390	5.8%	5,685	4,877	-14.2%	4,797	6,271	30.7%

Source: U.S. Census Bureau, 2010 Census, Summary File 1, Table QT-P1; and 2015-2019 American Community Survey 5-year estimates, Table S0101.

Composition of Wyoming's Older Population



Sex/Gender—Although in most developed countries the sex/genderlongevity gap is narrowing, American women continue to have longer life expectancies than men. As a result, it is common for older populations in the U.S. to be composed of larger proportions of women relative to men. Thus, the older population in Wyoming is majority female. Among residents age 75 or older, women make up 55.6% of the population (ACS, 2015 - 2019, Table S0101), and this proportional disparity continues increase with age.

Marital Status— Sex/gender differences in life expectancy also impact marital status. The likelihood of being married or partnered decreases with age, especially for women. In Wyoming, 70.6% of men age

65 and older are married, compared to 50.7% of women in that age group (*ACS*, 2015-2019, Table S1201). Similarly, just 11.0% of older men in Wyoming are widowers, compared to 31.8% of women who are widows. The remainder of both sexes are divorced, separated, or never married.

Education—American Community Survey estimates on educational attainment suggest that older Wyoming residents tend to be relatively well educated on average. The vast majority (91.8%) of Wyoming residents age 65 or older have attained a high school diploma or more education, including 31.6% with a high school diploma, 25.3% with some college but no degree, 7.8% with an Associate's degree, 16.1% with a Bachelor's degree, and 11.0% who have a graduate degree (*ACS*, 2015-2019, Table B15001).

Wyoming's well-educated older adults contribute to the state's character and vitality through their involvement in employment/volunteer and civic engagement activities, as well as late-life learning opportunities.

Race/Ethnicity—Compared to other places in the U.S., Wyoming is relatively homogeneous with respect to race and ethnicity of its residents. In the U.S., populations in all age groups have continued to become more racially and ethnically diverse, including older adults. By comparison, the vast majority (97.2%) of Wyoming's residents age 65 and older are White. The largest minority group category, combining American Indians and Alaska Natives, makes up just 1.4% of the older population. (See **table 4**.)

Table 4. Race distribution of residents who are age 65 and older in Wyoming

<u>Race</u>	<u>Wyoming</u>
White	97.2%
Black	<1.0%
Asian	<1.0%
American Indian / Alaska Native	1.4%
Native Hawaiian	<1.0%
Other	<1.0%
Hispanic Ethnicity	3.9%
Total (number)	90,545

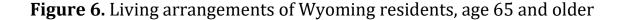
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Tables B01001A-I.

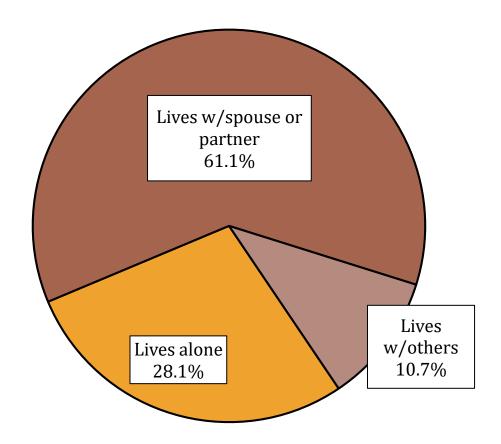
Languages Spoken—About 7.4% of Wyoming's population of any age speaks a language other than English. This includes about 4.8% of residents age 65 and older who speak a language other than English, such as Spanish (2.9%). About 4 out of 5 (81.2%) older residents who speak a language other than English report speaking English "very well" (ACS, 2015-2019, Table B1601). Many older residents from minority populations, especially those with low-English proficiency, may be more likely to experience barriers that impact access to community features due to the relative lack of language diversity in Wyoming.

Employment—Similar to older adults living in communities throughout the U.S., a large proportion of Wyoming residents age 65 to 74 remain in the workforce (33.2% of men, and 24.7% of women). After age 75, 12.1% of men and just 5.0% of women were in the workforce (*ACS*, 2015-2019, Table B23001).

Veteran Status—A sizable share (46.3%) of Wyoming's men age 65 and older report veteran status, as do a small percentage (1.3%) of older women (*ACS, 2015-2019, Table B21001*). Veteran status of older adult residents in Wyoming is slightly greater than U.S. rates (42.7% of older American men, and <1% of older American women are veterans). As a result, many of the state's older residents may be eligible for benefits and programs/services based on their military service or that of their spouses.







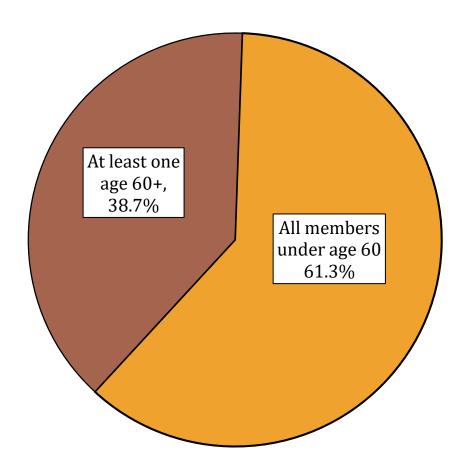
Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B09021

Note: Includes only community households, not group quarters such as nursing homes.

A large proportion of Wyoming residents who are age 65 and older (28.1%)—live alone in their households (**figure 6**); whereas the majority live either with their spouses or unmarried partners (61.1%) or with other relatives or non-relatives in the community (10.7%).

Living alone in later life can introduce unique challenges that make independent living and aging-in-place more difficult, especially if physical and cognitive health begins to decline and social networks become smaller. Thus, those living alone are of targeted concern for many programs and services supported by the *Aging Division*.

Figure 7. Households in Wyoming with at least one member who is age 60 or older

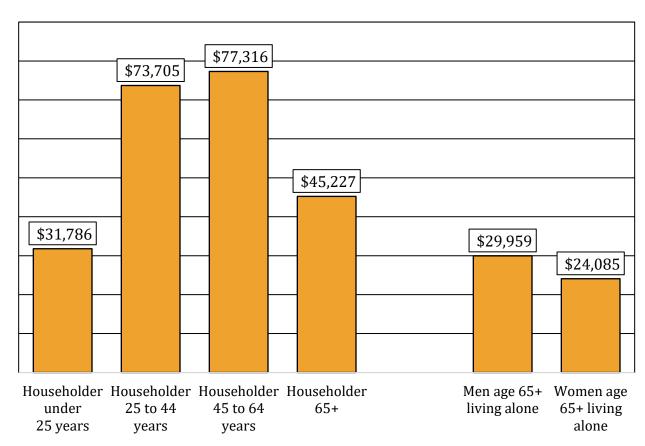


Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B11006

According to ACS data, an estimated 38.7% of Wyoming's 230,101 households contain at least one person who is age 60 or older (figure 7). This high proportion—which is likely to increase in the future—emphasizes the widespread demand for agerelated considerations, including programs and services that address health and caregiving, social needs, transportation options, and safe home and community environments.

The median income for householders age 65 and older in Wyoming is \$45,227 (see **figure 8**). Among all age groups, households headed by individuals who are age 45 to 64 have the highest median income at \$77,316. Older Wyoming residents who live alone have notably lower household incomes—the median income for older men who live alone is \$29,959; whereas older women who live alone are substantially worse off, with a median income of \$24,085. Insofar as nearly a third of older residents age 65 and older live alone in Wyoming, these figures suggest that some older residents may be at increased risk of economic insecurity and resulting outcomes.

Figure 8. Median household income in Wyoming by age and living situation (in 2019 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2015-2019, Tables B19049 and B19215.

Note: Includes only community households, not group quarters such as nursing homes.

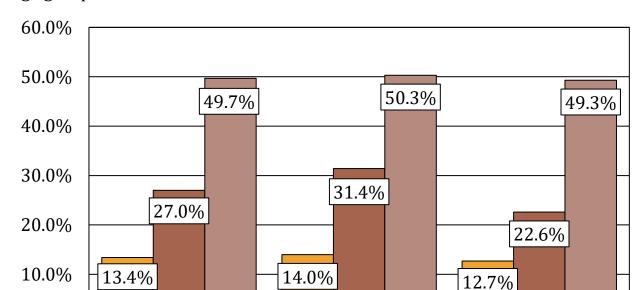


Figure 9. Percentage of Wyoming residents reporting at least one disability by age group and sex

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table B18101.

■ 35 to 64 ■ 65 to 74 ■ 75+

Men

Women

0.0%

All

Many Wyoming residents age 65 and older experience some level of disability that could impact their capacity to function independently in the community. **Figure 9** depicts the proportions of residents who report some level of disability by age and sex. Among residents age 65 to 74, nearly 1 in 3 men (31.4%) and more than 1 in 5 women (22.6%) report at least one disability. Moreover, the risk of acquiring disability increases dramatically after age 75—in Wyoming, about 49.7% of individuals in this age group experience one or more disabilities, including 50.3% of men and 49.3% of women.

Among the different types of disability that are assessed in ACS, the most cited by older Wyoming residents (65 and older) was difficulties with ambulation (difficulty walking or climbing stairs; 19.9%). Other common disabilities experienced by older Wyoming residents included difficulties hearing (19.3%); independent living limitations (difficulty doing errands alone such as visiting a doctor's office or shopping, 10.2%); cognitive difficulty (7.1%), vision problems (6.6%), and difficulty with self-care, reported by 5.1% of residents (*ACS*, 2015 - 2019, Table S1810).

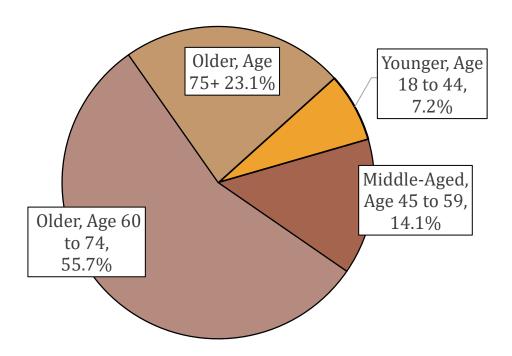
State Plan Survey Results

Section 1: Demographics

Recruitment methods used in this study resulted in the collection of 866 cases where enough data were provided to be analyzed. Survey participants included 62 (7.2%) younger residents age 18 to 44; 122 (14.1%) age 45-59; and 682 (78.8%) respondents age 60 and older, including 482 (55.7%) age 60 to 74, and 200 [23.1%] age 75 and older. **Figure 10** shows the breakdown of survey respondents by age. The age of survey respondents ranged from 22 years old to over 85 years old and the average age of survey respondents was 66.5 years (sd = 12.8 years).

Figure 10. State Plan Survey respondents by age group

Distribution of Survey Respondents by Age



With respect to age, relative to the population based on U.S. Census Bureau estimates (see **table 2** above) the age distribution of survey respondents is disproportionately skewed toward the age group of respondents 60 and older. This response pattern reflects the larger proportion of residents in this age range who were targeted to take the survey, or who may have had specific interest in the survey's content. In description of data, we present selected results separated by age group (including a

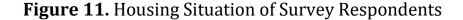
break-down of the older cohort— 60 to 74; and 75 and older). Complete survey results stratified by all age groups are presented in tables in **Appendix A**.

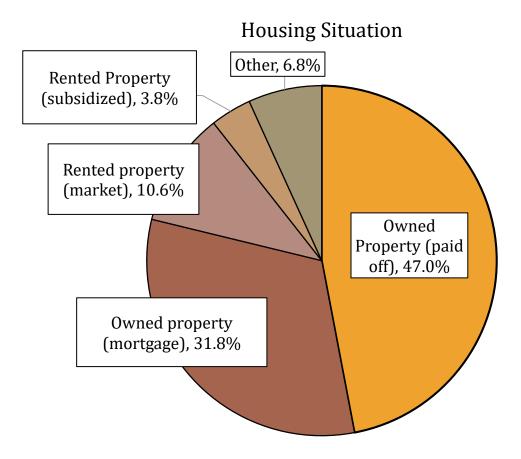
Sample Sex/Gender—A majority (73.3%) of survey respondents of all ages identified as women: 70.3% of older residents between the ages of 60 and 74, and 68.8% of respondents age 75 and older were women (see **Table 1.4, Appendix A**). By comparison, data from the ACS indicate that just 51.3% of Wyoming residents age 60 and older are women (ACS, 2015 – 2019, Table S0101), suggesting that our sample of older adults has greater representation of women than the population. Readers are urged to bear in mind this discrepancy between the sample and the population as they read and interpret the remaining results.

Sample Race/Ethnicity—The vast majority (96.7%) of survey respondents indicated that their race was White; <1% was Black; 1.1% were American Indian or Alaska Native, and 1.5% of respondents were other races. The proportion of Whites was only slightly greater among the older age groups—97.4% of those 60 to 74 and 97.9% of those age 75 and older reported White as their race (see **Table 1.5**, **Appendix A**).

According to data from the U.S. Census Bureau, about 97.2% of Wyoming residents who are age 65 and older are White; whereas less than 1% is Black, and about 2% reports another race (see **table 4** above). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

Sample Veteran Status— About 36.0% of males in the sample indicated that they served in the United States Armed Forces (See **Table 1.6, Appendix A**). This percentage includes 33.1% of older men age 60 to 74, and 52.5% of older men age 75 and older who reported veteran status. Among women in the sample, 3.3% of those age 60 to 74, and 1.5% of those age 75 and older reported veteran status, indicating slightly greater representation of military women than in the Wyoming population. In the U.S., greater percentages of older cohorts are more likely to have served in the military than younger cohorts. As well, the percentage of Wyoming residents of any age who served in the military is greater than the U.S. average.





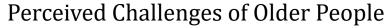
According to **figure 11**, more than three-quarters of survey respondents were living in owned property, either paying a mortgage (31.8%) or owning their homes free and clear (47.0%). More than 14% of respondents were renting their homes, and the remainder of participants reported living arrangements that varied from living with non-partner relatives or friends to living in mobile homes in trailer parks.

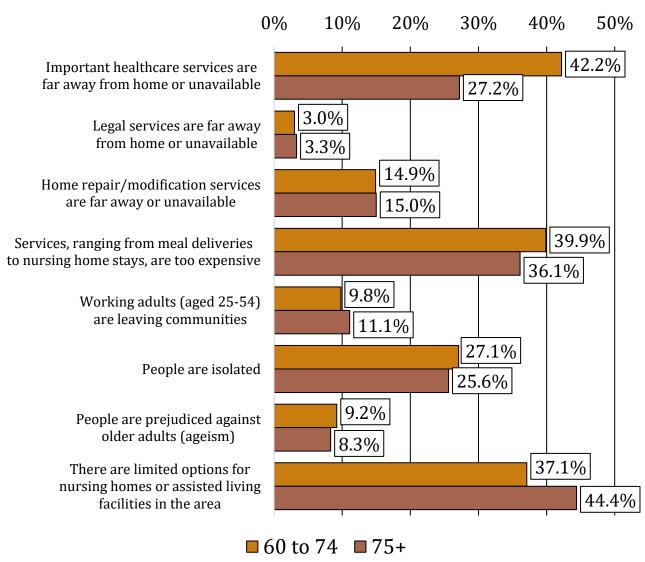
Trends in housing situations were evident across age groups. Unsurprisingly, older respondents were more likely to be living in owned property, free and clear. Most younger adults were currently paying mortgages or renting their homes. However, 29.9% of respondents age 60 to 74 were still paying a mortgage into retirement age, though this dropped off to 9.5% of the 75 and older age group. Many older adults 75 years old or older also reported living in either rented housing or subsidized housing compared to younger older adult survey respondents (see **Table 1.2, Appendix A**).

Section 2: Aging General

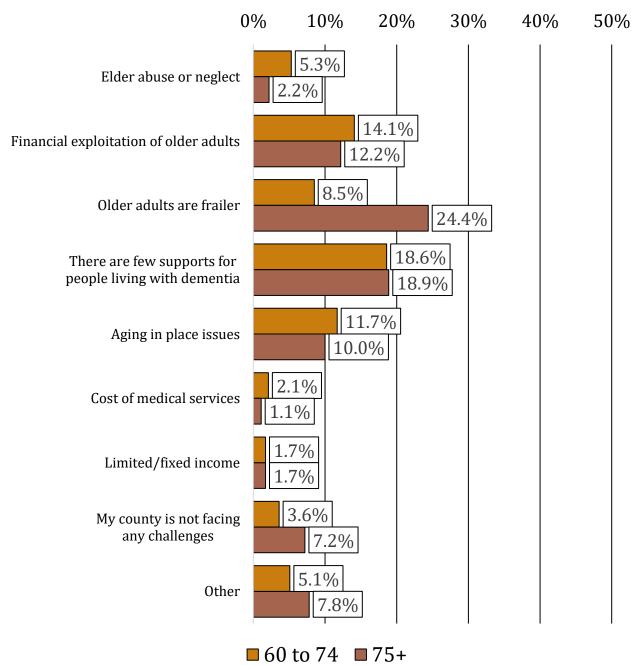
Survey participants were asked to identify the greatest challenges facing older adults in their counties or regions. **Figure 12** shows the percentage of older respondents who identified each challenge by older age group. Overall, the challenges cited most frequently were the expense of services ranging from meal delivery to nursing home stays (reported by 41.0% of the total sample, see **Table 2.1**, **Appendix A**); distance from important healthcare services (40.7%); and limited options for nursing homes or assisted living facilities (39.6%).

Figure 12. Perceived challenges for older adults identified by respondents by older age groups









As indicated in **figure 12**, perceived challenges differed somewhat by age among older respondents. For those age 60 to 74, the most cited challenge was distance from important health services (42.2%); whereas for those age 75 and older the most frequently cited challenge was limited options for nursing homes or assisted living facilities in the area (44.4%). Small percentages of older adults stated that their counties faced no challenges related to aging.

Given the diverse settings that characterize the state—ranging from extremely rural communities to moderately sized urban settings, the specific challenges that face older adults across the state are likely to vary from region to region. Stratifying data by region highlights differences in response patterns throughout the state.

Below, **table 5** indicates the top three challenges (highlighted in bright orange) reported by respondents from each region. Despite some variability, several challenges were frequently reported across most regions.

For example, respondents from all regions reported that there were limited options for nursing homes and/or assisted living facilities in their regions. Similarly, respondents from 7 out of 8 regions reported that important healthcare services were far away from home, or not available. Respondents from 6 of the 8 regions reported that services ranging from meal deliveries to nursing home stays were too expensive. Each of these challenges could result in the need to uproot and move to regions with more accommodating environments.

Isolation among residents was among the top-three lists of both regions 1 and 2; whereas respondents in region 4 uniquely reported lack of supports for people living with dementia as a significant challenge facing residents in that region.

Table 5. Top three perceived challenges facing older adults by region

Region Number	1	2	3	4	5	6	7	8
Sample N	179	98	224	38	78	109	48	79
Important healthcare services are far away from home or unavailable	29.1%	51.0%	25.0%	47.4%	69.2%	19.3%	77.1%	55.7%
Legal services are far away from home or unavailable	5.0%	5.1%	1.8%	5.3%	2.6%	3.7%	0.0%	5.1%
Home repair/modification services are far away or unavailable	12.9%	20.4%	9.4%	26.3%	14.1%	18.4%	10.4%	22.8%
Services, ranging from meal deliveries to nursing home stays, are too expensive	40.2%	20.4%	46.0%	21.1%	39.7%	50.5%	45.8%	30.4%
Working adults (aged 25-54) are leaving communities	13.4%	19.4%	8.9%	53%	5.1%	5.5%	4.2%	15.2%
People are isolated	34.6%	27.6%	24.1%	21.1%	20.5%	33.9%	10.4%	27.9%
People are prejudiced against older adults (ageism)	15.6%	3.1%	6.3%	5.3%	3.9%	10.1%	6.3%	5.1%
There are limited options for nursing homes or assisted living facilities in the area	29.6%	46.9%	37.5%	65.8%	48.7%	22.0%	47.9%	40.5%
Elder abuse or neglect	7.3%	1.0%	5.4%	0.0%	2.6%	4.6%	4.2%	2.5%
Financial exploitation of older adults	19.0%	7.1%	13.4%	5.3%	12.8%	14.7%	8.3%	6.3%
Older adults are frailer	11.2%	14.3%	11.6%	5.3%	10.3%	13.8%	2.1%	3.8%
There are few supports for people living with dementia	20.7%	18.4%	19.2%	29.0%	12.8%	17.4%	29.2%	21.5%
My county is not facing any challenges	2.8%	5.1%	5.8%	5.3%	1.3%	2.8%	2.1%	1.3%
Other	7.8%	6.1%	4.9%	0.0%	6.4%	2.8%	10.4%	3.8%

Note: Bright Orange highlight represents top 3 issues identified by individuals in the region

Survey participants were asked to think about their financial plans over the next ten years as they and/or their partners age. Older people may depend on a variety of resources to maintain themselves financially in their later years, including personal investments, work-related retirement accounts, Social Security, and personal savings and assets. Many older adults choose to continue working to earn an income, either out of necessity or for enjoyment of remaining in the workforce.

According to **table 2.2 (Appendix A)**, the most cited financial plan for residents of all ages was to live on Social Security (82.7%). Large proportions of respondents also stated that they planned to live on private savings (such as defined contribution plans) (50.8%) or other pension plans (39.1%). More than one in four respondents (28.5%) stated that they would continue working for money as they aged.

Figure 13 shows the stated financial plans of older Wyoming respondents, with results aligning with those for the sample overall. <u>Most older respondents 60 to 74 (86.3%) and 75 and older (89.9%) said that they [will] depend on Social Security for their financial wellbeing.</u> As dependency ratios shift toward fewer working aged adults supporting greater numbers of older people, creative strategies and compromise will be needed to assure that Social Security remains solvent for current and future generations of older adults in Wyoming who are vested in the program.

Significant numbers of older adults, particularly those in the 60 to 74 age group (26.5%) indicated that they planned to continue working for money as part of their financial plan for old age. It will be important to ensure that appropriate employment opportunities for older people exist and that barriers to employment of older people, such as ageism and resulting discrimination in the workplace are addressed through policy and education in workplace cultures.

Figure 13. Stated financial plans over the next ten years by older age groups

Financial Plans Over the Next Ten Years

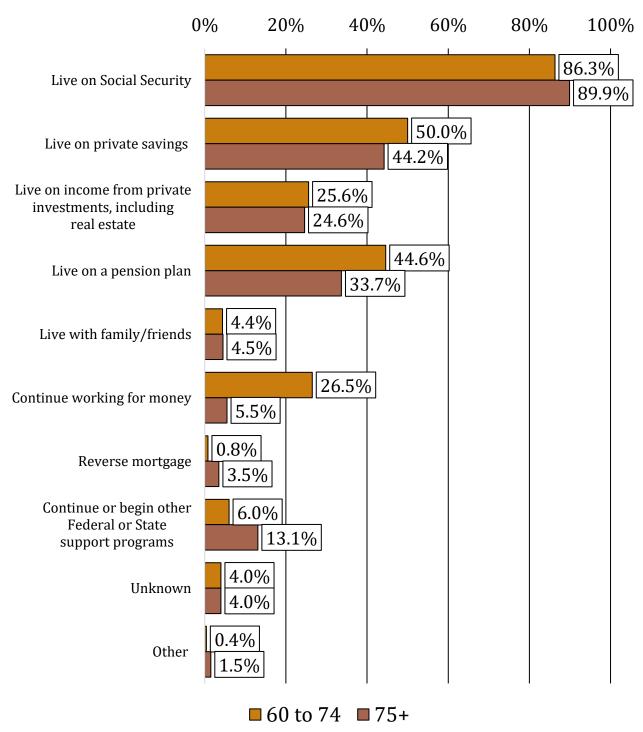
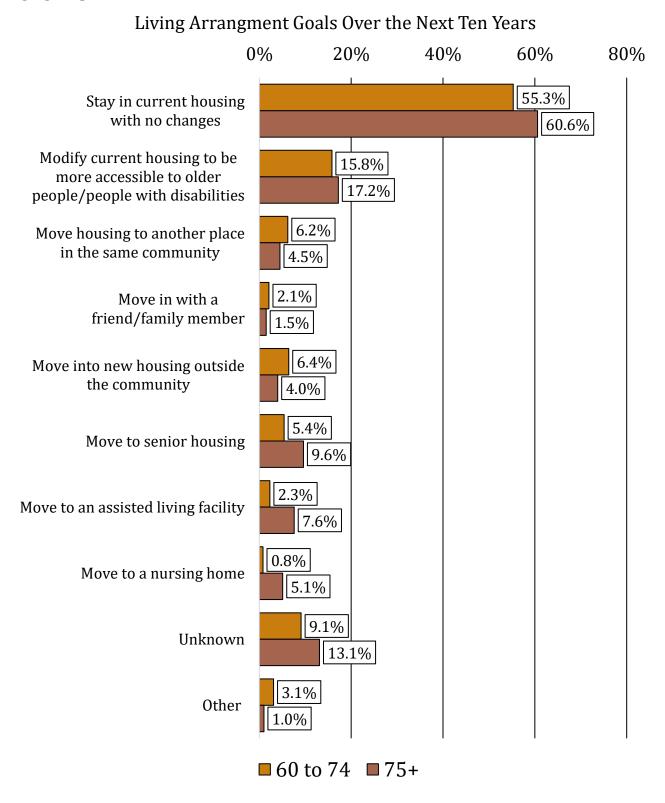


Figure 14. Stated living arrangement goals over the next ten years by older age groups



For older adults to maintain high quality of life it is important that housing be suited to meet the physical and cognitive changes that often accompany the aging process. Most older adults prefer to remain in their homes where they have lived, but when that is not possible many want to remain in their communities, near familiar settings and friends and family (Pynoos et al., 2012).

For housing to be appropriate to meet the changing needs of older adults there must be specific consideration for the functional abilities of the individual. The optimal housing situation matches the environment with the physical abilities of the individual (called *person/environment fit*). When environments are too challenging for an older individual, they may be modified to improve their fit. When modification is impractical due to expenses personally incurred or housing structure, some older adults may be forced to move to a safer more appropriate setting, such as a different house in or outside of the community/state, or a facility where greater assistance is available.

Survey participants were asked about their living arrangement goals over the next ten years as they and/or their partners age. **Figure 14** (above) depicts preferred living arrangements of older respondents. In both age groups, most respondents reported a preference to stay in their current housing with no changes, with slightly greater indication of this preference among respondents age 75 and older (60.6%) compared to those age 60 to 74 (55.3%). **Table 2.3** in **Appendix A** suggests that the preference to remain in current housing is strong among other age-groups as well, though the effect is weaker among younger people.

Generally, the preference to remain in current housing or the community is called "aging in place". Wyoming communities can promote aging in place by ensuring that there are adequate housing options available to meet the needs of older people. An increasingly common option is to modify housing when needs begin to arise or when people begin to acquire disabilities. Home modifications are often simple and inexpensive, though their impacts on health and quality of life are often great. Common home modifications include grab bars, raised toilet seats, and non-slip tile in bathrooms, and widened doorways throughout the home that can accommodate a wheelchair or a walker.

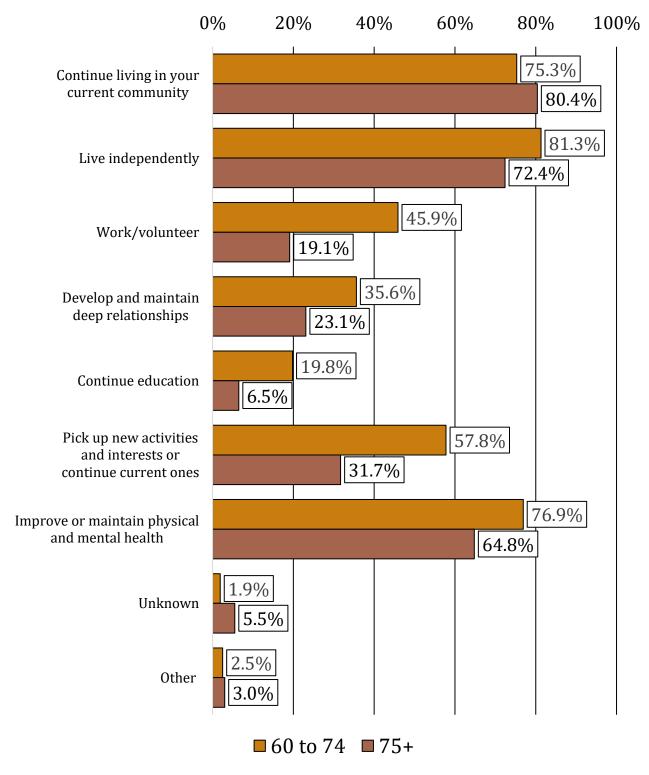
An equally important aspect of aging in place and leading a healthful fulfilling existence is maintaining personal goals for oneself. Survey respondents were asked to consider themselves at age sixty or older, and to identify personal goals that they had for themselves and/or their partners as they age. Understanding the goals that individuals hold for themselves can help organizations that serve older people to prioritize activities and services that best facilitate achievement of goals.



Figure 15 reiterates the important point that many older people desire to stay in their communities and live independently as they age. According to Table 2.4 (**Appendix A**) 74.6% and 77.0% of respondents of all ages indicated these goals, respectively. Additionally, 43.6% of respondents of all ages indicated that they planned to work or volunteer, including 45.9% of respondents age 60 to 74, and 19.1% of those age 75 and older. Most of all respondents (73.5%) indicated that an important goal they set for themselves was to improve or maintain physical and mental health. Regardless of the specific goals that individuals set, age-friendly communities support their residents by making resources and opportunities available for them to help meet their goals.

Figure 15. Stated personal goals over the next ten years by older age groups

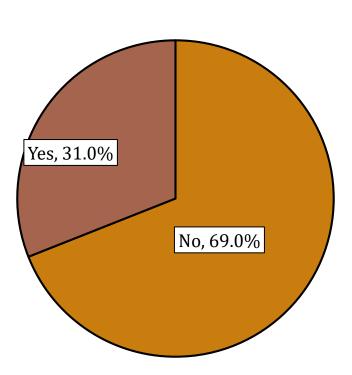




As indicated in **figure 16**, about 1 out of 3 (31.0%) survey respondents indicated that they had experienced or personally known an older adult who had experienced elder abuse. Elder abuse can take many forms, including physical, emotional, sexual, financial, and neglect (which is the most common form of elder abuse). Elder abuse can be perpetrated by individuals charged with providing formal care for older adults, as well as informal caregivers including individuals who are familiar to the elder, such as family members.

Figure 16. Percent of individuals who reported experience with elder abuse

Exposure to Elder Abuse



Elder abuse often has devastating effects on the physical and mental well-being of older people and can be harmful to their personal and/or family relationships. Many professionals who work with older adults have a duty to report elder abuse to *Wyoming Adult Protective Services (APS)* when they see it, including physicians and other caregivers (Wyoming Department of Family Services, 2021). In Wyoming, any person or agency has a duty to report when they have reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, intimidated, abandoned, or is committing self-neglect.

As indicated in **table 2.6 (Appendix A)**, most respondents of all ages (62.5%) indicated that they knew how to report elder abuse or neglect prior to taking the survey. Nevertheless, nearly 2 out of 5 (37.5%) indicated that they did not know how to report abuse, suggesting that greater efforts to raise awareness throughout the state may be merited.

Section 3: Community-Living

Many previous studies have reported the overwhelming preference among some younger and many older adults to remain in their homes and communities for as long as possible as they age (AARP, 2018). Homes and communities are important to individuals, often serving as the basis for valued memories, and important social connections. At the same time, aging-related circumstances can challenge the ability of individuals to age successfully in place. For instance, many older adults experience physical and social changes that can threaten their independence and wellbeing, especially if the changes are not addressed in home and community environments.



Along with the usual agingrelated challenges that many older Americans encounter. older residents of Wyoming are also faced by attributes of a rural environment, where the relatively small dispersed population is across a vast geographical area. The state's rugged climate and topography as well as the distribution of its

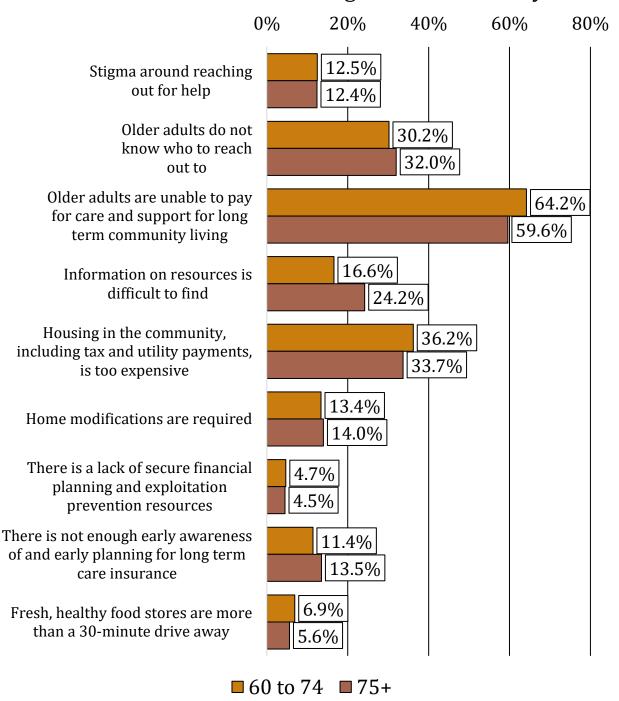
population can create unique barriers with respect to transportation, housing, and delivery of programs and services to older adult residents of the state. Thus, service providers in Wyoming and the *Aging Division* are faced with a unique set of challenges in addressing the needs and preferences of older residents. It is important to identify aspects of Wyoming-living that challenge the preference of older people to remain in their communities so that such barriers can be addressed and ameliorated when possible.

Survey participants were asked about specific barriers that they experienced to living in the community as they grow older. Among the entire sample (see **table 3.3**, **Appendix A)**, the most frequently cited barriers included costs of paying for care and support for long term community living (64.3%). Additionally, 39.3% of the sample reported that transportation options in communities throughout the state were too limited, especially for persons who have no access to an automobile. Expenses associated with housing, such as taxes and utility payments were reported as barriers to community living by 36.0% of respondents. Not surprisingly, these results correspond with previous work suggesting inadequate amenities and services, poor transportation options, and insufficient housing options for older residents are key predictors of whether older adults and their families decide to move from their homes and/or communities.



Figure 17. Perceived barriers that could hurt an older adult's ability to live in their community as they grow older

Perceived Barriers to Living in the Community



(Cont.) Perceived Barriers to Living in the Community

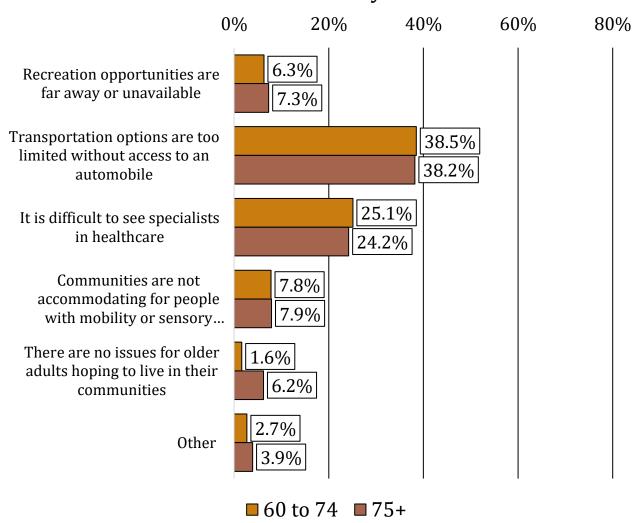


Figure 17 (above) shows the percentage of older respondents who reported each barrier to community living. For the most part, responses of those age 60 to 74 are like those of respondents age 75 and older, and of those in younger age groups. Notably, those age 75 and older were more likely to report difficulty finding information on resources as a barrier to remaining in the community. This disparity may relate to cohort differences in how older adults choose to receive information. According to **table 2.7** (**Appendix A**), older adults age 75 and older are less likely to access information from the Internet and are more likely to rely on resources like newspapers, senior centers, and telephone books than younger people. It is important that information is disseminated in a variety of media to assure good access to information by the state's oldest residents.

Below, **table 6** shows results of the item that assessed barriers to older adults' ability to remain in their communities as they grow older, stratified by region. Several of the assessed barriers were reported frequently (as one of the top three choices) by respondents in most of the regions.

For example, large proportions of respondents in all regions reported that a significant barrier to staying in the community was their inability to pay for care support for long term community living. For all regions, this was the most frequently cited barrier.

Respondents from 6 out of 8 regions included limited transportation options, especially for those without access to an automobile, as one of their top 3 barriers to remaining in the community. Expenses related to housing in the community, including tax and utility payments were cited frequently by respondents in 5 out of 8 regions as barriers to remaining in their communities.

In many communities around the U.S., issues related to services, transportation, and housing, are prominent barriers to aging in place. In extremely rural states like Wyoming these issues are often exacerbated by the long distances between points of interest, and the dispersal of the state's small population across that landscape. The *Aging Division* is challenged to seek creative solutions to these frequent barriers.

Table 6. Top three perceived barriers to living in the community by region

Region Number	1	2	3	4	5	6	7	8
Sample N	179	98	224	38	78	109	48	79
Stigma around reaching out for help	12.8%	13.3%	14.3%	15.8%	10.3%	12.8%	8.3%	15.2%
Older adults do not know who	38.5%	17.3%	25.4%	7.9%	32.1%	32.1%	20.8%	24.1%
to reach out to								
Older adults are unable to pay for care and	59.2%	61.2%	58.9%	47.4%	59.0%	60.6%	58.3%	57.0%
support for long term community living								
Information on resources is difficult to find	24.6%	16.3%	12.1%	15.8%	21.8%	17.4%	20.8%	11.4%
Housing in the community, including tax and utility payments, is too expensive	33.5%	25.5%	42.0%	42.1%	21.8%	27.5%	33.3%	30.4%
Home modifications are required	12.8%	13.3%	10.3%	7.9%	10.3%	12.8%	8.3%	16.5%
There is a lack of secure financial planning and exploitation prevention resources	6.7%	3.1%	2.2%	5.3%	3.8%	10.1%	4.2%	5.1%
There is not enough early awareness of and early planning for long term care insurance	13.4%	16.3%	12.1%	7.9%	3.8%	11.9%	6.3%	17.7%
Fresh, healthy food stores are more than a 30-minute drive away	2.2%	8.2%	5.8%	15.8%	3.8%	1.8%	2.1%	11.4%
Recreation opportunities are far away or unavailable	9.5%	17.3%	2.2%	0.0%	2.6%	1.8%	4.2%	6.3%
Transportation options are too limited without access to an automobile	34.6%	42.9%	26.8%	39.5%	48.7%	38.5%	29.2%	35.4%
It is difficult to see specialists in healthcare	12.8%	37.8%	18.3%	36.8%	42.3%	6.4%	39.6%	25.3%
Communities are not accommodating for people with mobility or sensory impairments	8.9%	6.1%	5.8%	7.9%	5.1%	6.4%	10.4%	7.6%
There are no issues for older adults hoping to live in their communities	2.8%	2.0%	2.7%	2.6%	2.6%	1.8%	8.3%	0.0%
There are no issues for older adults hoping to live in their communities	0.6%	0.0%	5.4%	2.6%	1.3%	0.9%	2.1%	0.0%

Note: Bright Orange highlight represents top 3 barriers identified by individuals in the region

Below, **figure 18** shows results of a series of questions that assessed the importance of selected resources and their perceived availability in the community. *Participants rated the importance of having each resource in their community—<u>importance</u> percentages reflect those who said that each resource was "very important" or "extremely important." <u>Access</u> percentages reflect the proportion of respondents who stated that each resource was available to them in their community.*



When "importance" is rated as high and there are low rates of "access", then a need for that resource in the community is identified. In some cases, the identified need may be for the resource itself; whereas there may also be a need to raise awareness of resources that *are* available, but not widely known in the region/state. For example, the top of **figure 18** shows the importance and

perceived access to local senior centers. The vast majority (84.3%) agreed that senior centers are very or extremely important. Additionally, 91.7% stated that they had access to a senior center in their community.

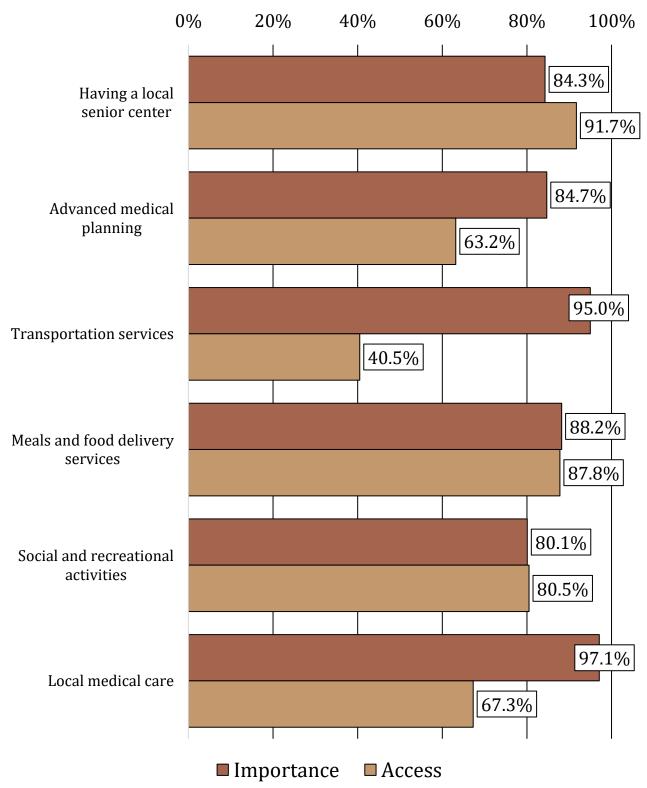
Among the resources included those that were deemed most important by participants of all ages were access to local medical care (97.1%); sufficient transportation services (95.0%); affordable accessible housing (92.1%); and home health care (medical) services (89.5%). In many cases, significant percentages of participants stated that each resource was unavailable in their community. For example, only 40.5% of respondents indicated that sufficient transportation options existed in their community. Similarly, just 34.0% of respondents stated that there was affordable housing available for older adults in their communities.

In comparison, "general shopping access" is an example of a resource that is highly valued by 89.1% of survey respondents, and that most people (94.1%) think exists in their community.

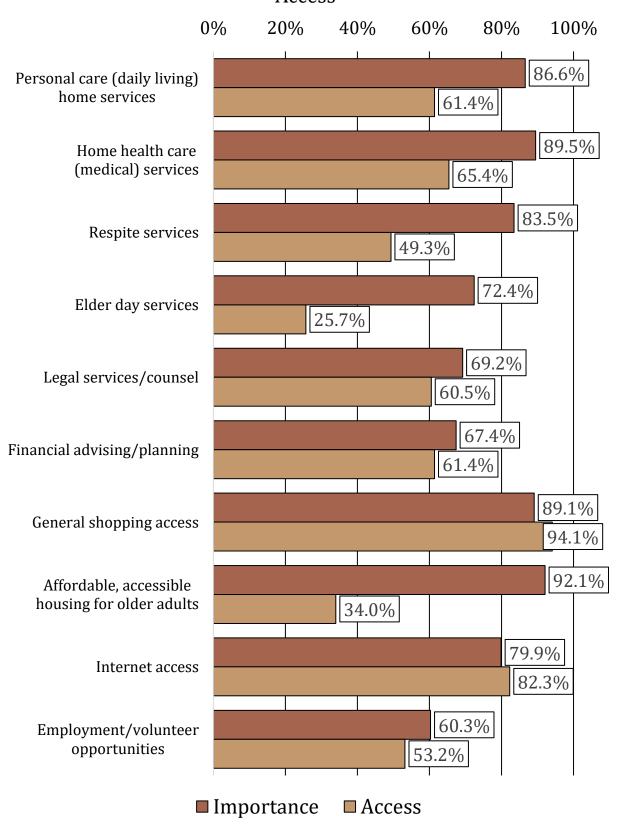
Also see tables 3.4, a thru q and tables 3.5, a thru q (Appendix A) for full breakdowns by age group.

Figure 18. Importance and perceived importance of services and activities

Services and Actities, Importance and Access



(Cont.) Services and Activities, Importance and Access

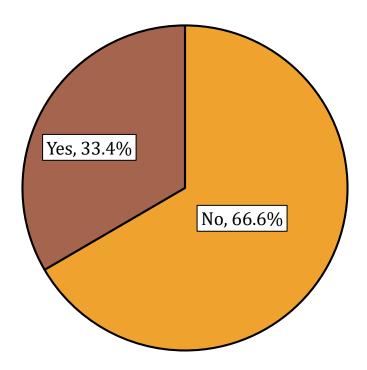


Section 4: Caregiving

For many residents in Wyoming, the care for older adults and individuals with disabilities most often provided informally through unpaid voluntary assistance by family and friends. Many middle-aged adults find themselves in the "sandwich generation"—taking care of their own children, while also helping with the needs of an older adult parent. As shown in **figure 19**, among our sample, <u>about 1 in 3 respondents (33.4%) reported that they were currently an informal caregiver looking after aging parents, grandparents looking after or raising grandchildren, older adults caring for an adult child with a disability, or an older adult caring for their older adult spouse.</u>

Figure 19. Respondents who provide unpaid care to family members, friends, or neighbors



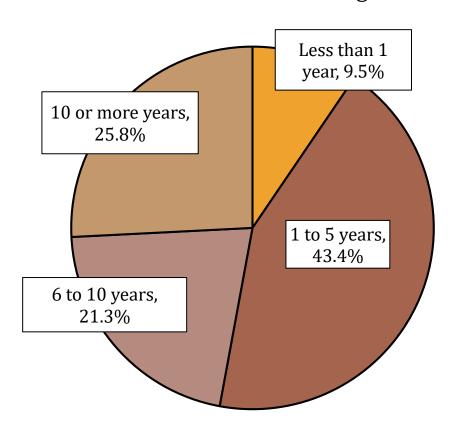


Rates of informal caregiving also varied by region. Fewer respondents self-identified as informal older adult caregivers in region 4 (West Wyoming), and a higher proportion of respondents in region 7 (Wind River) identified as informal caregivers to older adults.

In coming decades, both the proportion and absolute numbers of informal caregivers will likely expand as the average age of residents increases, and when a greater share of the total population is relatively older. Thus, there is growing need to consider appropriate services that address the circumstances of families who provide care, often in lieu of more expensive formal services provided by the state.

Figure 20. Years spent providing informal care to family, friends, and neighbors

Years as an Informal Caregiver

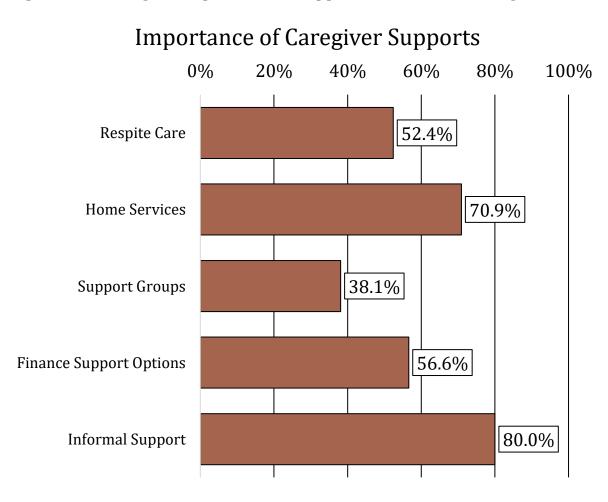


Providing care for loved ones is often very rewarding, but without adequate support it can strain personal and financial resources of the individual as well as family relationships, particularly when care is provided over long periods of time. **Figure 20** shows reported lengths of time that respondents served as informal caregivers, regardless of their age. A small percentage (9.5%) served as informal caregivers for less than one year. The plurality of respondents (43.4%) were informal caregivers for 1 to 5 years. About 1 in 4 respondents (25.8%) were informal caregivers for 10 years or more. Not surprisingly, the length of time that one serves as an informal caregiver

is related to the age of the caregiver and the recipient of care. **Table 4.1 (Appendix A)** breaks down length of time providing care by age group.

<u>Currently, Wyoming communities often include a variety of programs and services through WDH-AGD</u> that are designed to support family caregivers, such as home care services that address physical and mental health, personal care, and housekeeping. Respite care programs, such as adult day care services may also be available to provide caregivers with a break from stressful caregiving responsibilities.

Figure 21. Ratings of importance of support resources for caregivers



Respondents were asked to rate the importance of various support resources for caregivers. **Figure 21** (above) shows the percentages of respondents that rated each resource as "very important" or "extremely" important. <u>In addition to informal support provided by family members and friends (80.0%)</u>, home services to assist with care needs were highly rated by 70.9% of respondents. A small majority (52.4%) of respondents indicated that respite care was a highly important resource. According

to **table 4.4 (Appendix A)**, just 12.8% of those who provided informal care used respite services. Additionally, only 26.2% of respondents indicated that they were "extremely knowledgeable" or "very knowledgeable" about available resources for informal caregivers **(see table 4.3, Appendix A)**.

Figure 22. Negative effects of providing informal care on mental and physical health, and perceptions of having adequate support for good mental and physical health

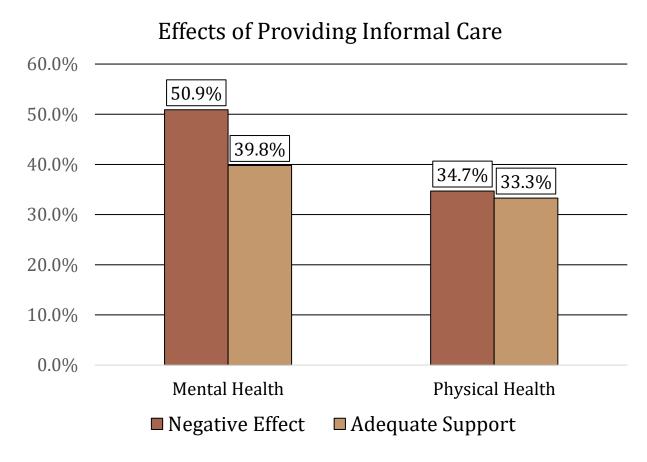
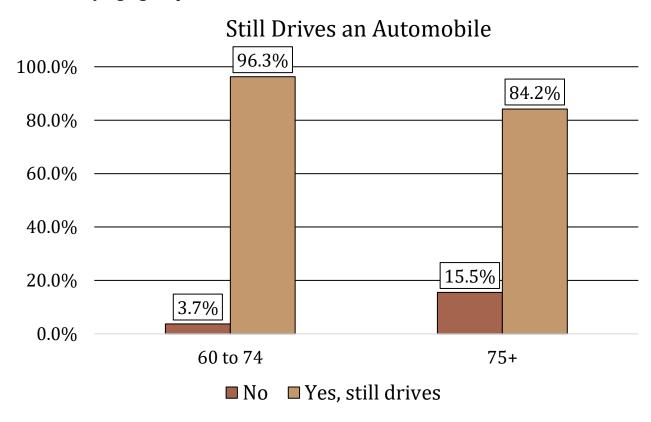


Figure 22 (above) suggests that significant numbers of Wyoming residents who provide informal care perceive it to have a negative impact on their mental and physical wellbeing, and most said that there is not adequate support available to them to reduce their mental and physical strain. According to **table 4.14** (**Appendix A**) which displays ways that respondents would change caregiver support in the state to better address their needs, the largest percentage (43.5%) reported that better access to information and support services and referral programs would facilitate their caregiving. Almost 1 in 3 (31.6%) desired more access to respite care; and about 1 in 5 (20.6%) said that more training to be a caregiver would be beneficial.

Section 5: Older Adults

Having adequate mobility in one's community is essential for meeting health-related, material, and social needs. Indeed, transportation options may support optimal aging by providing individuals with access to work or volunteer activities, health services, needed goods and community amenities, and may promote engagement with others in the community. **Figure 23** suggests that most older Wyoming residents meet their local and regional travel needs using private transportation, including a large percentage of individuals who drive their own automobiles well into old age.

Figure 23. Percentage of older Wyoming residents who report driving their own cars by age group



Compared to older drivers, older adults who do not drive often report lower quality of life, reduced social involvement, and increased isolation (AARP, 2005). As a result, many older people continue to drive even when it may be impractical, unsafe, or when there are safer, more appropriate alternatives available to them (Adler & Rottunda, 2006). Wyoming communities can promote quality of life, health, and social engagement among older people by supporting convenient, affordable, and reliable

local transportation options for residents who are unable to drive safely or who prefer to travel using public transportation options or other alternatives.

Remaining engaged in community and social activities is important for people of all ages, and especially for older adults. For many older Wyoming residents, senior centers provide a place for staying active in clubs, enjoying healthy meals with friends, participating in exercise programs, and other activities that provide opportunities for older adults to remain physically active and to interact with others. Indeed, research has demonstrated that older adults who are socially active and participate in community activities such as those provided by senior centers experience better cognitive functioning, including improvements in learning, problem solving, memory, and attention (Bourassa et al., 2017). As well, active older adults tend to be happier and less depressed compared to those who are less active (Croezen et al., 2015). Thus, in Wyoming, senior centers and community recreational facilities are key sources of enrichment and wellness for older adults.

Figure 24. Percentage of older Wyoming residents who report using their local senior centers

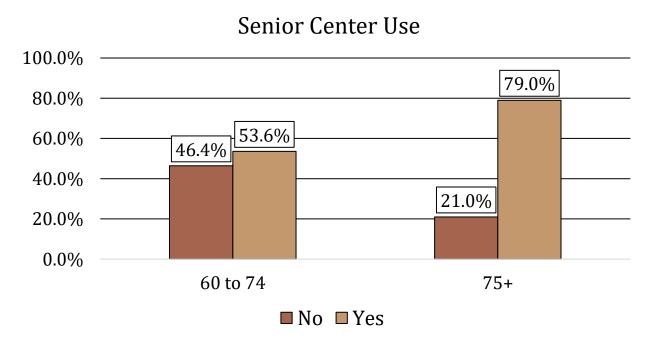
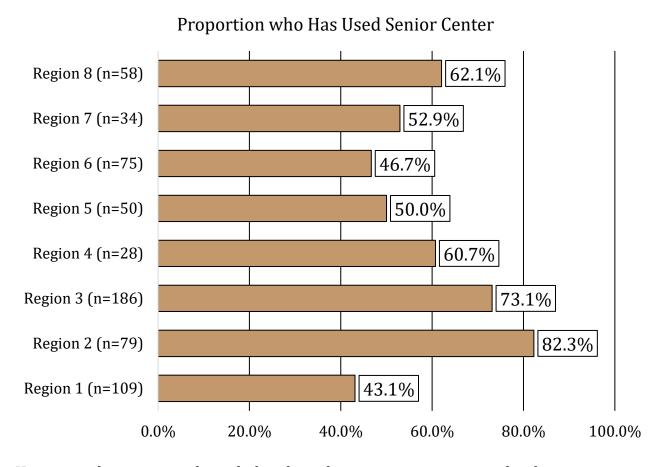


Figure 24 indicates that most survey respondents utilize their local senior centers, with greater usage reported by the older age group. About half (53.6%) of respondents age 60 to 74 use their senior center, compared to 79% of those age 75 and older. Across the state, there are approximately 38 senior center organizations, but access to senior centers varies according to the regions where people live.

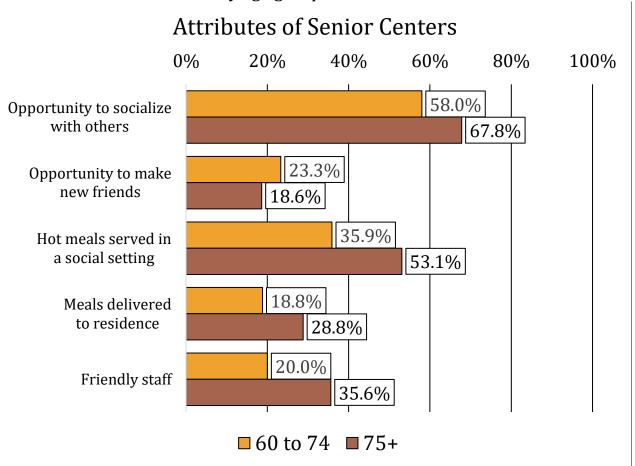
Consequently, senior center use varies somewhat by region (see **figure 25**). Respondents in Region 2 (East Wyoming) were most likely to state that they or their partner had used a senior center (82.3%); whereas participants in Region 1 (Southeast Wyoming) were least likely to report using a senior center (43%). Region 5, containing both Uinta and Sweetwater Counties, had relatively lower usage of senior centers among older adult respondents. Uinta County only has one senior center, and Sweetwater County only has two within 15 miles of each other. Other counties that have only one senior center are Goshen, Albany, Niobrara, Campbell, Johnson, Natrona, Sheridan, and Teton Counties (Steinman et al., 2016).

Figure 25. Percentage of older Wyoming residents who use senior center by region



Here, it is also wise to acknowledge that a key recruitment source for the survey was senior centers, so these percentages, in some cases likely represent an overestimation of senior center use. Actual usage of senior centers is lower, around 15% among people 60+, so the survey sample disproportionately represents older adults who use senior centers (Administration for Community Living, 2018).

Figure 26. Percentage of older Wyoming residents who rate attributes of senior centers as attractive by age group



Above, and continued below, **figure 26** shows attributes of senior centers that are most attractive to respondents. The attribute that was rated highest by older adults for attractiveness was the opportunity to socialize with others. Almost 61% of all older respondents rated this attribute as attractive (see **table 5.3**, **Appendix A**). Other highly rated attributes included hot meals in a social setting (41.0%, shown in **table 5.3**, **Appendix A**), and access to health, fitness, and wellness services (30.3%, shown in **table 5.3**, **Appendix A**).

Some differences in ratings emerged based on age group. For example, more respondents age 75 and older rated the importance of friendly staff and transportation services as attractive than respondents age 60 to 74. Understanding these age-related preferences can help senior center administrators to better tailor their programs and services to their specific participants. Overall, about 1 in 3 respondents (35.6%) reported that senior center services help them, or their partner

remain in their home rather than transition to an assisted living facility or nursing home (see table 5.6, Appendix A).

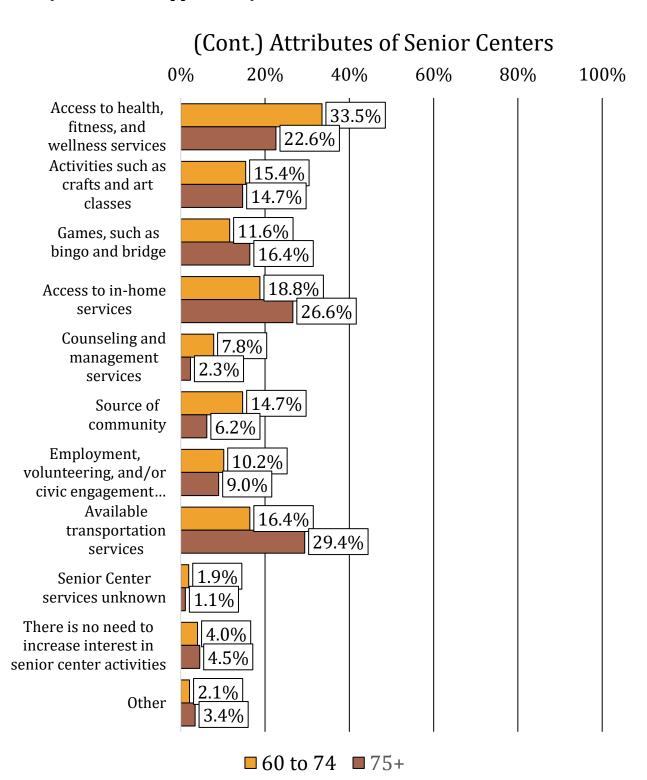


Table 7. Selected most attractive aspects of senior centers by region

Region Number	1	2	3	4	5	6	7	8
Sample N	109	79	180	26	48	71	34	58
Opportunity to socialize with others	55.0%	69.6%	62.2%	61.5%	58.3%	57.7%	41.2%	62.1%
Opportunity to make new friends	23.9%	20.3%	25.0%	23.1%	16.7%	26.8%	8.8%	12.1%
Hot meals served in social setting	18.3%	64.6%	51.7%	34.6%	29.2%	33.8%	23.5%	39.7%
Meals delivered to residence	10.1%	36.7%	21.7%	15.4%	20.8%	8.5%	29.4%	34.5%
Friendly staff	11.0%	49.4%	35.6%	23.1%	12.5%	12.7%	8.8%	13.8%
Access to health, fitness, and wellness services	34.9%	22.8%	27.2%	38.5%	22.9%	28.2%	44.1%	24.1%
Activities such as crafts and classes	11.9%	12.7%	20.0%	7.7%	8.3%	16.9%	11.8%	10.3%
Games, such as bingo	8.3%	27.8%	17.8%	0.0%	16.7%	7.0%	0.0%	3.4%
Access to in-home services	17.4%	12.7%	27.8%	19.2%	25.0%	15.5%	26.5%	15.5%
Counseling and management services	11.0%	3.8%	5.6%	3.8%	0.0%	11.3%	5.9%	0.0%
Source of community	13.8%	7.6%	8.9%	30.8%	12.5%	15.5%	8.8%	13.8%
Employment, volunteering, and/or civic engagement	9.2%	13.9%	9.4%	15.4%	4.2%	7.0%	5.9%	12.1%
Available transportation services	13.8%	30.4%	22.8%	19.2%	12.5%	12.7%	26.5%	19.0%
No need to increase interests	2.8%	1.3%	3.9%	0.0%	6.3%	8.5%	5.9%	0.0%
Other	2.8%	0.0%	1.7%	0.0%	0.0%	1.4%	5.9%	1.7%

Note: Bright Orange highlight represents top 3 attractive aspects identified by individuals in the region

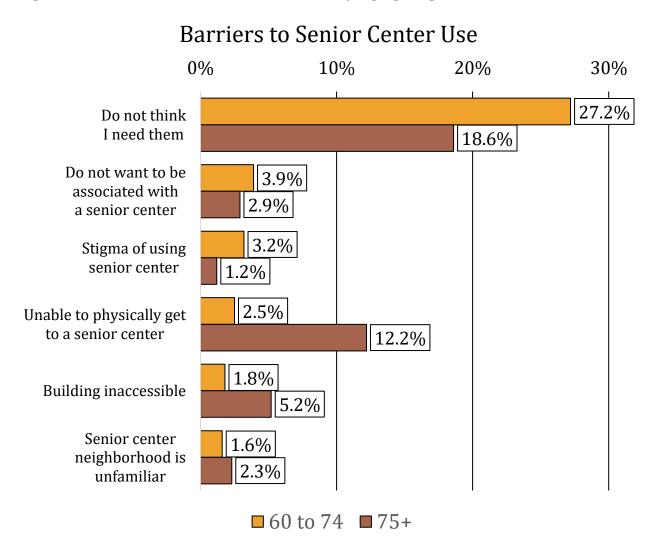
Table 7 (above) shows attractive attributes of senior centers by region. In all 8 regions large proportions of respondents indicated that they valued the opportunity to socialize with others at their senior center. Additionally, respondents in 6 out of 8 regions reported that they valued hot meals that are served in a social setting. Finally, respondents in 5 out of 8 regions valued access to health, fitness, and wellness services that senior centers provide.



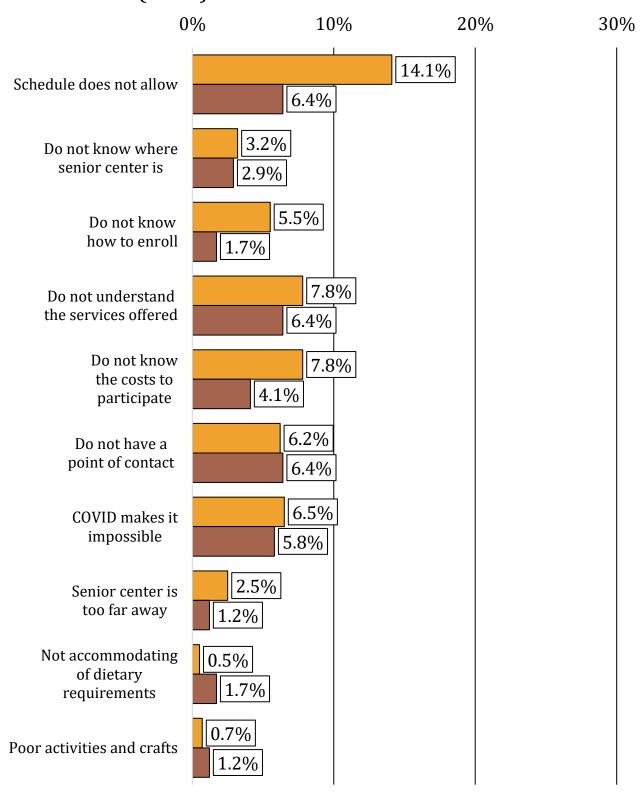
Although many older respondents reported that they used their local senior centers, many older adults remain reluctant to participate in senior center activities that could benefit their quality of life and physical and mental wellbeing. The roles and reputation of senior centers have shifted over the last several decades, from places where people go "just to play bingo" to more comprehensive service hubs where older people can take part in a wide variety of activities, access needed information, and interact with individuals of all ages and backgrounds. As the current adage touts: "It is no longer your grandparents' senior center."

Nevertheless, older respondents reported many barriers to using their senior center, shown in **Figure 27**. The most common barrier cited was the perception that senior center services were not needed, as reported by 27.2% of respondents age 60 to 74, and 18.6% of respondents age 75 and older. This perceived barrier may be based on conceptions of senior centers in the past, indicating a potential need for remarketing how senior centers are viewed, and raising awareness of senior centers as places not only to receive services, but as places to give back through volunteerism and to interact with people of all ages.

Figure 27. Barriers to senior center use by age group



(Cont.) Barriers to Senior Center Use



■ 60 to 74 ■ 75+

With rapidly changing technology, information today is delivered differently than a few decades ago. In the past, television, radio, telephone, and newspapers were the most likely media used for disseminating information throughout the community. Today, many more options are available for communicating information to residents. With the development of the Internet and many web-based applications and devices, residents may acquire information from a much more diverse array of options that range from the low-tech options of the recent past to many high-tech more modern media, including email, social media, and cell-phone communication.

Figure 28. Reports having an Internet connection and a device that can access the Internet by age group

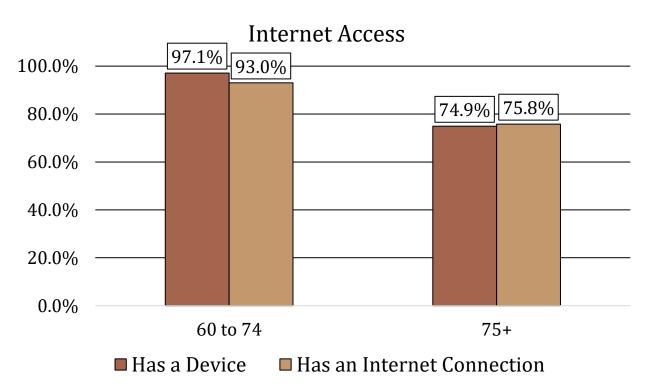


Figure 28 suggests that most older Wyoming residents are connected to the Internet, but that more respondents age 60 to 74 (93.0%) have Internet connections than those age 75 and older (75.8%). Additionally, most older respondents (90.8%; see **table 5.7, Appendix A**) have devices such as cell phones, computers, and tablets that can be used to access information from the internet.

Supporting modern means of communication ensures that older Wyoming residents can remain socially engaged in important relationships with friends and family. Access to information on the Internet can also promote inclusion in community activities and encourage referrals that support good health and well-being

(Longstreth et al., 2020). Given the abundance of communication options, it is also important to recognize the wide variety of preferences that older adults have, regarding how they receive their information. It is not sufficient to make information available on websites only, because many older adults are not connected to or have limited/no access to the Internet (Anderson & Perrin, 2016).

Additionally, many older adults reported that they have training needs to learn skills that would better enable them to use their Internet-connected devices. According to **table 5.8 (Appendix A)**, although most respondents (67.5%) reported no training needs, 15.6% indicated the need for training in how to avoid scams online; 13.5% indicated a need for learning how to make video calls; and 10.5% reported the need for training in general Internet use.



Focus Groups/Listening Session Summary

Among all focus groups, the top three identified issues for Wyoming were healthcare, transportation, and services which were each cited in most focus group sessions and were discussed as issues in 7 out of 8 regions of Wyoming. Wyoming's particularly rural nature is likely a contributing factor for these issues as prominent barriers to aging in place among community-dwelling adults.

Healthcare was a major issue of concern for participants of focus group and community listening sessions. Many Wyoming residents live in small towns with limited health clinics, relatively fewer qualified medical practitioners, while communities with hospitals with advanced medical equipment and the capacity to perform more advanced procedures are further away. Local healthcare resources in more rural areas may especially be inadequate for people with chronic health issues. The unmet need for highly advanced medical care may force residents to travel extravagant distances to access healthcare, or to resort to resources that exist out-of-state. Many participants stated that the time and travel required for these medical visits can be stressful.

Barriers to accessing healthcare are closely related to the barriers to adequate transportation. Travel by car is the primary mode of transportation for most people

because many towns do not have robust public transportation systems. When older adults are unable to drive safely, they often face considerable difficulties travelling to and from important appointments, medical or otherwise. Senior centers have been important resources for providing transportation to older adults but can be limited by available resources to maintain a fleet, individual schedules, and the need to limit routes.

Access to community services including Older Americans' Act programs remains a challenge to many older Wyoming residents. Several focus group participants mentioned the lack of information being a significant barrier to accessing home help services.

In Wyoming, older residents may utilize information and referral resources via the national dial 211 program, which helps direct older adults and persons with disabilities, those who do not speak English, those with a personal crisis, those with limited reading skills, and those who are new to their communities to resources in their local areas. Although telephone local information services are available, they remain underused, and many focus group participants stated that they were unaware of the services. Additionally, many small communities may lack professionals to provide services, including occupational therapists, handymen and other individuals working together and helping older adults in their homes. This issue may become exacerbated in the future as proportions of younger working-aged residents continues to shrink in relation to the older population.

As well, focus group participants mentioned fewer support programs for people living with dementia. One participant noted, "I hear from constituents that access to facilities and trained workers in dementia care can be hard to find." Although adults trying to live independently with dementia exist throughout Wyoming, there is often lack of knowledge and understanding from family members about services that exist and how to enroll in them. Focus group participants also mentioned limited options for nursing homes with memory care units, suggesting that many patients and their families in Wyoming go without needed support and care options to handle crises in the most extreme healthcare situations.

See "Attachment F – Statewide Focus Groups & Community Listening Sessions" for detailed description of methods and results of focus groups and listening sessions.

Conclusion

In recent decades, the older adult population of Wyoming has grown significantly, and is projected to continue to do so in coming decades. Unfortunately, common but outdated societal stereotypes often conflate the aging of the population with images of older people as sick, needy, incompetent, burdensome, goalless, and a problem to be solved, rather than as a resource. Nevertheless, the aging of the population *itself* suggests that older adults, on average are healthier than ever before. Additionally, data compiled by the Federal Interagency Forum on Aging-Related Statistics (2020) suggest that older adults are not only mentally and physically healthier than in the past, but many are doing better financially that others in younger age groups.

The aging of our population, and longer lives here in Wyoming and nationally affords us an opportunity to view our growing older with optimism. Greater numbers of older adult residents, most of whom are healthy, many of whom are wealthy, and a fair number of whom are wise can be viewed as social capital in the future to meet the challenges we face in maintaining the high standard of living that makes Wyoming a unique and highly livable place for people of all ages. This will require not only a major shift away from employing damaging stereotypes, but also a willingness to dedicate resources to assure that older Wyoming residents are supported as they strive to meet the potential that extended lifespans can offer us.

Nevertheless, there are challenges ahead, to assisting older residents, when inevitable age-related changes to health and social networks begin to impact large numbers of individuals and families. Indeed, the changing demography of our aging state looms large for people who are worried about the real impacts that aging will have on the social and economic structures of our state. But these challenges can be effectively met through good planning and coordination of the services and programs that *WDH-AGD* facilitates and supports.

Whereas the number residents age 45 to 59 decreased by about 10% between 2010 and 2019, the number of persons age 60 and older grew by about 20%. Currently, about 23% of the state's population is age 60 or older. Based on this unprecedented growth, there remains a need to plan in earnest to accommodate the age-related needs of older people who may wish to age in place in Wyoming.

The purpose of this study was to collect data to support the *Wyoming Department of Health, Aging Division* state plan on aging. The research team specifically designed survey items to assess needs and describe priorities, as the basis for a plan to be

developed and implemented during the next four years. To facilitate this goal, we began by describing dramatic changes in the age-distribution of the population. Growth in the numbers and proportions of older adults is guaranteed to become more and more visible as the years pass, and demographic changes will likely have an impact on all aspects of our Wyoming lifestyle. Thus, there is no time like the present to "Cowboy Up" and begin planning for the imminent challenges that are on the near horizon for our state.

Results of this assessment suggest that older Wyoming residents are committed to aging in their homes; and when that option is not feasible, they wish to remain in their communities to the extent that is possible. Despite general positivity among respondents of our survey, many areas of concern remain that may place some older residents at risk for poorer physical and mental health, loss of independence, financial jeopardy, and social isolation. As a result, many in our state may choose or be forced to leave the communities where they have lived and prefer to stay, if their aging-related concerns are not acknowledged and addressed with appropriate measures.

For example, a significant share of older adults in Wyoming (about 1 in 3) live in their households alone; many have disabilities that could prevent them from engaging in activities that are necessary for healthy independent living. Without good social support, transportation options, and opportunities to modify home environments to make their environments safer, many older people are likely to experience negative *secondary* outcomes that can greatly reduce quality of life and that would be comparatively more costly for the state to address in other settings.

Similarly, many Wyoming residents who are currently financially secure, healthy, and active participants in their communities throughout the state may benefit from opportunities to remain productive, active, and engaged with others. Indeed, many may find new purpose and meaning through activities that encourage continued engagement with residents of all age-groups. All residents of Wyoming are fortunate to live in a state that recognizes the value and vibrancy that our older adult residents in our communities contribute.

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Appendix A: Wyoming Department of Health— Aging Division State Plan Survey

Section 1: Demographics (answered by all)

Table 1.1. Region of respondents (based on zip code)

	Total Population of Region	Proportion of Total	Sample from Region	Proportion of Total Sample
Region 1	135,084	26%	179	21%
Region 2	33,591	6%	98	11%
Region 3	58,453	11%	224	26%
Region 4	46,348	9%	38	4%
Region 5	68,944	13%	78	9%
Region 6	94,366	18%	109	13%
Region 7	39,812	8%	48	6%
Region 8	49,940	9%	79	9%
Total	526,538	100%	853	100%

Table 1.2 What are your living arrangements?

Housing arrangement	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n = 479	n = 199	N = 862
Live in owned property (paid off)	4.8%	26.2%	52.4%	59.8%	47.0%
Live in owned property (paying mortgage)	69.4%	56.6%	29.9%	9.5%	31.8%
Live in rented property	22.6%	11.5%	7.5%	13.6%	10.6%
Live in subsidized housing	0.0%	1.6%	2.7%	9.0%	3.8%
Living with a non- partner friend/relative in rented property	1.6%	0.0%	0.8%	1.0%	0.8%
Living with non- partner friend/relative in owned property	0.0%	2.5%	2.5%	1.0%	2.0%
Other	1.6%	1.6%	4.2%	6.0%	4.1%
Total	100%	100%	100%	100%	100%

Table 1.3. Please provide your age (mean = 66.5 years, sd = 12.8 years)

Age	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n = 482	n = 200	N = 866
Percentage	7.2%	14.1%	55.7%	23.1%	100.0%

Table 1.4. What is your biological sex as indicated on your birth certificate?

Sex	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n = 482	n = 200	N = 866
Male	14.8%	13.2%	29.7%	30.7%	26.5%
Female	85.2%	86.8%	70.3%	68.8%	73.3%
Something else	0.0%	0.0%	0.0%	0.5%	0.1%
Total	100%	100%	100%	100%	100%

Table 1.5. Please indicate the race you identify as

Race	18 - 44	45 to 59	60 to 74	75+	Total
	n = 59	n = 116	n = 460	n = 195	N = 830
White	94.9%	93.1%	97.4%	97.9%	96.7%
Black or African American	1.7%	0.0%	0.7%	0.5%	0.6%
American Indian or Alaska Native	0.0%	4.3%	0.7%	0.5%	1.1%
Asian	0.0%	0.9%	0.2%	0.0%	0.2%
Native Hawaiian or Pacific Islander	1.7%	0.9%	0.0%	0.0%	0.2%
Something else	1.7%	0.9%	1.1%	1.0%	1.1%

Table 1.6. Please indicate if you have served in the United States Armed Forces (by sex)

Veteran	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n = 479	n = 196	N = 859
Male	11.1%	12.5%	33.1%	52.5%	36.0%
Female	1.9%	2.9%	3.3%	1.5%	2.7%
All	3.2%	4.1%	12.3%	17.3%	11.6%
Total	100%	100%	100%	100%	100%

Table 1.7. How did you hear about this survey (Select all that apply)?

Source	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n =481	n = 195	N = 860
Mailed invitation	32.3%	23.0%	15.2%	15.4%	17.6%
AARP	1.6%	7.4%	15.2%	7.7%	11.4%
Newspaper	3.2%	7.4%	9.8%	9.7%	9.0%
Word of mouth	12.9%	10.7%	10.0%	17.9%	12.1%
Facebook	9.7%	24.6%	24.3%	8.2%	19.7%
Aging Division Website	17.7%	14.8%	5.8%	7.2%	8.3%
State of Wyoming	6.5%	4.1%	1.9%	0.0%	2.1%
Senior Center	3.2%	2.5%	12.3%	27.2%	13.6%
Other news media (radio, TV, online)	4.8%	7.4%	4.2%	5.1%	4.9%
Other	8.1%	1.6%	6.7%	9.2%	6.6%

 Table 1.8. What is your marital status?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 56	n =447	n = 183	N = 703
Married	76.5%	75.0%	58.5%	38.3%	54.8%
Women (73.3%)	71.4%	77.6%	56.5%	30.8%	52.4%
Men (26.5%)	100.0%	50.0%	64.9%	54.5%	61.9%
Widowed	0.0%	0.0%	12.9%	43.3%	19.6%
Women	0.0%	0.0%	15.0%	49.2%	21.9%
Men	0.0%	0.0%	8.4%	30.9%	14.4%
Divorced	11.8%	10.7%	20.1%	12.3%	17.1%
Women	14.3%	10.2%	21.1%	14.6%	18.2%
Men	0.0%	16.7%	16.8%	5.5%	13.4%
Separated	0.0%	0.0%	0.9%	1.1%	0.8%
Women	0.0%	0.0%	1.3%	0.8%	1.0%
Men	0.0%	0.0%	0.0%	1.8%	0.5%
Never married	5.9%	7.1%	5.1%	3.2%	4.8%
Women	7.1%	6.1%	3.8%	3.1%	4.0%
Men	0.0%	16.7%	6.9%	3.6%	6.2%
Partnered	5.9%	1.8%	1.8%	1.6%	1.8%
Women	7.1%	0.0%	1.6%	0.8%	1.4%
Men	0.0%	16.7%	2.3%	3.6%	3.1%
Prefer not to say	0.0%	5.4%	0.7%	0.5%	1.0%
Women	0.0%	6.1%	0.6%	0.8%	1.2%
Men	0.0%	0.0%	0.8%	0.0%	0.5%

Table 1.9. Do you have family and/or friends you can reach out to who live within a 30-minute drive?

Family/friends	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 55	n = 451	n = 185	N = 708
No	23.5%	20.0%	20.2%	15.1%	18.9%
Yes,	76.5%	80.0%	79.8%	84.9%	81.1%

Table 1.10. How many people, including yourself, live in your household?

Age Group	Count Average		Standard Deviation
18 to 44	n = 17	3.88	0.857
45 to 59	n = 54	2.44	0.839
60 to 74	n = 451	1.84	0.772
75+	n = 183	1.55	0.669
Total (all ages)	N = 705	1.86	0.847

Table 1.11. Information about income is very important to understand for planning of resource distribution. Please indicate the answer that includes your best estimate of your entire household income in (previous year) before taxes. ("Prefer not to say" coded as missing)

Income	18 - 44	45 to 59	60 to 74	75+	Total
	n = 15	n = 45	n = 381	n = 153	N = 594
Less than \$10,000	0.0%	6.7%	2.6%	4.6%	3.4%
\$10,000 to \$14,999	0.0%	2.2%	4.2%	4.6%	4.0%
\$15,000 to \$19,999	0.0%	0.0%	3.7%	13.7%	5.9%
\$20,000 to \$24,999	6.7%	6.7%	6.8%	9.8%	7.6%
\$25,000 to \$29,999	13.3%	2.2%	4.7%	11.1%	6.4%
\$30,000 to \$34,999	0.0%	0.0%	7.3%	9.8%	7.2%
\$35,000 to \$39,999	6.7%	4.4%	5.5%	9.8%	6.6%
\$40,000 to \$44,999	6.7%	6.7%	5.0%	4.6%	5.1%
\$45,000 to \$49,999	0.0%	11.1%	4.2%	5.2%	4.9%
\$50,000 to \$54,999	0.0%	4.4%	5.8%	5.2%	5.4%
\$55,000 to \$59,999	0.0%	11.1%	4.2%	3.3%	4.4%
\$60,000 to \$64,999	0.0%	2.2%	4.7%	0.7%	3.4%
\$65,000 to \$69,999	6.7%	2.2%	4.7%	4.6%	4.5%
\$70,000 or more	60.0%	40.0%	36.5%	13.1%	31.3%

Table 1.12. Is English the primary language spoken at home?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 51	n = 430	n = 181	N = 678
No	0.0%	0.0%	0.1%	0.0%	0.1%
Yes, English is primary language spoken	100.0%	100.0%	99.8%	100.0%	99.9%

Table 1.13. What is your primary language spoken at home? *This question was not analyzed due to low number of respondents* (n < 5)

Table 1.14. What is your gender identity? (We use this to identify population changes in the state. None of the data in this survey, including this section, is identifiable) ("Prefer not to say" coded as missing)

Identity	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 52	n = 431	n = 183	N = 682
Male/man	13.3%	12.0%	30.5%	31.3%	29.0%
Female/woman	86.7%	88.0%	69.2%	68.1%	70.7%
Transgender	0.0%	0.0%	0.2%	0.0%	0.1%
Something else	0.0%	0.0%	0.0%	0.5%	0.1%

Table 1.15. What is your sexual orientation? (We use this to identify population changes in the state. None of the data in this survey, including this section, is identifiable) ("Prefer not to say" coded as missing)

Orientation	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 48	n = 412	n = 168	N = 645
Heterosexual (straight)	87.5%	95.8%	97.3%	100.0%	97.7%
Gay	0.0%	2.1%	0.5%	0.0%	0.5%
Lesbian	0.0%	0.0%	0.5%	0.0%	0.3%
Bisexual	12.5%	0.0%	0.7%	0.0%	0.8%
Something else	0.0%	2.1%	1.0%	0.5%	0.8%

Section 2: Aging General (answered by all)

Table 2.1. What (if any) are the greatest challenges facing the aging population in your county/region? (Select your top three choices)

Challenge	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 120	n = 469	n = 180	N = 831
Important healthcare services are far away from home or unavailable	62.9%	43.3%	42.2%	27.2%	40.7%
Legal services are far away from home or unavailable	8.1%	4.2%	3.0%	3.3%	3.6%
Home repair/modification services are far away or unavailable	12.9%	19.2%	14.9%	15.0%	15.4%
Services, ranging from meal deliveries to nursing home stays, are too expensive	54.8%	45.8%	39.9%	36.1%	41.0%

Working adults (aged 25-54) are leaving communities	16.1%	14.2%	9.8%	11.1%	11.2%
People are isolated	29.0%	39.2%	27.1%	25.6%	28.6%
People are prejudiced against older adults (ageism)	3.2%	7.5%	9.2%	8.3%	8.3%
There are limited options for nursing homes or assisted living facilities in the area	46.8%	38.3%	37.1%	44.4%	39.6%
Elder abuse or neglect	0.0%	6.7%	5.3%	2.2%	4.5%
Financial exploitation of older adults	6.5%	14.2%	14.1%	12.2%	13.1%
Older adults are frailer	6.5%	3.3%	8.5%	24.4%	11.1%
There are few supports for people living with dementia	27.4%	29.2%	18.6%	18.9%	20.8%
Aging in place issues	8.1%	6.7%	11.7%	10.0%	10.3%
Cost of medical services	0.0%	0.8%	2.1%	1.1%	1.6%
Limited/fixed income	0.0%	0.0%	1.7%	1.7%	1.3%
My county is not facing any challenges	0.0%	0.8%	3.6%	7.2%	3.7%
Other	6.5%	4.2%	5.1%	7.8%	5.7%

Table 2.2. Considering yourself at age sixty or older, what are your financial plans over the next ten years as you and/or your partner age? (Select all that apply)

Financial Plans	18 - 44	45 to 59	60 to 74	75+	Total
	n = 60	n = 121	n = 480	n = 199	N = 860
Live on Social Security	50.0%	72.7%	86.3%	89.9%	82.7%
Live on private savings (defined contribution plans, individual retirement plans, Nonqualified Deferred Contribution Plans)	71.7%	54.5%	50.0%	44.2%	50.8%
Live on income from private investments, including real estate	23.3%	16.5%	25.6%	24.6%	24.0%
Live on a pension plan	21.7%	34.7%	44.6%	33.7%	39.1%
Live with family/friends	3.3%	1.7%	4.4%	4.5%	4.0%
Continue working for money	55.0%	61.2%	26.5%	5.5%	28.5%
Reverse mortgage	0.0%	0.0%	0.8%	3.5%	1.3%
Continue or begin other Federal or State support programs	8.3%	4.1%	6.0%	13.1%	7.6%
Unknown	11.7%	8.3%	4.0%	4.0%	5.1%
Other	0.0%	0.8%	0.4%	1.5%	0.7%

Table 2.3. Considering yourself at age sixty or older, what are your living arrangement goals over the next ten years as you and/or your partner age? (Select all that apply)

Living Arrangement Goals	18 - 44	45 to 59	60 to 74	75+	Total
	n = 60	n = 121	n = 481	n = 198	N = 860
Stay in current housing with no changes	31.7%	52.1%	55.3%	60.6%	54.4%
Modify current housing to be more accessible to older people/people with disabilities	28.3%	19.8%	15.8%	17.2%	17.6%
Move housing to another place in the same community	13.3%	5.8%	6.2%	4.5%	6.3%
Move in with a friend/family member	1.7%	0.0%	2.1%	1.5%	1.6%
Move into new housing outside the community	15.0%	7.4%	6.4%	4.0%	6.6%
Move to senior housing	5.0%	4.1%	5.4%	9.6%	6.2%
Move to an assisted living facility	1.7%	0.8%	2.3%	7.6%	3.3%
Move to a nursing home	0.0%	0.0%	0.8%	5.1%	1.6%
Unknown	8.3%	11.6%	9.1%	13.1%	10.3%
Other	0.0%	1.7%	3.1%	1.0%	2.2%

Table 2.4. Considering yourself at age sixty or older, what are your personal goals over the next ten years as you and/or your partner age? (Select all that apply)

Living Arrangement Goals	18 - 44	45 to 59	60 to 74	75+	Total
	n = 60	n = 121	n = 481	n = 199	N = 861
Continue living in your current community	65.0%	66.9%	75.3%	80.4%	74.6%
Live independently	70.0%	71.1%	81.3%	72.4%	77.0%
Work/volunteer	56.7%	67.8%	45.9%	19.1%	43.6%
Develop and maintain deep relationships	40.0%	49.6%	35.6%	23.1%	35.0%
Continue education	28.3%	25.6%	19.8%	6.5%	18.1%
Pick up new activities and interests or continue current ones	58.3%	61.2%	57.8%	31.7%	52.3%
Improve or maintain physical and mental health	66.7%	77.7%	76.9%	64.8%	73.5%
Unknown	6.7%	6.6%	1.9%	5.5%	3.7%
Other	0.0%	2.5%	2.5%	3.0%	2.4%

Table 2.5. Have you experienced or personally know an older adult who has experienced elder abuse (which can include physical, emotional, sexual, and/or financial mistreatment) or neglect (that can be inflicted by a negligent caregiver or self-inflicted)?

Experience Elder Abuse	18 - 44	45 to 59	60 to 74	75+	Total
	n = 60	n = 121	n = 479	n = 194	N = 854
No	45.0%	52.1%	70.8%	82.5%	69.0%
Yes (experience with elder abuse)	55.0%	47.9%	29.2%	17.5%	31.0%

Table 2.6. Do you know how to report elder abuse or neglect (using knowledge prior to this survey)?

Report Elder Abuse	18 - 44	45 to 59	60 to 74	75+	Total
	n = 60	n = 121	n = 474	n = 188	N = 843
No	30.0%	28.1%	39.5%	41.0%	37.5%
Yes (knows how to report elder abuse)	70.0%	71.9%	60.5%	59.0%	62.5%

Table 2.7. How do you receive information and news about available support or services in your area? (Select all that apply)

Method	18 - 44	45 to 59	60 to 74	75+	Total
	n = 61	n = 121	n = 481	n = 198	N = 861
Word of mouth	70.5%	56.2%	56.1%	58.6%	57.7%
Senior centers	36.1%	35.5%	45.9%	66.2%	48.4%
Internet	42.6%	59.5%	53.8%	28.8%	48.1%
Newspaper	21.3%	38.8%	39.3%	43.4%	38.9%
Yellow pages/Phone book	0.0%	1.7%	3.1%	4.0%	2.9%
Radio	14.8%	16.5%	13.7%	16.7%	14.9%
Mail	1.6%	14.0%	15.2%	22.2%	15.7%
Library	6.6%	6.6%	5.6%	6.1%	5.9%
Newsletters	13.1%	19.0%	17.7%	18.7%	17.8%
Social media	41.0%	40.5%	31.2%	17.2%	30.0%
Primary care provider	24.6%	25.6%	19.5%	17.7%	20.3%
Health Center	6.6%	11.6%	7.7%	8.6%	8.4%
Other	6.6%	5.0%	6.0%	5.6%	5.8%

Table 2.8. What organizations do you receive information from? (Select all that apply)

Method	18 - 44	45 to 59	60 to 74	75+	Total
	n = 54	n = 108	n = 392	n = 160	N = 714
Wyoming 211	16.7%	13.0%	4.8%	1.3%	6.2%
Aging and Disability Resource Center (ADRC) website	11.1%	6.5%	2.8%	0.6%	3.5%
University of Wyoming/WyCOA	27.8%	23.1%	10.7%	6.9%	13.0%
Local government offices	27.8%	28.7%	21.4%	21.3%	23.0%
Faith-based organizations (church community)	11.1%	13.9%	21.2%	23.8%	19.9%
AARP	24.1%	43.5%	65.3%	61.3%	58.0%
Alzheimer's Association	18.5%	11.1%	2.0%	2.5%	4.8%
Aging Division at the Wyoming Department of Health	48.1%	38.9%	15.6%	20.0%	22.5%
Medicaid Office	13.0%	11.1%	3.8%	6.9%	6.3%
Medicare Office	11.1%	7.4%	19.4%	27.5%	18.8%
Administration for Community Living (ACL)	9.3%	6.5%	1.0%	0.6%	2.4%
NPR or Wyoming Public Radio	31.5%	19.4%	26.0%	18.8%	23.8%
Senior Center	1.9%	3.7%	8.7%	8.1%	7.3%
Other	7.4%	7.4%	7.7%	8.1%	7.7%

Table 2.9. Are you aware of the state-operated Wyoming Pioneer Home Assisted Living Facility in Thermopolis?

Aware of Facility	18 - 44	45 to 59	60 to 74	75+	Total
	n = 58	n = 121	n = 478	n = 197	N = 854
No	53.4%	58.7%	63.8%	66.5%	63.0%
Yes	46.6%	41.3%	36.2%	33.5%	37.0%

Table 2.10. Are you aware of the state-operated Wyoming Retirement Center Nursing Home in Basin?

Aware of Facility	18 - 44	45 to 59	60 to 74	75+	Total
	n = 58	n = 121	n = 478	n = 193	N = 854
No	51.7%	58.7%	70.3%	76.7%	68.8%
Yes	48.3%	41.3%	29.7%	23.3%	31.2%

Table 2.11. Are you aware of the state-operated Veterans' Home of Wyoming Assisted Living Facility (for veterans) in Buffalo?

Aware of Facility	18 - 44	45 to 59	60 to 74	75+	Total
	n = 58	n = 121	n = 479	n = 195	N = 853
No	36.2%	36.4%	44.5%	42.6%	42.3%
Yes	63.8%	63.6%	55.5%	57.4%	57.7%

Table 2.12. Would you be willing to leave your community to move to these facilities if deemed necessary?

Willing	18 - 44	45 to 59	60 to 74	75+	Total
	n = 58	n = 121	n = 479	n = 195	N = 853
No	71.9%	56.7%	65.6%	61.9%	63.9%
Yes	21.1%	38.3%	25.7%	32.5%	28.7%
Maybe	3.5%	3.3%	6.1%	1.5%	4.5%
Other	3.5%	1.7%	2.7%	4.1%	2.9%

Table 2.13. How well did you know the difference between Medicare and Medicaid prior to completing this survey?

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 57	n = 108	n = 402	n = 97	N = 664
Very Well	43.9%	50.9%	65.6%	47.3%	46.2%
Moderately Well	29.8%	32.4%	34.3%	37.1%	34.0%
Slightly Well	17.5%	8.3%	10.4%	17.5%	11.7%
Not well at all	8.8%	8.3%	8.0%	7.2%	8.0%

Section 3: Community-Living (answered by all)

Table 3.1. Are you currently an informal caregiver (an unpaid family member, friend, or neighbor caring for the well-being of someone else) in any of the situations described?

Method	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n = 482	n = 200	N = 866
Children 17 and younger (not as a parent)	0.0%	4.9%	3.1%	2.5%	3.0%
Children 17 and younger (as a parent)	35.5%	8.2%	0.8%	0.0%	4.2%
Adults 18-59 living with a disability	4.8%	9.0%	3.3%	1.0%	3.7%
Older adults 60 or older and/or living with a disability	22.6%	31.1%	22.0%	15.5%	21.8%
Children 17 and younger living with a disability	4.8%	0.0%	0.2%	0.0%	0.5%
Formerly an informal caregiver	3.2%	13.9%	10.6%	7.0%	9.7%
I am not an informal caregiver	32.3%	31.1%	49.0%	56.5%	47.0%
Other	4.8%	14.8%	13.9%	11.0%	12.7%

Table 3.2. Have you done any planning to enable you to age in place?

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 444	n = 177	N = 782
A great deal	3.8%	10.1%	18.9%	23.2%	17.6%
A lot	15.4%	22.0%	26.6%	38.4%	27.9%
A little	53.8%	49.5%	42.6%	29.9%	41.4%
None at all	26.9%	18.3%	11.9%	8.5%	13.0%

Table 3.3. Below are some barriers that could hurt an older adult's ability to live in their community as they grow older. Which of these barriers exist within your community? (Select your top three choices)

Method	18 - 44	45 to 59	60 to 74	75+	Total
	n = 54	n = 108	n = 392	n = 160	N = 714
Stigma around reaching out for help	20.8%	22.5%	12.5%	12.4%	14.4%
Older adults do not know who to reach out to	34.0%	25.2%	30.2%	32.0%	30.2%
Older adults are unable to pay for care and support for long term community living	79.2%	64.9%	64.2%	59.6%	64.3%
Information on resources is difficult to find	15.1%	20.7%	16.6%	24.2%	18.8%
Housing in the community, including tax and utility payments, is too expensive	32.1%	40.5%	36.2%	33.7%	36.0%
Home modifications are required	7.5%	11.7%	13.4%	14.0%	12.9%

There is a lack of secure financial planning and exploitation prevention resources	5.7%	9.0%	4.7%	4.5%	5.3%
There is not enough early awareness of and early planning for long term care insurance	17.0%	17.1%	11.4%	13.5%	13.1%
Fresh, healthy food stores are more than a 30-minute drive away	1.9%	4.5%	6.9%	5.6%	6.0%
Recreation opportunities are far away or unavailable	1.9%	7.2%	6.3%	7.3%	6.3%
Transportation options are too limited without access to an automobile	43.4%	42.3%	38.5%	38.2%	39.3%
It is difficult to see specialists in healthcare	30.2%	24.3%	25.1%	24.2%	25.1
Communities are not accommodating for people with mobility or sensory impairments	11.3%	5.4%	7.8%	7.9%	7.7%
There are no issues for older adults hoping to live in their communities	0.0%	0.0%	1.6%	6.2%	2.3%
Other	1.9%	1.8%	2.7%	3.9%	2.8%

Tables 3.4 a thru q. Please indicate how important the following things are when you consider aging in place (Living and aging in your community rather than transitioning to a long-term care facility such as a nursing home).

Table 3.4a. Having a local senior center to provide services

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 449	n = 187	N = 796
Extremely important	55.8%	51.9%	57.7%	59.4%	57.2%
Very important	32.7%	35.2%	24.9%	26.2%	27.1%
Slightly important	11.5%	11.1%	14.5%	10.7%	12.9%
Not at all important	0.0%	1.9%	2.9%	3.7%	2.8%

Table 3.4b. Advanced medical planning to identify care goals and financing healthcare treatments

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 440	n = 177	N = 777
Extremely important	55.8%	48.1%	43.4%	34.5%	42.9%
Very important	36.5%	44.4%	40.5%	45.2%	41.8%
Slightly important	7.7%	6.5%	14.3%	16.4%	13.3%
Not at all important	0.0%	0.9%	1.8%	4.0%	2.1%

Table 3.4c. Transportation services for people who cannot drive

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 110	n = 450	n = 186	N = 798
Extremely important	67.3%	67.3%	67.6%	64.5%	66.7%
Very important	23.1%	30.0%	28.9%	27.4%	28.3%
Slightly important	9.6%	2.7%	3.1%	4.3%	3.8%
Not at all important	0.0%	0.0%	0.7%	3.8%	1.3%

Table 3.4d. Meals and food delivery services

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 444	n = 183	N = 787
Extremely important	51.9%	60.2%	55.2%	54.1%	55.4%
Very important	34.6%	30.6%	34.5%	29.5%	32.8%
Slightly important	13.5%	9.3%	8.8%	11.5%	9.8%
Not at all important	0.0%	0.0%	1.6%	4.9%	2.0%

Table 3.4e. Social and recreational activities, including exercise

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 445	n = 180	N = 786
Extremely important	51.9%	43.1%	40.4%	31.1%	39.4%
Very important	36.5%	45.9%	41.1%	37.8%	40.7%
Slightly important	11.5%	11.0%	14.2%	25.6%	16.2%
Not at all important	0.0%	0.0%	4.3%	5.6%	3.7%

Table 3.4f. Local medical care, including emergency services and specialists

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 444	n = 180	N = 784
Extremely important	75.0%	72.2%	74.1%	67.8%	72.4%
Very important	23.1%	25.0%	23.4%	28.3%	24.7%
Slightly important	1.9%	2.8%	1.4%	2.2%	1.8%
Not at all important	0.0%	0.0%	1.1%	1.7%	1.0%

Table 3.4g. Personal care (daily living) home services

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 442	n = 183	N = 785
Extremely important	57.7%	62.0%	45.0%	42.1%	47.5%
Very important	36.5%	32.4%	40.0%	41.5%	39.1%
Slightly important	5.8%	5.6%	12.9%	12.6%	11.3%
Not at all important	0.0%	0.0%	2.0%	3.8%	2.0%

Table 3.4h. Home health care (medical) services

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 109	n = 444	n = 178	N = 782
Extremely important	62.7%	60.6%	54.7%	45.5%	54.0%
Very important	33.3%	35.8%	34.2%	39.3%	35.5%
Slightly important	3.9%	3.7%	9.5%	12.9%	9.1%
Not at all important	0.0%	0.0%	1.6%	2.2%	1.4%

Table 3.4i. Respite services, where either someone comes to a residence or a person in need of services stays in a care facility temporarily

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 107	n = 447	n = 173	N = 779
Extremely important	50.0%	54.2%	43.4%	40.5%	44.7%
Very important	30.8%	33.6%	41.4%	37.6%	38.8%
Slightly important	17.3%	12.1%	11.6%	17.9%	13.5%
Not at all important	1.9%	0.0%	3.6%	4.0%	3.1%

Table 3.4j. Elder day services, where a person in need of services stays in an adult day care setting

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 439	n = 177	N = 776
Extremely important	34.6%	51.9%	31.7%	27.1%	33.6%
Very important	40.4%	33.3%	41.0%	36.2%	38.8%
Slightly important	23.1%	13.0%	22.1%	27.7%	22.2%
Not at all important	1.9%	1.9%	5.2%	9.0%	5.4%

Table 3.4k. Legal services/counsel

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 442	n = 174	N = 777
Extremely important	30.8%	37.6%	26.2%	19.0%	26.5%
Very important	42.3%	45.0%	41.6%	44.3%	42.7%
Slightly important	26.9%	16.5%	26.5%	31.0%	26.1%
Not at all important	0.0%	0.9%	5.7%	5.7%	4.6%

Table 3.41. Financial advising/planning

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 437	n = 174	N = 772
Extremely important	38.5%	38.5%	23.8%	17.2%	25.4%
Very important	30.8%	44.0%	41.9%	44.3%	42.0%
Slightly important	28.8%	16.5%	26.8%	33.3%	26.9%
Not at all important	1.9%	0.9%	7.6%	5.2%	5.7%

Table 3.4m. General shopping access

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 107	n = 444	n = 178	N = 781
Extremely important	40.4%	48.6%	42.8%	42.7%	43.4%
Very important	51.9%	39.3%	48.0%	42.1%	45.7%
Slightly important	7.7%	12.1%	7.9%	11.8%	9.3%
Not at all important	0.0%	0.0%	1.4%	3.4%	1.5%

Table 3.4n. Affordable, accessible housing for older adults

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 441	n = 176	N = 778
Extremely important	75.0%	69.7%	64.2%	61.4%	65.0%
Very important	19.2%	26.6%	28.3%	26.7%	27.1%
Slightly important	5.8%	2.8%	5.2%	8.0%	5.5%
Not at all important	0.0%	0.9%	2.3%	4.0%	2.3%

Table 3.40. Internet access

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 441	n = 176	N = 777
Extremely important	44.2%	38.0%	46.9%	34.1%	42.6%
Very important	30.8%	46.3%	38.1%	31.8%	37.3%
Slightly important	21.2%	13.9%	13.4%	19.9%	15.4%
Not at all important	3.8%	1.9%	1.6%	14.2%	4.6%

Table 3.4p. Employment/volunteer opportunities

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 106	n = 439	n = 171	N = 767
Extremely important	21.6%	25.5%	18.0%	9.4%	17.3%
Very important	47.1%	48.1%	45.6%	32.2%	43.0%
Slightly important	29.4%	26.4%	29.4%	36.8%	30.6%
Not at all important	2.0%	0.0%	7.1%	21.6%	9.0%

Table 3.4q. Nearby friends and/or family who can help you

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 441	n = 179	N = 780
Extremely important	48.1%	59.3%	50.8%	54.7%	52.7%
Very important	42.3%	30.6%	36.7%	30.7%	34.9%
Slightly important	9.6%	10.2%	10.2%	11.7%	10.5%
Not at all important	0.0%	0.0%	2.3%	2.8%	1.9%

Tables 3.5 a thru q. Please answer the following questions regarding the availability of / access to helpful resources. If you are unsure of availability of something, select 'No'.

Table 3.5a. Is there an accessible senior center close to you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 110	n = 448	n = 188	N = 797
Yes	94.1%	90.0%	90.8%	94.1%	91.7%
No	5.9%	10.0%	9.2%	5.9%	8.3%

Table 3.5b. Can you access advanced medical planning to identify care goals and financing healthcare treatments for yourself?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 50	n = 107	n = 439	n = 179	N = 775
Yes	58.0%	63.6%	58.8%	75.4%	63.2%
No	42.0%	36.4%	41.2%	24.6%	36.8%

Table 3.5c. Is there sufficient transportation in your community?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 437	n = 183	N = 780
Yes	26.9%	38.0%	38.4%	50.8%	40.5%
No	73.1%	62.0%	61.6%	49.2%	59.5%

Table 3.5d. Are there meal and food delivery services in your community?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 108	n = 437	n = 183	N = 780
Yes	86.5%	87.0%	86.7%	91.3%	87.8%
No	13.5%	13.0%	13.3%	8.7%	12.2%

Table 3.5e. Are there social and recreational activities, including exercise, available?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 440	n = 184	N = 785
Yes	80.8%	76.1%	79.1%	86.4%	80.5%
No	19.2%	23.9%	20.9%	13.6%	19.5%

Table 3.5f. Do you have sufficient medical care access, including to specialists and emergency services?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 107	n = 443	n = 186	N = 787
Yes	56.9%	61.7%	65.7%	77.4%	67.3%
No	43.1%	38.3%	34.3%	22.6%	32.7%

Table 3.5g. Are personal care (daily living) home services available to you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 108	n = 428	n = 180	N = 767
Yes	66.7%	59.3%	56.1%	73.9%	61.4%
No	33.3%	40.7%	43.9%	21.6%	38.6%

Table 3.5h. Are home health care (medical) services available to you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 107	n = 431	n = 180	N = 769
Yes	74.5%	67.3%	61.5%	71.1%	65.4%
No	25.5%	32.7%	38.5%	28.9%	34.6%

Table 3.5i. Are respite services, where either someone comes to a residence or a person in need of services stays in a care facility temporarily, available to you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 107	n = 418	n = 166	N = 742
Yes	52.9%	49.5%	45.7%	57.2%	49.3%
No	47.1%	50.5%	54.3%	42.8%	50.7%

Table 3.5j. Are elder day services, where a person in need of services stays in an adult day care setting, available you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 105	n = 417	n = 169	N = 742
Yes	21.6%	27.6%	24.5%	29.0%	25.7%
No	78.4%	72.4%	75.5%	71.0%	74.3%

Table 3.5k. Are you able to get legal services/counsel when you need it?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 50	n = 106	n = 434	n = 174	N = 764
Yes	48.0%	60.4%	58.5%	69.0%	60.5%
No	52.0%	39.6%	41.5%	31.0%	39.5%

Table 3.5l. Are you able to get financial advising/planning services when you need them?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 50	n = 106	n = 432	n = 171	N = 759
Yes	42.0%	56.6%	61.8%	69.0%	61.4%
No	58.0%	43.4%	38.2%	31.0%	38.6%

Table 3.5m. Are grocery stores available and accessible in your community?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 52	n = 109	n = 445	n = 184	N = 790
Yes	96.2%	96.3%	92.8%	95.1%	94.1%
No	3.8%	3.7%	7.2%	4.9%	5.9%

Table 3.5n. Is general, non-grocery shopping sufficiently available to you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 107	n = 442	n = 176	N = 776
Yes	64.7%	72.0%	64.3%	67.6%	66.1%
No	35.3%	28.0%	35.7%	32.4%	33.9%

Table 3.50. Is there available, affordable housing for older adults in your community?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 106	n = 433	n = 169	N = 759
Yes	27.5%	31.1%	30.3%	47.3%	34.0%
No	72.5%	68.9%	69.7%	52.7%	66.0%

Table 3.5p. Do you have a permanent internet connection?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 108	n = 444	n = 183	N = 786
Yes	86.3%	83.3%	85.4%	73.2%	82.3%
No	13.7%	16.7%	14.6%	26.8%	17.7%

Table 3.5q. Are there good employment/volunteer opportunities for you?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 51	n = 103	n = 433	n = 172	N = 759
Yes	58.8%	50.5%	54.0%	51.2%	53.2%
No	41.2%	49.5%	46.0%	48.8%	46.8%

Section 4: Caregiver (answered by if indicated they provided care)

Table 4.1. How long have you been/were you an informal caregiver?

Time	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 52	n = 128	n = 24	N = 221
Less than 3 months	0.0%	0.0%	3.9%	4.2%	2.7%
3 to 11 months	5.9%	7.7%	7.8%	0.0%	6.8%
1 to 2 years	11.8%	9.6%	15.6%	16.7%	14.0%
3 to 5 years	23.5%	34.6%	28.9%	25.0%	29.4%
6 to 10 years	35.3%	15.4%	20.3%	29.2%	21.3%
10+ years	23.5%	32.7%	23.4%	25.0%	25.8%

Table 4.2. How has the COVID-19 pandemic impacted informal caregiving? (Select all that apply)

Impact	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 45	n = 103	n = 20	N = 181
Not working due to COVID-19 shutdown and cannot afford to be a caregiver	11.8%	4.4%	4.2%	5.0%	5.0%
Not working just to provide care for a care recipient who got sick with COVID-19	0.0%	2.2%	2.5%	0.0%	2.0%
Lack of Medicaid coverage for me as an informal caregiver	5.9%	6.7%	6.8%	5.0%	6.5%
Eating habits are now less healthy than before the start of the pandemic	47.1%	22.2%	18.6%	35.0%	23.5%

Finances now are worse than before the pandemic	58.8%	35.6%	14.4%	15.0%	23.0%
I am feeling a lack of privacy due to caregiving during the pandemic	0.0%	8.9%	9.3%	5.0%	8.0%
Unable to interact with care recipient	11.8%	4.4%	4.2%	0.0%	4.5%
The COVID-19 pandemic has had no impact on me as an informal caregiver	17.6%	40.0%	53.4%	60.0%	48.0%
Other	5.9%	6.7%	12.7%	0.0%	9.5%

Table 4.3. How aware are you of available resources for you as an informal caregiver?

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 51	n = 129	n = 24	N = 221
Extremely knowledgeable	17.6%	5.9%	4.7%	8.3%	6.3%
Very knowledgeable	17.6%	35.3%	17.1%	4.2%	19.9%
Slightly knowledgeable	52.9%	43.1%	38.8%	37.5%	40.7%
Not knowledgeable at all	11.8%	15.7%	39.5%	50.0%	33.0%

Table 4.4. Do you currently use or have you used respite care services (your care recipient is cared for at an institution or in the home to give you a break)?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 51	n = 127	n = 24	N = 219
No	88.2%	92.2%	85.0%	87.5%	87.2%
Yes	11.8%	7.8%	15.0%	12.5%	12.8%

Table 4.5. Do you require respite care?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 15	n = 47	n = 106	n = 21	N = 189
No	86.7%	87.2%	93.4%	100.0%	92.1%
Yes	13.3%	12.8%	6.6%	0.0%	7.9%

Table 4.6. How would your rate the quality of your respite care? *This question was* not analyzed due to low number of respondents (n = 29).

Table 4.7. What factors would you attribute to low quality or low access to respite care? (Select all that apply) *These questions were not analyzed due to low number of respondents* (n < 20).

Tables 4.8 a thru e. As a caregiver for someone, what support is/would be the most important to you?

Table 4.8a. Respite Care

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 50	n = 118	n = 24	N = 208
Not at all important	6.3%	10.0%	20.3%	25.0%	17.3%
Slightly important	37.5%	32.0%	29.7%	25.0%	30.3%
Very important	31.3%	28.0%	26.3%	12.5%	25.5%
Extremely important	25.0%	30.0%	23.7%	37.5%	26.9%

Table 4.8b. Home services

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 51	n = 122	n = 24	N = 213
Not at all important	6.3%	2.0%	12.3%	12.5%	9.4%
Slightly important	12.5%	19.6%	19.7%	25.0%	19.7%
Very important	18.8%	27.5%	30.3%	25.0%	28.2%
Extremely important	62.5%	51.0%	37.7%	37.5%	42.7%

 Table 4.8c. Support groups

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 49	n = 118	n = 22	N = 205
Not at all important	12.5%	6.1%	22.9%	18.2%	17.6%
Slightly important	50.0%	53.1%	38.1%	54.5%	44.4%
Very important	18.8%	22.4%	22.9%	4.5%	20.5%
Extremely important	18.8%	18.4%	16.1%	22.7%	17.6%

Table 4.8d. Finance support options

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 49	n = 117	n = 23	N = 205
Not at all important	6.3%	4.1%	19.7%	43.5%	17.6%
Slightly important	31.3%	22.4%	27.4%	21.7%	25.9%
Very important	18.8%	40.8%	24.8%	17.4%	27.3%
Extremely important	43.8%	32.7%	28.2%	17.4%	29.3%

Table 4.8e. Informal friend/family support

Rating	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 49	n = 117	n = 23	N = 205
Not at all important	6.3%	2.0%	6.8%	0.0%	4.9%
Slightly important	0.0%	16.3%	17.1%	13.0%	15.1%
Very important	50.0%	44.9%	41.9%	30.4%	42.0%
Extremely important	43.8%	36.7%	34.2%	56.5%	38.0%

Table 4.9. As an informal caregiver, are you able to participate in regular personal social activities?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 49	n = 124	n = 25	N = 214
No	56.3%	36.7%	32.3%	28.0%	34.6%
Yes	43.8%	63.3%	67.7%	72.0%	65.4%

Table 4.10. Has caregiving negatively affected your mental health?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 50	n = 124	n = 24	N = 214
No	43.8%	40.0%	54.8%	41.7%	49.1%
Yes	56.3%	60.0%	45.2%	58.3%	50.9%

Table 4.11. Do you receive enough support to reduce mental health strains/issues? If yes to item immediately above.

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 8	n = 30	n = 56	n = 14	N = 108
No	62.5%	53.3%	60.7%	71.4%	60.2%
Yes	37.5%	46.7%	39.3%	28.6%	39.8%

Table 4.12. Has caregiving negatively affected your physical health?

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 15	n = 50	n = 124	n = 24	N = 213
No	46.7%	60.0%	71.8%	54.2%	65.3%
Yes	53.3%	40.0%	28.2%	45.8%	34.7%

Table 4.13. Do you receive enough support to reduce physical health strains/issues? If yes to item immediately above.

Status	18 - 44	45 to 59	60 to 74	75+	Total
	n = 8	n = 20	n = 31	n = 10	N = 69
No	75.0%	60.0%	67.7%	70.0%	66.7%
Yes	25.0%	40.0%	32.3%	30.0%	33.3%

Table 4.14. What would you change about caregiving and caregiver support? (Select all that apply)

Method	18 - 44	45 to 59	60 to 74	75+	Total
	n = 16	n = 50	n = 119	n = 24	N = 209
I want more access to respite care	43.8%	38.0%	26.9%	33.3%	31.6%
I want more training to be a caregiver	31.3%	24.0%	19.3%	12.5%	20.6%
I want mental health counseling for myself	31.3%	22.0%	16.0%	16.7%	18.7%
I want access to information and support services referral programs	62.5%	54.0%	40.3%	25.0%	43.5%
I want to make my house more accessible to people with physical limitations	25.0%	22.0%	12.6%	8.3%	15.3%

I want more legal guidance and assistance	37.5%	26.0%	17.6%	4.2%	19.6%
I want support for my physical health	50.0%	22.0%	14.3%	25.0%	20.1%
I want transportation for my care recipient	25.0%	22.0%	13.4%	8.3%	15.8%
I want transportation for myself	0.0%	2.0%	3.4%	8.3%	3.3%
I want a peer support network	31.3%	34.0%	16.0%	16.7%	21.5%
I want access to screening or assessments for my care recipient	18.8%	20.0%	14.3%	4.2%	14.8%
I want financial counseling to make caregiving sustainable	37.5%	18.0%	12.6%	4.2%	14.8%
I want to get paid to care for my care recipient	50.0%	24.0%	13.4%	4.2%	17.7%
I want access to Medicaid as I am not working and cannot get private insurance	18.8%	2.0%	6.7%	0.0%	5.7%
I would not change anything	0.0%	16.0%	31.9%	33.3%	25.8%
Other	12.5%	4.0%	5.9%	0.0%	5.3%

Table. Percent of sample who are caregivers in categories 1, 3, 4, or 8 (N = 866)

Caregiver	18 - 44	45 to 59	60 to 74	75+	Total
	n = 62	n = 122	n = 482	n = 200	N = 866
No	72.6%	53.3%	64.7%	77.5%	66.6%
Yes (is caregiver in categories 1 or 3 or 4 or 8)	27.4%	46.7%	35.5%	22.5%	33.4%

Table. Percent of caregivers who are caregivers of children 17 and younger (not as a parent) (category 1) (N = 289)

Caregiver	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 57	n = 170	n = 45	N = 289
No	100.0%	89.5%	91.2%	88.9%	91.0%
Yes, Children 17 and younger (not as parent	0.0%	10.5%	8.8%	11.1%	9.0%

Table. Percent of caregivers who are caregivers of adults age 18 to 59 living with a disability (category 3) (N = 289)

Caregiver	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 57	n = 170	n = 45	N = 289
No	82.4%	80.7%	90.6%	95.6%	88.9%
Yes, Children 17 and younger (not as parent	17.6%	19.3%	9.4%	4.4%	11.1%

Table. Percent of caregivers who are caregivers of older adults 60 or older and/or living with a disability (category 4) (N = 289)

Caregiver	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 57	n = 170	n = 45	N = 289
No	17.6%	33.3%	37.6%	31.1%	34.6%
Yes, Children 17 and younger (not as parent	82.4%	66.7%	62.4%	68.9%	65.4%

Table. Percent of caregivers who are formerly an informal caregiver (category 8) (N = 289)

Caregiver	18 - 44	45 to 59	60 to 74	75+	Total
	n = 17	n = 57	n = 170	n = 45	N = 289
No	88.2%	70.2%	70.0%	68.9%	70.9%
Yes, Children 17 and younger (not as parent	11.8%	29.8%	30.0%	31.1%	11.1%

Section 5: Older Adults (answered by respondents age 60+)

Table 5.1. Do you still drive an automobile?

Drive	60 to 74	75+	Total
	n = 420	n = 149	N = 569
No	3.7%	15.5%	7.2%
Yes, still drives	96.3%	84.2%	92.8%

Table 5.2. How has the COVID-19 pandemic impacted your life?

Impacts of COVID-19	60 to 74	75+	Total
	n = 398	n = 156	N = 554
I have gotten sick from COVID-19	11.8%	9.6%	11.2%
Someone I care about has gotten sick from COVID-19	43.0%	35.3%	40.8%
I am having difficulties receiving adequate medical care	9.3%	5.8%	8.3%
I am having difficulties receiving other services important to me	10.6%	9.0%	10.1%
My income has been negatively impacted	17.3%	7.7%	14.6%
I am having difficulty purchasing essential products	14.6%	16.7%	15.2%
My social life has been negatively impacted	73.6%	67.9%	72.0%
I feel lonely	31.2%	28.8%	30.5%
I feel bored	30.7%	33.3%	31.4%

Table 5.2. (Continued)

My sleep quality has worsened	29.4%	22.4%	27.4%
My physical health has worsened	20.4%	18.6%	19.9%
My emotional health has worsened	31.7%	30.1%	31.2%
I am stressed	36.4%	19.2%	31.6%
Feel unsafe (anti-maskers)	0.8%	1.3%	0.9%
Other	4.5%	7.1%	5.2%

Table 5.3. What are the most attractive aspects of senior center activities for you?

Attractive Aspects	60 to 74	75+	Total
	n = 421	n = 177	N = 598
Opportunity to socialize with others	58.0%	67.8%	60.9%
Opportunity to make new friends	23.3%	18.6%	21.9%
Hot meals served in a social setting	35.9%	53.1%	41.0%
Meals delivered to residence	18.8%	28.8%	21.7%
Friendly staff	20.0%	35.6%	24.6%
Access to health, fitness, and wellness services	33.5%	22.6%	30.3%
Activities such as crafts and art classes	15.4%	14.7%	15.2%
Games, such as bingo and bridge	11.6%	16.4%	13.0%
Access to in-home services	18.8%	26.6%	21.1%
Counseling and management services	7.8%	2.3%	6.2%
Source of community	14.7%	6.2%	12.2%
Employment, volunteering, and/or civic engagement opportunities	10.2%	9.0%	9.0%
Available transportation services	16.4%	29.4%	20.2%
Senior Center services unknown	1.9%	1.1%	1.7%
There is no need to increase interest in senior center activities	4.0%	4.5%	4.2%
Other	2.1%	3.4%	2.5%

Table 5.4. What are some barriers that prevent you from participating in activities at your senior center? (Please select your top three options)

Barriers	60 to 74	75+	Total
	n = 434	n = 172	N = 606
Do not think I need them	27.2%	18.6%	24.8%
Do not want to be associated with a senior center	3.9%	2.9%	3.6%
Do not want others to know I am using senior center services (stigma)	3.2%	1.2%	2.6%
Unable to physically get to a senior center	2.5%	12.2%	5.3%
Building inaccessible (long walk, poor lighting, poor parking, etc.)	1.8%	5.2%	2.8%
Senior center neighborhood is unfamiliar	1.6%	2.3%	1.8%
Schedule does not allow for senior center activities	14.1%	6.4%	11.9%
Do not know where the closest senior center is	3.2%	2.9%	3.1%
Do not know how to enroll in senior center services	5.5%	1.7%	4.5%
Do not understand the services offered at senior centers	7.8%	6.4%	7.4%
Do not know the costs to participate in senior center activities	7.8%	4.1%	6.8%
Do not have a point of contact with a senior center	6.2%	6.4%	6.3%
COVID makes it impossible	6.5%	5.8%	6.3%
COVID-19 Senior Center should have done more/better to address	1.2%	0.6%	1.0%
I have nothing preventing me from using my local senior center	54.8%	63.4%	57.3%
Senior center is too far away	2.5%	1.2%	2.1%
Not accommodating of dietary requirements	0.5%	1.7%	0.8%
Poor activities and crafts	0.7%	1.2%	0.8%
Other	2.1%	2.9%	2.3%

Table 5.5. Have you or a partner used senior center services?

Use Senior Center	60 to 74	75+	Total
	n = 446	n = 181	N = 627
No	46.4%	21.0%	39.1%
Yes	53.6%	79.0%	60.9%

Table 5.6. Have senior center services helped you or your partner remain in your home rather than transition to an assisted living facility or nursing home?

SC has helped	60 to 74	75+	Total
	n = 219	n = 124	N = 343
No	72.6%	50.0%	64.4%
Yes	27.4%	50.0%	35.6%

Table 5.7. Do you have a device with which you can connect to the internet?

Has a Device	60 to 74	75+	Total
	n = 444	n = 175	N = 619
No	2.9%	25.1%	9.2%
Yes	97.1%	74.9%	90.8%

Table 5.8. Which training do you need on how to use devices connecting to the internet? (Select all that apply)

Training	60 to 74	75+	Total
	n = 417	n = 152	N = 569
I do not need any training	72.4%	53.9%	67.5%
Video calls	11.8%	18.4%	13.5%
Conference calls	6.2%	8.6%	6.9%
Emails	2.9%	9.9%	4.7%
Social media	4.6%	8.6%	5.6%
Programs specific for hobbies like art, animation, and creative writing	4.8%	5.9%	5.1%
Online shopping	2.2%	10.5%	4.4%
Avoid scams	13.2%	22.4%	15.6%
Finding information and resources online	6.0%	14.5%	8.3%
General internet use	7.0%	20.4%	10.5%
Disability awareness training	0.7%	2.0%	1.1%
Learn to use cell phones/computer basics	0.7%	2.6%	1.2%
Other	0.7%	5.9%	2.1%

Table 5.9. Do you have an active internet connection at home?

Internet Connection	60 to 74	75+	Total
	n = 442	n = 178	N = 620
No	7.0%	24.2%	11.9%
Yes	93.0%	75.8%	88.1%

Table 5.10. What are the barriers to having active internet connection at home? (Select all that apply)

Barriers to Internet	60 to 74	75+	Total
	n = 27	n = 32	N = 59
Cost of initial setup	48.1%	18.8%	32.2%
No land/broadband connection	14.8%	0.0%	6.8%
Satellite issues	7.4%	3.1%	5.1%
Monthly cost of service	74.1%	28.1%	49.2%
Do not know where to go	14.8%	3.1%	3.4%
No Internet service provider for my address	3.7%	3.1%	3.4%
No device that connects to the Internet	7.4%	18.8%	13.6%
Do not know how to connect a device to the Internet	0.0%	3.1%	1.7%
I have no interest in getting Internet access at home	3.7%	6.3%	5.1%
Other	22.2%	65.6%	45.8%

Table 5.11. Do you know how to stay safe online and avoid scams?

Stay Safe	60 to 74	75+	Total
	n = 443	n = 169	N = 612
No	2.9%	14.2%	6.0%
Partially	31.6%	29.0%	30.9%
Yes	65.5%	56.8%	63.1%

Table 5.12. In the past year, has your medical provider offered you appointments with a doctor, nurse, or other health professional by video or by phone?

Offered appointments	60 to 74	75+	Total
	n = 445	n = 175	N = 620
Yes, and I have had an appointment by video or phone	44.5%	48.0%	45.5%
Yes, but I have not had an appointment by video or phone	16.0%	10.9%	14.5%
No	31.9%	36.6%	33.2%
I do not know	2.2%	2.3%	2.3%
I have not seen a provider	5.4%	2.3%	4.5%

Table 5.13. How would you rate your emotional health? ("Prefer not to answer" coded as missing.)

Rating	60 to 74	75+	Total
	n = 441	n = 178	N = 619
Poor	4.1%	1.7%	3.4%
Fair	22.0%	18.5%	21.0%
Good	49.2%	53.4%	50.4%
Excellent	24.7%	26.4%	25.2%

Table 5.14. Do you require assistance to complete activities of daily living (walking, eating, dressing and grooming, toileting, bathing, and transferring)?

ADL assistance	60 to 74	75+	Total
	n = 443	n = 180	N = 623
No	96.2%	87.2%	93.6%
Yes	3.8%	12.8%	6.4%

Table 5.15. Do you require assistance to complete independent activities of daily living (managing finances, managing transportation, shopping and meal preparation, house cleaning and home maintenance, managing communication, and managing medications)?

IADL assistance	60 to 74	75+	Total
	n = 443	n = 178	N = 621
No	88.5%	60.7%	80.5%
Yes	11.5%	39.3%	19.5%

Table 5.16. How would you rate your knowledge of Community Choices Waiver (CCW) programs prior to taking this survey?

Knowledge of CCW	60 to 74	75+	Total
	n = 441	n = 175	N = 616
A great deal of knowledge	5.2%	4.6%	5.0%
Some knowledge	17.2%	20.0%	18.0%
Very little knowledge	22.9%	25.1%	23.5%
No prior knowledge	54.6%	50.3%	53.4%

Table 5.17. Have you ever had a healthcare professional evaluate your long-term care needs or propose support resources for you?

Long-term care needs	60 to 74	75+	Total
	n = 442	n = 175	N = 617
No	93.0%	86.3%	91.1%
Yes	7.0%	13.7%	8.9%

Table 5.18. Are there any important services you require that are not currently provided by either senior centers or the CCW programs as far as you know?

Unmet LTC needs	60 to 74	75+	Total
	n = 442	n = 175	N = 617
No	90.7%	88.2%	90.0%
Yes	9.3%	11.8%	10.0%

Do you currently have health insurance that helps pay for the cost of health care?

Health Insurance	60 to 74	75+	Total
	n = 482	n = 200	N = 682
Private health insurance offered through an employer or a union. This could be insurance through a current job, a former job, your job or someone else's job	40.7%	18.5%	34.2%
Private health insurance plan that you bought yourself	34.6%	45.0%	37.7%
Private health insurance that you bought through a government exchange under the Affordable Care Act	5.6%	2.0%	4.5%
Medicaid, or some other type of state or government provided medical assistance	7.7%	15.5%	10.0%
Medicare	62.2%	85.0%	68.9%
CHAMPUS or care through the Veterans' administration	5.6%	9.5%	6.7%
Other health insurance	17.0%	16.0%	16.7%
None of the above selected	11.0%	10.5%	10.9%

Appendix B: Participant Comments

OPTIONAL Do you have any other final thoughts you would like to share with us at this time about anything related to aging issues or services in your communities No character limit

- Good survey it really captures the elements of aging and services needed lacking in the community.
- I think widowed or single ageing people have more difficulties staying in their homes. It is especially difficult for them to access repairs for their homes or help with cleaning getting groceries and transportation to medical care also home health nursing care at affordable prices or even free is especially needed. More people could remain in their home if all these services could be obtained. It would also be much less expensive for the senior and less health dollars would be required.
- Most of your questions speak about information. Information is out there and available. Its qualifying for the programs. When in need people are 100 over the eligible requirement. That is always the problem. Recently I ran into a situation where a family needs a ramp outside their home for their elderly parent. There is money available through the WYSIL program for the ramp, but they deemed the ramp is more cost than the home is worth, so they won't build it. People are poor and they need what they need but no one is willing to help and those not in their situation make decisions about their lives.
- I work with the elderly in my community through the senior center. I put them on our grant funded services to help them with their needs in the home. It ranges from light homemaking to personal care that they struggle to do each day. We are also able to make sure that the elderly have food in their homes by grocery shopping for them. If these grants are to be taken away, we will not be able to serve the 100 plus participants that we have on these programs. This would also mean that I along with my coworkers would not be able to make sure that their needs are met, and they can stay in their homes as long as possible. This is a huge help to our community and the families that rely on our services.
- I find it extremely concerning funding is being cut for some of the in-home service grants. I work for a home health care company based out of a senior center where an in-home serve business is located, and they care for over 100 clients. After June 30th of this year most of those people will lose their services with no other options for assistance available to them. These are low income based clients so going into LTC or assisted living is not an option for them. They will experience injuries and catastrophic accidents without someone going into their home as help with showers meal prep housekeeping shopping and even rides to important doctor appts. This is going to be a real disaster. How we can allow our politicians in Wyoming to receive raises in pay while true human suffering is about to take place sickens me to my core. Someone needs to jump in and get some help for our elderly immediately.
- There is no point to putting a plan together if it can't be paid for. I hope Wyoming will find a way to generate enough revenue to support aging.
- Last summer we moved from quad level house to single level living. Adult daughter has moved into basement to assist with caregiving. We are in the process of remodeling to make the main floor more accessible. We tried to find financial assistance to accomplish the remodel to no avail. I have completed the HealthyU program through UW. They have continued contact.
- I know there are resources out there and I appreciate that. But I'm seeing what those in power in our state are doing and the priorities they are making that don't focus on helping the aging and our state is aging significantly. My family isn't supporting at all so the burden falls to me. Seeing what's happening with my parent and knowing my future, I have to ask if it's worth staying in Wyoming. Not at all how I thought I'd be spending this part of my life.
- We need more home health services. We need better transportation. A one-hour doctor visit easily turns into a 3-hour ordeal for these elderly people and takes a toll on their physical health. COVID has ruined everything.

- There are home health options in Laramie County however there is usually a shortage of CNAs. Individuals can use a Medicaid cab service however it's almost impossible to break even with the money coming in vs expenses and the rate per ride and mileage rates were just cut. This is a very important service to the elderly and disabled but there seems to be no support or funding to assist companies trying to stay open.
- We need to keep our services for seniors as they are vulnerable and most do not have enough social stimuli to assist them in functioning with happiness.
- I would like to see more funding education services and support so older adults may continue to live
 independently in their communities and raised awareness that nursing home living is the only viable
 option.
- Am glad that this survey has become available to me at age 85 it is important to know all that is happening with the aging resources community here in Wyoming.
- Update the Covid 19 vaccine guidelines to include those over 65 as a 1B priority since they are much more likely to die if they catch the virus than other groups.
- We had access to home health in our community until the hospital closed it down in 2015. Now I worry I may need it and it won't be there for me.
- My parents would like to get into a smaller home with less maintenance involved but unfortunately not much is offered or is out of range on pricing. Instead, I provide help for them to stay in their current home which is more than they should be handling at their age
- The Wyoming Home Services program through the Senior Center has been a low-cost way for seniors to get a little help. Especially those that don't need home health care. Finding funding to reinstate this program will assist seniors a great deal.
- Quality of care in nursing homes is shameful as evidenced by the mortality rate due to COVID. This needs attention. The owners/investors of these facilities are only in it for the money. There is no compassion in their care no effort to improve the quality of life for those having to live there.
- Everything is so expensive. My parents worked all their lives but when my father got cancer it ate up everything. Now he is gone, and I am left trying to take care of my mom 79. I have a family of my own and try to help her as much as I can, but it is so hard. Financially it can be so hard.
- More options for seniors to stay in the community are needed. Affordable options. The loss of the PACE program has hurt the aging community of Cheyenne.
- The Senior Center is a valuable asset to our community. I believe that without those in home services our seniors would be forced to leave their homes where they would like to stay and would have issues being able to pay for. Assisted Living and/or Nursing Home. They also do not want to be a burden to their children.
- It is difficult to find handyman help. Some do not even respond to phone calls even when they are running ads in local shopper newspapers.
- Personally, the biggest issue I have is the lack of the sort of housing we would like to buy. Ideally, we
 would like to sell our home and buy a new modern place with central air and attached garage on 1
 level no stairs in East Casper. There just is not anything that meets our needs. We are not interested in
 moving to west side of town or an older home. Has been frustrating.

- I answered some of these questions for me and some for my dad. He lives on a ranch in a small town and was caregiver to my mom who had dementia. I would travel to help for a couple days every couple weeks. The resources for Home Health care were nil. This greatly impacted his social activities and his health. We finally had to transport her to Chevenne to a memory care unit when he came down with cancer and had to travel to Casper for his chemotherapy. The move from mom's beautiful home of 50 years to an unknown place was not only extremely hard on her but on my dad and me. My home is bilevel which was not conducive to her wandering. Being able to stay at home would have been so much better. Dad's guilt over having to send her completely away from her home was tough. The monthly fee for her room and the memory care unit was unreal. What is also unreal is it was way cheaper than a nursing home. It was always way understaffed. When I would bring this up to the head nurse, she said they were always in compliance with the state staffing rules. Those rules need to be changed to increase the staff to resident quota. The CNAs wages are so low it was a concern on why they would even want to do a good job of taking care of my mom. Luckily most of them were good people wanting to take good care of my mom. BUT they could only do so much with so few of them. I helped as often as I could. Dad's savings were eaten up quickly. Mom was there almost 3 years. In light of all that my dad went through with not being able to keep mom at home we are looking to build a house that is geared toward making a caregiver's life easier-- one level, wheelchair accessible shower and separate quarters for a live-in CNA if needed. Also, some sort of financial incentive is needed for spouses/children that are caregivers. The money saved by keeping them at home rather than at a nursing home would be huge. I think it's sad how we care for our elderly in this country. I hope I've helped somewhat in completing this survey.
- In my community, there is very little access to information for the elderly There is very little affordable housing, hardly any transportation, very little access to specialty medical services. Most places are not handicapped accessible. There is very little choice for home delivered meals. There is no option for socialization for the elderly.
- It is disappointing that the State of Wyoming chose to close a local program that was caring for the needs of the elderly in this community and now is asking for input on how to care for this population. This was researched extensively 10 [years] ago and solutions were brought to the Department of Health that they are no longer engaged in.
- Need more low-income elderly housing in Cheyenne.
- We are fortunate to have family who keep track of us and help whenever they can. While I have an honorable discharge from the US Army because I did not qualify for active service and cannot obtain veterans benefits. That is fine with me, and I understand.
- We need better/more nursing home facilities than are currently available. Quality of living in the available nursing homes is not very good.
- I would like to see more affordable housing utilities, internet, and no tax on 65 and older.
- I am very concerned about the ability to remain in my own home and live independently if the Governor Gordon's plan to eliminate the Help at Home program through the Senior Centers actually takes place. It would mean I would no longer be able to remain independent in my own home. I am dependent on this service for those things I am no longer able to do on my own but am very wonderfully cared for through the current program. Instead of wiping this program out why not adjust the sliding scale of charge made to us be increased a reasonable amount to lower the amount necessary from state assistance.
- We have great services in Sheridan. Although there is a Medicaid program to provide nursing home care in the home there is inadequate funding to make this available for all who want it. So, it got to the point my caregiver is in a nursing home.
- I wish more resources for caregivers were available in the smaller communities. I interviewed a ton of people to help me with the care of my uncle and mom, but they weren't very nice or trustworthy individuals. I would like to see maybe an agency who could do background checks interviews and the like so caretakers would have a resource to help them with the people they are taking care of. It's hard when a caretaker is working a fulltime job and then having to take care of their people.

- The Wyoming Home Services Program is vital to the seniors in my community. They rely on the care we give to stay independently living in their homes.
- I worked at the Sheridan Senior Center for over 12 years. I was the Medicaid case manager, Adult Day Care Director, Family Caregiver Director, and Director of In-Home Services. Over those years I feel very fortunate to have an understanding of these valuable services
- Focus on the fact that the medical field treats and tests according to age NOT HEALTH NEED. To start testing for a person's living age and treat/test according to that. I am in good health but get treated as talked down to and tested an old person. DOES NOT HELP IN ANY WAY. Just makes the elderly age faster and put on unnecessary medications, e.g., was told just yesterday by a person in the medical field a person in your category. I found a quiz from a Scandinavian country that rated me as 20yrs younger than I am. I basically have to heal and treat myself. Thank God for a VA doctor 13 hours away and appointments 24 weeks out that listens and helps in the treatment and testing that I request. This is a problem systemic within the medical field.
- Sheridan provides great opportunities for seniors and has an abundance of private faith based, governmental, and community resources. The cost and availability of housing and high property taxes are significant problems for some senior as well as low-income younger folks.
- Sweetwater County has always failed miserably where medical services are concerned especially for the elderly and disabled. Traveling 180 miles to Salt Lake City, 100 miles to Evanston, and 200 miles to Laramie for specialized services is exhausting and expensive. In addition, we have no organization that is a point of contact for referrals to services needed, e.g., financial legal medical rehabilitation advocacy, etc. Every county needs an aging and disabilities division with a point of contact. While this requires funds. I know the state and most counties don't have it should at least be considered.
- Open the senior center. Educate the staff about meal planning. Get some activities going again. This center promotes unqualified people and hires folks that are rude and nasty.
- When sending items in the mail to older adults it is helpful to us if the font is at least 14 point and in Times New Roman or something like it. We often have vision problems. When calling speak slowly and clearly. We often have hearing aids that garble words. COVID19 has negatively affected most older people because we have too much time on our hands, and we cannot socialize with friends while family is working to make ends meet.
- Distance from grown children and some chronic health issues are our primary reasons for entering a retirement community for independent living. However, meals, cleaning, social activities and some health care information is provided here even though it is labeled independent living.
- Some adult daycare and childcare have been limited by the pandemic and virtual support groups are not very helpful.
- I do foster care and hearing they are going to cut the budget and payments for foster care is very discouraging since the payments barely cover cost. How are you going to find any funds from Wyoming to increase services needed for the elderly and caregivers when they are so short sighted and focused on no new taxes.
- More awareness.
- I had to find out about full time and part time care agencies that a person could hire for help through the facility where my mother was living.
- I heard that the Senior Center provided transportation to various areas in the community.
- I went to internet to search for Pill Dispensing Machine. Didn't even know they made them. Medacube works great.
- I went to internet to search for system to see that parent was safe in their home.
- I went to the internet to see what home improvements are good for dementia or elder including different type of clock specifically created to help with Sundowners.
- I am unaware that the State has anything for better living improvement suggestions for the elderly.

- I am struggling trying to do what's right for my elderly mother to keep her cognizant but don't have anything that can help her move around more as she's on oxygen 24/7. Home health came by for 2 to 4 weeks and because she has improved her health after having Covid and pneumonia, they no longer have anything they can provide to her.
- You ask if we want anything else. How do you know what else you want when you don't even know what can be available.
- Suggestion for help with livestreaming via TV so the elderly can see family. My mom didn't even want to talk on the phone but when we did livestreaming to visit with my sister or my daughter she reacted very positive and almost acted like a she had a switch turn on.
- I had to train the Rocky Mountain Manor on the clock, medacube, and cameras that work 24/7 so you can view where they are pointing so even they don't know what new things are available to help the elderly. The state should lead this but I'm not sure the state knows about these new things. This should be a national movement.
- The next virus is around the corner. We need businesses to enforce CDCs health guidelines for current and future viruses and pandemics. The sheriff will not and does not have staff to do it.
- I believe there will be more TeleMed in the future. Also, more and more services will require technology. Seniors need help getting technology in their homes and learning how to use it.
- Thank you for this well-written survey.
- Food for thought: In my master's degree class we learned that you should offer an incentive for someone who took the time to take your survey more than just saying thanks.
- Cost of everything.
- Public and retail spaces are not set up for seniors. Need wide and automatic doors fewer bumps and stairs.
- We have grocery stores available but if we did not drive and have our own automobiles it would be difficult to access them as we are not on the route serviced by local transportation services.
- Our area taxi is going out of business. Senior center bus service is very limited due to COVID and funding.
- The humanity in medicine is gone. Doctors, nurses, physical therapists etc. do little to help lead through the complicated rules/regulations, getting prescriptions to get you what you need not what is just easy or not at all. The older you are the less interest there is in saving you fixing you or helping you because you're just going to die anyway. The medical field is willing to let you be in pain or ill fitted dentures, hearing aids. If they can get away without doing something they will.
- Communities need an official office for resources for seniors to help them understand Medicare Medicaid insurance, advance directives, etc.
- Communities in Wyoming need senior living communal spaces such as Resort55 and other places they have in Colorado and other states Senior communal living spaces need to be affordable.
- Not yet in a position to need a lot of assistance. Would like to see a geriatric health specialist within reasonable travel distance. We are in the process of moving to town farm got too much to handle.
- My mother was in our local nursing home for over 3 years. When the covid restrictions went on in March we were no longer able to visit and help with her care. She has Parkinson's disease and requires medication administered precisely throughout the day. Missing her meds causes severe withdrawal symptoms. We experienced two of these events while the nursing home was complaining to us about the amount of time and level of care that our mom required. Then the employees brought covid into the building and the staffing levels became critical. One day our mom received no meds and again went into withdrawal. The neglect was so bad by then I quit my work and we moved our mom from the nursing home into our home to care for her which we continue to do.
- As a member of the Silent Generation, I am disappointed that the WWII generation and baby boomer generation have been catered to and asked what they need/want while my generation has been

- ignored or disappeared. We are few in number but different from the above-mentioned generations Thank you.
- Nye health is a business and I understand they need to make business decisions, but I would hope there would be a state law preventing them from evicting residents of Legacy Lodge in Jackson with only a couple months' notice in the middle of a pandemic. Many people living at Legacy Lodge have difficulty understanding the ramifications of Nye Health closing Legacy Lodge. There is no other place for these people to go and some of them do not have close family to help them with a transition. I would hope the state legislature could easily pass a statute making it law to provide at least 90 days' notice to paying customers of an assisted living facility. I hope this doesn't happen to other hard working older folks across the great state of Wyoming.
- We do not believe our health care system, Government, or Media regarding this so-called pandemic. Therefore, we do not watch any news on TV or listen to the radio. I lost both of my parents last year because they were lonely and unable to see their adult children. And that is what our health care system and government has done to the elderly of this nation.
- Grant availability program rules.
- I am a social worker, and the Community based program is essential to keeping our aging citizens in their homes. Services provided in the home make a huge difference so people can age in place.
- How to get prescriptions.
- Being that Wyoming gets a fair amount of snow would be great to have snow removal that is affordable for seniors. So far, I have been able to do it but did fall two times last year. I have two metal knees that don't bend, and it was impossible to get back up without help. This worries me on every storm of falling as neighbors are not very helpful and keep to themselves. IT would be great to hire someone to keep sidewalk safe but am limited on finances.
- Covid has had a devastating impact on seniors due to isolation creating depression, boredom, and loneliness. My daughter helped me with this. I don't want to be on a computer or online Virtual medical visits are not quality care. I don't ever want to go to a nursing home but more services at affordable prices need to be available to avoid that. Thank you for the opportunity to do this survey. Having this available at a senior center would have been a good idea.
- I would definitely want people as they age and can take care of themselves with a little help from outside if needed be able to stay in their own home. It should be affordable so they do not need to go to care centers when they cannot afford assisted living. Care Centers are so much more expensive than keeping someone in their homes even with part time outside care. Thank you.
- We fall in that category where my husband makes just enough that we don't qualify for anything but our insurance premiums from BCBS are 3740 per month. But I have had 6 surgeries in the past year and a half one of them was a 16-hour long transplant surgery with a month of hospitalization. So, we have to have insurance. We got kicked off his employer's health insurance plan because of me and my health issues. So, we qualify for nothing, but I cannot get disability because I haven't been working.
- I realize the pandemic has affected all of us in different ways. Funding from the government for services such as home delivered meals and other social aspects for the elderly is vital to age in place without assistance many of these sites would not be able to provide services.
- The lack of care for people suffering from ANY form of dementia is staggering in the State of Wyoming. Caring for my dad for almost 10 years with my mom and the help of other family members killed her. She died unexpectedly 2 years ago, and he is still alive. With no other choice on our hands, we had to move him into the Wyoming Retirement Center in Basin because there is not 24-hour care available or care that even corresponded with my work schedule to be able to keep him at home. Now we cannot even see him because of COVID. If the elderly were cared for as much as people that are not working and living off the state, the world would be a much better place.
- For me the Cheyenne VA is a great resource as well as FE Warren AFB. Cheyenne has an excellent greenway parks and recreational programs which I enjoy using.
- Increase funding to foster grandparent program to ensure we have more available to help those trying to live in their homes.

- WY needs more independent facilities with tier choices across the state.
- My greatest concern about aging in Wyoming is the extremely expensive health insurance options. I cannot imagine ever begin able to retire unless I have some way to afford health insurance.
- The recent budget cuts made by the Governor to the In Home Services Programs are detrimental to keeping seniors in their homes. Many of these individuals do not qualify for Medicaid Waiver programs and will fall through the cracks without these services. Wyoming is a frontier state, and the elderly can be isolated due to geographical locations and may not be able to access assistance any other way but through the In Home Care Services Programs.
- I would love to see a physician in our central state who specializes in geriatrics who would be willing to travel.
- WY should not balance the budget on the backs of its Elderly children and disabled. Shame on them. Medicaid need expanding to 400 of poverty limit and Minimum wages should be raised. A fair tax plan needs to be enacted to support services for vulnerable populations especially for in home care.
- My biggest concern as I get older is having an advocate or people to help me navigate ageing issues. I do not have children close family or a lot of friends who could help me.
- Right now we both are mobile but my husband's health is declining which could have serious impacts.
- As a caregiver I'm devastated that the state of Wyoming defunded the PACE program. PACE is a model of care that has been around since 1977 across the country. It would meet the needs of my loved one and for me as the caregiver. I worry for the future of our state and the lack of services for the aging residents. Not only is PACE going to leave a void of services in our community it hurts the client as well as the family caregivers. It is a struggle to access services in Wyoming. I lived in another state and there was much more support and education for aging services. Here as a family member, you have to dig and dig to get help. It is not coordinated and organized, and the older adult is the one that suffers. I worry about others that don't have a family member to advocate for them when I know what I had to go through to get help for my loved one. We also need more assisted living centers that accept Medicaid. The only one in town that takes Medicaid is still almost 1500 dollars per month out of pocket costs. That is just too high for most Medicaid recipients When they can go across the border for the same care and only have to pay 13 of the cost of room and board. We don't want our seniors having to leave the state just to get the basic medical and social support that they deserve. We need more funding into programs that provide in home care. We need more support for housekeeping shopping lawn care etc. and caregiver respite. Thank you.
- I have been trying to obtain employment for two years now. There is quite a lot of agism against older people trying to find work. Employers only interview and hire younger individuals especially now during covid. I must find a job and obtain employment to supplement social security, or we will become homeless.
- I would be happy to pay state income tax to allow Wyoming to fully fund our needed social services and education bills.
- Need more services so a person can age in place--household chores, grocery shopping, errands.
- I took this survey on behalf of my husband who is 83. I am 68. Should I take the survey again as myself
- Through Wyoming Senior Citizens Inc there are several programs to assist the elderly. The Senior Companion on a fixed income and 55 years of age you can volunteer if you need nonmedical assistance you can get a volunteer to come help. This is Federally funded but there is need for local grants to keep this program going. There is the Foster Grandparent Program to volunteer if you are 55 and on a fixed income to help mentor children in schools. There is the Respite Program and the SMP program. I do feel we need grocery delivery options for our home bound seniors as well as an additional low-cost transportation program in Natrona County. For the surrounding rural communities there needs more access to medical and senior care.
- It is crucial that Wyoming expands Medicaid to adults who cannot qualify for the program and increases overall access to health care.

- This was answered by me male 88 years old via my daughter who answered the caregiver questions for herself.
- I am concerned when I hear that most services for seniors are going to be cut due to budget constraints. I see that the in-home care services are being cut. This program helped my mother live for at least 10 to 15 years in her own home I did a lot for her too, but the housekeeping and personal care made a dramatic difference for her. I was able to keep my job and plan for my own retirement. She used the senior center and many of the programs managed by them including in home care, transportation, meals, visual impaired info, hearing impaired info, and the socialization and activities that are so important. When I have had to use or tried to get additional help for housekeeping and medical needs in the private sector the rules and cost are prohibitive. Private housekeeping services do not screen employees like the Senior Center did. Their safety plan is to send 2 workers together and I guess they are supposed to police each other. Cost for that service is around \$200 for 2 hours because they charge for 2 people and have a 2-hour min. That is not something I can afford even once a month. Dealing with home health was another kettle of fish. Yes, they would come, and Medicare would pay for some, but they never wanted to have a set time. Not usable for us. So far, we have been able to do most for ourselves but as we get older getting help for housekeeping, clearing snow, mowing, laundry, and other tasks will be overwhelming.
- COVID has put a damper on our local Nursing Home. I wish that they would relook at opening up to regular visiting hours. This has taken a toll on residents. More people are dying in my area from loneliness and isolation than COVID. We all need to figure out what is really important here.
- Would love to know where to look for resources. Could use more mailings or info on social media. This helped me realize there are resources I need to check into. Taking care of my parents is necessary but completely draining. It is a full-time job. More help and info on care opportunities for Alzheimer's patients is needed too.
- Feel that you have indicated the vital need to plan for the future needs of the elderly in our society.
- Would like to be further informed and would be pleased to actively participate in this dramatic area of concern.
- Difficult to differentiate some answers between personal needs as aging caregiver and parents here.
- Housing is an enormous barrier here and due to the shortage of options, landlords prey mercilessly on tenants. One 90-year-old friend pays \$1,200 a month for an apartment which has had mold and radon problems. A nurse who lived in my building was harassed because she is African American; a lease was denied to a couple because they were gay. Landlords can charge anything they want and legally can enter your apartment without notification. I come from another state and I have never seen such harassment and disrespect of tenants. There is a bit of low-income housing which is dreadful but if anyone has a few dollars in a pension they are at the mercy of horrific rental conditions. I don't know how anyone ages successfully here who isn't a homeowner. It is truly scandalous.
- I am extremely worried about my neighbors because of state budget cuts I am afraid that the best service you could provide would be one way moving expenses to a state with better safety nets.
- As stated before, I only know of the Campbell County Senior Center in Gillette WY who provides inhome care personal care, transportation and meal delivery for seniors. The goal is to help seniors stay as independent as long as possible the seniors want this and it is extremely affordable for the state.
- I have been unable to find someone to help me how to figure out if I will be able to stay in my home when I'm older. I want to know that I will always be able to stay home and not put in a facility.
- In other states I've lived in seniors become exempt from paying certain taxes etc. Like no property taxes. It would be great if at a certain age utility companies could no longer raise their rates. Our license renewal should be free or very inexpensive. Thank you for reading this.
- There is a need for a daily phone check in service for seniors who live alone without family nearby. It could be run by senior centers and could be automated. Seniors would enroll in the service and provide one or more contacts in case they fail to check in.

- I found that the disability access in my community was sorely lacking; that ramps were not always in logical places; sidewalks and curbs were not adequately maintained for wheelchair access; recreational opportunities for the wheelchair confined were limited. Homecare and respite care were difficult to find and I was unaware of any centralized resource for reference.
- Casper as I age and am considering a move to a state with more resources. Specifically, the lack of quality affordable assisted living and nursing home care is very concerning. I have been a caregiver for a parent who was in every nursing home facility in Casper and passed away in a dementia unit, so I am very aware of the reality of what is available. More importantly I am concerned with the lack of transportation options for non-driving Seniors. Far too many of us continue to drive long after we have lost the capacity to do so safely. I am not aware of any 55 housing developments here which could provide a lot of support to residents. My mother lived in one of these in Maine there were many to choose from and was able to live independently well into her 90s with minimal support from the staff arranging transportation to appointments social activities general help located resources she needed. Also, it was very secure. The place she lived in was an old, converted school building that has been redeveloped by a company specializing in this. It was subsidized for low-income people so she was able to live there on her minimal Social Security benefit. I don't see anything like that here. I think it is tragic that elderly people are forced into assisted living nursing homes which they cannot private pay by very simple things that could be addressed by a minimal level of support.
- Covid has changed the landscape of aging drastically. The elderly are even more isolated than previously there should be more resources to reach out to them so they don't fall into depression. I don't know how you would address this dilemma since they are advised not to let anyone into their residences. They are scared to venture out.
- Need Home Health.
- I am currently healthy and very mobile. My current biggest concerns about aging at home are mobility to main steps and stairs that will become difficult. Many newer and nicer homes in Cheyenne that I have looked at are too large and have too many steps for easy negotiation for elderly. Could the state encourage some 55 type communities through tax benefits I also worry about lack of transportation if I become unable to drive
- I would like to see a dedicated 55 or older community of private homes with shopping medical recreation and most services within walking distance and or shuttle service available at a reasonable price.
- Hubby and I still able to be in our home but realize age is against us and we are getting more feeble and I am kind of scared about the future. Also, how do we cope if one of us dies?
- I read in the newspaper about Health Care at home. Although I am able to care for myself with occasional help from my teenage grandchildren that live 15 minutes away, I am interested in living in my own home as I am able.
- The information that was in the newspaper was very limited as to how to find more information about living at home. I was able to find this survey but not sure that others that are older than I am would be able to find it.
- I like to think if possible, to keep an elderly person in the home instead of in a nursing home environment. Placing my mother in a nursing home was good for a while but as she got older, she lost the interest to life because she didn't have contact with other people that could communicate with her. It was sad to watch her go downhill like that.
- Caregiving is a 24/7 job. I knew it would be hard, but it is extremely exhausting. My husband is bedridden and has to be moved using a lift. His bed mattress air won't stay up which makes even rolling him difficult. He doesn't qualify to get a replacement for another 13 months according to Medicare. They are expensive and as I have a mortgage payment can't afford the expense. Trying to navigate problems like this increases my load. He ended up in the hospital with COVID and that is the first decent several nights sleep in 4 years. I need a safe way to get him out of the house in his wheelchair. I used a home health company for a bed bath once a week but stopped due to COVID. I would love to have somewhere to take him where he could get a dunk in a tub once a week. Our

- nursing home used to take outside people but no longer do that. Even with all this the best place for him is here at home I will be reaching out to contacts in this survey for more information.
- I worked as a gerontological nurse during my entire career retired now but cannot understand the cut to senior centers for in home services. If you want to keep elders in home and reduce the cost of long-term care, PUT THAT FINANCING BACK IN PLACE.
- It's very important that you are doing this survey. I heard that the state is cutting all funding for helping seniors stay in their homes. So, I thank you for caring enough to look into it. However, although I myself am straight, married, white, and 80 I do wonder why there are so many questions on race and sexual orientation. How do these effect peoples need for care.
- CHAMPUS no longer exists it is now called TRICARE.
- I am fortunate to have a daughter who is completing this survey take care of my needs and my home. She has installed cameras to check on me remotely throughout the day when her brother my live-in caregiver is working. They have taken measures to make my home safe as I have dementia and mobility issues but still can take care of my ADLs for the most part. My daughter is in healthcare and has lots of resources available to make informed decisions on my behalf. I also have a cat that keeps me company and lifts my spirits. You should consider pet therapy in this survey as well. Currently my needs are met. My doctor makes house calls for my 6-month wellness checks. Community Para medicine came to give me a flu shot this year. Without my family's support I wouldn't be able to stay in my home and would be in long term care which is very expensive in Cody. And limited so who knows
- I am involved with my local Senior Center because I help care for my grandmother and she receives their services I am very alarmed by how much their funding has been impacted by state cuts and the pressure that puts on them to do more with less.
- The state of Wyoming needs to invest in nice community living units where people have access to communal living but still independent in their own living units. Many seniors do have comfortable finances instead of always thinking of those who need more care. That is a need but as people do move to Wyoming they have incomes that can afford nice places that provide some communal living. Primrose in Casper is a one example that could be used as a model. Many other cities have invested this kind of staying in place without leaving our home communities.
- The in home services here for support in home is very poor.
- Long term care is very expensive. What are any plans to make it affordable?
- More training at our local hospital for elderly folks is needed. They need to learn to listen.
- More empathy and education on listening to the elderly. If you listen and also ask key questions they
 will tell you what's going on. They generally know their bodies and its functions. More training in
 treating the elderly is definitely needed. Read their medical history. Take the time.
- I misunderstood some of the questions as I am not a caregiver but my husband acts as one for me.
- Our community would benefit significantly from the reinstatement of the PACE program. Many seniors in our community relied on PACE in order to remain living within their home rather than moving into a nursing home or care center. The state government has done our seniors a great disservice by eliminating this program.
- I believe that the elderly who have medical issues lose everything they work there lives for to pay for elderly care. I.e., nursing homes and long-term care facilities.
- I'm an informal caregiver for 2 people my mother and my husband so my needs and concerns differ for both situations. My mother lives in the WRC Medicaid only allows 50/month personal expenses. Her phone expenses alone a necessity especially during this pandemic are 25/month. That doesn't allow enough for other personal expenses like favorite snacks clothes including special slippers that WRC doesn't/can't provide supplements recommended by her doctor or any kind of entertainment. As the person she's relied upon most of her life including while my dad was alive, I'm unable to feel entirely comfortable and don't have total trust in others caring for her keeping me informed of her status or relying on their evaluation of her condition.

- I'm also an informal caregiver to my husband who is 77. His poor health is trying for me physically especially since my health isn't the greatest either. He can no longer do regular maintenance activities and has a hard time with some ADLs. This is taxing on my physical and emotional health. One of my biggest desires would be access to a viable caregivers support group. WRC started one but there was only myself and the social worker there consistently and one other person about half the time so it didn't provide the kind or level of support I would like.
- Services provided by local senior centers are a must in the community. They are vital to keeping our aging population in their homes living independently.
- It would be nice to have one place online or in person where we can go to find services we need. Also, one place where we could see what activities are happening in the future in the community. The TV station and newspaper are a joke.
- The need for continuation of state subsidized Home Health and Respite and Housekeeping services through WyHS is something that cannot be understated. In order to keep Seniors in their homes these services fill a gaping need that families, churches, and neighbors and friends cannot or would not take on. Most of the Seniors taking part in these programs would not be able to afford private services of the same kind. These services may mean the difference between staying in their own homes or being prematurely placed in an institution. The Great State of Wyoming can keep their Senior population from this costly travesty by spending dollars on the WyHS now rather than spending millions of dollars on premature placement in long term care.
- Many older people including myself have trouble with night driving which prevents me from attending events in the evening unless I call a taxi or Uber which can get rather expensive. Some type of group van service that does door to door pickup would be very nice to have.
- In home services for the elderly are very expensive and is not covered by Medicare. This makes it impossible for an elderly person on a fix income to pay. We are lucky to have family to help pay for these resources, but a lot of elderly are in that situation.
- I am sorry to hear that WyHS program will be discontinued next summer. It has been a great help to elders in our community. I understand that we all need to cut spending, but the ending of this program will harm our seniors and will cost the state more money in the long run as seniors will be forced to turn to Medicaid.
- Transportation and affordable housing are our greatest issues.
- Please find some way somehow to help us get through the loopholes so our community can receive home health care. We do not have a doctor who will to cover us as we are so rural but we do have several nurses in the area willing to work as home health care nurses. But Medicare will not help finance them because we don't have a doctor available. There must be a way. Please see what you can do. Wyoming is full of small communities like this one. We need your help.
- When my parents are gone, I will be able to live in our home. I have children and grands on the east coast and would like to split my time living here and visiting them. My biggest challenge in taking care of my parents is my lack of health insurance. I am enrolled with HealthWorks but COVID has of course put a cramp in getting routine preventive care like mammograms, dental cleanings, etc. I work part time for Habitat for Humanity a nonprofit which does not at this time offer medical benefits. I worry about not being able to get the COVID vaccine. My parents are getting it, but caregivers seem to have slipped through the cracks. I am 63 years old so I'm not in the current tier of vaccinations. I worry about not being able to continue taking care of them.
- Working for Habitat I see many adult children neglecting and taking advantage of their parents who own their home. Aging in place is extremely important. I run Habitats Repairs program and our goal is to keep homeowners in their homes as long as possible. We need more programs like ours in the community. I have upwards of 40 applicants waiting for help repairing or maintaining their home they worked so hard for.
- Thank you.
- While needed services may be available, winter weather often makes it impossible for services to get to Laramie or for me to leave the community to get services elsewhere.

- I am a rancher actively working. I am over 30 minutes from any of the resources talked about. One thing that needs to be addressed especially for older folks like me is phone service. I have only cell service no land line. I have to have a booster for my phone to work. As soon as I leave the house. I have no service or at best very spotty If something happens to me or any person chances are very slim you can get help. If my booster quits in the house, I have no way of calling for help. It amazes me that I had better service in 1996 when I got my first cell phone than I have today. My feeling is that cell service in the rural areas of Wyoming is the highest priority to improve on.
- There are any who need want a caregiver due to no family to assist them. We need more resources to be able to help keep them in their homes. We also have to travel great distances to see the specialists. Services through the internet are not welcomed as it is difficult for many to access these services or like my mother-in-law get very confused with the process. She also does not want to go to the doctor especially if it means having to travel to see them. The budget cuts our state are currently facing is only going to make this access more difficult and the process of being a caregiver even more difficult for our family.
- These surveys don't seem to do any good for seniors. Although a good idea, WY population is growing while younger people are leaving the state. Older adults are very underutilized. They have years of experience and have paid their dues.
- The Senior Center is so limited on transportation and personal care services. They need more CNAs and homemakers. Only 1 bus driver and the hours are from 8 to 2 so if you have an appointment at 3:00 you are out of luck and no Casper trips. They lock the doors at 2:00. I question the nutritional value of the meals as they are carb heavy. With the Property tax mill levy in Converse County, I expected more services and user-friendly hours.
- There are many elders in our community who NEED assistance, but family is not willing to step up. Funding is being cut to available services. WyHS transportation is limited 9 to 3 M-F. With the COVID mess churches are very little support even with phone calls to check on people. Those of us who are willing are overworked trying to do shopping check on people cook meals transport to appointments and maybe find time for our own families.
- I see several instances of elder abuse and exploitation it is useless to report it as nothing is ever done. I am only given suggestions as to what I can possibly do. Adult Protective services is a total joke.
- There is nothing tailored to special diets, so I am unable to access delivered meals. I depend on my neighbor for transportation so that she can accompany me to appointments and stay with me due to vision problems. Since COVID started social contacts have become almost nonexistent no visitors no phone calls nothing other than my neighbor who checks on me daily.
- Senior Center in Niobrara County is only available senior services so funding for senior services for seniors is vital to the people in our community.
- The survey was interesting. I found myself bouncing between my situation which is good and what I am aware of as problems for others in our community. I am glad we have a senior center, and it is very nice but we travel and are busy with grandchildren. So, we aren't looking for activities. We are very financially sound.
- We should not have to be constantly on guard to prevent being scammed. It is obvious that government/corporate America including Wall St are doing very little if anything to protect us. If the computer is such a wonderful part of technology, why does it malfunction so often? If we have a power failure, businesses cannot operate. Not a sustainable situation. We have also been victimized at least a half dozen times due to hackers getting into our records at entities we do business with. Those were the times we've been notified. How many times have we not been notified? The pentagon has publicly stated that it is a matter of time until hackers disrupt our electrical grid. With all of these negatives I wonder is the computer a plus or a minus in our lives. Perhaps it would be best if we disconnected from the sources that have allowed us to become so easily victimized. Having saved diligently for our retirement I am very concerned about our current \$29 trillion debt. It is evident that no one has a plan to even stop the debt growth and it would seem inevitable that we are facing a drastic economic meltdown. Our retirement funds are in jeopardy because you will lose money on any current fixed income investment due to inflation. The only way to be able to grow your funds is via

stocks or bonds. Of course, this makes one vulnerable to market panic which could be severe enough to destroy your equity and leave you with little or nothing. I could never have imagined in my younger days that we would be facing the total political, economic and moral bankruptcy that we are witnessing in the United States today.

- Senior services need to be supported by the State of Wyoming especially any and all that will help individuals live independently in their homes instead of LTC or assisted living. It is sad to see that some such programs have already been slated for termination in the latest Governor's budget.
- Social and community services in general are limited in Wyoming and never seem to be a priority for legislators. People have been waiting to receive federal pandemic unemployment assistance since December 26. It is awful to be a renter with little legal protection from landlords as well as the expense especially given the minimum wage in Wyoming is \$7.25.
- No activities at senior center only meals.
- Covid19 vaccine priorities should be finalized by state and NOT in draft form. Priority status should be very transparent. Priorities should reflect unique situations. Example my wife is 63 and has asthma as an underlying condition. Where does she fit in? What specific age not range is currently being served in Teton County? Shouldn't all people with chronic respiratory conditions be elevated to 1B priority status 7?
- Because of Wyoming's small population and these folks being spread out the communication of
 information topple is challenging. If you live in Cheyenne, Denver is the market Evanston, Salt Lake,
 Cody, Billings, etc. Efforts to provide better communication on issues services and needs would be
 helpful.
- Main problem is distance to medical services. Usually have to rely on friends.
- There are meals on wheels available from our senior center, but I would like to see more fresh foods in their preparation.
- All I know is that the motel manager will knocking on my door asking for money that I don't have.
- I myself have no issues as far as housing, income, health insurance, mobility, etc. I'm almost 65 and would like to know more about sources available to me where I can meet friends etc. I would suggest more is done to reach out to out to seniors and let them know resources that are available.
- I applied for Medicaid help because of the hospital bills I have. I was \$12,000 over too much of an income. I did get help paying my Medicare for a year. Also, I wish I could have eye care and dental care help.
- I think Laramie needs more senior housing. Not necessarily for the needy but for those who would like to live independently but in a senior community. It should have a combination of apartments duplexes and individual homes. It should have a community dining center or affordable restaurant. It should offer transportation as needed. It should be affordable.
- I moved to Laramie because my only daughter her husband along with my granddaughter moved here due to job as they continue to pursue their careers. It is likely they will move to another state, and I would move as well but maintain my own apartment and independence while continuing to help with childcare. My granddaughter is a great source of enjoyment for me.
- Serious lack of availability of housekeepers and others to help with house and property needs.
- We have a supportive caring community.
- There is no good resource for seniors to get information for which they are looking or resources they did not even know were available to them. Would love a safe inexpensive place to get exercise and physio in Laramie, WY. Just generally searching the internet doesn't work and even the places you know to go look are useless.
- Wyoming needs federal assistance for its MOST AT RISK elders. They are the very poor elderly who
 will not age well not access services and who will experience pain and suffering in silence. We need to
 ask more of our neighbors to help identify them all, help us raise matching funds and continually ask
 our government at all levels to make this population our priority.

- Affordable housing is needed in our community.
- More affording senior housing is a very important issue as we get older. We live in a house with stairs which won't be an option if we can no longer get up and down them.
- A recreational community center would increase quality of life.
- Active retirement living communities are limited in our region. I am only 64 years old but already recognize that my healthcare options choice of physicians will be very limited once I begin Medicare benefits at age 65. High cost of medications is a challenge for people on Medicare.
- I help a friend who needs helping to stay in her home. Services offered through e Hub Senior Center in Sheridan are invaluable to her to do so. She receives housekeeping shopping and shower assistance. The services offered truly help her stay in her home. Her mind is good but at 92 she is physically frail. These services are just amazing. She is a veteran, so her services are paid for by federal government. Even if she did not receive that benefit, she would take advantage of these services. Amazing.
- Thank you for providing this survey.
- The state budget for any of these services should not be cut in any way. We cannot change our money income by working at our age.
- Senior services need to evolve as 60's people age. There is currently nothing that would attract me socially. I appreciate the help services.
- This was difficult because I was thinking of myself age 80 my handicapped husband age 83 and my paraplegic brain injured double amputee son age 57 so some of my answers probably don't make sense but I know that we need services.
- My parents are still alive and live in Glenrock. They are 79 and 82 years old. They have to drive to Casper for most of their medical care and their shopping They still live in their own home and drive their own vehicles. They could use more help at home with cooking and cleaning and driving in Casper to be honest, but they fight the stigma of being seen as old and incompetent. I still work full time and am raising a teenager as a single mom. The pandemic has been hard on all of us because we haven't been able to see each other as much. My parents have long term care insurance too and won't use it to help with cooking and cleaning or driving because we don't need it yet. Figuring out a way to help people get over the stigma of allowing someone in their home to help with cooking and cleaning or to get them to appointments safely and not having it be seen as admitting you are old and dependent but more of something you have earned because you worked hard, and you earned it and you deserve to be taken care of would be a fantastic thing.
- I am 69 years old and still working full time. At this point in time, I am content with my situation but down the road things will change. I wish I was in better financial shape. Most of it is by my own choosing or at least made by me. So be it.
- It's essential that Wyoming seniors continue to have the option to choose mail in voting.
- Thank you for your interest.
- Hearing tests should be widely available as hearing issues are common among older people. Hearing
 aids should be more affordable or there should be some financial support for them. The expense of
 hearing aids is one big reason so many people even though their hearing is impaired shy away from
 getting their hearing tested and being prescribed hearing aids.
- Husband and I are both 67, active and working. I work as a nurse and are self-sufficient in our home.
- It is time for us to do some planning, but I don't know how to start.
- I feel the most important thing that needs to happen is services to help Seniors stay in their home for as long as possible, i.e., housekeeping care delivered meals possibly daily checks.
- As mentioned before there are many elderly people having to drive quite a long distance to receive dialysis or heart care. Our hospital is more of a bandage station. Everyone gets shipped out. It would be a great help to have even a satellite station so these elderly can get treatment and have a normal life. Not one on the road.
- Sad to see in home services go.

- Not sure my partner and I could access accommodations as a gay couple.
- Our area desperately needs affordable housing for seniors.
- I care for my adult daughter with disabilities. It is a huge worry that when I am no longer able to do so she will not be able to stay in our home community because there are no group homes or programs to supervise her living arrangement. She cannot live completely on her own. She does receive a few hours a day of services through the home and community-based waiver. I do not have family that she could live with
- Possibly a group of people that would curbside visually evaluate seniors homes. If they see homes/yards are not being taken care of a letter of interest could be sent to the homeowner asking if they need assistance. Included in such letter could be info for affordable services.
- The State of Wyoming should be looking at ways to expand funding services for the Wyoming Home Services program. The more we budget for these programs the higher the quality of life will be for many seniors. Also investing in these programs will save the State a great deal of money vs the alternative of paying for assisted nursing home services. There is a large group that does not qualify for Medicare services but yet can afford to pay for such service on their own. Both Federal and State programs are generally reimbursement based thus very little money profit is generated by these other activities to help pay for Help at Home services. Not every community has the ability to raise private funds to support Help at Home. The State should NOT abandon these members of our community.
- Riverton does not have a functional hospital.
- We had to transition my elderly mother-in-law to a nursing home this year and felt we were very unprepared to make the decisions necessary. There needs to be more help with the families to make these important life decisions. The pandemic made everything much more difficult.
- Would be nice to get home health care without needing a doctor's order.
- Unfortunately, Covid19 has shut down social activities at our senior center, so socializing is nonexistent. I would love to see activities expanded once allowed to open again. Even though many of us have had both immunization shots there is no plan to reopen for activities.
- This survey seems to be geared toward someone who lives in town. Intown living vs living out in the country are two different lifestyles. Age certainly complicates staying where we are at. There is little to no information. I got our way regarding aging and resources available.
- I cannot imagine where I would be without the resources provided through the VA. I have been providing unpaid care, but it looks like I will be paid soon for in home care through Wyoming Independent Living. The biggest issues we face are lack of respite care and qualified in home help. We are depending on family and friends for me to be able to get out of the house even for a trip to the grocery store. Most of our medical care is out of the area as well so traveling 2 hours at least once a week is part of our problem.
- Another big issue we face is the lack of family bathrooms in public places. Since I need to assist my husband in the bathroom it is very awkward. When we go out of town for appointments there are very few options.
- All services for the elderly disabled are extremely important to our community. These people rely on having all services available to them at an affordable price to maintain living in their own homes.
- Cost of assisted living and nursing home takes all your savings etc. I had to give up my long-term care insurance in order to meet my bills once my husband went into a nursing home.
- Some sort of public transportation is needed. I no longer want to drive out of town. My nearest family is almost 200 miles away and my friends are also older and do not drive a lot so medical appointments that are out of town are difficult to attend. We also need more variety in local affordable shopping opportunities. My income is low and there is a lot that I cannot afford to have others do for me that require payment.

- The property tax is the primary source of revenue for local governments in the United States. However, according to researchers at the National Center for Policy Analysis the property tax has historically been one of the most unpopular taxes largely because it is one of the most noticeable taxes. For older Americans living on fixed incomes the tax can be a concern because of worries over being priced out of their homes. Because of the unpopularity of the tax, property tax limits have become common throughout the country. Nearly all states have homestead exemption and credit programs in place for seniors and other qualifying individuals to exempt a certain amount of a home's value from taxation. Will Wyoming consider a property tax break or homestead exemption for its seniors as have other states in our nation which allow seniors to remain in their home?
- I worked Home Health and Hospice for years and was paid. As a caregiver for a family member, I don't get paid and a lot of expenses come out of my pocket.
- Make it easier to apply for help and information. If Medicaid, Medicare and Community Health centers shared each other's information and access. I had to go to each one to find out what was offered and how to access.
- We have low-income senior housing here. Some are computer literate, but most are not. Information is the most important thing to be given to them. The doctors and staff need to help provide information.
- I have yet to find any help after 3 debilitating back surgeries. I qualified for Weatherization. One guy called and never showed up. People shouldn't have to beg others to get minimal help.
- It is not fair that supplemental insurance is not available for disabled persons under 65.
- Have the governor stop cutting funds to in home health care and aid for the seniors.
- I have heard that many state-funded services connected to aging are being eliminated or severely cut
 back due to budget constraints. Availability of services or programs that enable people to stay in their
 homes rather than have to go to a nursing home are extremely important and are more cost-effective.
 Cutting these programs and leaving people without resources is something I take into account in
 deciding whether to stay in Wyoming or move out of state to somewhere that age-related programs
 are more accessible.
- I truly wish there were programs that allowed a spouse to be a paid caregiver. I realize all situations are unique and not all spouses want or can be a full-time caregiver. My husband who is of sound mind should be able to make that choice in who cares for him. Isn't it about improving the quality of life that some has that is important? My husband requires daily care that can go beyond a CAN's abilities. He is not comfortable having a stranger child or other family member perform many of these duties. Also, there is no one more dedicated to trying to help give him more independence than me his spouse. I currently put in about 8 to 9 hours a day caring for him even through the night and then have to find enough in myself to still work a part time job just to make ends meet and provide for our needs and try to make him as comfortable as possible. I want to give him the best quality of life I can. I have been a full-time paid caregiver and didn't have to work to make ends meet in another state. I can tell you that having to work and care for him is more draining than being just his caregiver. There truly is a balance that has to be met. I now have no time for me which means the quality of care for my spouse takes a hit. Placing my spouse in a full-time nursing home or having someone else care for him would take away the last bit of dignity he has left and would have such a psychological and emotional effect on him that I fear he would give up rather than try to work towards getting better. You see my husband is not a senior and should be able to work towards the best quality of life he can and gain as much independence as he can. Shouldn't someone be able to make the choices in their care without financial suicide?
- I need legal help and can't afford it.
- I live in the northeast corner of the state and am trying to take care of an elderly parent in the south west corner. I have taken care of three elderly parents that have passed. My house is ADA equipped because of this experience. Covid has made this situation difficult to do because the parent does not wish to leave her home and wants to die there. And now travel is not an option because of trying to

- keep myself and husband safe and healthy. Resources are hard to find and hard to arrange not to mention financing the resources.
- Having workshops to help people get their will and legal papers in order; resources available to families dealing with long term chronic illness; and resources available to families forced into long term care situations because they can't afford nursing home rehab.
- I am 64 and was somewhat forced to retire as my employer gave me the option of a payment incentive or risk being fired. I know nothing about senior programs and am not prepared to retire I feel as though I'm invisible in the community.
- As my husband's Alzheimer's worsened, I found WY is lagging behind on services available for Alzheimer's patients. I had to end taking my husband to SLC for the best care the last of his life. Sad I had to leave the state to get assistance and memory care units in another state. Our memory care units in WY are nothing more than a wing in a nursing home designated as Alzheimer's. I found they were lacking trained staff and the newest research programs procedures in dealing with Alzheimer's patients. We visited 5 different facilities here in WY and I wasn't impressed with the care of Alzheimer's. When it got to be too much for me to care if my husband my daughters and I found memory care units in SLC much more updated, and staffs trained in caring for Alzheimer's patients. Pretty sad I had to move with my husband to get him the care he warranted the last days of his life in a neighboring state.
- My father lived with us until he died last year. I sorely needed caregiver support. I eventually found someone who would stay with him so I could leave the house. With my husbands used our senior center to find someone but it was a rather informal process. I think we need a program of professionally trained caregivers available.
- I hope the DoH continues services and fights budget cuts.
- It would be awesome to have Townhall type meetings regarding different programs available for senior citizens.
- Agencies need to work better with one another. The various state departments with services and resources don't communicate with one another, protect their territories and fail to serve the seniors of Wyoming adequately. Senior centers need more oversight. We lack any transition programs to move our citizens from workers to active retirement and then to assisted and full care living. We do not provide enough support to workers who are caregivers. We wear them out completely. Guardianship is poorly handled in Park County and I suspect throughout the state. What little funding there is for guardianship support goes to one organization and serves nearly no one outside of the Cheyenne and Jackson areas. Wyoming needs a state resource center for Guardians and Guardianship. The current arrangement does not serve us well and Department of Family Services workers and court system workers need much more training in that area. As families become smaller and the population ages and people age in place a good range of guardian services is one of the best ways we can protect our aging citizens in the safest and least restrictive environments where they can access a wide range of services. Look at models in AZ WA CA. They have some very good things in place.
- The WY Dept of Health has done an excellent job dealing with the COVID crises. Thank you.
- I would like to see more activities at our center. I see that lots of things are offered at other centers in the state that we do not have. Our center can't afford them or the staff to do them.
- I would like to see if a social meeting group is accessible to meet with possible new spouse.
- Perhaps there should be a survey more closely tuned to the effect of the current pandemic. It will be with us for a long time.
- I've been here since I was 7. I love the state but the social and economic structure sucks. The resistance to anything new or different anything that isn't cattle or oil has never changed and doesn't look like it's going to. This is a colonial state and the upper crust is as averse to change as the upper crust of Spain was after they conquered the new world. We should be begging Elon Musk to put Starlink all over the state inviting all the remote workers telecommuters inventors and oddballs here and asking them what our government is doing that impedes them. We should be taxing power going out of state enough to run our government instead of oil and gas and coal. There is no innovation

future or growth occurring other than inviting billionaires to come buy into the power structure as royalty. I can't encourage kids even my own to stay here. I tried several things to bring change and create a better future. I may try a couple of other things yet, but they are nothing that involves cooperation from the local society and government.

- This community is truly in need of Home Health Care.
- Availability to affordable burial insurance.
- Need assisted living facility.
- I think that is ridiculous that private caregivers are not covered by workman comp.
- Am no longer a caregiver as my spouse is now in a memory care facility. It was such a stressful and lonely situation. I could not find any kind of help for either him or me. He is in a facility 150 miles away and that is hard. Everything is done long distance and it is impossible to get to visit with him. I wish there had been some support groups for me or some daycare facilities for him so I could have gotten a break. I felt so alone and isolated and like no one really cared. Actually, I am sure that no one really cared. I feel like I have been through hell with this experience, and I would not wish it on my worst enemy.
- Medicaid expansion would help me. We miss the income line by 30 dollars a month.
- Wyoming does not provide well for its citizens and for the aging. It appears to utilize band aid efforts of a bygone era and the first to be cut.
- Do not stop funding for In Home Services. It is vital for elderly at risk of LTC.
- Cost of living is ridiculous in Sublette County, and no one is willing to address the problem. County adult housing is unaffordable and tiny.
- I am VERY outraged that the Department of Health closed the PACE program. My personal plan is to age in place and stay in my home as long as possible. I put my father in a nursing home years ago and it was the worst experience for our family. I took care of my mother myself and I don't want my daughters to have to give up their lives to take care of me. Those facilities are no better now than they were 20 years ago, regardless of the lipstick they put on that pig. I am blessed that I saved well and can live on my savings and Social Security if I stay in my home. I will not have enough money to move into assisted living long term nor any desire at \$6,000 per month. As a senior citizen in Cheyenne, I had planned to enroll in PACE when my health degraded to the point I felt like I was a burden to my family. I find it deplorable that you eliminated a VALUABLE CHOICE in healthcare options for seniors. The Governor and the Department of Health have abandoned seniors. You've left those of us seniors with modest incomes and moderate savings no options but to spend all our money on awful care options in nursing homes and no dependable home care services that are affordable.
- Because of Wyoming's politics, its State Legislatures track record in even acknowledging social service needs is appalling. The Legislature would rather tax and hoard money than develop priorities and redirect available dollars to serve the needs of its people. This won't change until the State genuinely invests in economic diversification instead of just giving it lip service. Wyoming's political leanings of the past number of decades have doomed Wyoming to a dying energy colony for the rest of a country that is moving itself in the same opposite direction as the rest of the world away from fossil fuels. So irrespective of how anyone feels about pushing fossil fuels over renewables Wyoming needs to get serious about economic diversification even as it continues to rely on fossil fuels for its tax dollars so that there will be alternative revenues for when the fossil fuel industry is no longer sustainable.
- Finding help for a demented parent, finding DRs who care about dementia patients finding out how to care for a demented parent was extremely difficult. Mostly I learned from my own experiences and how through trial and error to deal with my parent. A support group helped a little.
- Our elder care is in need of a national reboot.
- I think retirement is out for me so what am I going to do to work for the rest of my life? Affordable and safe housing is a huge concern and very scary. I may be working but homeless.
- More outreach needs to be done to contacting people who are elderly. Especially if the internet is needed for communication or requesting services.

- I'm so thankful our community has a senior center and so many wonderful services for our community.
- Good senior center. Hope we can get back to more social activities.
- I care for my mother age 93. She is still living in her home in an independent living retirement center but needs support with transportation, shopping, home care, and some financial and business matters. We are doing well fortunately. I do know of many elderly people in the community that struggle with transportation, shopping, enough food, socialization and just daily support. My goal for my mother is to keep her in her own home for as long as possible and if I need help it would be on how best to achieve this.
- Costs continue to rise over time, but Medicaid people get better more care than people who worked hard all their lives. With covid computers at senior center not available.
- Just need help with cleaning carpet etc.
- I wish there was a way to break the hold mainstream media has on the elderly. I feel like they are more easily susceptible to panic and fear which is not healthy. I also wish there was more awareness and safety nets to prevent scammers from bilking money from the sorry via either money orders and the telephone or the internet.
- Information of all kinds community activities issues events are mostly advertised promoted on Facebook. I don't want to participate in Facebook, and I feel that this singular use of medium is ageist and discriminating. It leaves me out of many things and is proof to me that the younger generation and the people running the show are clueless about aging and the needs and interests of the aging.
- I am extremely concerned about the potential budget cuts for senior citizens also senior centers.
- Senior housing is scarce.
- I feel very blessed to have moved to Wyoming as have good friends. Enjoy and love our senior center. Have my home and can still be able to care for it and my 2 little dogs and be independent. My friends and neighbors are so good to me, and all try to do the same thoughtfulness. I hope and pray if I'm healthy I can live to be 100 years.
- In our community the services provided through our senior center and WyHS are necessary and people here are depending on these services in order to stay in their homes and avoid long term care facilities before they really need them. The services provided are really the only thing keeping them from a very expensive and unwarranted change in their living arrangements and care. These services can't be replicated by the community without becoming unaffordable.
- This is a great community. Elders are treated kindly. We have a great senior center, library, hospital and medical staff, recreation center and church community.
- Lack of amil delivery. Also care of handicap parking areas. Icy Conditions and lack of snow removal in business areas.
- Because of the services I receive through the senior center in Gillette I have my needs met such as housekeeping personal care and care coordination.
- Covid has prevented a fantastic care giver support group I belonged to from meeting regularly and I
 really miss it.
- No. I feel everything related to aging issues was covered in this survey and I can't think of anything else to share.
- The services we receive to care for my down syndrome sister are invaluable.
- The CCSC does a very good job with meals, providing us with answers to our questions. I hope that some of our activities open soon Yoga. The library.
- Vaccines for homebound people.
- COVID19 has shut down social access and access to gymnasium and physical activity swimming pools. There are only 2 swimming pools here in Cheyenne. City of Cheyenne Pool Also need access to cleaners.

- In 9 months, I am going to be homeless.
- I need affordable lawn and yard care and chores requiring the use of a ladder. AMD limited me.
- It is important we can stay in our homes. We need that funding. Is much cheaper than a nursing home. And people will be a lot happier. As a retired nurse a nursing home is nice but being at home is so much better.
- With most people who utilize the State, services are already cash limited and some thru no fault of
 their own such as being scammed are very dependent on these State funded resources to help keep
 them out of nursing homes and the cost for keeping them in their homes is miniscule compared to the
 exorbitant nursing home cost which would end up costing the State significantly more amount of
 money.
- Most advertising, local news, coupons, sales, emergency info, COVID info, activities is online. You need internet smart phone. We would have never known about this survey if our son didn't live in Laramie.
- Just enjoyed and suffered till now 2 kids, 8 grandkids, 3 great grandkids. The senior center sends [senior center employee] to my house to clean and I'm grateful for that and am happy to get what I do and still mobile enough to live by myself. Thanks very much.
- Maybe some activities once COVID is over.
- Need help scams constantly phone mail.
- Need for In Home Services funding is vital to keep seniors in their homes when they want to be.
- With Covid taking such a toll seniors and others need public transportation of a wider range than now
 offered.
- We have a great center here. Once things are lifted after covid. We need an activity director to get more things for us to do and entertainment. All that went drastically downhill after our last activity director quit. She needs to be replaced. The office girls do a great job, but this issue is not their job.
- Cutting any in-home state supported services would burden citizens and the state by forcing people into assisted living or nursing homes who would otherwise be able to live in their own homes or apartments. These people would then still need state financial support at a higher cost. It has been proven people do better in their own homes even if they need some of these services.
- I would like to see senior programs continued supported by the state We need to do everything we can to allow seniors to live independently We need to have opportunities for social interaction for seniors.
- I am extremely concerned in learning that the Governor has cut the Help-at-Home services from the upcoming budget. I am a survivor of a near fatal three vehicle crash 12 years ago having suffered multiple serious breaks and wounds. Now at age 84 I am unable to do most of the basic housekeeping tasks needed around my home. Since I do not have family living in my community having access to the services of Help-at-Home though my local Senior Center is what enables me to remain in my own home rather than having to go into an institution such as a nursing home or assisted living facility both of which I could not long afford.
- In considering the cost/benefit factors the abovementioned facilities are far above what the Senior Center services cost per client per year. Figures recently published locally current MONTHLY cost per client, 211 commercial institution per client per MONTH as much as \$4,300 or more. Losing these services will ultimately drive clients like myself out of our homes and into the commercial facilities. It appears to me that the state is tripping over dollars in order to save pennies. Shifting this care to either the individual assuming the individual could shoulder the cost or Medicaid just doesn't compute. Then there is the question of who will qualify for these services under whatever funding system they are shifted over to.
- Finally, there is the impact on our independence as well as our finances. If making such services available to the aging is part of the mission of the state's efforts to assist us in living independently dropping the programs works in the exact opposite of that mission. Rather than just putting the ax to the programs why not adjust the sliding scale clients pay with a modest increase? I can and would be willing to accept a modest increase in what I am charged in order to continue receiving the services.

- Hospital in Lusk needs to improve.
- Hard work is becoming increasingly difficult. My church youth group has stepped up to assist. Last summer my back was bothering me so I didn't water to avoid needing to mow the lawn. I cannot lift more than 15 pounds so shoveling snow is out of the question. I have friends who have helped clean the driveway.
- Yes, we should be able to smoke in our unit in winter and rain.
- Nurse service to ask questions concerning health issues.
- Wyoming Home Health Care very important to keep seniors in their homes.
- My spouse was in a local assisted facilities in Cheyenne. I paid for all of it. He received poor care a major issue for him to receive his medication as prescribed by his doctor. People stopped calling the Aging Division because they would not respond. The staff would just smile because it was not a threat. Staff would threaten families to keep quiet and not speak up. No one would do anything.
- Everything is always on the internet. There are many of us that cannot afford internet. A phone number sure would be nice pasted along with computer program names.
- Bureaucrats are sucking us dry. I don't know of a bureaucrat that doesn't think he or she is more qualified than me protect us.
- I know several neighbors need home assistance I have a housekeeper come in once a month I depend on food from the Senior Center.
- I feel the older generation that does not or cannot use the internet to their advantage are penalized.
- When it comes to couponing sales reduce meal prices BOGO because we are not up to date on the use of online bonuses and bar codes.
- We deserve the perks too.
- I love the senior center in Gillette Wyoming. My husband passed away in 2018 It has given me something to do. The transportation to the senior center and to doctor app any other is really good.
- I am concerned about the governors cut to in home health care thru senior centers.
- I am anxious to begin playing cribbage and pool at the senior citizens center again.
- I've spent the last 15 years caring for elderly including family and volunteering extensively at long term care facilities. I've contacted Ombudsmen and have eventually been told they can only recommend but have no jurisdiction. I was advised after pages of documentation and photos to move my family. What a system. It's no wonder COVID has been so destructive. You need to listen to people and make these facilities accountable and responsible for what goes on, which is now behind closed doors
- I love the senior center here in Gillette. Please keep the funding coming so we can continue with the great meals and services.
- I greatly appreciate the Senior Citizen Center to help me stay active and alert. The meals are great nutritious and tasty.
- Many senior citizens helping build any shape Gillette for the present and future. Why can't Campbell County help give back with flexible affordable housing to keep us in the community?
- PACE Program cut is leaving enrolled seniors unprotected for services-- medical services especially.
- Yes, I.e., veterans of 20 years or more service or more defending the US especially during war time conditions especially. Like me 1952, 18 years old Korea Cold War, 1965 Vietnam Should be given precedence when it comes to camp sites to Wyoming Lakes. Also, should be given more relief on school property taxes when they have no kids in schools. Our youngest kid is 60 years old, male this is not 28 for the female.
- Increasing costs of health care and taxes etc. Decreasing of programs for Aging
- Our community needs more housing for elderly with no steps or ramps as well as ADA features in home.
- Having someone come and check on elderly at their homes more often.

- Keep in touch with Seniors and their needs.
- I believe the Senior Center gets to be family for a lot of people. It is the only social interaction some people get. Very Important.
- I pay \$2,200 monthly for health insurance.
- I have wonderful family and other people help me. I am so blessed.
- Need more seminars and training on Medicaid, Medicare, Alzheimer's dementia and scams.
- Lusk Hospital charged many thousands of dollars for a spoon of peanut butter and LIED about tests not given.
- Better shopping.
- No. Just better heating.
- Neighbor to Neighbor Program. People should be equal in service not by income.
- Continue to provide facilities staff activities and wellness programs to allow seniors to remain in their homes; senior housing instead of going into expensive nursing homes.
- Please do not cut WyHS funds. The state cannot afford to put their clients into nursing homes. Too expensive and not enough rooms.
- The cost of home care is much less there than the cost of nursing homes therefore senior centers really need funding.
- We have services like bus but need it after 5:00 PM and weekends and more accessible for just grocery, doctors' appointments or recreation. We have low-income housing but not enough, long waitlist here and other cities in Wyoming. More help from government for food programs for churches etc. to give out more help. Hire younger people.
- Keeping seniors in their homes for as long as possible is the most important thing we can do. The cost of keeping them in their home is less than anything else.
- I would like to see transportation services expanded.
- I am a 61-year-old health care professional who will retire at the end of the spring semester. We plan to relocate from East TN to Thermopolis WY. Survey responses do reflect my current functional abilities but do not reflect thorough knowledge of Hot Springs County or all of the resources services available in Thermopolis. I have reviewed the 2017-2021 plan and was pleased to see the emphasis on aging in place. I am curious about the involvement of OT practitioners within this department or in regional local communities to address the needs of the aging population. Thank you for the opportunity to provide input.

