



*"Building a community that
is safe and highly livable
for people of all ages and
abilities..."*

Age-Friendly Laramie

Assessing Livability, Age-
Friendliness, and Perceived
Needs to Age Well in Albany
County, Wyoming

Wyoming Center on Aging
University of Wyoming

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Age-Friendly Laramie:

Assessing Livability, Age-Friendliness, and Perceived Needs to Age Well in Albany County, Wyoming

Commissioned by Age-Friendly Laramie

March 2020

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Executive Summary

The purpose of this report is to present research findings from a county-wide assessment conducted by staff at the *Wyoming Center on Aging* at the *University of Wyoming*, in collaboration with *Age-Friendly Laramie*—a local initiative with the mission to improve livability and age-friendliness in Albany County for residents of all ages. Completion of this baseline study is intended to fulfill partial requirements for membership in the *AARP Network of Age-Friendly Communities*.

Albany County and the City of Laramie are becoming older on average. In 2017, roughly 15% of the County's residents were age 60 and older, and the number and relative proportion of older residents in Albany County is projected to continue growing in coming decades. Demographic changes will likely lead to greater need for supportive home and community environments that facilitate social inclusion, healthful living, and high quality of life for Albany County's older residents.

The study's primary focus was on 8 domains of livability developed to guide change and foster "age-friendliness" in communities. These domains include *Outdoor Spaces & Buildings*, *Transportation*, *Housing*, *Social Participation*, *Respect & Social Inclusion*, *Civic Participation & Employment*, *Communication & Information*, and *Community & Health Services*. 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 Albany County/Laramie.

Summary of Demographic Profile Results:

- In 2017, there were an estimated 37,944 people living in Albany County. Of that population, the majority (72%) were under age 45, and about 28% was age 45 or older. Residents who were age 60 to 79 made up about 13% of the population, and another 2% were aged 80 and older.
- Between 2010 and 2017, the County saw a decline of more than 10% in the number of residents age 45 to 59; whereas the population age 60 and older grew by nearly 23%.
- The older population (age 60 and older) in Albany County is majority female (54.1%) and White (97.7%). Just 7% of older men in Albany County are widowers, compared to 27% of women who are widows. About 1 in 3 residents age 65 to 74 remain in the workforce.
- A large proportion of Albany County residents who are age 65 and older—about 1 in 3 (33.5%)—live alone in their households.

- More than 1 in 4 (26.1%) Albany County households include at least 1 person who is age 60 or older.
- The median income for Albany County residents age 65 and older is \$47,218. The median income for older men who live alone is \$40,223; whereas older women who live alone are substantially worse off, with a median income of \$24,063.
- Among residents age 65 to 74, about 1 in 4 men (27%) and women (24%) report at least one disability. The risk of acquiring disability increases dramatically after age 75—in Albany County, about 49% of individuals in this age group experience one or more disabilities, including 39% of men and 57% of women.

Summary of Community Survey Results:

- About 3 out of 4 (76%) survey respondents rated their community as a “good”, “very good” or “excellent” place to live as one ages. Notably, almost 7% of respondents age 60 and older rated their community as a poor place to live as they age.
- Many survey respondents are long-time residents of Albany County. About 43% of respondents reported living in their community for 25 years or more, including 14% who have lived in their community for 45 years or more.
- A majority of those age 60 to 79 (58%) and age 80 and older (80%) indicated that it was “very important” or “extremely important” for them to remain in their community as they age.
- The vast majority of all Albany County residents (93%) say that it is “very important” or “extremely important” for them to live independently as they age.
- With regard to **Housing**, survey respondents rated trustworthy home-repair contractors (96%), affordable housing options (86%), and seasonal services such as lawn or snow-removal services (84%) as highest priority. In most cases, participants stated that each housing resource was either unavailable, or they were not sure whether the resources existed in the community.
- With regard to **Outdoor Spaces & Buildings**, the greatest priorities included well-maintained public buildings for people with different physical abilities (93%); sidewalks that are in good condition (91%); and well-maintained restrooms that are accessible to people with disabilities (86%). A small majority (56%) of respondents perceived well-maintained buildings to be absent in

Albany County; whereas 80% and 77%, felt that sidewalks were inadequate and that public restrooms were not accessible, respectively.

- With regard to **Transportation**, by far, the most commonly cited means of getting around was driving oneself, with 97% of survey respondents reporting this means of travel. Among adults age 60 and older, other often-reported modes of transportation included walking (60%), riding a bicycle (39%), or having others give them a ride (21%).
- Transportation resources with the greatest priority included well-lit streets (97%), well-maintained streets (94%); traffic signs that are easy to read (92%); and safe and accessible public transportation (90%). A small majority (60%) of respondents perceived the need for well-lit streets to be unmet, and (74%) of respondents perceived well-maintained streets to be absent in Albany County; 62% believed that the need for public transportation was not adequately met.
- Most survey respondents indicated that they were in good health on average, with a majority stating that their health was either “very good” (46%) or “excellent” (27%) compared to other people their own age.
- The vast majority of respondents of all ages (82%) report exercising several times a week or every day. The least active group was made up of respondents age 46 to 59, 7% of whom participate in physical activity once a month or less.
- With regard to **Health & Wellness**, resources with the greatest priority included respectful hospital and clinical staff (96%); well-maintained healthcare facilities (96%); a variety of healthcare professionals (95%); and affordable home health care providers (92%). A small majority (57%) of respondents perceived the need to increase the number of medical specialists, and 85% of respondents perceived affordable healthcare providers to be absent in Albany County.
- A majority of residents in Albany County are well-connected via relationships with families, friends, and neighbors. The vast majority of respondents of all ages (94%) reported that they interact with others by phone, in person, email or social media (such as Facebook) at least once a week, including 68% who interact once a day or more with others.
- In the area of **Social Participation**, resources with the greatest priority included affordable activities for residents of all ages (90%), accurate and widely publicized information about social activities (86%), and a variety of cultural activities for diverse populations (81%). Eighty percent of respondents

of all ages also indicated that activities involving young *and* older people were either “very important” or “extremely important” to them.

- With regard to **Volunteering & Civic Engagement**, the greatest priority was related to provision of information about local volunteer activities that is easy to find. Among respondents of all ages, 80% said that this resource was “very important” or “extremely important” to have in the community. Nevertheless, 77% responded that the resource was either “not available”, or they were unsure whether it was available.
- In the area of **Civic Participation & Employment**, the area of greatest priority was related to the availability of jobs that are adapted to meet the needs of people with disabilities. Among respondents of all ages, 87% stated this was a “very important” or “extremely important” priority. Additionally, 84% of all respondents indicated that this priority was not currently available in the community.
- Among the youngest age cohort (18 to 45), about 62% rated the likelihood of their continuing to work for as long as possible as a “very likely” or “extremely likely” outcome. Although a somewhat smaller effect, the same trend was found for those age 46 to 59 (53%), and among respondents age 60 and older (50%).
- In the area of **Community Information**, a significant number of respondents indicated a need for access to community information in one central location (78%), and most respondents (87%) indicated that this need was not met in the community.
- For respondents age 60 and older, the most commonly cited source for acquiring needed information was the *Eppson Center for Seniors* (94%). Many older adults also get information by word-of-mouth from family and/or friends (93%), and via the Internet (90%).

Summary of Qualitative Results:

- Focus Groups and Key Informant interviews identified specific needs and assets in the community, including a need to focus on health care resources, especially as the older population continues to expand, and the need to address issues of social isolation and inadequate distribution of information, which often lead to inappropriate use of resources intended for other purposes.

Acknowledgements

Age-Friendly Laramie and the research team at *Wyoming Center on Aging* are indebted to many members of the Albany County/City of Laramie community for their contributions to this assessment. We received invaluable support and input regarding study design and content from Sam Shumway (Director, *AARP Wyoming*); Tammy Comer (Executive Director, *Eppson Center for Seniors*); and Maryalice Snider (Director, *Foster Grandparents of the Wyoming Rockies*). Many valuable contributions were also provided by founding community stakeholders in the *Age-Friendly Laramie* initiative, including Sandi Brome, Babette Cuadrado, Diane Delany, Toni Elliott, Cole Ehmke, Bridget Hetgar, Chris Hogan, Lisa Muller, Lucille Norwood, Susan Simpson, Nancy Sindelar and Germaine St. John.

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The authors, Bernard A. Steinman, Jennifer Tabler, Casandra M. Mittlieder, and Michaela A. Schulte from the *University of Wyoming* are responsible for the contents of this report.

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Introduction

The United States is experiencing an aging revolution. Indeed, populations around the globe are growing older on average at an unprecedented rate. As a result, communities are recognizing changing needs and priorities that pertain to their older residents. As is true in many communities across Wyoming, Albany County and the City of Laramie are also becoming older on average. In coming years, these communities will experience continued growth in the numbers and proportion of residents who are age 60 and older. As a result, demand for programs, services, and other considerations that address aging-related needs will likely increase as well.

Currently, many services for older adults are coordinated and provided across the state by the *Aging Division* of the *Wyoming Department of Health*. At the local level, invaluable programs and services are available from the *Eppson Center for Seniors*. 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 Albany County are prepared to meet imminent challenges associated with the rapidly aging population, and to capitalize on potential opportunities that population aging can afford. In the planning process, it is increasingly relevant for community stakeholders to have clear, evidence-based understanding of the community's needs, in order to prioritize efforts and to maximize scarce resources.

The purpose of this report is to present research findings from an assessment conducted by staff at the *Wyoming Center on Aging* (WyCOA), at the *University of Wyoming* (UW), in collaboration with *Age-Friendly Laramie* (AFL)—a local initiative with the mission to improve livability in Albany County for residents of all ages. The goal of this study was to investigate and document current and future perceived needs and preferences of residents of Albany County, as a basis for planning next steps in the *AFL* initiative. To this end, our primary method was a county-wide resident survey aimed at identifying concerns related to optimal “aging in place”, as well as qualities of the environment that influence the community’s livability for residents of all ages. We also conducted interviews and focus groups with key stakeholders in the community to acquire nuanced information about services and perceived needs.

History

Albany County and its largest city, the City of Laramie proper, like communities all over the U.S., are experiencing rapid increases in the numbers of residents age 60 and over. In coming years, population aging is projected to continue as Baby Boomers

reach their “golden years” and retirement age. Demographic changes will likely lead to greater need for supportive home and community environments that facilitate social inclusion, healthful living, and high quality of life for Albany County’s aging residents. In response to demographic changes, the City of Laramie has resolved to support efforts by local stakeholders to develop a plan of action that addresses issues related to the aging of its population (City of Laramie, 2018). A county-wide study was commissioned by *AFL* and conducted to identify issues that are of importance to residents as they consider the age-related changes that are ahead for themselves and our community at large.



The community came together to imagine the future of Albany County.

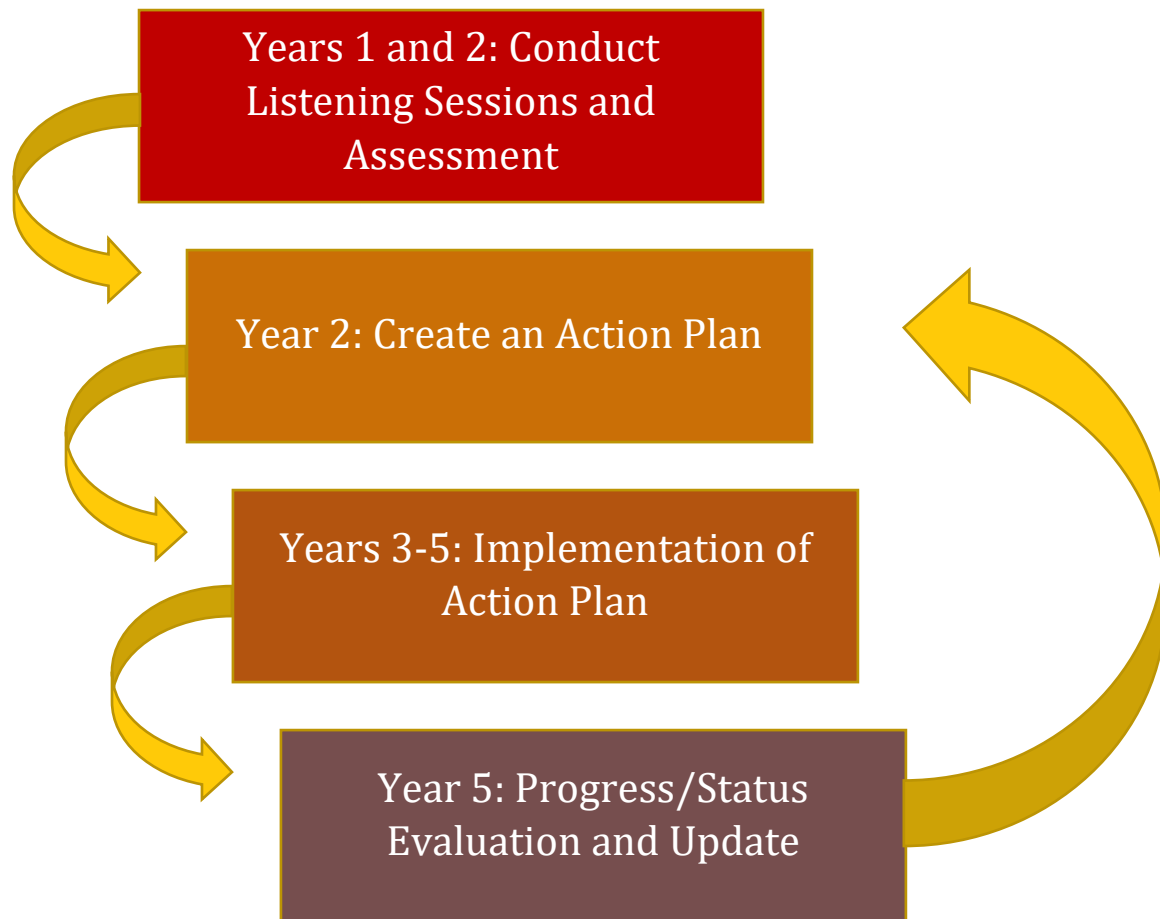
In Spring of 2018, a group of community stakeholders led by staff of *WyCOA*, the *Eppson Center for Seniors*, and the *Foster Grandparents of the Wyoming Rockies* convened to develop an initiative called “Age-Friendly Laramie”. This group’s stated mission is to “...*Build a community that is safe and highly livable for people of all ages and abilities...*” In early sessions, stakeholders developed a vision of what an age-friendly Laramie should look like and began to mobilize support and resources to consider how issues related

to population aging may be addressed by our community now and in the future.

In Fall 2018, *AFL* applied and was accepted for membership into *AARP*’s supportive *Network of Age-Friendly States and Communities*. The goal of that network is to support and promote communities committed to developing opportunities for older residents to live rewarding, productive, healthful, and safe lives (AARP, 2019a). Membership in *AARP*’s age-friendly network has potential to foster partnerships among community groups and local stakeholders. Additionally, *AARP* provides support and best practice materials, as well as access to resources for identifying and assessing community needs.

As part of the process for moving toward greater livability in Albany County/Laramie, members of *AFL* committed to conducting an assessment to establish a baseline of the community’s “age-friendliness” within the first two years of becoming a member in the *AARP* network. Additional requirements for securing an age-friendly designation include creating an action plan in year two, implementing that plan in years three through five, and developing indicators for monitoring and evaluating progress throughout the five-year cycle (AARP, 2019b; see **figure 1**).

Figure 1. Process for becoming an AARP Age-Friendly Community



This report presents research findings produced by staff at *WyCOA*, in collaboration with *AFL* and other community stakeholders to meet *AARP* requirements for network membership. We viewed activities described below as a form of needs assessment conducted to identify baseline priorities of residents with respect to developing a community that facilitates independent, healthful aging and promotes options to age in place in Laramie and throughout Albany County.

Our Community

Albany County is a rural region of about 38,000 people, located in the southeastern corner of Wyoming. Its largest population center is the City of Laramie—still, a relatively small city of about 32,000 residents. Laramie lies approximately 150 miles south of Casper, Wyoming (2017 population, 59,171) and 50 miles to the west of the

state's largest city and state capital, Cheyenne, Wyoming (2017 population, 62,986) (ACS, 2013 – 2017, Table DP05).

As the seat of the state's only university, Laramie maintains a steady flow of “newcomers” who migrate to the city to attend and work for the *University of Wyoming*. Thus, Laramie has a sizable population of younger “temporary residents”, including a student body of about 12,000, as well as faculty and staff at *UW* who may consider the community a temporary home. The inflow of university-associated residents is balanced by the numbers who graduate and/or move on to seek opportunities in other communities.



Laramie footbridge connects pedestrians on the West side with downtown.

Like many of Laramie's relatively younger student population, a significant number of older adults also migrate to the region following their retirement. For many, the state's tax structure and pleasant summer climate are alluring factors that entice older “outsiders” to set up residence in the region for at least part of the year. Indeed, in 2011, Laramie was listed by *Money Magazine* as a desirable place for older adults to live during their retirement years if “[they] want to avoid high taxes” (Porter, 2011). In fact, Laramie is often included on lists of locales described as good “retirement communities.”

Laramie is also characterized as a city where many comparatively older residents have established roots and wish to remain throughout their lifetimes. Many long-term or life-long residents maintain households in Laramie year-round. Overall, roughly 15% of Laramie's residents were age 60 and older in 2017, and the relative proportion of older residents in Laramie is growing. As a well-established city in the West with many long-term and newer residents, much of the expected growth in Laramie's older

population is likely to be the result of long-term and newer residents who have “aged in place.”

Aging in Place

Study after study has reported an 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 often challenge the ability of individuals to age successfully in their homes. 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. In addition, older individuals who live on fixed incomes after leaving the workforce may experience new financial constraints that limit their choices and reduce their quality of life in retirement.

Along with the usual aging-related challenges that many older Americans encounter, older residents of Albany County are also faced by attributes of a rural environment, where the relatively small population is dispersed across a vast geographical area. The county’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 in the area.

According to Kano, Rosenberg and Dalton (2018), livable communities have features that allow older adults to maintain their independence and quality of life as they age and retire. As well, communities that provide active support are more likely to retain a larger share of their vital older residents as a highly valued resource, and in turn benefit from their experiences and the local commitment and civic engagement that long-term residents often contribute to communities.

8-Domains of Livability

Our study’s primary focus was on 8 domains of livability developed to guide change in communities within the *AARP Network of Age-Friendly Communities* (AARP, 2019c). Components of highly livable communities are known to improve quality of life for all residents regardless of their age or abilities, but may be especially relevant to older residents who are more likely to experience physical impairments and losses within their social networks. Improvements to the social and built environments have potential to moderate negative impacts of age, including promoting independence and inclusion of older adult residents in community activities and events. The 8 domains are summarized in **figure 2** and described in greater detail below.

Figure 2. Eight domains of livability and age-friendliness—community features that impact the well-being of older adults

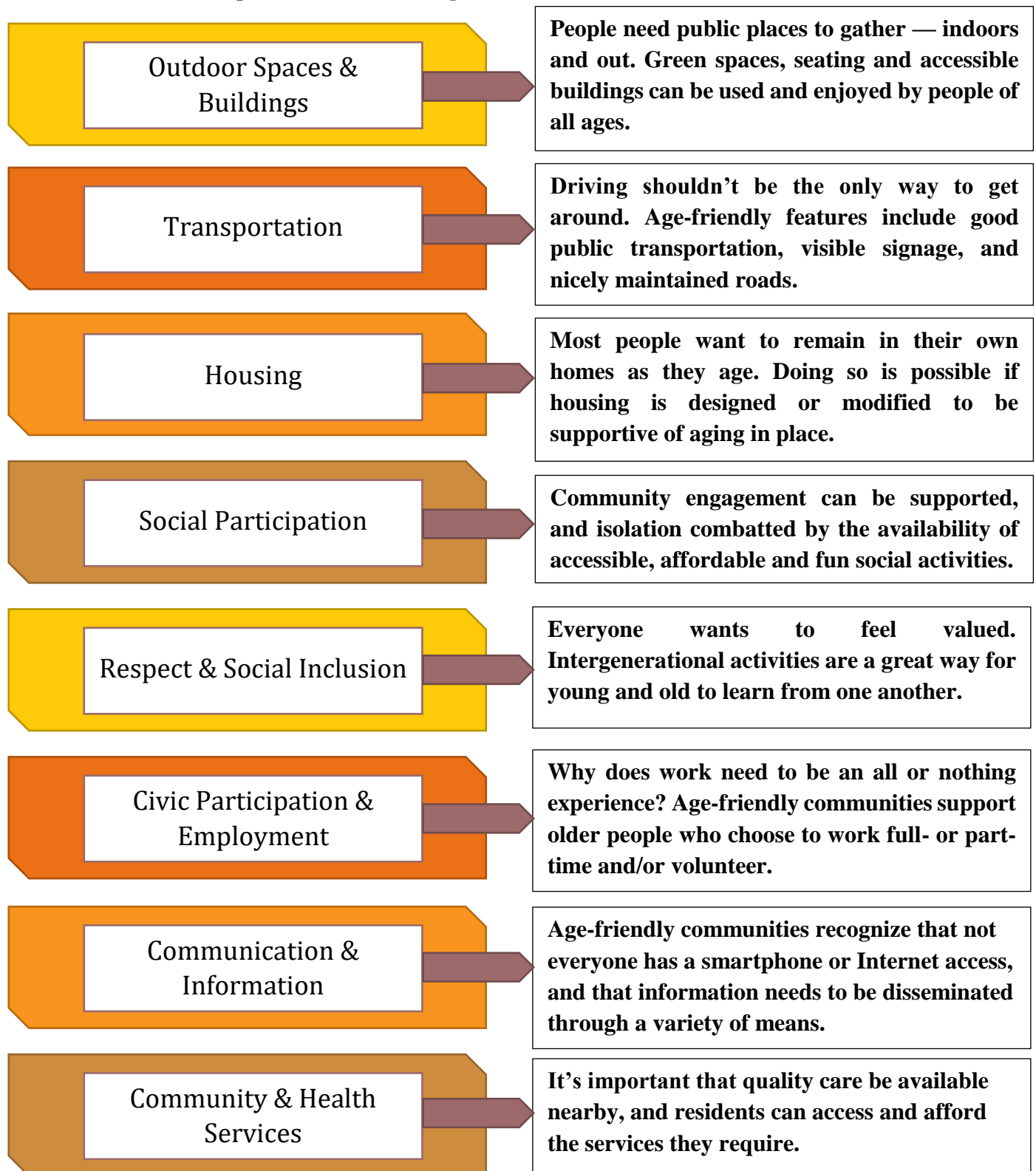


Figure adapted from AARP, 8 Domains of Livability Slide Show (AARP, 2019c).

Outdoor Spaces & Buildings— A large part of ensuring quality of life and high livability for residents of all ages in Albany County involves maintaining accessible public buildings and spaces that are clean, pleasant, and safe. Indeed, public places where people gather are often the basis for valued interactions and exchanges between residents in the community. Consideration paid to high quality outdoor environments and buildings can encourage their use, resulting in positive health and beneficial economic outcomes. Additionally, well-designed public environments can have substantial impact on the mobility and independence of older residents.



Fish mural, among many murals in downtown Laramie

Communities that are highly livable and age-friendly have well-maintained green spaces with adequate seating, buildings that are well-signed outside and inside, and streets and sidewalks that are well-maintained and free of obstructions. Additional characteristics of age-friendly communities in the domain of *Outdoor Spaces & Buildings* include non-slip walking surfaces that are accessible for residents who have disabilities (e.g., with unobstructed curb-cuts that are wide enough for wheelchairs), and bicycle paths that are separate from roadways and pedestrian paths (World Health Organization [WHO], 2007).

Transportation— Transportation options may support aging in place by providing individuals with access to work or volunteer activities, social supports, needed goods and city amenities, and promote engagement with others in the community. For the majority of Americans, local and regional travel needs are usually met using private transportation, including a large percentage of individuals who drive their own automobiles well into old age.

Historically, Americans have associated driving cars with independence and autonomy, and many older adults rely on their cars to maintain a high quality of living. Indeed, 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). In many Albany County communities where public transportation is relatively limited, a significant share of older residents is likely frustrated by difficulties meeting their travel needs.

Communities can promote quality of life 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. Communities that are highly livable and age-friendly have public transportation that is reliable and frequent, stops that are accessible, clean, well-lit, and with adequate seating. Furthermore, age-friendly communities may support volunteer transport services in places where public transportation is too limited (WHO, 2007).

Housing— In order for older residents to age in place successfully, available housing options must accommodate the changing physical, social, and financial circumstances that are often associated with aging. For many older people, the home serves not only as a source of shelter and protection, but also as a platform for supporting social networks

and connecting residents to amenities in the neighborhoods where they live. Homes may also be the basis for valued personal memories that connect individuals with their past. Homes are an important source of financial security for many, as home equity is often a significant source of wealth held by older people.

The attachment that many older people have to their homes is substantial. Nevertheless, over time, the home may no longer be a good “fit” for the individual (Pynoos, Steinman, Nguyen, & Bressette, 2012). Changing family size and marital status may result in homes that are too large for current needs or unwieldy to maintain. Even when individuals are no longer paying mortgages, expenses associated with property taxes, insurance, and regular upkeep can easily exceed resources that many older adults have available. Changes in physical functioning that result in disability can make it difficult or impossible for older individuals to use certain attributes of their homes safely, such as stairs and bathroom fixtures, unless they are adapted. Home modifications including railings on stairs, grab bars in bathtubs and showers, no-step entryways or ramps leading into the home, as well as adequate lighting throughout the home may continue to support the safety and security of older



The University of Wyoming provides several transportation options to the community at large.

people. Unfortunately, in many cases residents cannot afford the home modifications they need, and public resources available to pay for home modifications are limited.

Affordable housing options, especially those that include adaptive features such as home modifications or universal design elements can make it possible for residents with physical limitations to remain independent in their homes and communities. In addition, housing that blends shelter and services, such as assisted living or continuing care retirement communities, may allow individuals to remain relatively independent and socially engaged with others, even if they are no longer able to stay in their homes. Other qualities of age-friendly communities with regard to the domain of *Housing* include maintaining a housing stock that provides comfortable shelter from weather, and interior spaces that allow freedom of movement in all rooms and passageways (WHO, 2007).

Social Participation— Remaining engaged in community and social activities is important for people of all ages, and especially for older adults. For many older Albany County residents, staying active in clubs, attending church-related activities, going out for enjoyment, and other activities that are based in the community provide opportunities for older adults to remain physically active and to interact with others. Additionally, research has demonstrated that older adults who are socially active and participate in community activities experience improved cognitive functioning, including improvements in learning, problem solving, memory, and attention (Bourassa, Memel, Woolverton, & Sbarra, 2017). As well, active older adults tend to be happier and less depressed compared to those who are less active (Croezen, Avendano, Burdorf, & van Lenthe, 2015).



Working out at the Eppson Center for Seniors

Community environments that provide opportunities to continue friendships or develop new social relationships, and enjoy hobbies and leisure activities, are an essential part of maintaining the wellbeing of older residents (Nimrod & Kleiber, 2007). In Albany County, senior centers and community recreational facilities are key sources of enrichment and social activities for older adults.

Other qualities of age-friendly communities in the domain of *Social Participation* include having venues for events that are conveniently located and accessible, a wide variety of activities and events that are held at times that are convenient for older people,

and consistent outreach to include people who are at risk for social isolation (WHO, 2007).

Respect & Social Inclusion— The age-friendly domain of *Respect & Social Inclusion* involves providing opportunities for older adults to cultivate social relationships, feel a part of the community, and have access to resources. Respect in this context refers to positive behaviors and attitudes toward individuals regardless of age that promote feelings of acceptance, value, and appreciation by the community. Livable communities promote environments where everyone feels valued, and older adults are viewed as important contributors to the community at large.



Stakeholders of all ages and walks-of-life support age-friendliness.

Highly livable communities may provide opportunities for intergenerational gatherings and activities where younger and older people can learn from one another, and honor what each has to offer. In age-friendly communities, older residents are regularly consulted by public and commercial services on how to serve their age-group better. Additionally, communities that strive to be age-friendly maintain community settings and events that attract people of all ages by accommodating age-specific needs and preferences (WHO, 2007).

Civic Participation & Employment— More and more often, older individuals are choosing to remain active in the workforce beyond the traditional retirement age (Boveda & Metz, 2016). In many cases older adults work at least part-time in order to maintain a sense of purpose and meaning or to remain engaged with life outside the home; other times older workers remain employed out of necessity brought on by financial constraints. Nevertheless, older adults often face challenges to remaining active productive members of their community, including barriers to employment such as negative stereotypes about older adults in the workforce and resulting ageism. Despite all-too-common discriminatory practices against “mature” workers, older

adults prove to be reliable, skilled, and have valuable experiences to contribute to the work setting.

Others who retire from employment often replace traditional workforce participation with volunteer work (Tang, 2016). Volunteering provides older residents with opportunities to remain engaged in activities that are purposeful, flexible, social and often enjoyable. Some older volunteers may offer their expertise in areas related to their previous careers; whereas others seek out volunteer opportunities that allow them to learn *new* skills and assume new roles and careers. Communities that are age-friendly strive to develop a range of volunteer opportunities that include training, recognition, guidance and often compensation for personal costs. Training resources may also be available for older adults seeking post-retirement employment opportunities. At the same time, age-friendly communities work to prevent discrimination on the basis of age, and encourage the hiring, retention, promotion, and training of older employees (WHO, 2007).

Communication & Information— 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 common media used for distributing information throughout the community. Today, many more options are available for communicating and disseminating 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 past to many high-tech media, including email, social media, and cell-phone communication.

Supporting appropriate and effective means of communication ensures that older Albany County residents are able to remain socially engaged in important relationships with friends and family. Access to information can also promote inclusion in community activities and encourage referrals that support good health and well-being (Longstreth, McKibbin, Steinman, Slosser, & Carrico, 2020). Given the abundance of communication options, it is also important to recognize the wide variety of preferences that older adults have, in regard to 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 no access to the Internet (Anderson & Perrin, 2016).

In age-friendly communities, basic effective communication systems are developed to reach the widest number of residents of all ages (WHO, 2007). In addition, content must be developed to address common barriers to accessing information by older adults, including vision and hearing loss, lack of English proficiency, and poor health

literacy (Filinson & Maigret, 2017). Other considerations in the domain of *Communication & Information* include promoting a civic environment in which oral communication by service providers is accessible to older people, and people who are at risk for social isolation get one-to-one information from trusted individuals (WHO, 2007).

Community & Health Services—Community residents of all ages may at some time suffer injury, become ill, or experience life-events that require other forms of outside assistance (such as help with accessing food or housing). Indeed, as individuals age, declines in health and functioning often make simple daily tasks like cooking, cleaning, paying bills, and grocery shopping difficult (Geist & Tabler, 2018). In response, age-friendly communities develop and maintain an array of community and health services designed to restore well-being when health events and other life-stressors arise.

Good community health depends on having an adequate array of health care professionals and facilities, as well as support services. In highly livable communities, residents are able to easily access affordable services that are conveniently located and accessible via different modes of transportation. For older adults in particular, examples of needed services may include those that address preventive and health maintenance needs, home-care services to address chronic conditions, or family-oriented hospice services at the end-of-life (Tabler et al., 2015).

For many residents in the community, the care for older adult family members is 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. Providing care for loved ones is often very rewarding, but without adequate support can strain personal and financial resources of the individual as well as family relationships. In age-friendly communities, a variety of programs and services designed to support family caregivers may be available, such as home care services that address health, personal care and housekeeping (WHO, 2007). Respite care programs, such as adult

day care services may also be available to provide caregivers with a break from highly stressful caregiving responsibilities.

In addition to health care and caregiver resources, highly livable communities must also feature other types of support services, including programs to reduce isolation and food insecurity. The City of Laramie is fortunate to have a variety of resources available for older persons at risk for hunger and/or social isolation. For example, the *Eppson Center for Seniors* offers high quality congregate meals to residents in a



Ivinson Hospital serves residents in across Laramie and Albany County.

comfortable highly social “group dining” environment. Similarly, the *Soup Kitchen* in downtown Laramie, provides one high quality hot meal per day within a social setting, as well as providing information about the network of services available for those in need. For older adults in Albany County who are homebound, the *Eppson Center for Seniors* also provides hot home-delivered meals—in addition to addressing nutritional needs of consumers, the services provide important social contact between program volunteers and older adults who are at high risk of isolation.

Purpose of Study

The purpose of this community assessment was to evaluate components of the 8 Domains as they relate to Albany County and the City of Laramie. Results of this study will serve as the basis for planning interventions conceived to make the community more livable for residents of all ages, with a particular focus on elements that facilitate aging-in-place and high quality of life for Albany County’s older residents.

Methodology

Contents of this report describe research conducted during summer 2019 to assess the aging-related needs and concerns of current and future resident cohorts throughout Albany County and the City of Laramie proper. We employed a mixed-

methods approach to evaluate the perceptions of residents with regard to the availability and quality of certain community features 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 community needs from the perspective of a diverse set of stakeholders (Royse, Thyer, & Padgett, 2010).

In general, assessment goals identified at the outset of the *AFL* initiative related to the 8 domains of livability promoted by *AARP*, and how improving Albany County and Laramie with respect to these domains could improve aging in place by older adult residents. 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 Albany County. All research methods and instruments used in this project were approved by the university's *Institutional Review Board*, which is charged with protecting the rights and welfare of human subjects who take part in research conducted at the *University of Wyoming*.

Demographic Profile

As an initial step toward understanding characteristics of Albany County's older population through quantitative data, we generated a demographic profile of the county 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 (2013-2017) for Albany County and other communities to summarize and compare demographic characteristics including growth of the older population, shifts in the age distribution, gender, race, educational attainment, householder status, living arrangements, household income, and disability status.

Community Survey

The main component of our data collection effort was a community survey adapted by *AFL* stakeholders from an instrument developed and made available by *AARP* (2019a). The survey included quantitative and open-ended items chosen based on their importance with respect to the planning needs of *AFL*. The survey was made available to residents online via the Internet. The full resident survey (items reproduced in **Appendix A**) was composed of sections relating to the following areas of interest:

- Community & Neighborhood
- Housing & Living Situation
- Outdoor Spaces & Buildings
- Transportation & Streets
- Health & Wellness
- Social Participation, Inclusion & Education Opportunities
- Volunteer Opportunities & Civic Engagement
- Employment & Job Opportunities
- Community Information
- Respondent Demographics



Colorful murals abound in Laramie, the Gem City of the plains.

Survey Sampling and Rate of Response

We used non-random convenience sampling to recruit a community sample of participants who voluntarily completed the survey online. Individuals were eligible to participate in the survey if they were of adult age (18 and older) and if they were residents of Laramie and/or Albany County. Participants who did not meet these inclusion criteria, were automatically screened from continuing the survey. Eligible participants who completed the survey could enter to win one of two *Amazon* Gift Cards for \$25.



AFL volunteers were crucial to survey recruitment efforts.

distributed to individuals by hand and left in strategic places where interested stakeholders could pick them up (e.g., the *Albany County Public Library*; the *Eppson Center for Seniors*). During distribution of the cards, we also asked that prospective participants spread word of the survey and the importance of the *AFL* initiative to their local networks. All prospective participants were directed to the website of *Age-Friendly Wyoming* (<http://agefriendlywyoming.org>), where they would find a link to the electronic survey.

We recruited participants through a variety of methods, including an announcement of the survey and an invitation to participate placed in local media outlets (i.e., *The Laramie Boomerang*; *Laramie Live*). Multiple “email blasts” announcing the project were sent to large networks of community residents, including messages sent to faculty and staff at *UW*, and *AARP*’s emailing list for the county. Additionally, the researchers distributed business cards county-wide, which announced the project, and invited participation (see **figure 3**). Cards were

Figure 3. Community survey recruitment card (front and back)



During the approximately month-long data collection period from late June to early August 2019, a total of 560 surveys were completed. After deleting cases where no useable data had been provided (including nine cases from respondents living outside of Albany County, and 2 cases submitted by residents under age 18), 503 cases remained to be analyzed. Of the respondents who provided their age ($n=384$), 102 (26.6%) were residents aged 18 to 45; 96 (25.0%) were from respondents age 46 to 59; and 186 (48.4%) came from residents age 60 and older. The average age of respondents was 55.5 years (ages ranged from 18 to 89; standard deviation [sd] = 15.7).

Given that contents of the survey were oriented to older people, bias toward overrepresentation of relatively older residents was expected (Fowler, 2014). Results that show totals for the entire sample should be examined and interpreted with consideration to this bias. Thus, our informal methods of recruitment yielded a *non-random* sample of Albany County and Laramie residents, which should not be interpreted to be precisely representative of the population of the community.

Focus Groups

During the months of July and August 2019, we conducted four focus groups with a range of stakeholders who were hand-selected and recruited to address specific concerns of the study related to livability and aging-in-place in Albany County/Laramie. Each focus group lasted approximately an hour and a half. Generally, discussions focused on attributes of the community that promote aging in place; perceived challenges to aging in place; and opportunities that an aging population affords the community to improve its livability for people of all ages. Below are listed the compositions of each focus group, and the rationale for holding each group.

- **Focus Group #1**— Eppson Center for Seniors Board Members. **Rationale:** This group was composed of persons who are knowledgeable about programs and services that are available to older adults living in the community, as well as barriers experienced by older residents in accessing those resources.
- **Focus Group #2**— “New-moves” and their families to Edgewood Spring Wind assisted living and their families. **Rationale:** This group was convened because of their understanding of factors that determine whether families decide to move from private homes into settings where more care is available.
- **Focus Group #3**— Health care practitioners at Iverson Hospital. **Rationale:** This group represents health-related service providers (e.g., a geriatrician, physical therapists, nursing home administrator, and hospital administration) who are knowledgeable about the available health resources and programs available for older adults in the community.
- **Focus Group #4**— Public safety personnel, including police officers, fire fighters, and emergency medical technicians within Laramie. **Rationale:** This group has regular interactions with older adult residents and are integral to many community efforts (such as falls prevention) that impact the wellbeing of older adults.

Most participants in each group were longtime residents of Laramie or Albany County, and all were knowledgeable about the community and its programs and services that are available for older residents.

Key Informant Interviews

We conducted six face-to-face interviews with individuals who serve in leadership roles in the community. Questions focused on ways in which the community has been shaped by the aging of the population; identifying challenges and opportunities associated with the aging population; and identifying ways in which the community could respond more effectively to its aging population. The researchers identified prospective participants and recruited them for interviews lasting 30 to 45 minutes each. The composition of each interview, and the rationale for inviting each leader is described below.

- **Interview #1**—Former Director, Laramie City Department of Parks and Recreation/current Assistant City Manager. **Rationale:** The individual holding this position is expert on available enrichment activities, green spaces, and the community recreation center. As assistant city manager, the individual is also

knowledgeable about changes made within the city over the last 5 years that regard the aging population.

- **Interview #2**—Director, Wyoming Department of Health, Aging Division **Rationale:** The Director is an expert on Wyoming's age-related health policy and programs throughout the state.
- **Interview #3**—Executive Director, Eppson Center for Seniors. **Rationale:** The individual in this position is an embedded community member with knowledge of the senior center and can speak to the level of communication occurring across organizations that serve older adults.
- **Interview #4**—Laramie Transportation Committee Chair. **Rationale:** The Chair is knowledgeable about transportation programs and past and prospective changes that may have an impact on options available to older adults in the community.
- **Interview #5**—Nursing Home Administrator. **Rationale:** The individual in this position is knowledgeable about long-term care options in Albany County, and the strategic plan of *Ivinson Hospital* (Albany County's only hospital).
- **Interview #6**—City Council Member. **Rationale:** As a city council member, the individual is knowledgeable about Laramie's current agenda and proposed changes that may impact older adults.

Data Analysis

Census data used for the demographic profile were adapted from public-use files available on the Internet (U.S. Census Bureau, 2020). These data, and data collected during the resident survey were analyzed using simple descriptive statistics, including frequencies and crosstabs. Selected quantitative results are summarized in the body of this report, and full results are reported in **Appendix A**. Some responses elicited through an open-ended item were extracted and cited verbatim within this report (e.g., responses to survey question: "What are your greatest concerns about your ability to continue living in Laramie/Albany County?").

Notes taken during the study's qualitative components (i.e., focus groups, key informant interviews) were reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting livability and age-friendliness in the community for older adults and individuals who work with older adults.

Finally, we used information from all sources of data, along with input from stakeholders to develop recommendations reported in the final section of this report.

Results

Demographic Profile of Albany County

Age-Structure and Population Growth

According to the *American Community Survey* (ACS), in 2017 there were an estimated 37,944 people living in Albany County. Of that population, that majority (72%) were under age 45, and about 28% was age 45 or older (See **table 1**). Residents who were 60 to 79 (4,967 individuals) made up about 13% of the population, and another 920 residents (2%) were aged 80 and older.

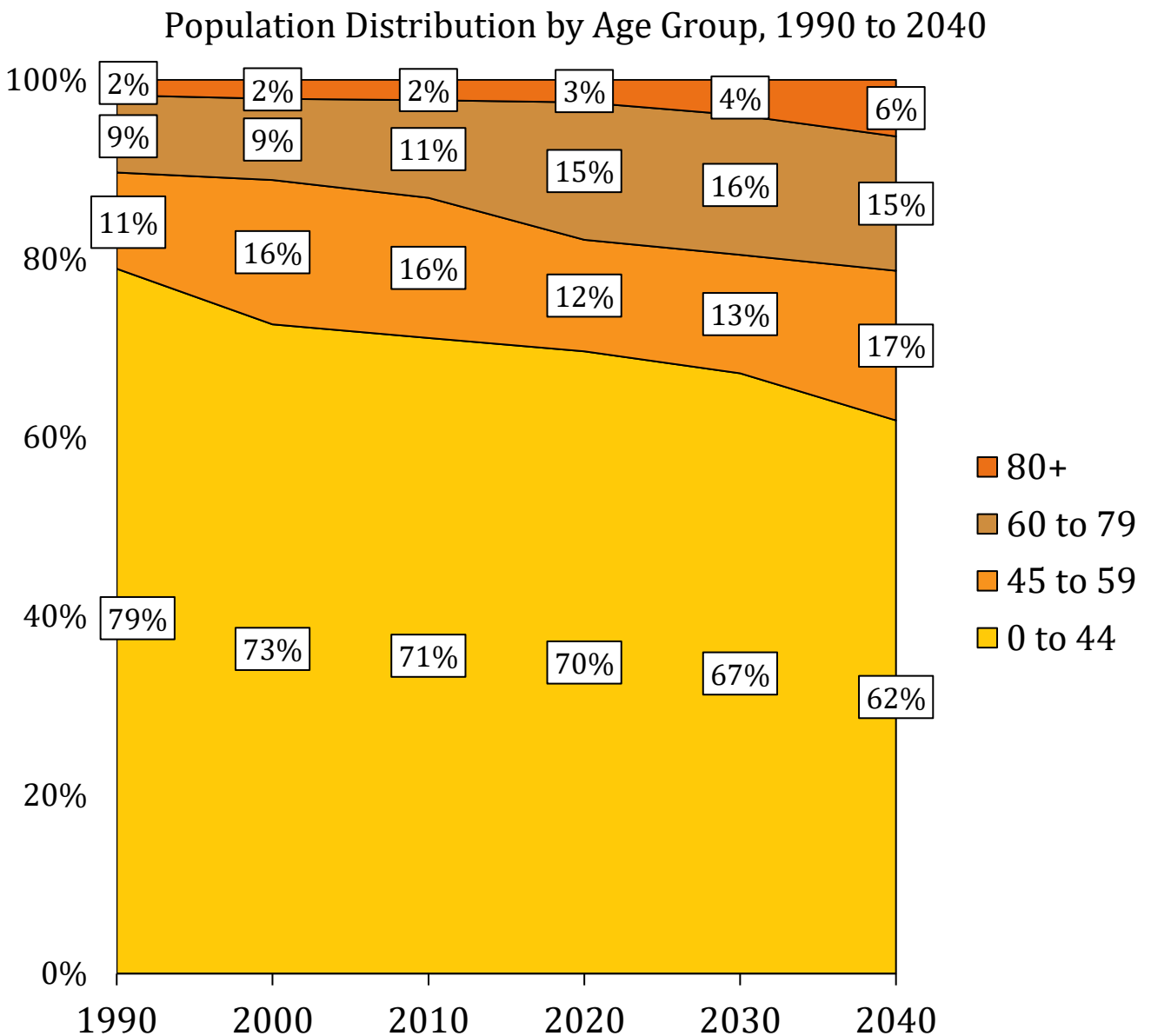
Table 1. Percent distribution of Albany County's Population by age group, 2017 estimates

	<u>Number</u>	<u>Percent</u>
Under Age 18	6,214	17%
Age 18-44	20,748	55%
Age 45-59	5,095	13%
Age 60-79	4,967	13%
Age 80 and Older	920	2%
Total	37,944	100%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S0101

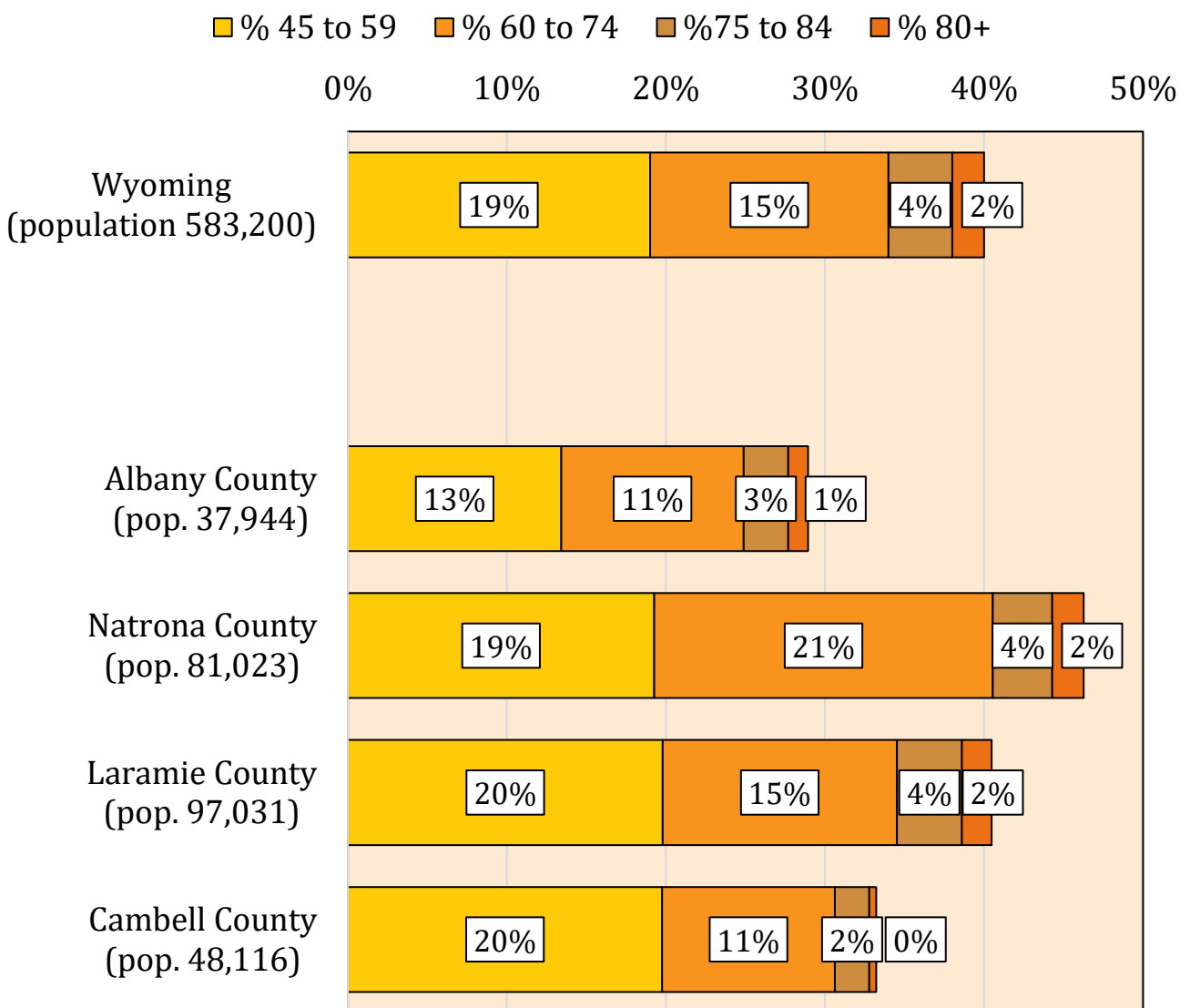
Figure 4 (below) shows the distribution of the population by age from 1990 and projected out until 2040. The dramatic growth of older age groups is evident across this period. For example, in 1990 just 11% of the population of Albany County was age 60 and older. By 2040, the proportion of older people is expected to nearly double. By that time, more than 1 in 5 residents (21%) will be age 60 or older. Also noteworthy is the inverse decline in the proportion of relatively younger working-aged residents who often provide many of the important services in a community. In 1990, residents age 59 and younger made up about 90% of the population; whereas in 2040, that segment of the population is projected to make up only about 79% of the population.

Figure 4. Population distribution, Albany County, 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://eativ.state.wy.us>)

Figure 5. Age distribution of older residents in Albany County and comparison areas



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table DP05

Albany County is the seat of Wyoming's only 4-year university, and its population is relatively young compared to the rest of the state. For example, whereas 21% of the state's population is age 60 and older, only 15% of the population in Albany County is in that age range (**figure 5**). According to the report published by Steinman, McKibbin, Carrico, Johnson, and Cooley (2016), 29% of Albany County residents age 60 and older lived 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 county's residents live in relatively rural or remote settings where accessing services and meeting aging-related needs is likely more difficult.

Since 2010, when the last decennial U.S. Census was conducted, population growth in Wyoming overall, and in Albany County specifically has been concentrated in older age groups (**table 2**). Among the total population of all ages, Albany County experienced just 4.5% growth between 2010 and 2017. The county saw a decline of more than 10% in the number of residents age 45 to 59 during that period.

The segment of the population age 60 and older grew the most, increasing in size by nearly 23%, compared to 20.4% for Wyoming overall. While Albany County is not expected to have huge growth in total population, it will experience growth in residents over age 60, leading to dramatic changes in the age-structure of the community.

Albany County's estimated population growth of older adults is comparable to changes of the population age-structure in the state's other counties with relatively larger urban populations. For example, in Natrona County (where the City of Casper is located), the number of residents age 45 to 59 fell by nearly 7%, whereas the number of residents age 60 and older grew by nearly 19%. Over the next ten years, the aging of the Baby Boomer cohort will continue to swell the proportion of older residents across the state, including in Albany County.

Table 2. Population growth between 2010 and 2017: Wyoming, Albany County, and comparison communities

	<u>All Ages</u>				<u>Age 45 to 59</u>				<u>Age 60+</u>		
<u>Community</u>	Pop. 2010	Pop. 2017	% Growth		Pop. 2010	Pop. 2017	% Growth		Pop. 2010	Pop. 2017	% Growth
Wyoming (State)	563,626	583,200	3.5%		124,523	112,547	-9.6%		102,657	123,584	20.4%
Albany County	36,299	37,944	4.5%		5,685	5,095	-10.4%		4,797	5,887	22.7%
Natrona County	75,450	81,023	7.4%		16,772	15,611	-6.9%		13,516	16,036	18.6%
Laramie County	91,738	97,031	5.8%		19,846	19,210	-3.2%		16,829	20,072	19.3%
Campbell County	46,133	48,116	4.3%		10,488	9,508	-9.3%		4,501	6,482	44.0%

Source: U.S. Census Bureau, 2010 Census, Summary File 1, Table QT-P1; and 2013-2017 American Community Survey 5-year estimates, Table S0101.

Sociodemographic Composition of Albany County's Older Population

Sex/Gender—Although in most developed countries the sex/gender-longevity 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 Albany County is majority female. Among residents age 75 or older, women make up 54.1% of the population (*ACS, 2013 – 2017, Table S0101*).

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 Albany County, 69% of men age 65 and older are married, compared to 46% of women in that age group (*ACS, 2013-2017, Table S1201*). Similarly, just 7% of older men in Albany County are widowers, compared to 27% 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 Albany County residents—and older Wyoming residents more generally— tend to be highly educated on average. The majority (71%) of Albany County residents age 65 or older have graduated high school and acquired some college education, including 29% who have an Associate's or Bachelor's degree, and 24% who have a graduate degree (*ACS, 2013-2017, Table B15001*). This compares to 59% of older adults in the state who have attained education beyond a high school diploma.

As mentioned above, Albany County is home to the state's only 4-year university and is therefore more likely to draw or produce highly educated residents. Albany County's well-educated older adults contribute to the community'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 regard to race and ethnicity of its residents. In the U.S., populations in all age groups have continued to become more racially diverse, including older adults. By comparison, the vast majority (nearly 97%) of Wyoming's residents age 60 and older are White. The largest minority group category, combining *other* races including American Indians and Alaska Natives, makes up 2.6% of the older population. The distribution of race and ethnicity is similar in Albany County, where nearly 98% of the older population is White. Additionally, about 7% of older residents in Albany County identify as Hispanic or Latino compared to about 4% in the state (**table 3**).

Table 3. Race distribution of residents who are age 60 and older, in Albany County and Wyoming

<u>Race</u>	<u>Albany County</u>	<u>Wyoming</u>
White	97.7%	96.6%
Black	0.1%	0.3%
Asian	0.9%	0.4%
Other	1.4%	2.6%
Hispanic Ethnicity	7.3%	3.9%
Total (number)	3,911	84,239

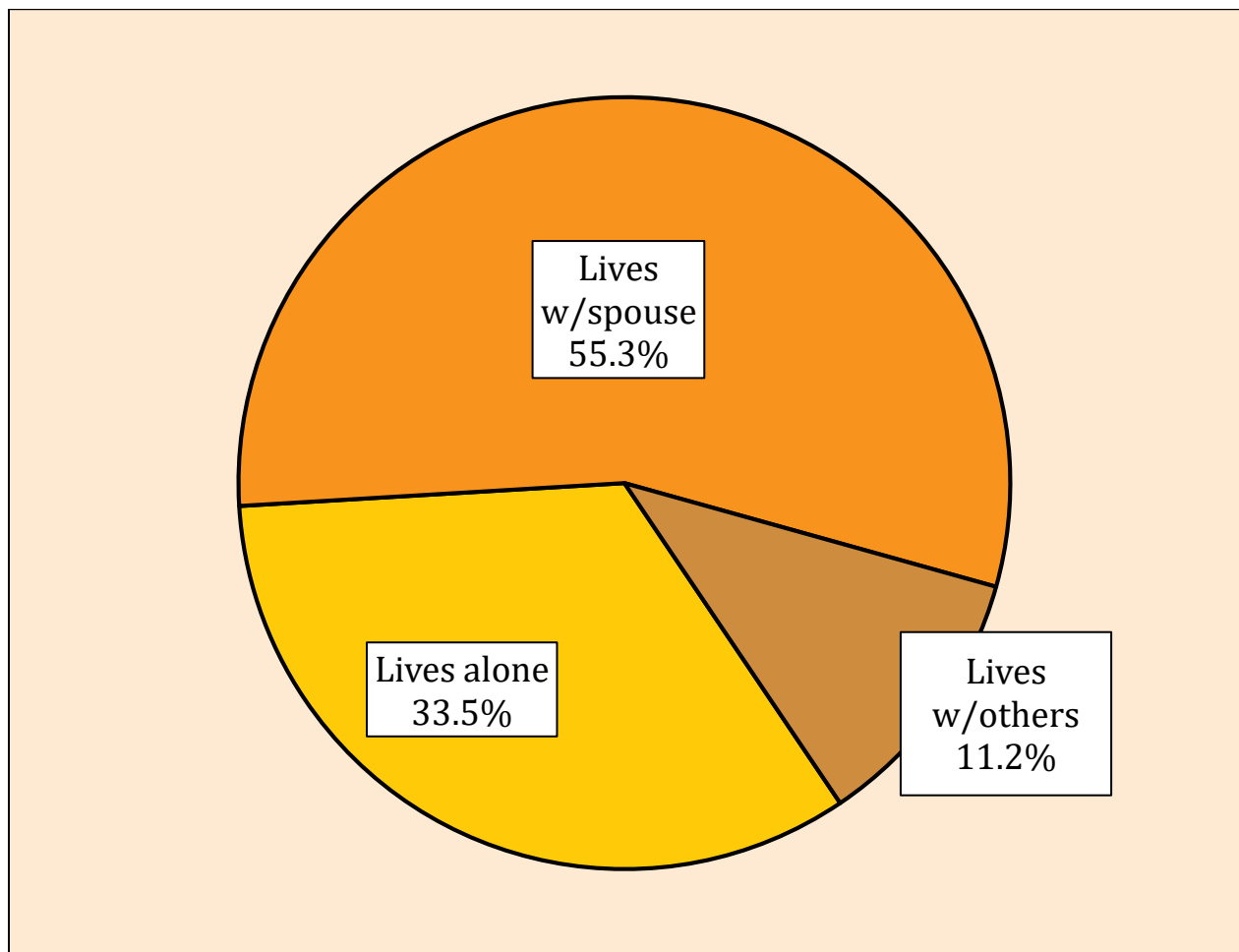
Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Tables B01001A-I.

Languages Spoken—About 11% of Albany County’s population of any age speaks a language other than English. This includes about 9% of residents age 65 and older who speak a language other than English, such as Spanish (6%). Two-thirds (66%) of older residents who speak a language other than English report speaking English “very well” (*ACS, 2013-2017, Table B16001*). 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 Albany County.

Employment—Similar to older adults living in communities throughout the U.S., a large proportion of Albany County residents age 65 to 74 remain in the workforce (36% of men, and 31% of women). After age 75, 22% of men and just 2% of women were in the workforce (*ACS, 2013-2017, Table B23001*).

Veteran Status—A sizable share (43%) of Albany County’s men age 65 and older report veteran status, as do a small percentage (<1%) of older women (*ACS, 2013-2017, Table B21001*). Veteran status of older adult residents in Albany County is similar to U.S. rates (42.7% of older American men, and <1% of older American women are veterans). As a result, many of the community’s older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Figure 6. Living arrangements of Albany County residents, age 65 and older

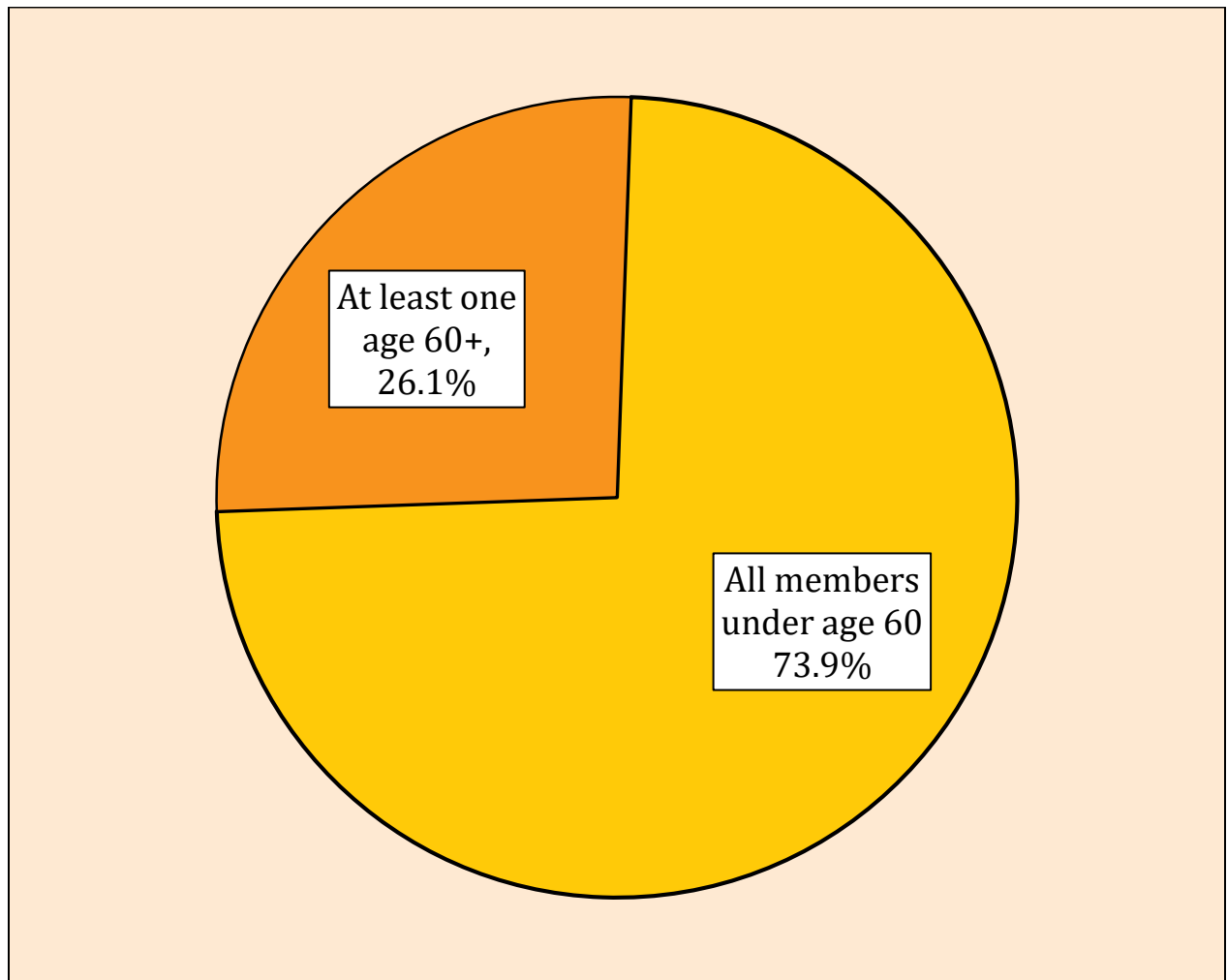


Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table B09021

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

A large proportion of Albany County residents who are age 65 and older—about 1 in 3 (33.5%)—lives alone in their households (**figure 6**); whereas the majority live either with their spouses (55.3%) or with other relatives or non-relatives in the community (11.2%). More Albany County residents age 65 and older are estimated to live alone compared to residents of Wyoming or the U.S. overall (approximately 29.3% and 27.0%, respectively) (*ACS, 2013-2017, Table B09021*). 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 to many organizations that provide programs and services to older adults.

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

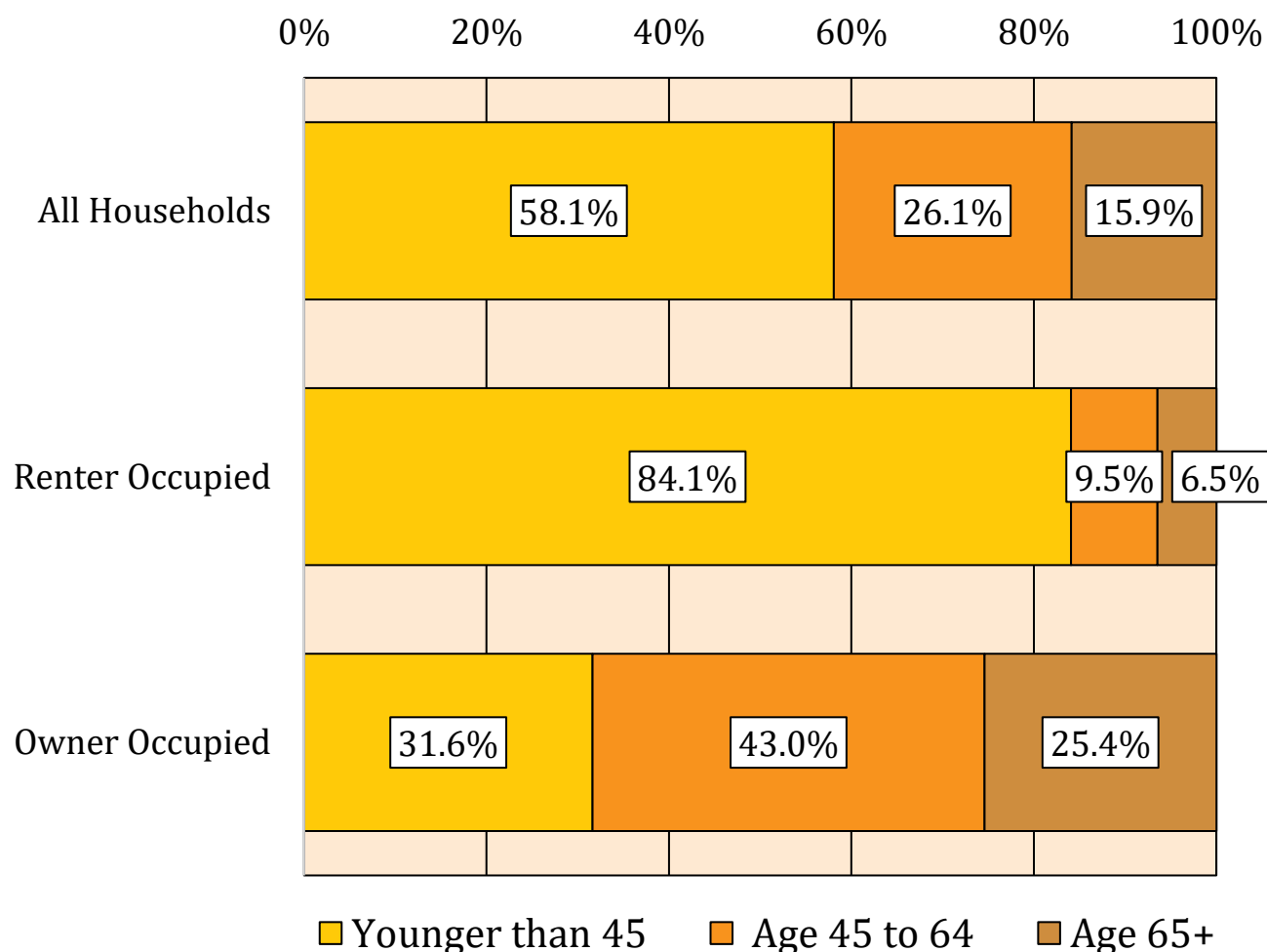


Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table B11006

According to ACS data, an estimated 26.1% of Albany County’s 16,009 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 age-friendly considerations, including programs and services that address health and caregiving, social needs, transportation options, and safe home and community environments.

Many of the 16,009 households in Albany County have householders who are middle-aged or older. According to the U.S. Census Bureau (2020), a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 42% of all households in Albany County (**figure 8**). Among renter-occupied households, residents younger than 45 are heads of 84.1%, compared to 9.5% for residents age 45 to 64 and 6.5% for residents age 60 and older. Only about 32% of owner-occupied households are headed by residents younger than 45; 43% of owner-occupied homes are headed by residents age 45 to 64, and 25.4% by residents age 65 and older. The higher number of older homeowners has implications for what amenities and services are likely to be needed and valued by members of the community.

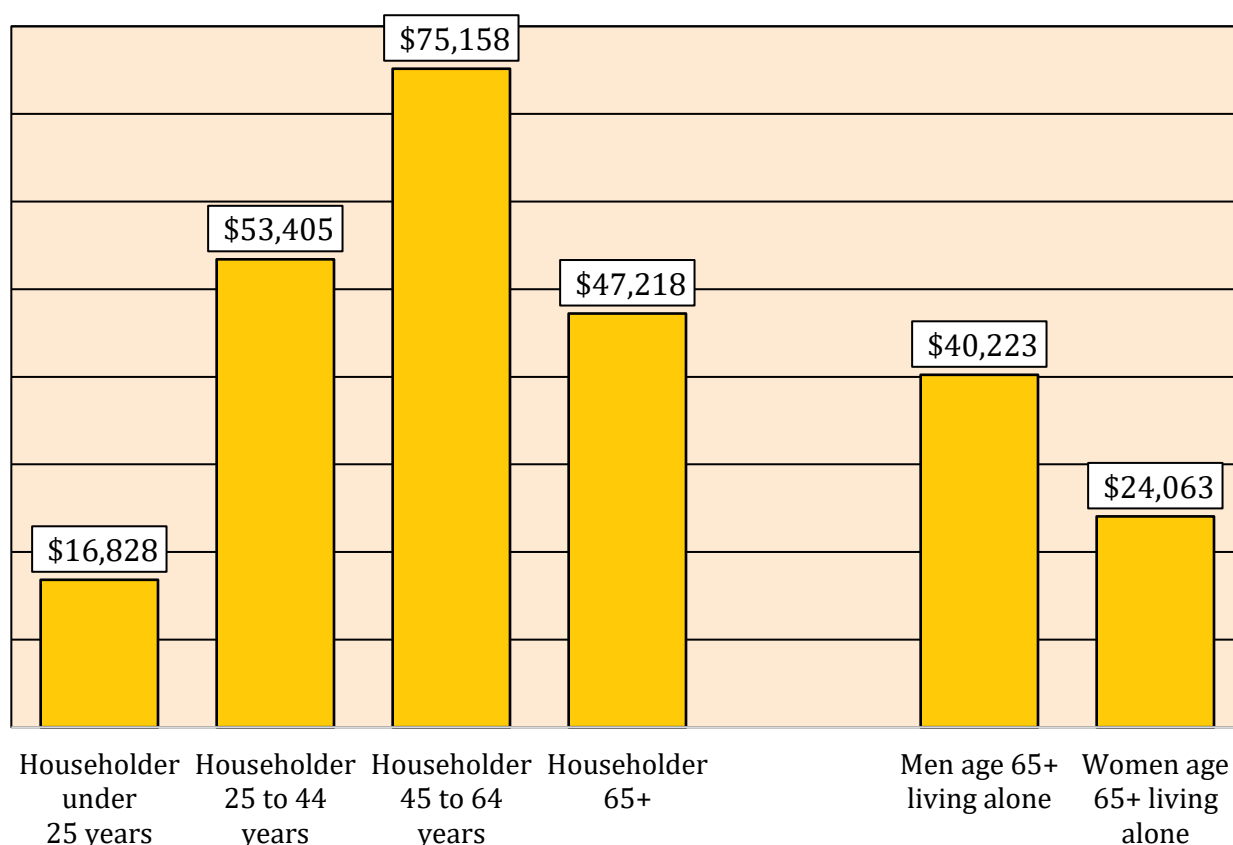
Figure 8. Age structure of Albany County householders by owner status



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S2502

Total median household income in Albany County is lower than Wyoming overall (\$45,816 versus \$60,938, respectively); however, residents in older age groups living in Albany County have higher median incomes than the state’s median for that age group. The median income for householders age 65 and older in Albany County is \$47,218 (see **figure 9**), versus the state’s median of \$41,750 for that age group. Among all age groups, households headed by individuals who are age 45 to 64 have the highest median income at \$75,158. Older Albany County residents who live alone have notably lower household incomes—the median income for older men who live alone is \$40,223; whereas older women who live alone are substantially worse off, with a median income of \$24,063. Insofar as nearly a third of older residents age 65 and older live alone in Albany County (higher than national or state averages), these figures suggest that a sizable number of older residents may be at risk of economic insecurity.

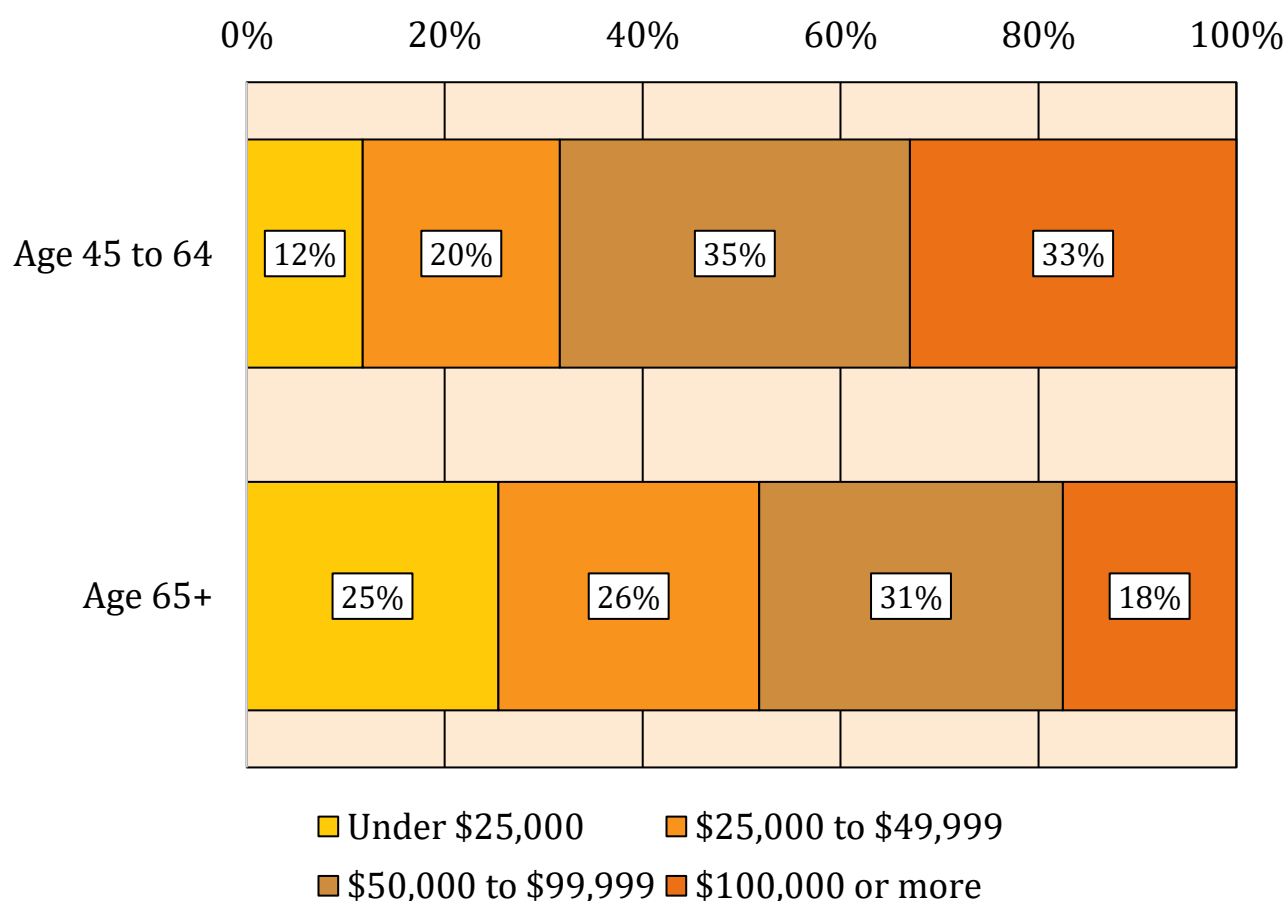
Figure 9. Median household income in Albany County by age and living situation (in 2017 inflation-adjusted dollars)



Source: U.S. Census Bureau; American Community Survey, 2013-2017, Tables B19049 and B19215.

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

Figure 10. Household income distribution in Albany County by age of householder (in 2017 inflation-adjusted dollars)

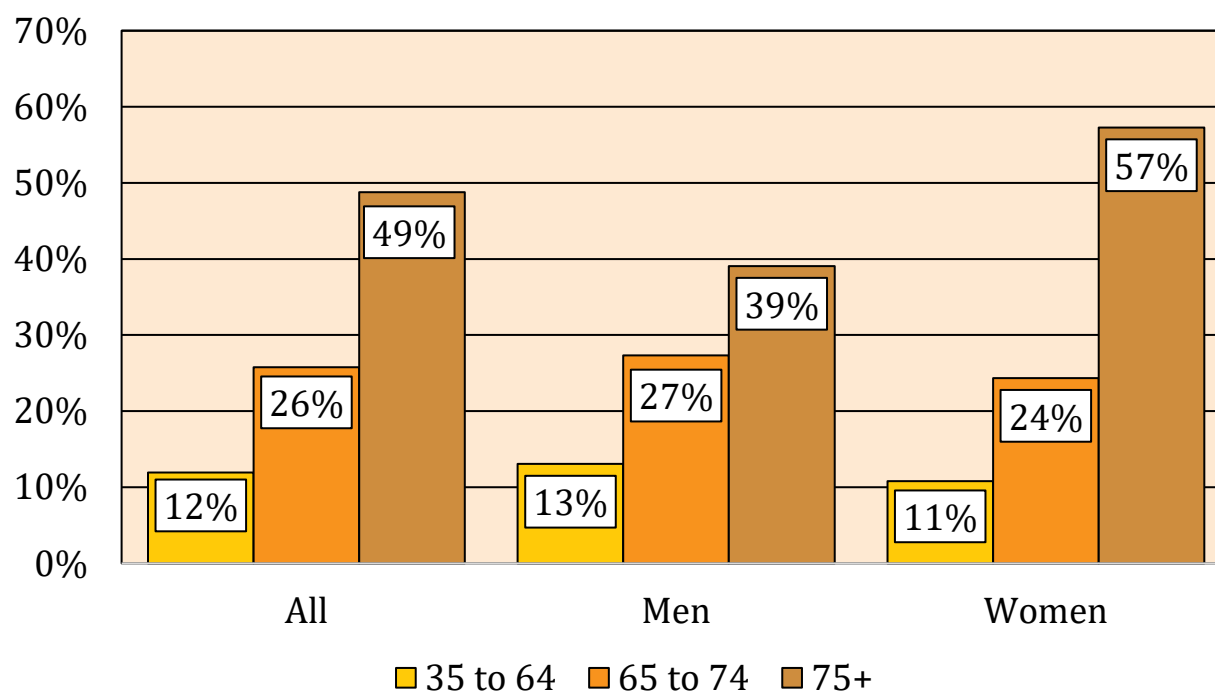


Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table B19037.

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

The economic profile of older Albany County residents relative to younger residents is further illustrated in **figure 10**, which shows that a sizable percentage of the older adult population is quite affluent. Approximately 18% of Albany County householders age 65 and older report incomes of \$100,000 or more. By comparison, about a third (33%) of households headed by younger residents report this level of income. Nevertheless, 1 in 4 households (25%) headed by someone age 65 and older report annual incomes under \$25,000. This compares with just 12% of households headed by individuals age 45 to 64 having incomes under \$25,000. Thus, many older residents of Albany County may be at risk of economic disadvantage or financial insecurity.

Figure 11. Percentage of Albany County residents reporting at least one disability by age group and sex



Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table B18101.

The increased likelihood of acquiring disability with age is evident in data from ACS. Many Albany County residents age 65 and older experience some level of disability that could impact their capacity to function independently in the community. **Figure 11** depicts the proportions of residents who report some level of disability by age and sex. Among residents age 65 to 74, about one in four men (27%) and women (24%) report at least one disability. Moreover, the risk of acquiring disability increases dramatically after age 75—in Albany County, about 49% of individuals in this age group experience one or more disabilities, including 39% of men and 57% of women.

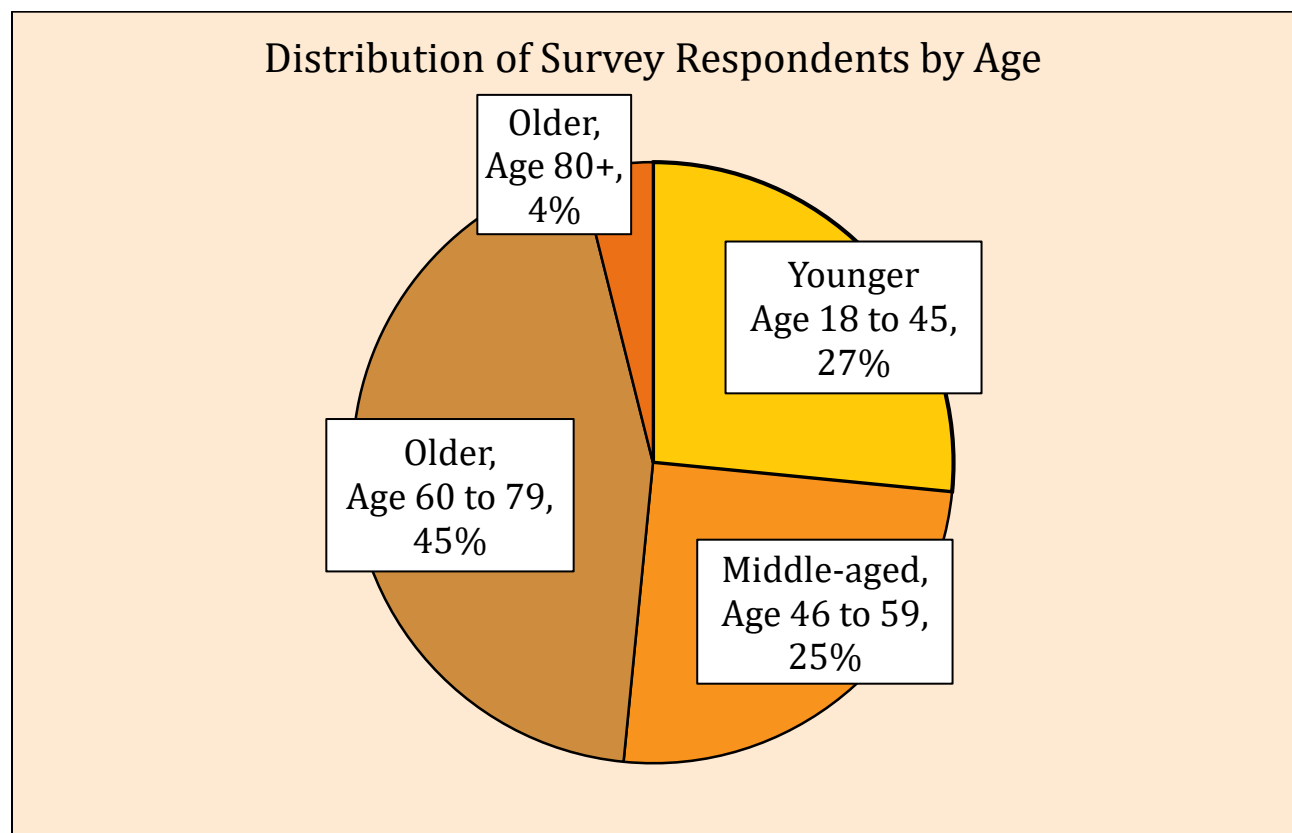
Among the different types of disability that are assessed in ACS, the most commonly cited by older (65 and older) Albany County residents was difficulties with ambulation (difficulty walking or climbing stairs; 22%). Other disabilities experienced by older Albany County residents included difficulties hearing (17%); independent living limitations (difficulty doing errands alone such as visiting a doctor's office or shopping, 10%); cognitive difficulty (9%), vision problems (7%), and difficulty with self-care, reported by 6% of residents (ACS, 2013 - 2017, Table S1810).

Community Survey Results

Sociodemographics of Sample

Recruitment methods used in this study resulted in the collection of 503 cases where enough data were provided to be analyzed. Survey participants included 102 (20%) younger residents age 18 to 45, 96 (19%) age 46-59, and 186 (37%) respondents age 60 and older, including 171 [34%] age 60 to 79, and 15 [3%] age 80 and older. Data on age were not provided in 119 (24%) cases¹—these cases are excluded from analyses that are reported by age cohort/group. **Figure 12** shows the breakdown of survey respondents who provided their age.

Figure 12. Community survey respondents by age cohort and group

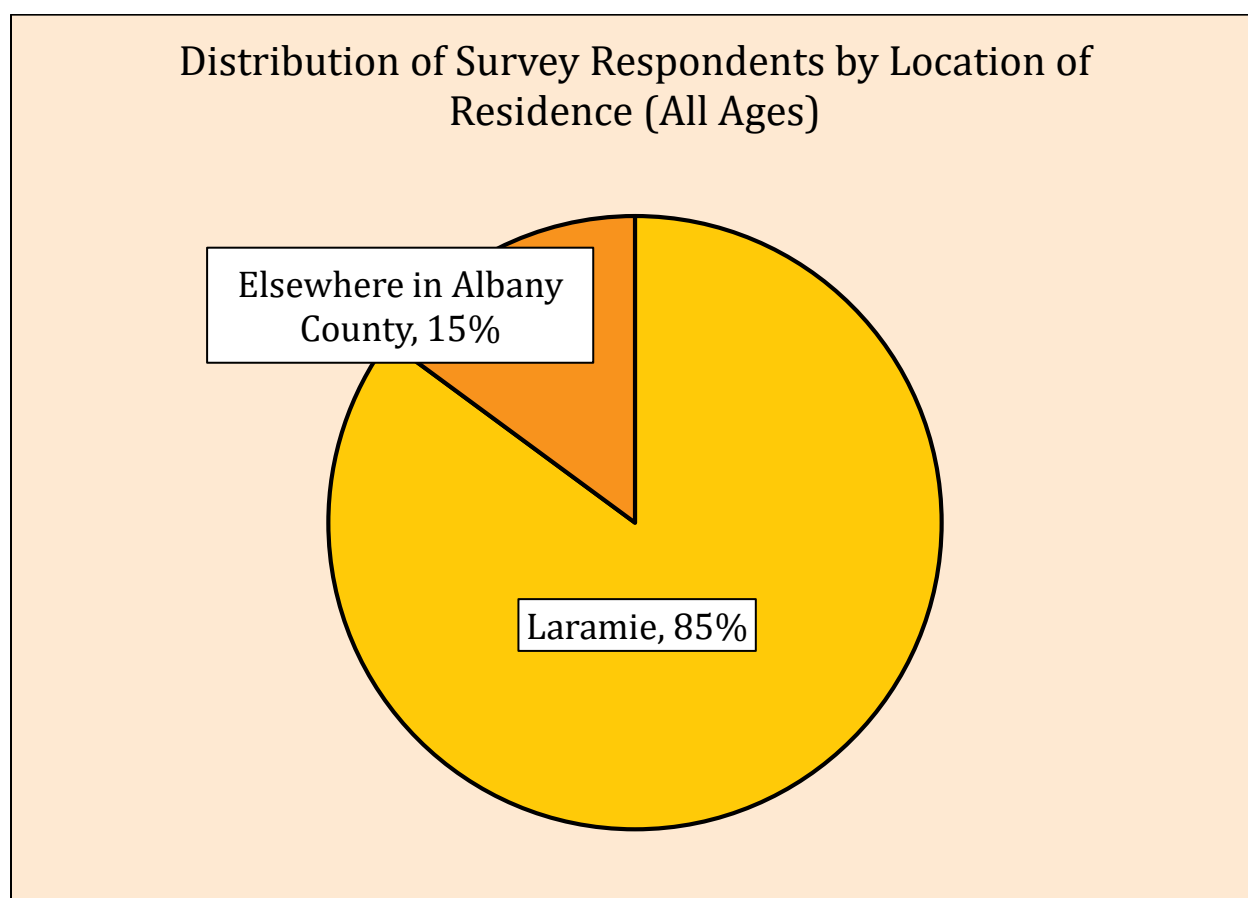


Note: Excluded from the pie chart are 119 cases in which respondent did not provide their age.

¹ Quantitative results and figures presented by age below include only respondents who provided their age on the resident survey; tables and figures that depict “all ages” include all survey respondents.

With respect to age, relative to the population based on U.S. Census Bureau statistics (see **table 1** above) the age distribution of respondents is disproportionately skewed toward the age cohort of 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 cohort (i.e., younger, middle-aged, older residents) and/or by age group (including a break-down of the older cohort— 60 to 79; and 80 and older). Complete survey results stratified by age are presented in tables in **Appendix A**.

Figure 13. Community survey respondents by location of residence



Additionally, 427 cases (85%) were provided by residents living within the city limits of Laramie; and 75 cases (15%) were provided by individuals who indicated that they lived somewhere else in Albany County (**figure 13**). According to ACS an estimated 85% of the population in Albany County resided in Laramie's city limits, with the remaining 15% residing in areas outside of the city (*ACS, 2013 – 2017, Table DP05*). Thus, our sample is roughly equivalent to the known population distribution in Laramie and Albany County.

The majority (73.2%) of community survey respondents of all ages identified as women: 74.7% of older residents between the ages of 60 and 79, and 86.7% of respondents age 80 and older were women (see **Table Q37, Appendix A**). By comparison, data from the ACS indicate that just 52.1% of Albany County residents age 60 and over are women (*ACS, 2013 – 2017, Table S0101*), suggesting that our sample of older adults has greater representation of women than the population. Readers are urged to bear in mind these discrepancies between the sample and the population as they read and interpret the remaining results.

The vast majority (96.8%) of community survey respondents indicated that their race was White; <1% was Black, and 4.0% of respondents were other races. The proportion of Whites was only slightly greater among the older age cohort—97.2% reported White as their race (see **Table Q44, Appendix A**). According to data from the U.S. Census Bureau, about 98% of Albany County residents who are age 60 and older are White; whereas less than 1% is Black, and about 2% reports another race (see **table 3** above). Therefore, the sample distribution of race is roughly comparable to proportions found in the population.

Finally, whereas about 7% of the population in Albany County reports Hispanic ethnicity, only 3.2% of survey respondents reported having Hispanic or Latino origin or decent (see **Table Q43, Appendix A**). Thus, Hispanics are somewhat underrepresented in our sample.

Community & Neighborhood

Figure 14. Participant ratings of community as a place for people to live as they age by age cohort

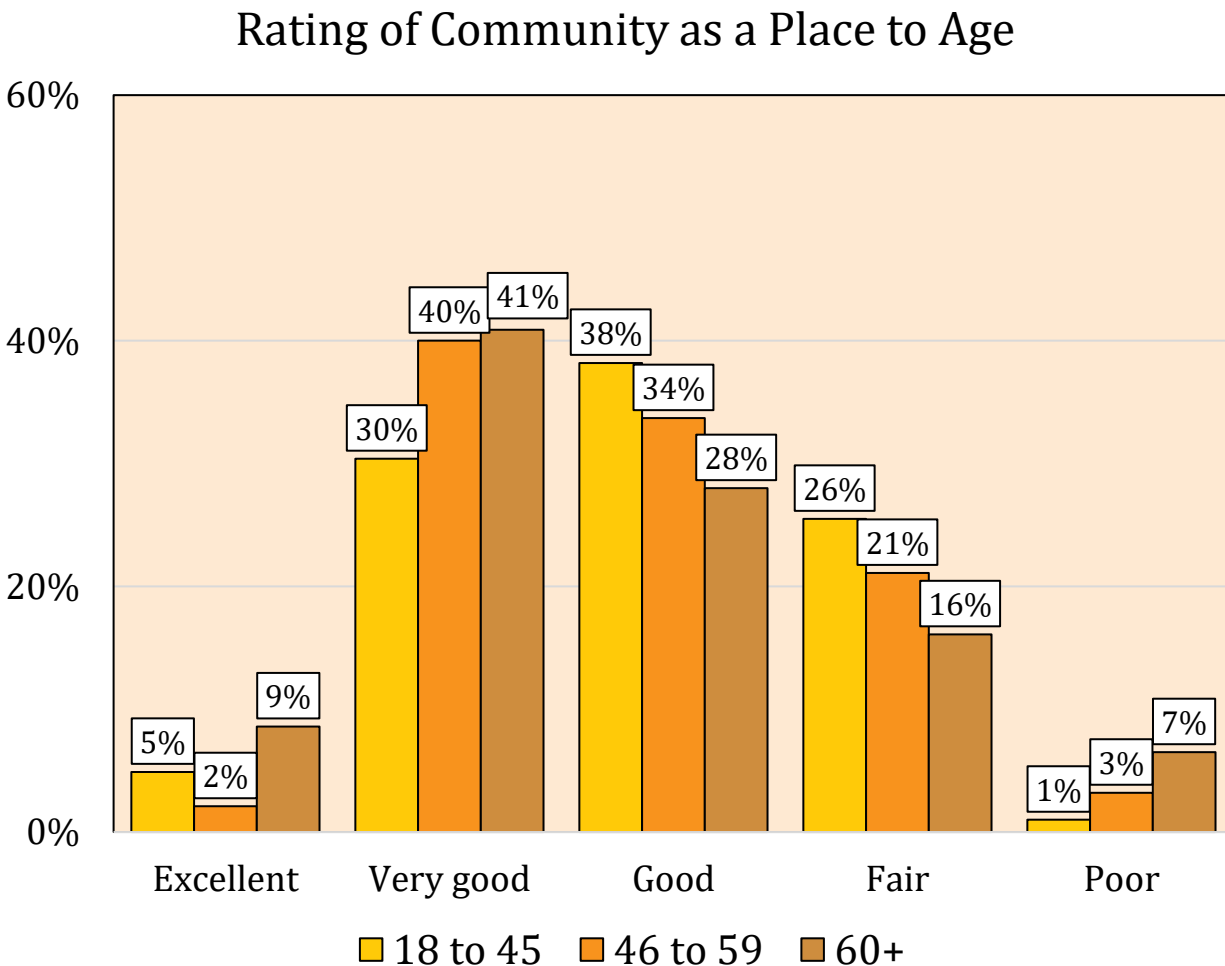


Figure 14 displays participant ratings of their community as a place to live as they age. For purposes of the survey, “community” was defined as the geographical location where the respondent’s home is located. Albany County/Laramie was rated as a “good”, “very good” or “excellent” place to live as one ages by about 3 out of 4 (76%) respondents. Notably, almost 7% of respondents age 60 and older rated their community as a poor place to live as they age.

In comparing those living within Laramie’s city limits with those living elsewhere in Albany County, more than 77% of Laramie residents rated their community as “good” or better, compared to about 71% living elsewhere in the county. This disparity likely reflects the relatively fewer, or greater difficulty accessing resources available in extremely rural or remote areas.

One positive outcome of communities being highly livable is that once residents become established, they tend to place high priority on staying in their communities. Even given Laramie’s status as the state’s only university town, with its dynamic population of incoming and outgoing students and faculty or staff, many participants reported residencies that were relatively long-term. For instance, **figure 15** shows that about 43% of respondents reported living in their community for 25 years or more, including 14% who lived in their community for 45 years or more. Just 15% of respondents are relative “newcomers” indicating that they have lived in their community for fewer than 5 years. Only around 21% of residents age 60 and older indicated that they lived in their community for 14 years or fewer (see **table Q2, Appendix A**), highlighting the observation that growth of the area’s older population is largely a result of long-term residents who have aged in place, rather than in-migration of older residents to the region.

Figure 15. Number of years that all respondents have lived in Albany County/Laramie

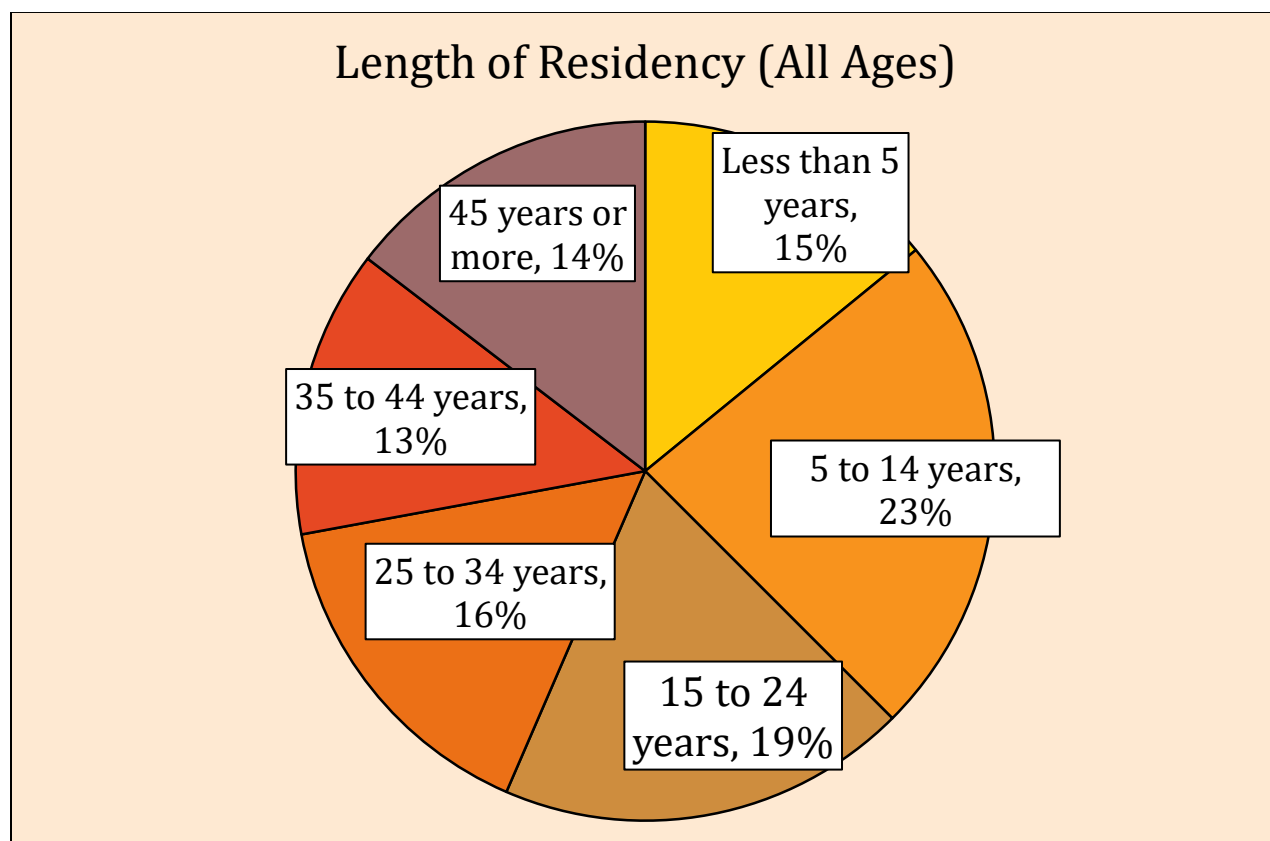


Figure 16, panels a & b depict the rated likelihood of moving to a different home *within* or *outside* of the community, respectively. Nearly 1 in 5 (19%) respondents of all ages stated that it was “very likely” or “extremely likely” that, in their retirement years, when they do not work at all for pay, they would move to a different home *within* the community (**panel a**).

Older adults often move when their housing needs begin to change, for example, when adult children leave the home and the need for space is decreased; or, when people begin to experience health declines that make maintaining houses and yards more difficult or impossible. In such cases, there is a need for housing stock that is appropriate, accessible, and affordable if older individuals are going to be able to remain in the community. Housing that is not currently accessible by persons who have disabilities can often be modified to meet needs associated with changing functional abilities (Pynoos et al., 2012).

In communities such as Laramie, where many residents are transplants, one might expect a significant share of the population to leave after retirement. As the state’s only university town, many residents have come from other parts of the country for employment at *UW*, and upon retirement, many may choose to return to their communities of origin.

Additionally, Wyoming’s winter climate is a challenge that many older people may opt to avoid when the opportunity to move in retirement becomes available. **Figure 16, panel b** shows the rated likelihood that participants will move to a different home *outside* of the community in retirement. Among respondents of all ages, about 1 in 4 (25%) stated that it was “very likely” or “extremely likely” that they would leave the community.

Developing ways to improve environments that encourage older people to stay in the community is one way to retain that valued segment of the population as a vibrant social and economic resource for Albany County.

Figure 16, a & b. Reported likelihood of moving to a different home in the community and outside of the community following retirement

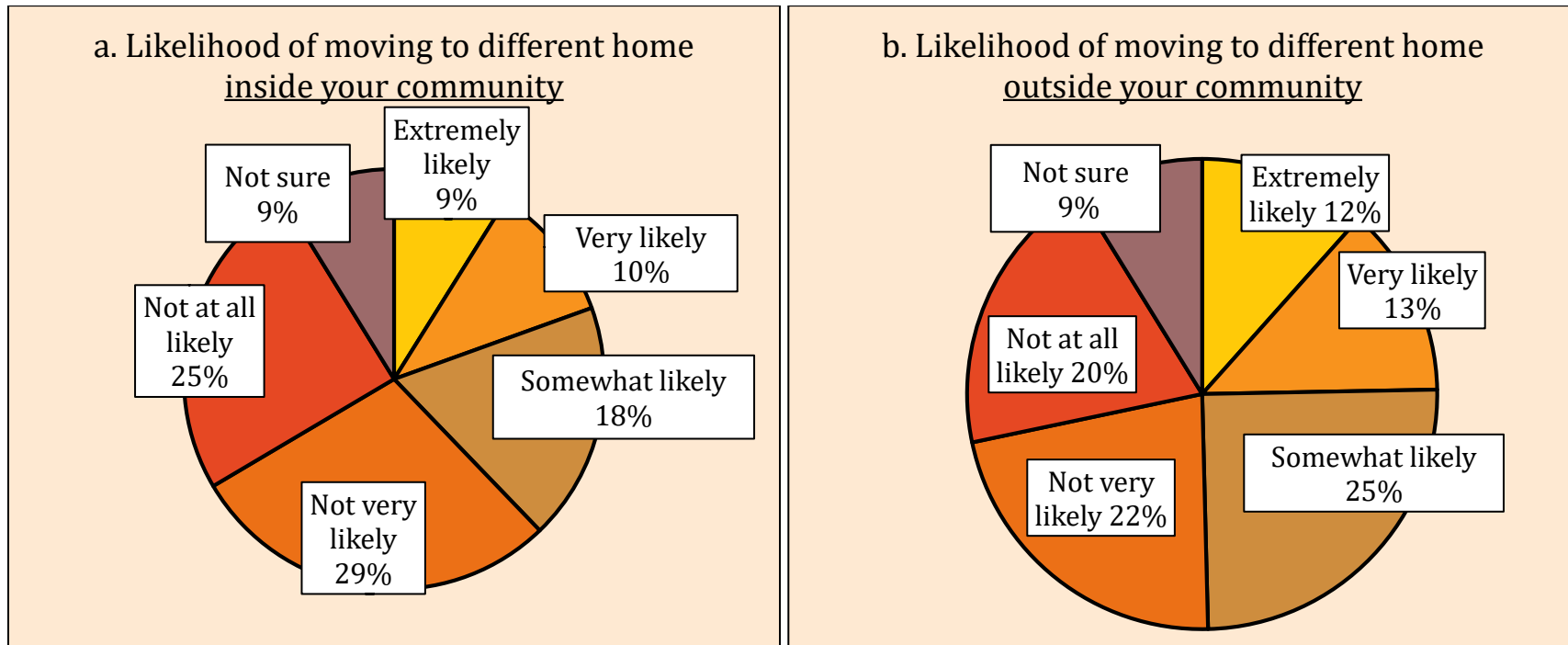
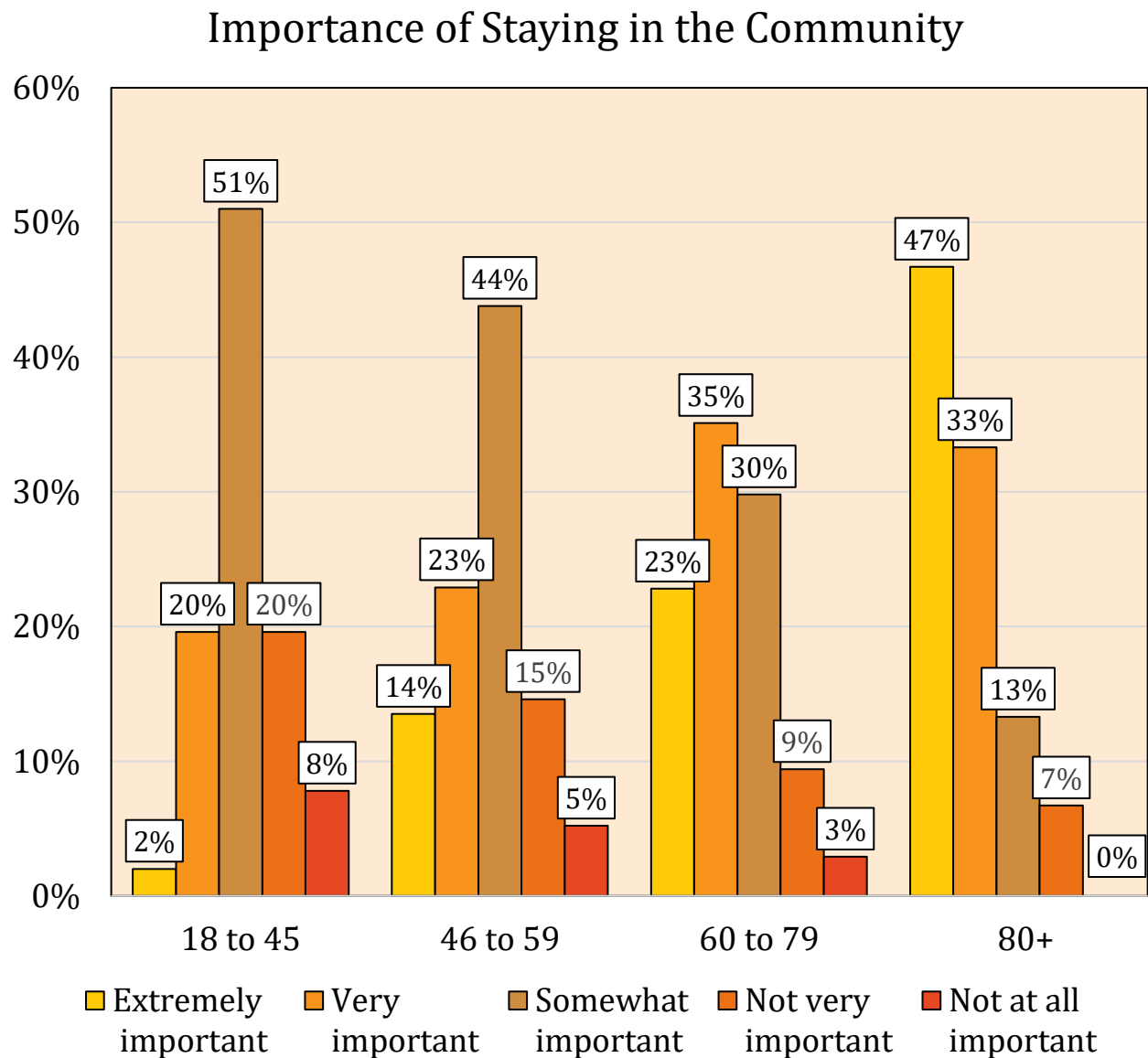


Figure 17. Rated importance of living in the community as long as possible by age group



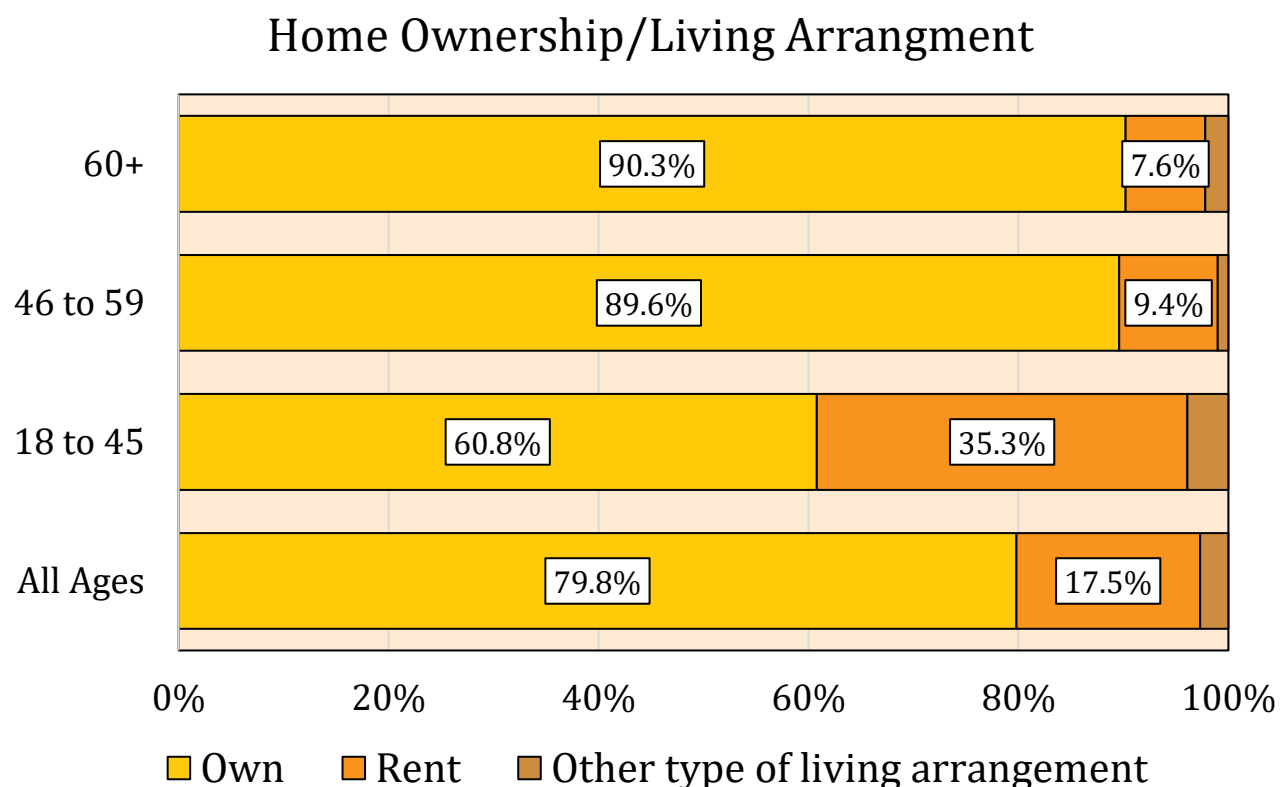
Given the tendency of older respondents to have been long-time residents of their communities, it is not surprising that a majority of those 60 to 79 (58%) and age 80 and older (80%) indicated that it was “very important” or “extremely important” for them to remain in their community as they age (**figure 17**).

The desire to remain in the community was also shared by significant shares of younger adults age 18 to 45 (22%) and middle-aged adults age 46 to 59 (37%). Among respondents of all ages, just 6% indicated that remaining in the community as they age was “not important at all” (see **table Q7, Appendix A**).

Housing & Living Situation

Housing is an important resource for older adults that can either facilitate their aging in place by being affordable and accessible, or can mandate that they uproot and move to different homes and communities, when housing is no longer appropriate. According to the U.S. Census (2020), almost 45% of available housing in Laramie was owner-occupied in 2010 (*U.S. Census Bureau, Table H18*). In comparison, nearly 80% of survey respondents reported living in homes that they owned, including 90% of respondents age 60 and older (**figure 18**).

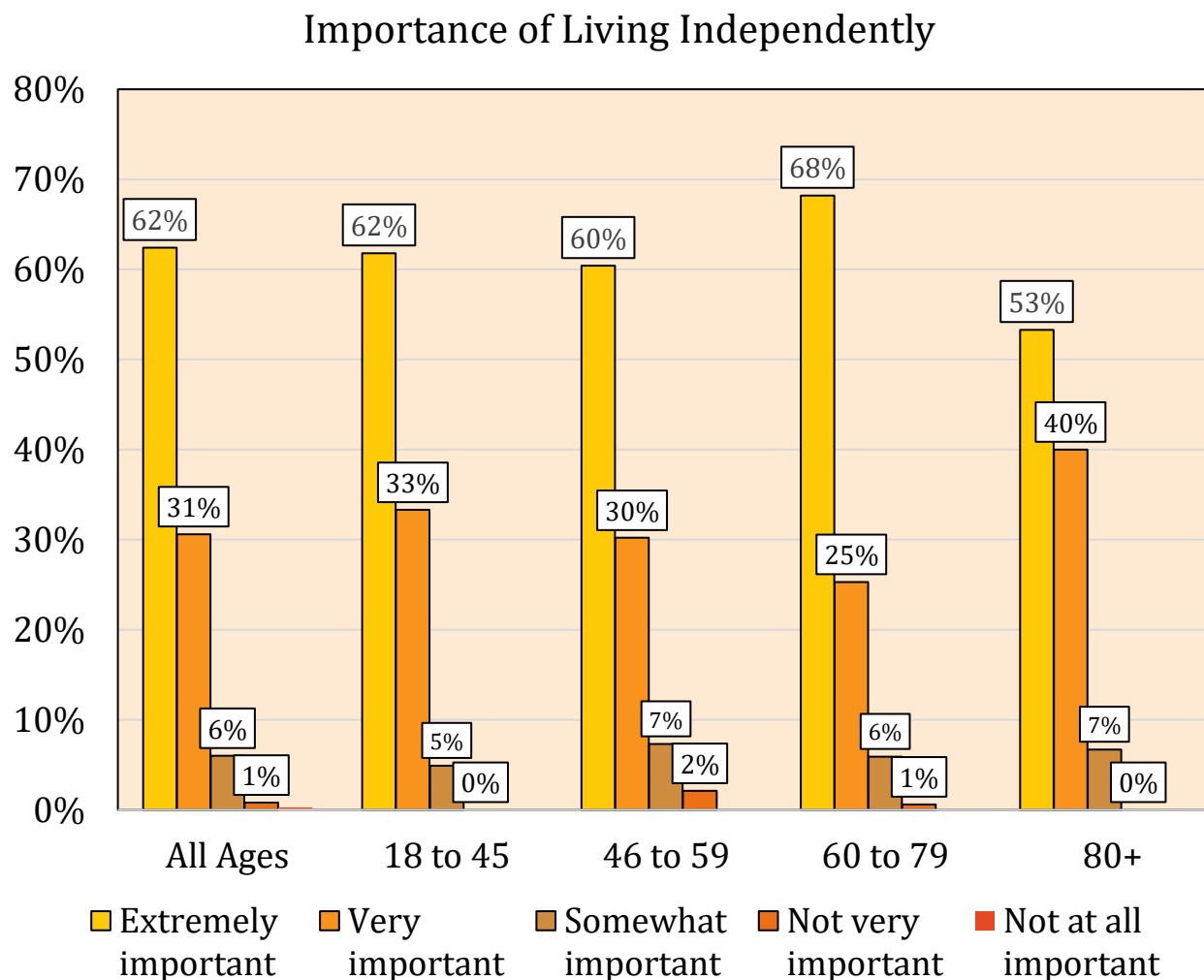
Figure 18. Home ownership and/or living arrangement by age cohort



Additionally, the majority of respondents (about 81%) reported living in single-family dwellings (see **table Q9, Appendix A**). The discrepancy between population estimates and the survey sample is likely a result of a participant selection effect, in which the nature of the survey's content resulted in greater home-owner participation. Nevertheless, results reflect a large number of older residents who are responsible for maintaining their homes. Generally speaking, high percentages of home ownership are associated with stronger communities, in which residents take pride and invest in the quality of their neighborhoods. Maintaining homes and yards may become more challenging as residents age, especially if they experience functional impairments related to health declines.

Figure 19 displays participant ratings of the importance of being able to live independently as they age. Being independent relies on the ability to do daily living activities such as grocery shopping, cooking, dressing, and managing medications with minimal or no assistance. Health conditions that are more common in later life can result in disability that hampers one’s ability to live independently. Indeed, ACS data shown in **figure 11** (above) suggests that by age 75, about half of Albany County residents have at least one disability that could make living without assistance more challenging if left unaccommodated. Nevertheless, the vast majority of all Albany County residents (93%) say that it is “very important” or “extremely important” to them to live independently as they age. Even when individuals experience disabilities, independent living can be facilitated through home modifications, supportive services, and other accommodations that make living in the community easier and safer.

Figure 19. Rated importance of living in independently at home by age group



In fact, people often make modifications to their homes to accommodate physical challenges they experience. Participants were asked whether they thought they would need to make various types of modifications or improvements to their homes to enable them to stay there as they age. **Table 5** shows percentages in each age cohort who thought they would need each modification type.

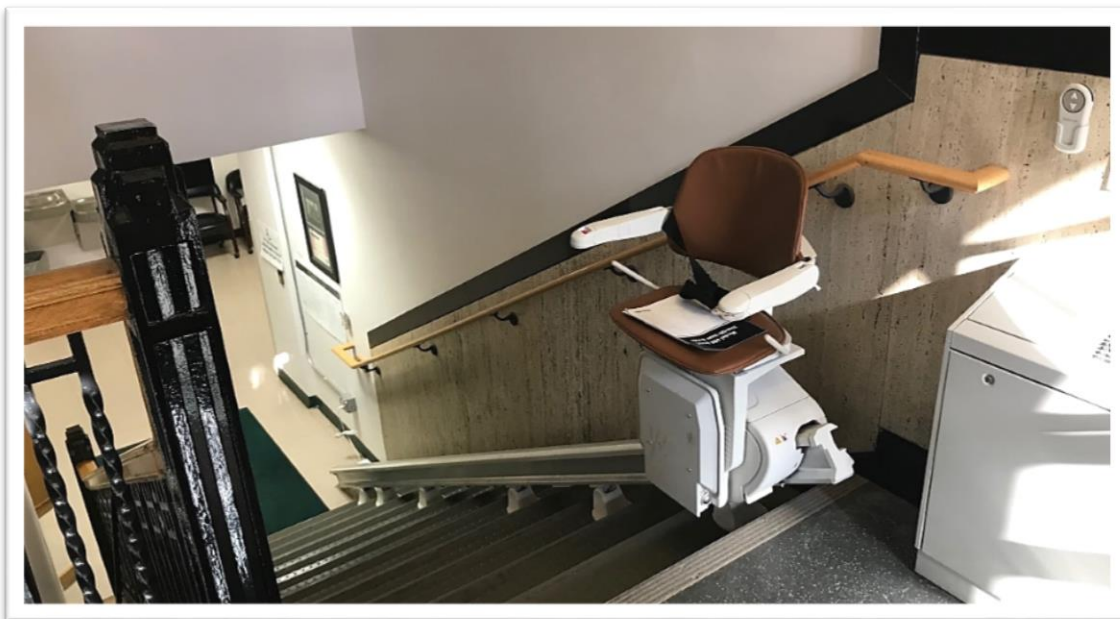
Table 5. Percentage predicting need for home-modifications by age cohort

<u>Modification Type</u>	All Ages	18 to 45	46 to 59	60+
Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways	37%	45%	38%	30%
Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles	54%	62%	59%	44%
Putting a bedroom, bathroom and kitchen on the first floor	18%	23%	16%	13%
Improving lighting	25%	31%	19%	22%
Installing a medical emergency response system that notifies others in case of emergency	39%	41%	37%	37%
Other, please specify	24%	12%	25%	37%

Most of the home modifications that were assessed are designed to improve home safety generally, regardless of one's functional capacity or age. Modifications such as improving lighting in strategic places throughout the home are simple, inexpensive, and effective means for improving functionality and safety for all residents. Indeed, home and community environments that are made safer and easier to use for older people are also likely to benefit younger residents. Interestingly, significant percentages of younger and middle-aged respondents indicated a perceived future need for modifying their homes. Planning for health-/disability-related home-environmental needs when one is younger can help to ease the transition when physical and financial resources may become strained in later life.

The most common home modification need that was mentioned among people of all ages (about 54%) was bathroom modifications, including adding grab bars and non-slip tiles. Among adult residents age 60 and older, 37% also predicted their need for installing a medical emergency response system to notify others in the event of an emergency. About 37% thought that they would need some other type of modification, such as moving a laundry room from the basement to the first floor or changing the outdoor environment to minimize landscaping needs.

Home modifications encompass a broad range of potential changes that can vary widely in costs. Improving lighting throughout the home requires only minimal efforts and expense; whereas larger structural changes, such as widening doors, or adding wheelchair ramps can be quite expensive. Resources that are available to older people to address home-modification needs are often fragmented, and usually are extremely limited, or programs have eligibility criteria that are too stringent to benefit many individuals who may have home-modification needs and limited means for meeting them.



Many Albany County buildings are on the leading edge of accessibility through environmental modification—Albany County Court House stair glide

Below, **figure 20** and subsequent diagrams show results of a series of questions that assessed the priority of selected resources and their perceived availability in the community. *Participants rated the importance of having each resource in the community—**priority** percentages reflect those who said that each resource was “very important” or “extremely important.” **Perceived absence** percentages reflect the proportion of respondents who stated that each resource was either “not available” or they were “not sure” whether the resources were available in the community.*

When “priority” is rated as high and there are high rates of “perceived absence”, 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 community. For example, **figure 20** shows the priority and perceived absence of housing-related needs common to older adults.

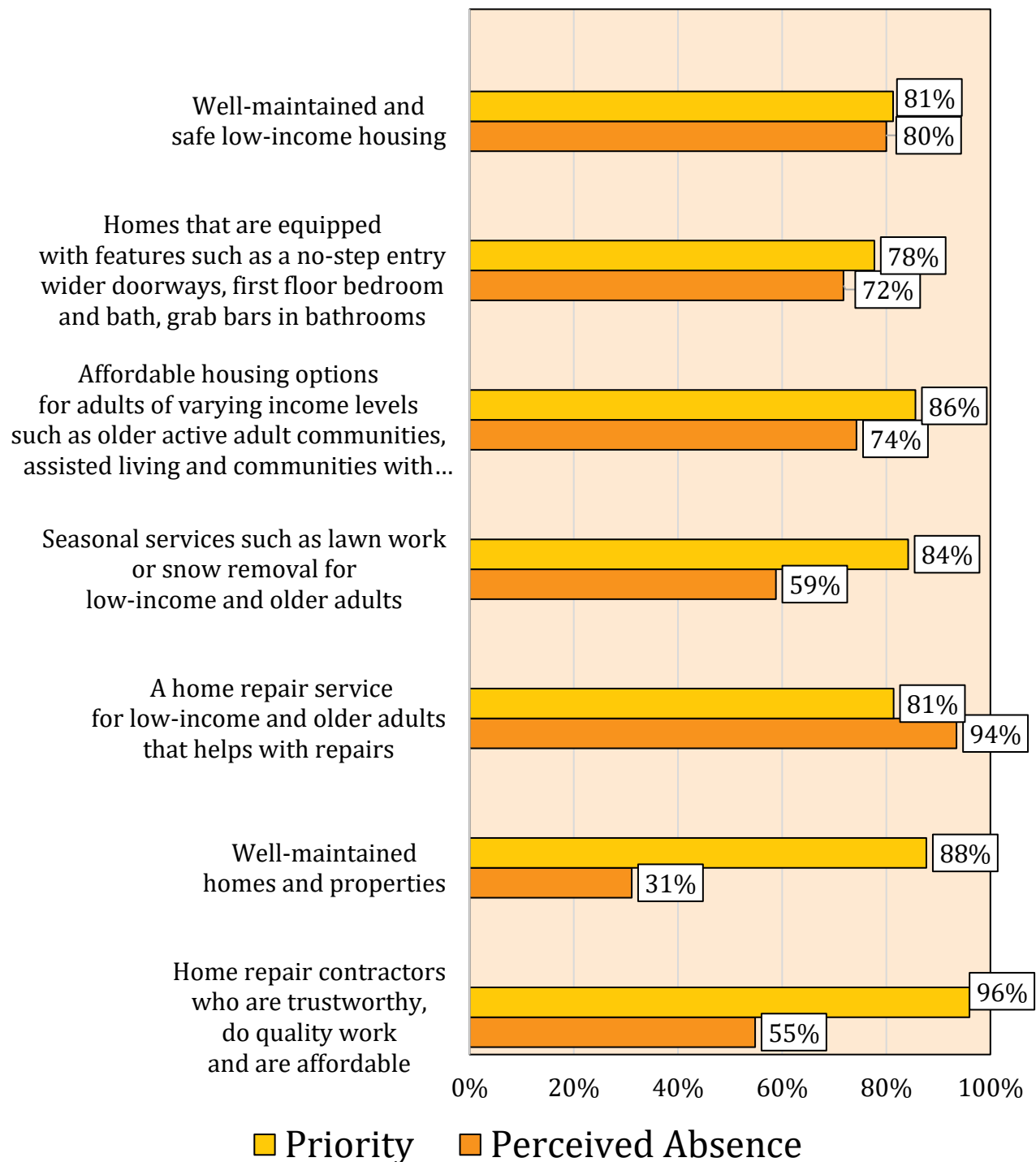
Among the housing resources depicted those that were deemed most important by participants of all ages were trustworthy home-repair contractors (96%), affordable housing options (86%), and seasonal services such as lawn or snow-removal services (84%). In most cases, participants stated that each housing resource was either unavailable, or they were not sure whether the resources existed in the community.

In comparison, “Well-maintained homes and properties” are an example of a resource that is highly valued by 88% of survey participants, and that most people (69%) think exists in the community.

Also see **tables Q12 and Q13, Appendix A** for breakdowns by age cohort and age group.

Figure 20. Rated importance of housing needs and perceptions of their availability

Housing Priorities and Perceived Absence of Housing Resources



Outdoor Spaces & Buildings

With regard to the area of *Outdoor Spaces & Buildings*, **figure 21** shows priorities and perceived absence of resources in this domain (see page 45 for description of methods) for respondents of all ages. Resources with the greatest priority included well-maintained public buildings for people with different physical abilities (93%); sidewalks that are in good condition (91%); and well-maintained restrooms that are accessible to people with disabilities (86%). A small majority (56%) of respondents perceived well-maintained buildings to be absent in Albany County; whereas 80% and 77%, felt that sidewalks were inadequate and that public restrooms were not accessible, respectively.



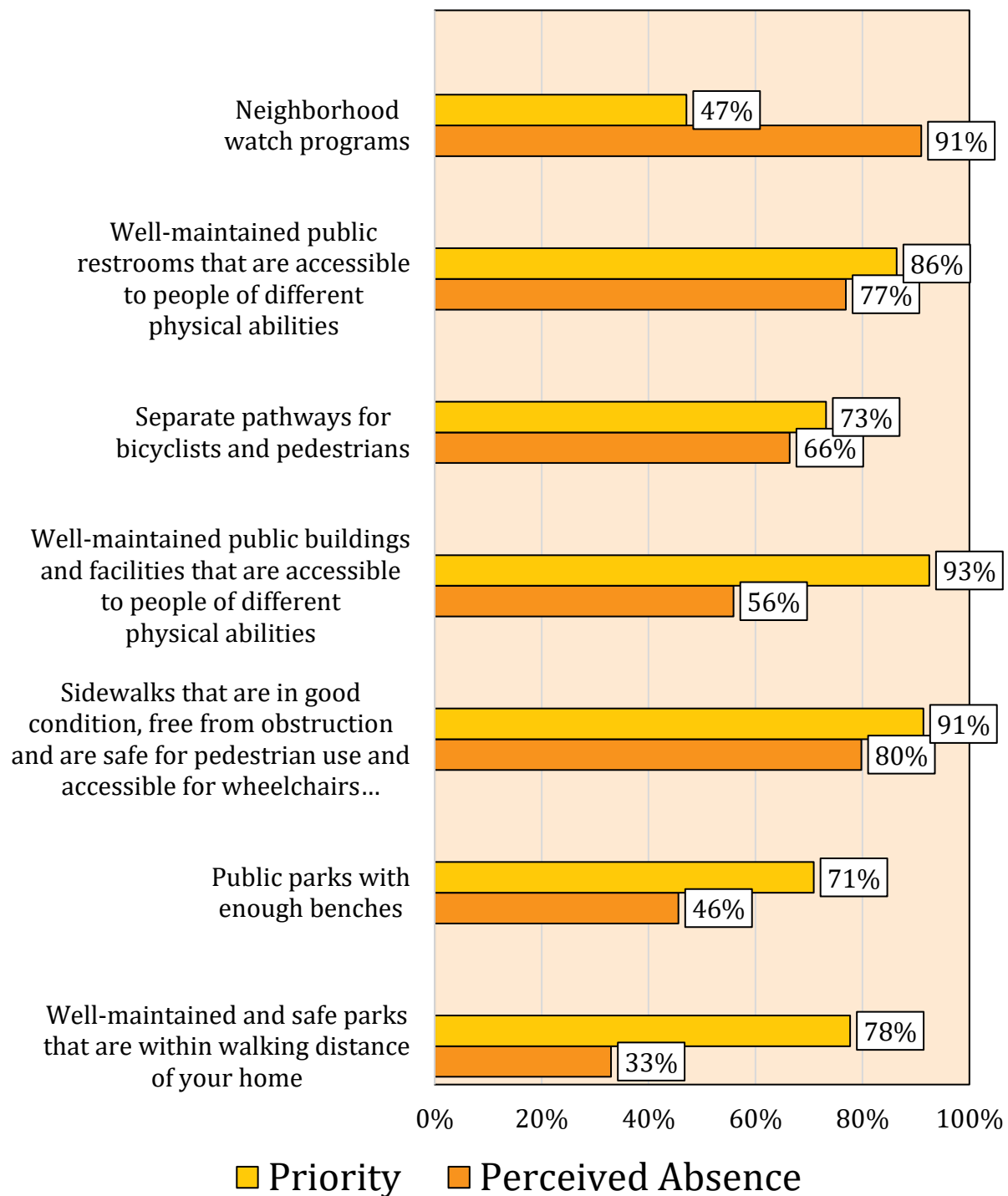
University of Wyoming offers scenic beauty to the community.

An example of a low-priority resource in the domain of *Outdoor Spaces & Buildings* is neighborhood watch programs (just 47% ranked this resource as “very important” or “extremely important”). This finding suggests that most residents of Laramie and Albany County feel safe in their communities.

Also see **tables Q14** and **Q15, Appendix A** for breakdowns by age cohort and age group.

Figure 21. Rated importance of Outdoor Spaces & Buildings needs and perceptions of their availability

Outdoor Spaces & Buildings Priorities and Perceived Absence of Resources



Transportation & Streets

Transportation is a fundamental need for people of all ages who strive to lead independent, meaningful, and socially engaged lives. For older people in particular, the lack of adequate and appropriate transportation can be a significant barrier to their efforts to meet their material and social needs, and may challenge their ability to be active, vibrant participants in their communities.



Reliable transportation services are available, but is it enough?

(21%). Currently, using alternatives such as rideshare services including *Uber* or *Lyft* is relatively rare among older residents—only 2% of respondents age 60 and older reported using these modes of transportation. A significant proportion of older adults (about 9%) reported using public transportation such as those provided by *UW*, and 8% reported using special transportation services, such those provided by the *Eppson Center for Seniors*.

Unfortunately, many older Albany County residents may continue to drive their own vehicles even after age-related physical changes make it unsafe to do so, especially when practical, accessible, affordable, reliable and convenient alternatives are not available.

Table 6 suggests that older Albany County residents rely on a wide variety of transportation modes to meet their travel needs. By far, the most commonly cited mode of transportation was driving oneself, with 97% reporting this mode of travel. Among adults age 60 and older, other often-reported modes of transportation included walking (60%), riding a bicycle (39%), or having others give them a ride

Table 6. Modes of transportation by age cohort

	All Ages	18 to 45	46 to 59	60+
Drive yourself	97%	95%	100%	97%
Have others drive you	26%	35%	33%	21%
Walk	62%	73%	62%	60%
Ride a bike	48%	69%	48%	39%
Use public transportation (e.g., UWyo Roundup)	8%	12%	3%	9%
Take a taxi/cab	3%	5%	1%	2%
Rideshare service (e.g., Uber, Lyft)	8%	12%	11%	2%
Use a special transportation service, such as one for seniors or persons with disabilities	3%	0%	1%	8%

Figure 22 shows priorities and perceived absence of resources in the area of *Transportation & Streets* (see page 45 for description of methods) for respondents of all ages. Resources with the greatest priority included well-lit streets (97%), well-maintained streets (94%); traffic signs that are easy to read (92%); and safe and accessible public transportation (90%). A small majority (60%) of respondents perceived the need for well-lit streets to be unmet, and (74%) of respondents perceived well-maintained streets to be absent in Albany County; 62% believed that the need for public transportation was not adequately met. Only 40% stated that the need for easy-to-read signs was not adequately met.

Also see **tables Q17** and **Q18, Appendix A** for breakdowns by age cohort and age group.

Figure 22. Rated importance of transportation needs and perceptions of their availability

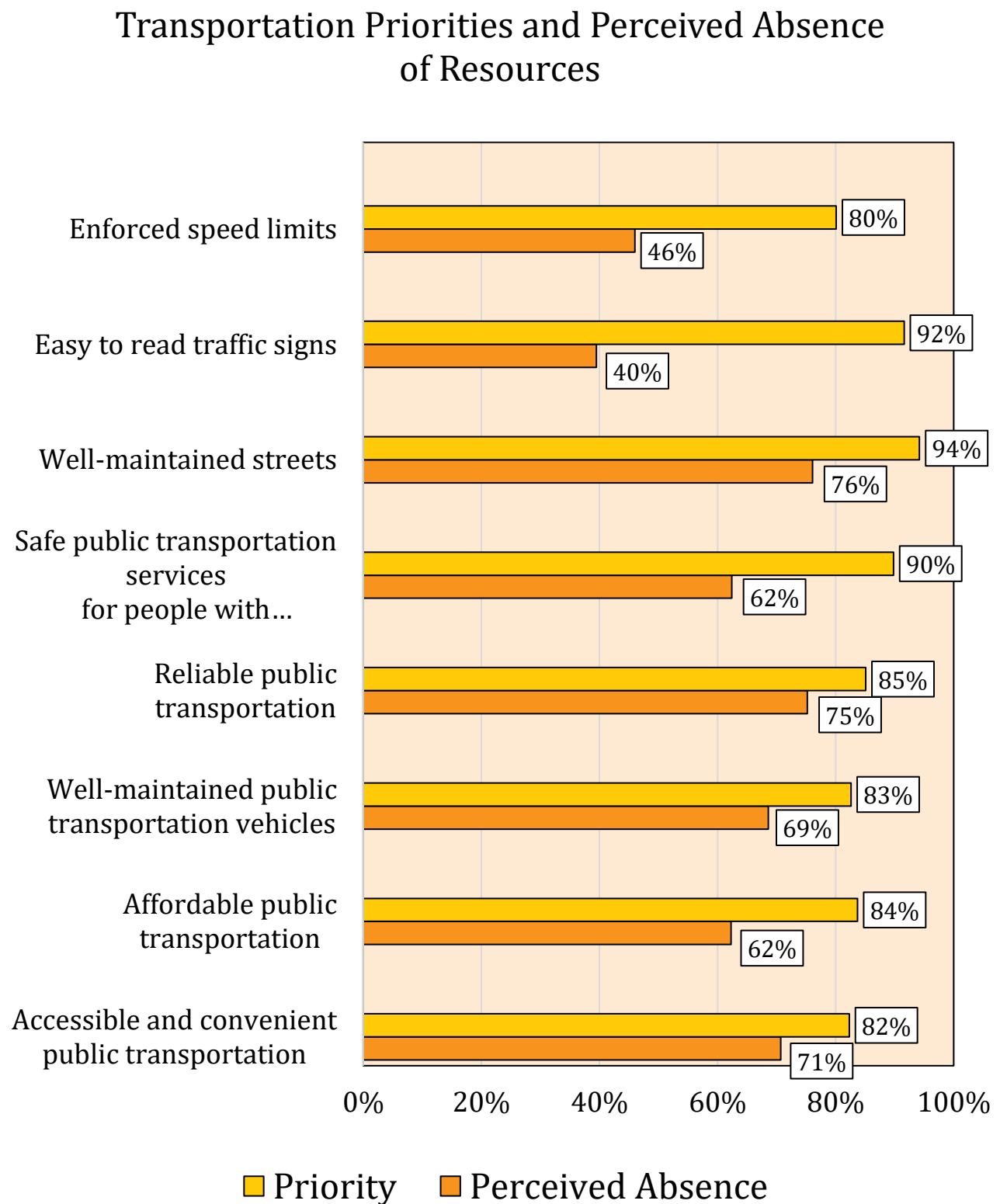
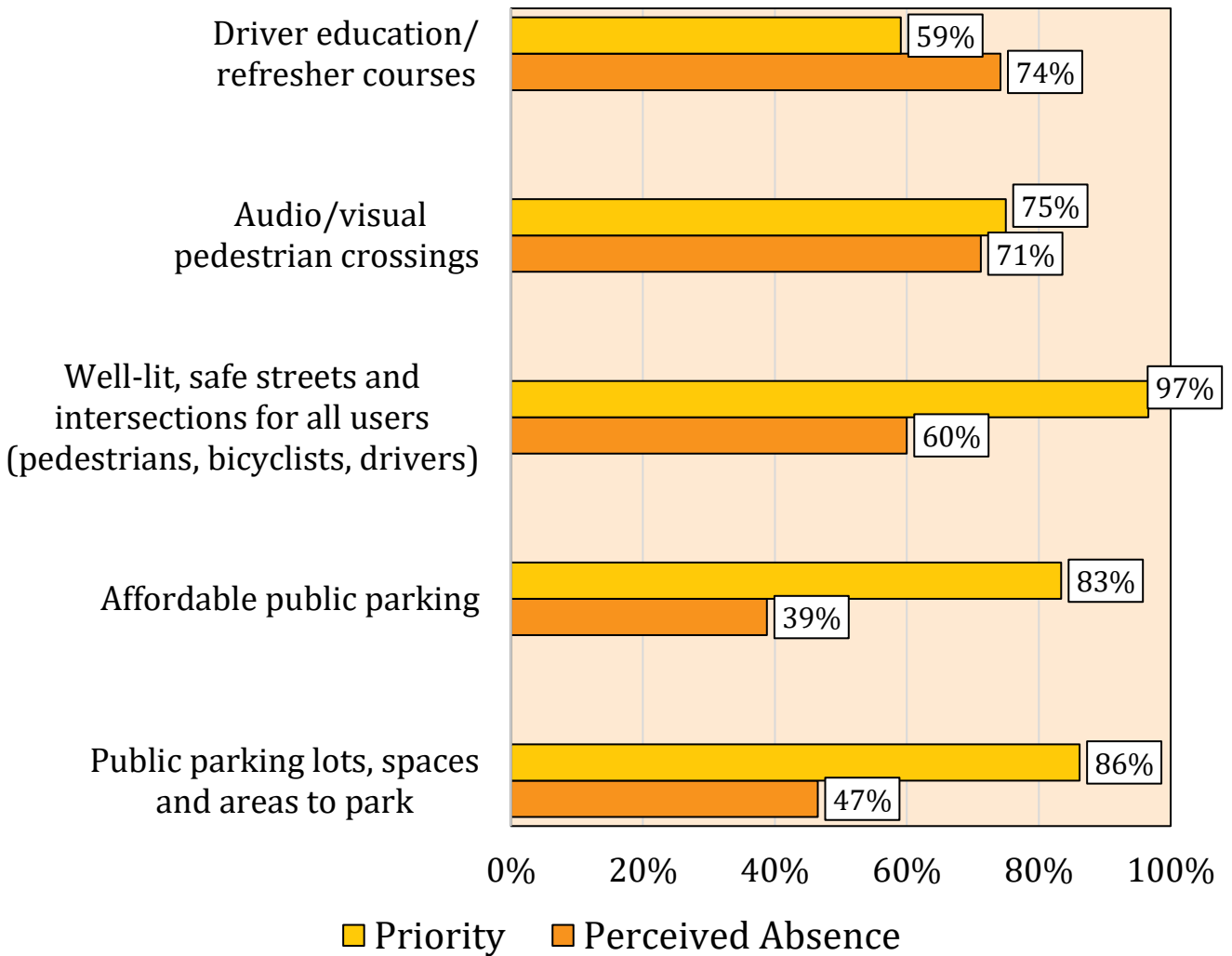


Figure 22. (continued)

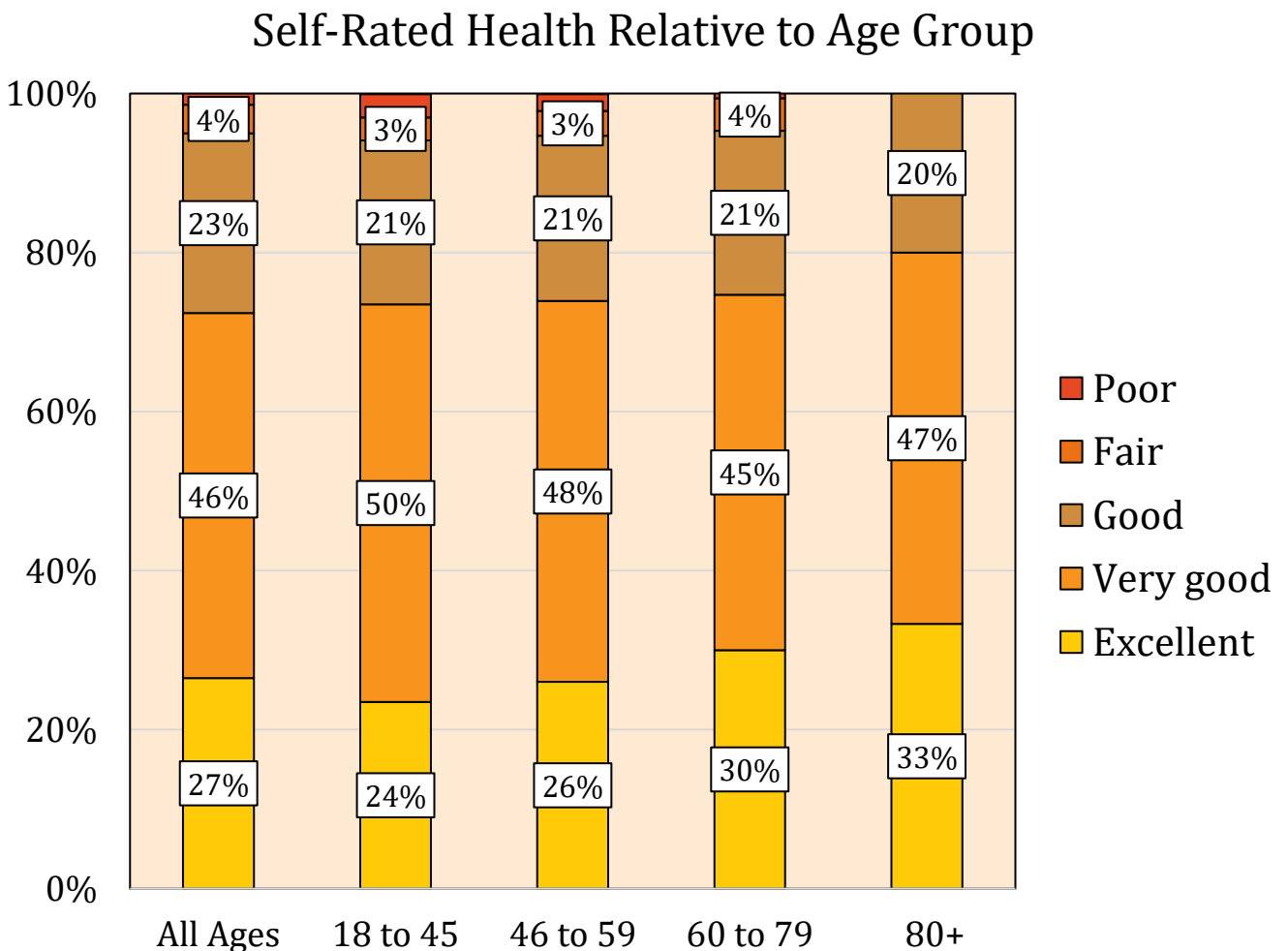
(Cont.) Transportation Priorities and Perceived Absence of Resources



Health & Wellness

According to **figure 23**, survey respondents would seem to be in good health on average compared to other people their own age, with a majority stating that their health was either “very good” (46%) or “excellent” (27%) relative to others. Maintaining good health is central to the goal of living independently with high quality of life and aging in place. The health of residents in Albany County is likely boosted by the civic resources and nearby natural amenities that promote healthy lifestyles; nevertheless, survey results are also likely biased by the non-random sampling methods used. It is important for readers to acknowledge the variability that exists in the population, with some residents having many health-related problems and subsequent needs (and therefore being less likely to participate in the survey), while others have few if any. Additionally, health problems are more likely to occur among the oldest old age group (age 80+), a robust statistic that is not evident in our results.

Figure 23. Self-rated health relative to others the same age, by age group



Thus, while our results are likely positively skewed with regard to health, Albany County residents have many resources available that provide opportunities to remain active and to exercise frequently. As well, **table Q21, Appendix A**, suggests that remaining physically active is a “very important” or “extremely important” goal for 96% of respondents.

Figure 24. Frequency of engagement in physical activity, by age group

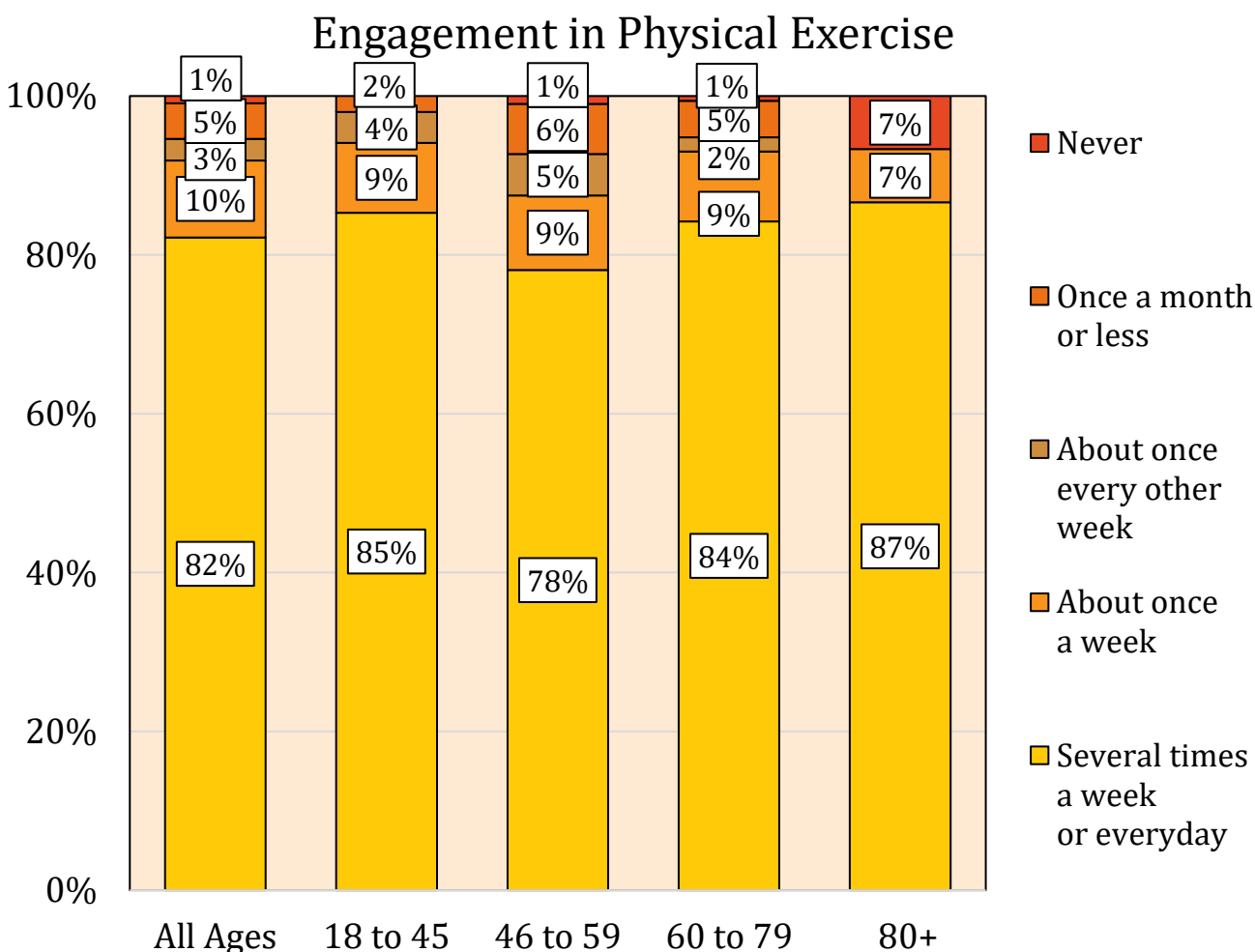


Figure 24 shows the frequency of engagement in some form of exercise, such as walking, running, biking, yoga, or stretching. The vast majority of respondents of all ages (82%) report exercising several times a week or every day. Although all age groups are highly active on average, the least active group was made up of respondents age 46 to 59, 7% of whom participate in physical activity once a month or less. Residents in middle-age may lead lifestyles that make formal participation in exercise more difficult, such as busy schedules that include employment and family responsibilities—activities which could impact their available time to exercise regularly.

Figure 25. Rated importance of Health and Wellness priorities and perceptions of their availability

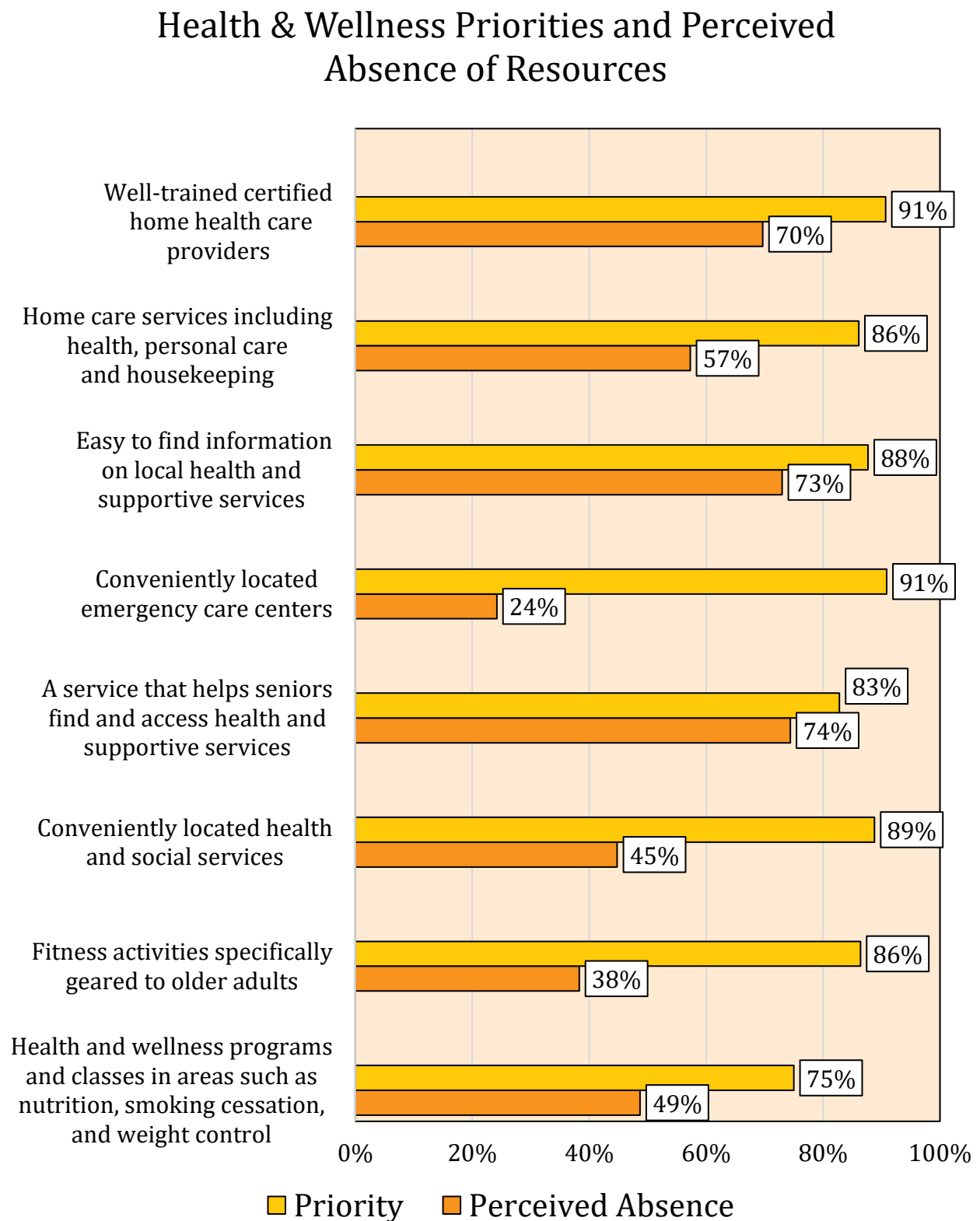
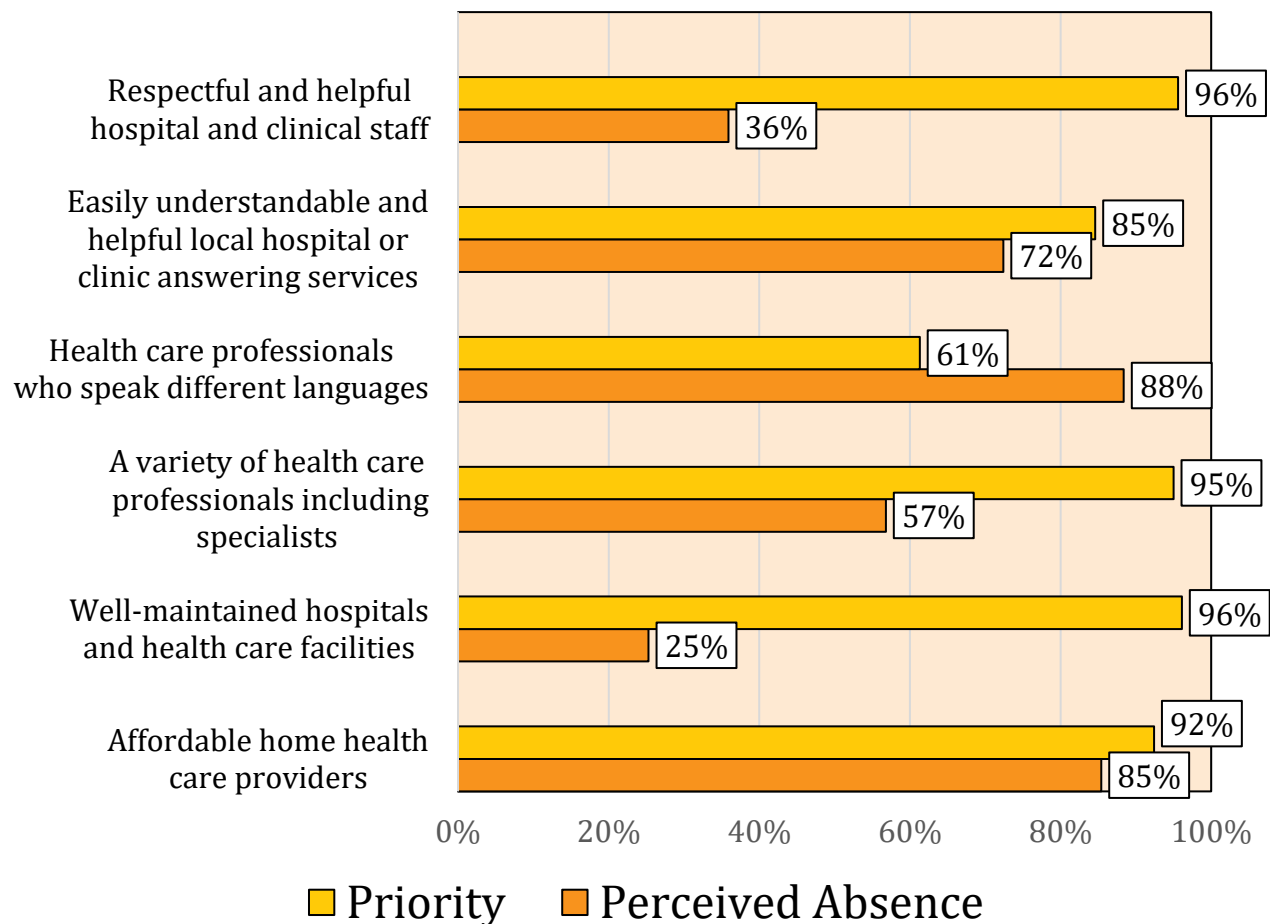


Figure 25. (continued)

(Cont.) Health & Wellness Priorities and
Perceived Absence of Resources



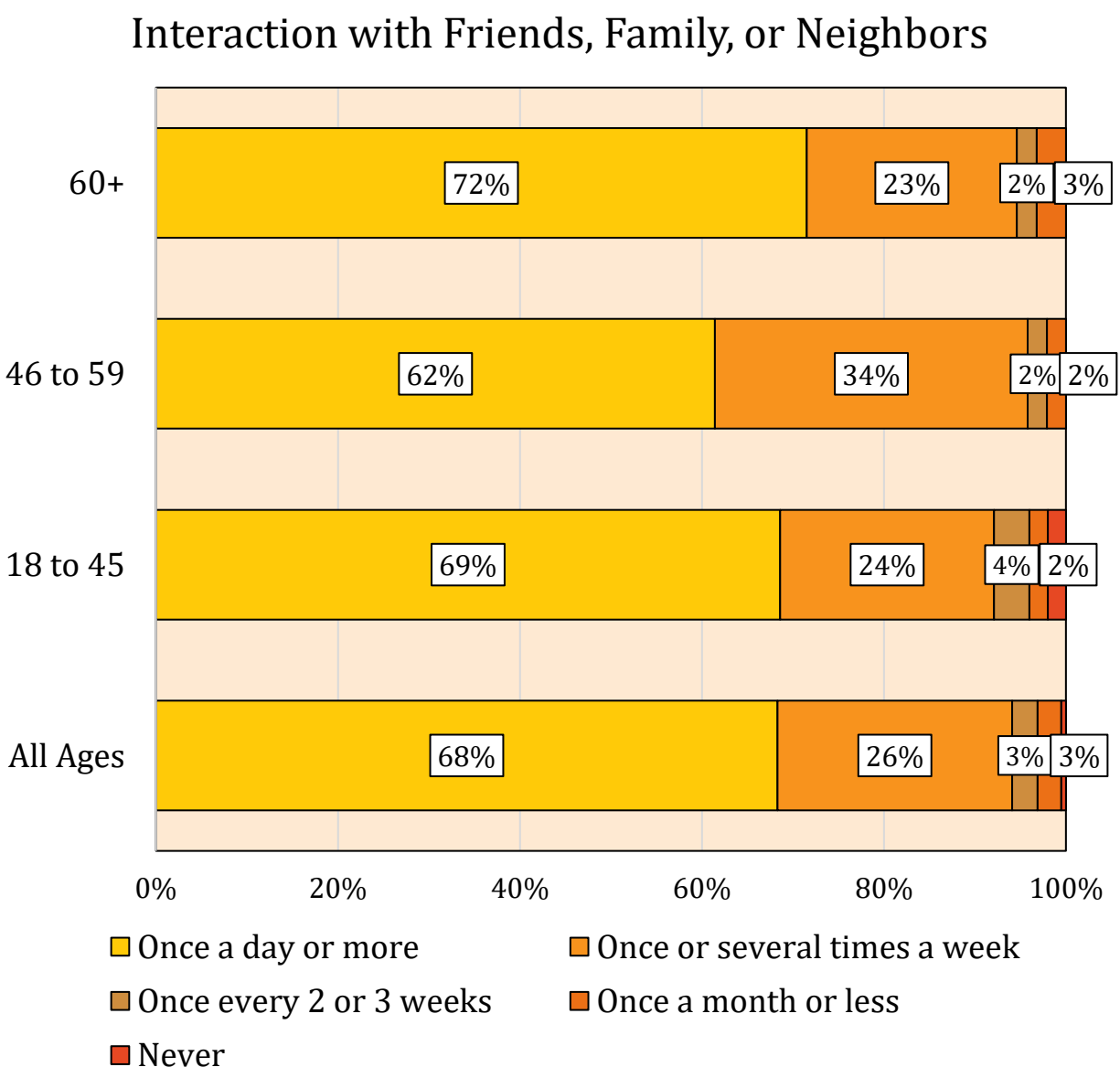
Above, **figure 25** shows priorities and perceived absence of resources in the area of *Health & Wellness* (see page 45 for description of methods) for respondents of all ages. Resources with the greatest priority included respectful hospital and clinical staff (96%); well-maintained healthcare facilities (96%); a variety of healthcare professionals (95%); and affordable home health care providers (92%). Only 36% perceived an absence of respectful and helpful hospital and clinical staff, and only 25% see a need to improve the maintenance of health care facilities. By contrast, a small majority (57%) of respondents perceived the need to increase the number of medical specialists, and 85% of respondents perceived affordable healthcare providers to be absent in Albany County.

Also see **tables Q22** and **Q23, Appendix A** for breakdowns by age cohort and age group.

Social Participation, Inclusion & Education Opportunities

One's quality of life and health and wellbeing are impacted by many factors. Among them is the degree of social connectedness that individuals experience within their networks of family and friends. In particular, many older adults are at high risk for social isolation, especially if their health and networks begin to break down and accessible services and transportation are not available to them as a means for maintaining contact with the world outside their homes.

Figure 26. Frequency of contact with family, friends, or neighbors in the community



Data depicted in **figure 26** suggest that the majority of residents in Albany County are well-connected via relationships with families, friends, and neighbors. For example, the vast majority of respondents of all ages (94%) reported that they interact with others by phone, in person, email or social media (such as Facebook) at least once a week, including 68% who interact once a day or more with others. Even older Albany County residents are typically are well-connected—95% of respondents in the cohort of persons age 60 and older reported interactions with others at least once a week. At particular risk for social isolation is about 4% of respondents who rarely or never communicate with others in their networks. Although small, this proportion represents an important group to target for efforts aimed at reducing isolation and improving the social well-being of Albany County’s more vulnerable older residents.

Table 7. Places where respondents typically go for continuing education or self-improvement classes/workshops in the community

	All Ages	18 to 45	46 to 59	60+
University/Community College	49%	60%	42%	45%
Department of Parks and Recreation	24%	21%	19%	27%
Faith Community	18%	18%	19%	17%
Local organizations or businesses	19%	17%	19%	22%
Community Center	4%	3%	3%	4%
Eppson Center for Seniors	18%	2%	3%	34%
Offerings through my work	19%	29%	28%	9%
Online programs	32%	31%	31%	33%
Other	4%	2%	4%	5%
I do not participate	20%	20%	23%	20%

One outlet for remaining socially active and engaged in the community is to become involved in continuing education opportunities or self-improvement classes and workshops that are available in the community. **Table 7** (previous page) shows places in the community where respondents go to participate in these types of activities.

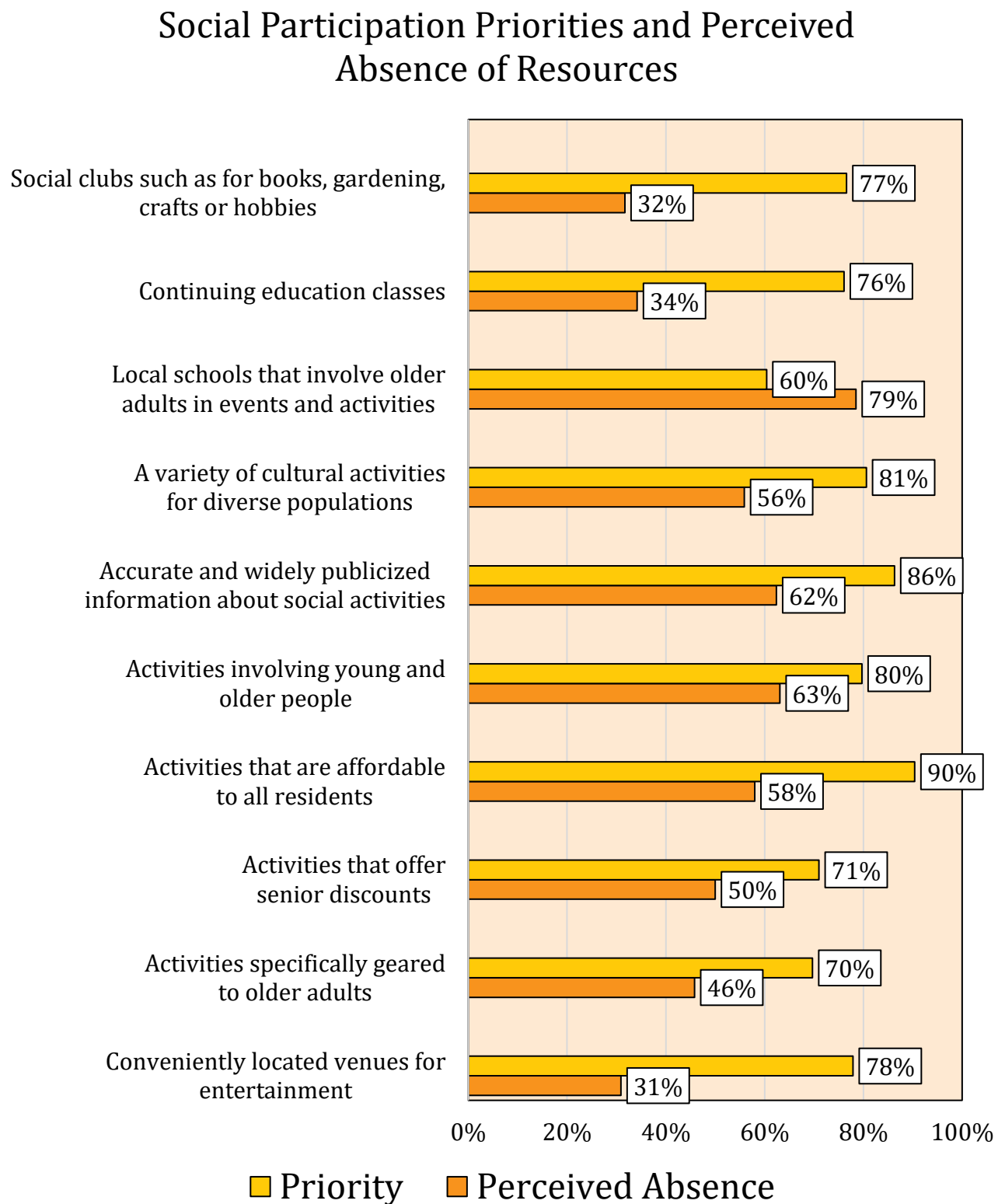
Unsurprisingly, the most commonly stated place by respondents of all ages (49%) was the university and community college. The *UW* serves as a central hub in Laramie as an important resource for maintaining the social, economic, and health-related wellbeing of Albany County. With regard to older adults, 45% attend workshops/classes at the university or community college, 34% cited the *Eppson Center for Seniors* as a valued resource, and 33% cited online programs as a place where they participate in continuing education and self-improvement opportunities. About 1 in 5 (20%) older adult respondents stated that they did not participate in these types of programs.

Below, **figure 27** shows priorities and perceived absence of resources in the area of *Social Participation, Inclusion and Education Opportunities* (see page 45 for description of methods) for respondents of all ages. Resources with the greatest priority included affordable activities for residents of all ages (90%), accurate and widely publicized information about social activities (86%), and a variety of cultural activities for diverse populations (81%). Eighty percent of respondents of all ages also indicated that activities involving young *and* older people were either “very important” or “extremely important” to them.

More than half (58%) of respondents perceived an absence of affordable activities for residents; 62% perceived a need for better publicizing of information; 56% perceived need for more cultural activities; and 63% of respondents perceived meaningful activities involving both young and older residents to be absent in Albany County.

Also see **tables Q26** and **Q27, Appendix A** for breakdowns by age cohort and age group.

Figure 27. Rated importance of Social Participation priorities and perceptions of their availability



Volunteering & Civic Engagement

Staying active through engagement in volunteer opportunities creates meaning for individuals and helps to keep older adults connected with others in the community. Following retirement, the time that older adults have available for contributing to the good of the community through volunteering their skills and knowledge often may increase. It is important to have adequate *purposeful* volunteer opportunities available for older residents. Additionally, volunteers should be viewed as a resource to benefit the community's economic, cultural, and civic ecosystem.

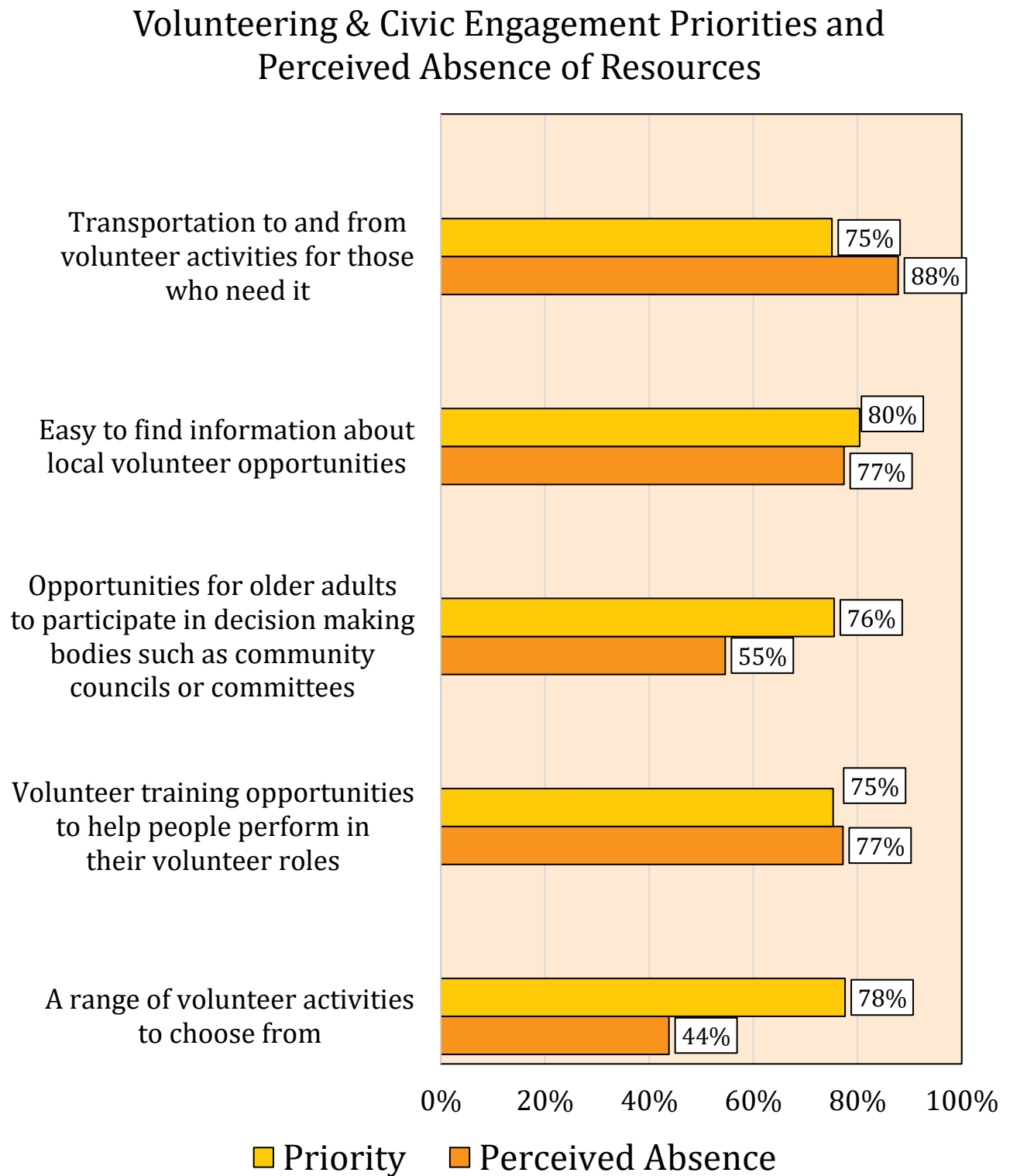


AFL volunteers are critical to the initiative's success.

Figure 28 shows priorities and perceived absence of resources in the area of *Volunteer Opportunities & Civic Engagement* (see page 45 for description of methods). The area of greatest priority was related to provision of information about local volunteer activities that is easy to find. Among respondents of all ages, 80% said that this resource was “very important” or “extremely important” to have in the community. Nevertheless, 77% responded that the resource was either “not available”, or they were unsure whether it was available. Other areas of high priority within this domain were availability of a range of volunteer activities to choose from (78%); and opportunities for older adults to participate in decision-making bodies (76%). About 44% of respondents stated that adequate volunteer activities were not available in the community, and a slight majority (55%) believed there are not adequate opportunities for older residents to participate in decision-making bodies such as community councils or committees.

Also see **tables Q28 and Q29, Appendix A** for breakdowns by age cohort and age group.

Figure 28. Rated importance of Volunteering and Civic Engagement needs and perceptions of their availability



Employment & Job Opportunities

Many older Albany County residents may work beyond traditional “retirement age” for a variety of reasons. Some may be in good health and while they enjoy their jobs, they may feel that there is no reason to retire from working. Others may partially retire, choosing to work part time in their old career, or in a new job. For many others, working beyond age 66 is not a choice, and they must continue working as a matter of practicality to meet their financial needs. Regardless of their reasons, older workers increasingly make up a significant share of the work force. Among respondents age 60 and older, nearly 40% remained in the workforce, including about 26% who remained working full-time (see **table Q30, Appendix A**).

Figure 29 shows the rated likelihood of continuing to work for as long as possible, rather than choosing to retire and no longer work for pay. Among the youngest age cohort (18 to 45), about 62% rated the likelihood of their continuing to work as a “very likely” or “extremely likely” outcome. Although a somewhat smaller effect, the same trend was found for those age 46 to 59 (53%), and among respondents age 60 and older (50%). All respondents age 80 and older said that working for as long as possible was at least “very likely” for them (see **table Q31, Appendix A**).

That fact that the majority of respondents in Albany County indicated that they would likely continue to work for as long as possible suggests a need to develop appropriate employment opportunities for older residents. Depending on the types of jobs considered, older adults have been found to be as capable as younger persons, and tend to be more reliable and loyal to employers (Sterns & Chang, 2010).

Nevertheless, older adults are more likely to face challenges in the workforce, such as discrimination and ageism that can unnecessarily reduce opportunities for older workers to remain productive employees. Older adults are also more likely to experience disabilities that can hinder their ability to participate fully if employers are unwilling or unable to accommodate those types of needs.

Figure 29. Rated likelihood of continuing to work rather than choosing to retire by age cohort

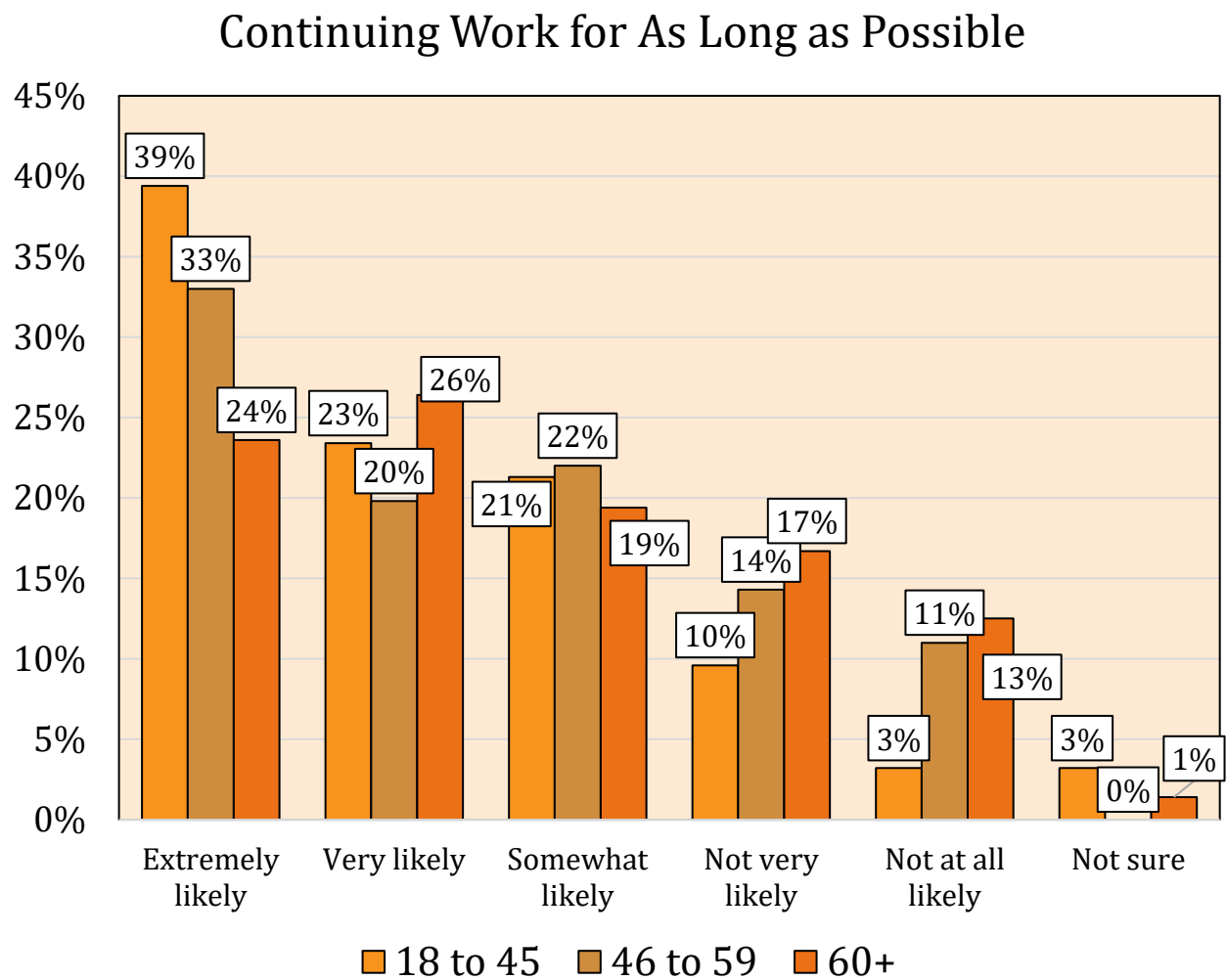


Figure 30. Rated importance of job-related priorities and perceptions of their availability

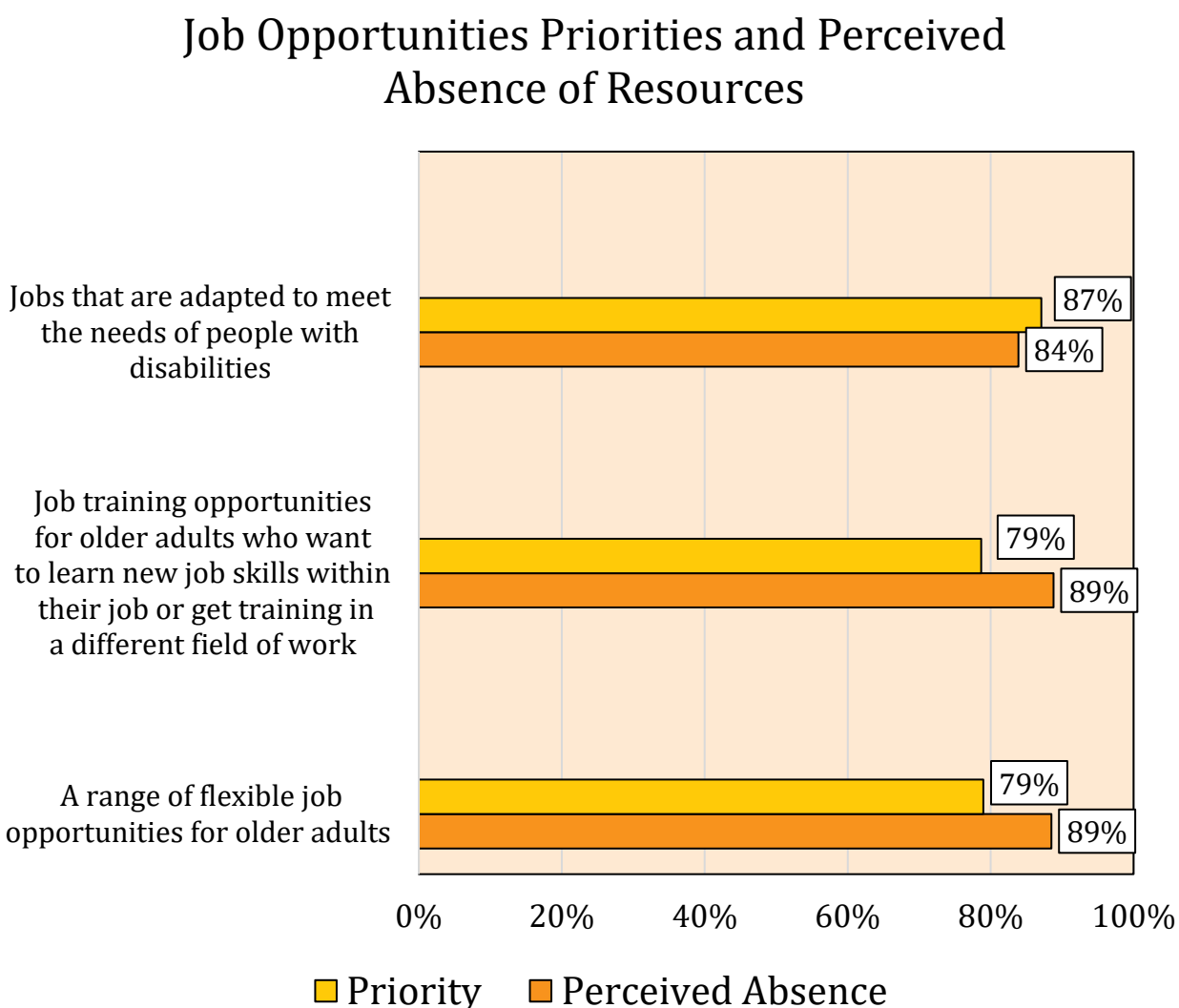


Figure 30 shows priorities and perceived absence of resources in the area of *Employment & Job Opportunities* (see page 45 for description of methods). The area of greatest priority was related to the availability of jobs that are adapted to meet the needs of people with disabilities. Among respondents of all ages, 87% stated this was a “very important” or “extremely important” priority. Additionally, 84% of all respondents indicated that this priority was not currently available in the community. As well, 89% of respondents perceived an absence of job training opportunities for older adults, and 89% perceived a lack of flexible job opportunities for older residents. Also see **tables Q32 and Q33, Appendix A** for breakdowns by age cohort and age group.

Community Information

Now, more than ever, the means that residents use for acquiring information vary greatly and can range from very high-tech modes such as the Internet and email, to more traditional media, such as the newspapers, the phone book, or word-of-mouth. Older adults tend to be especially diverse in their range of technological skills and preferences with regard to how they learn about services, events and opportunities in the community. As a result, an array of means for dispersing information are needed to assure that the widest possible swath of residents is reached, and that individuals and their families have adequate access to the many opportunities that are available in Albany County. Delivery of information in a variety of formats can ensure effective information access and communication that is easily accessible to all residents regardless of their physical abilities (e.g., large print may be preferred by some residents with vision impairments). As well, information that is available must be maintained so that it is current and relevant to those it reaches.



Many Albany County residents rely on the Laramie Boomerang to find out about activities and events.

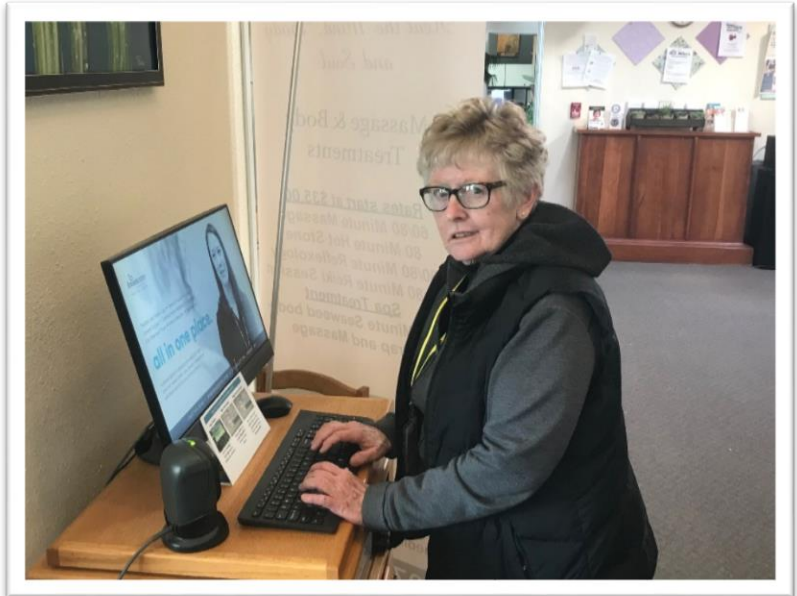
Table 8 displays sources of information that are available in the community, along with the percentage of survey respondents who would use each resource as a way to acquire information for themselves or an older family member or friend. For older respondents (those age 60 and older), the most commonly cited source of information was the *Eppson Center for Seniors* (94%). Many older adults also get information by word-of-mouth from family or friends (93%), and via the Internet (90%). Among middle-aged respondents (those age 46 to 59), who are more likely to be caring for an older adult parent or friend, most rely on the *Eppson Center for Seniors* (94%) and the Internet (94%).

Table 8. Places where respondents would turn for resources for older family members or friends

	All Ages	18 to 45	46 to 59	60+
Eppson Center for Seniors	91%	84%	94%	94%
Local Area Agency on Aging	51%	54%	52%	47%
Family or friends	95%	97%	97%	93%
Local nonprofit organizations	79%	80%	77%	79%
AARP	63%	65%	66%	59%
Faith-based organizations	51%	53%	59%	46%
Internet	93%	97%	94%	90%
Phone book	42%	20%	37%	55%
Your doctor or other health care professional	85%	87%	86%	83%
Local government offices such as the Department of Health	63%	69%	69%	57%
Library	68%	65%	56%	75%
Other	28%	27%	26%	31%

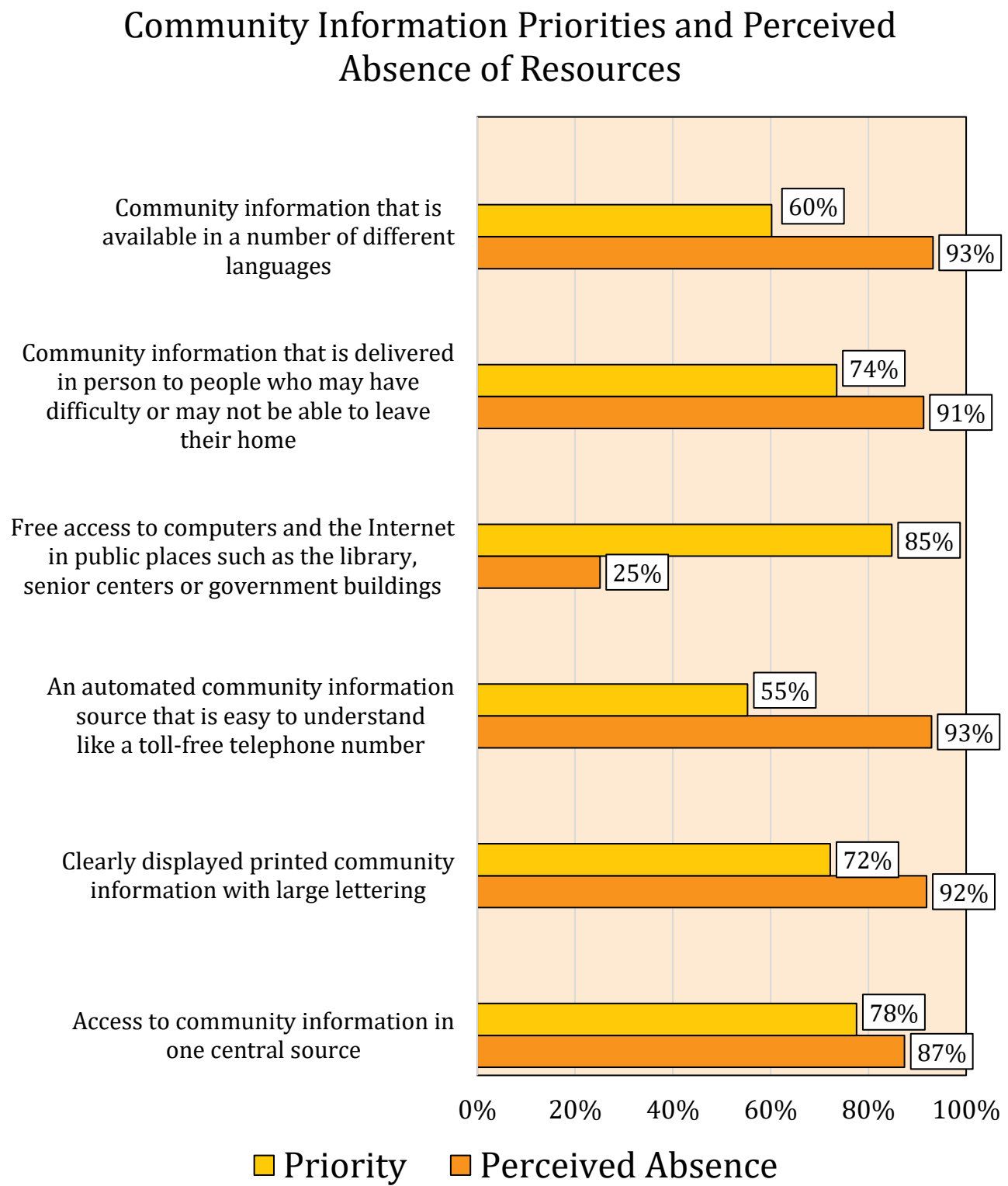
Figure 31 (below) shows priorities and perceived absence of resources in the area of *Community Information* (see page 45 for description of methods). The area of greatest priority was related to the availability of free access to computers and internet in public buildings such as the library, a senior center, or other government buildings. This need was indicated by 85% of respondents of all ages. Fortunately, the majority of respondents (75%) indicated that this priority was currently being met.

Notably, a significant number of respondents indicated a need for access to community information in one central location (78%), and most respondents (87%) indicated that this need was not met in the community. Similarly, 74% of respondents indicated a need for community information that is delivered in person to people who may have difficulty or may not be able to leave their home. Of respondents of all ages, 91% indicated that this need was not adequately met.



Users of the Eppson Center for Seniors have access to computers.

Figure 31. Rated importance of community information priorities and perceptions of their availability



Qualitative Comments

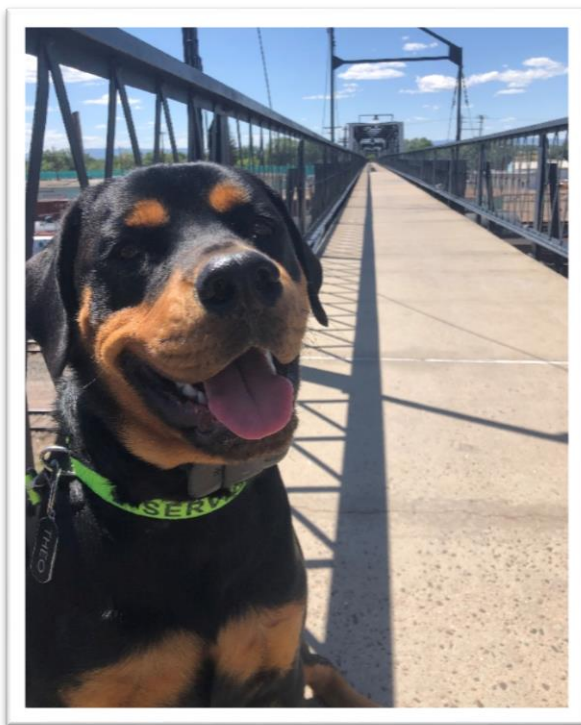
Finally, survey participants were given an opportunity to leave open ended comments regarding their experiences living and aging in Albany County/Laramie. **Table 9** displays selected comments corresponding to each of the 8 livability domains.

Open-ended comments often provide nuanced insight into the specific concerns of residents, beyond what is apparent in responses to quantitative items. Additionally, the frequency at which domains are mentioned may provide information about important priorities in the community.

In total, survey respondents provided 61 productive comments. The largest percentage of comments pertained to the domains of *Outdoor Spaces & Buildings* (20%), and *Community & Health Services* (20%).

A significant percentage of comments (38%) could not be easily categorized into one of the 8 domains of livability. Many “miscellaneous” comments referred to the need for greater number and diversity of community amenities, such as shopping, dining, and recreation/entertainment options.

Also, see **Appendix B** for full comments.



Communities are made even more livable by their furry residents (specifically, our pets).

Table 9. Samples of qualitative survey comments by livability domain

<u>8 Domains</u>	<u>N = 61</u>	<u>%</u>	<u>Examples</u>
Outdoor Spaces & Buildings	n = 12	20%	"The most dangerous things for anyone in Laramie are the condition of the side streets. They become so ice packed that it's treacherous to walk across."
Transportation	n = 13	21%	"My greatest concern about aging in Laramie is [will there be] adequate public transportation when I can no longer drive."
Housing	n = 6	10%	"My concern is finding an affordable, relatively new one-level house to purchase. We know eventually we will no longer be able to manage the stairs in our current home."
Social Participation	n = 7	12%	"We live in the country outside of Laramie, so we go into town often to shop, visit friends, attend concerts, and participate in hobbies."
Respect & Social Inclusion	n = 11	18%	"I am becoming very reclusive. I seldom see anyone unless I go to the grocery store. Thank goodness for my dogs!"
Civic Participation & Employment	n = 3	5%	"Retirement is NOT what our parents' generation was, we are more involved, active, independent and demand more than a place to eat and play cards."
Communication & Information	n = 7	12%	"There are many opportunities and services in Laramie that exist but are insufficient and/or poorly promoted."
Community & Health Services	n = 12	20%	"My greatest concern about remaining in Laramie as I age is lack of health care access. Currently I either have to go out of town to a specialist or wait for weeks for a specialist to come."
Miscellaneous	n = 23	38%	"This town needs to expand with regard to shopping and restaurants. A Target [store] would really benefit this town. As well as some other restaurants."

Focus Group Results

To develop a better understanding of available aging-related changes and resources in the community, we held 4 focus groups with targeted stakeholder groups, including 1) *Eppson Center for Seniors* board members, 2) “new moves” and their families to *Edgewood Spring Wind* assisted living, 3) Health care practitioners at *Ivinson Hospital*, and 4) *First responders* (i.e., police, fire, and EMT personnel) from Laramie. Guiding probes for each discussion were organized by the following themes, (1) *Changes in the community and available services*; (2) *Unmet needs and other concerns*; and (3) *Suggestions related to future services and programs*. Demographics for each focus group and in total are shown in **table 10**.

Table 10. Descriptive statistics (number, percentage female, age range, means, and standard deviation) of each focus group and overall total

<u>Focus Group</u>	<u>Number</u>	<u>% Female</u>	<u>Age range</u>	<u>Mean Age</u>	<u>SD</u>
Eppson Center for Seniors	6	20%	38 to 75	66.8	14.2
Edgewood Spring Wind	10	70%	27 to 90	61.2	20.0
Ivinson Hospital	9	89%	24 to 57	36.7	11.1
First Responders	5	0%	33 to 55	42.8	9.6
Total	30	67%	24 to 90	51.9	19.2

Changes in the Community and to Available Services

Healthcare. Across all focus groups, many notable changes relating to the aging of the population in Laramie and the surrounding community were discussed. Among *Ivinson Hospital* health care practitioners, a change in patient-population demographics was noted, including a greater proportion of older patients served by medical professionals relative to younger patients. Changes in the numbers of older adults served have resulted in *Ivinson Hospital* establishing a geriatric-specific care team (including the hiring of a geriatrician) within the last 5 years.

Similarly, first responders noted a greater reliance on their services by older residents to meet an array of needs, including calls for falls and to assist with specific health-related needs (e.g., oxygen or blood sugar crises). Since staffing is often relatively limited in facilities where residents may need more medical assistance, first responders are often relied upon in these settings. Additionally, first responders cited

instances where calls could have been more appropriately handled by different service providers. For example, in one case an ambulance was called for the sake of providing transportation to a non-emergency doctor's appointment.

Social Engagement and Age-Inclusive Community Activities. Board members of the *Eppson Center for Seniors* discussed an increase in the number of opportunities for social engagement and activities in Laramie for older adults in Albany County. Some examples included hiking trips, support groups, volunteering at the *Soup Kitchen*, a sundry of programs and activities offered by the *Eppson Center for Seniors*, as well as *University of Wyoming* football games. New moves to *Edgewood Spring Winds* and their caregivers also believed there are many opportunities for residents to “get out” into the community. Some examples cited by that group included, scenic drives and trips to public parks, shopping trips into the community and musical and other art events. Nevertheless, the groups acknowledged the growing need for activities targeting older residents that are purposeful and that can provide meaning and a sense of belonging and inclusion of older people in the community.

Healthcare needs. As the population continues to age, demand for a variety of medical services will increase. To be prepared, there is need to continue development of a diverse medical workforce that includes geriatricians and other physicians from different specialties, nurses, social workers, as well as physical and occupational therapists, and fire, police and emergency medical technicians, all of whom are trained to address issues common among older adults.

In spite of the addition of a geriatrics team to *Ivinson Hospital*, professionals in the *Ivinson Hospital* focus group emphasized that there remain many unmet health care needs for older adults that often strain the available health resources. Foremost is the shortage of professionals with qualifications to serve the older adult population. In Laramie, there is just one geriatrician who maintains a closed patient list. As a result, new patient appointments can be as far out as 10 months. Additionally, shortages or lack of other types of specialists mean that older residents must often seek medical services in other regions (e.g., Fort Collins; Denver) to meet their needs.

Health care practitioners also expressed concerns related to care transitions from one service or setting to another (e.g., movement from the hospital following discharge to the home, or from home to a nursing facility). Transitions that are not well-coordinated increase the risk for inefficiency, re-hospitalization, or more generally, poorer health outcomes for patients. Thus, there is need for improved coordination of services that includes follow-up, especially for patients who live outside of Laramie, and who may have fewer resources in their vicinity from which to draw.

Housing. *Eppson Center for Seniors* board members discussed challenges and/or barriers experienced by many older adults in Albany County who wish to remain in their homes as they age. Articulated examples included inadequate and/or insufficient affordable supportive housing options. Likewise, “new moves” to *Edgewood Spring Winds* noted a lack of adequate support in the community as they experienced declining health, which required them to seek out greater support in their living situation. At the same time, several participants in this group stated that they were afraid to ask for help, and were resistant to leave their homes, even when their home environments presented a health hazard or posed falls risks. According to participants in the *first responder* focus group, many older adults do not seek out assistance because they do not want people to know that they need help, or because they may be embarrassed about their living situation. One new resident to *Edgewood Spring Winds* noted that out in rural areas (in her case, Centennial, Wyoming) many older adults live in old houses that are difficult to maintain. She described her own house as “moldy” but emphasized that she was more scared of losing her independence and freedom than the health risk of staying at home. Indeed, many older adults often avoid seeking out available supportive housing options, fearing that their living situations may worsen, and that they may become more dependent on others.

Fear of nursing homes and loss of independence, as well as the lack of appropriate options are common barriers to seeking out necessary home transitions. There is a need for effective outreach to address home safety issues (e.g. home modification needs to prevent falls and increase general safety, or hoarding problems). Many participants across multiple focus groups echoed the perception that current housing options could be better suited to meet the aging-related needs of older persons and people with disabilities. Most participants believed more options for modifying their homes could be made available, and greater options for maintaining quality living situations and housing are necessary to protect independence and freedoms of older adults in Albany County.

Social isolation. Isolation and loneliness is associated with greater risk for morbidity, and generally reduces the quality of life of those who live alone, especially in rural or remote areas. Situations where older residents are isolated, when left unaddressed, may often lead to more dire, and more expensive-to-address outcomes. *First responders* acknowledged the need to address isolation among those with limited social contact, and to raise awareness within the community about what social resources are available for older people. Although *first responders* did not suggest an unwillingness to respond to all calls, they noted that many requests, which they suspected were associated with isolation of the elder, could be more appropriately directed to other resources or agencies.

Suggestions Related to Future Programs and Services

Healthcare and Caregivers. Given the projections for an aging population in coming years, health care practitioners at *Ivinson Hospital* suggested taking a preventive approach to reduce costs. Indeed, many programs and services exist aimed at improving the health and social well-being of the community's older adult population. Programs such as *Healthy U*—a statewide effort administered locally at the *University of Wyoming*, is an educational program for people with chronic health conditions and their families. The purpose of the program is provide support and to help older adults to develop strategies such as healthy eating, exercising more, developing medical literacy, and learning problem-solving skills to improve their health. Many similar programs, including those designed to improve balance, build strength and reduce falls are provided by the senior center; however, the *Eppson Center for Seniors* board focus group noted the likely need for development of greater preventive health services in the future.

Supporting caregivers was also noted in several focus groups, with emphasis on increasing caregiver access to resources. In the United States, most long-term care for older people is provided informally by family members or friends. Caregiving for loved-ones is a notoriously stressful activity, that can have many negative physical, emotional, relational, and financial implications for older residents and persons in their social networks who provide care. Participants in the *Edgewood Spring Wind* focus group articulated a need for greater support or respite care for caregivers in the community. Additionally, the focus group noted a need for caregiver resources related to legal issues integral to later-life, such as change of beneficiary, living wills, and advanced directives.

Transportation. *Eppson Center for Seniors* board members indicated deep concern about the availability of accessible and affordable transportation for older adults or persons with disabilities who live in the community. Limited transportation options often exacerbate the isolation that is experienced by older persons who can no longer drive themselves.

Participants emphasized the need for more appropriate transportation options that are suitable to meet current and future needs of an aging population. Currently, many options are available; however inadequate access to routes, affordability, and availability in certain neighborhoods remain important issues that require attention. Participants in the *Eppson Center for Seniors* focus group recommended additional accessible bus stops tailored for older adults (such as stops with adequate seating, especially in areas where older residents are likely to travel, such as the senior center, the *Laramie Recreation Center*, *Edgewood Spring Winds*, and the city's shopping and entertainment amenities).

Civic Engagement and Social Inclusion. *Eppson Center for Seniors* board members reported a perceived sense of competition between older adults and younger residents related to employment opportunities. Consistent with survey results, appropriate job opportunities were not perceived to be available for older persons wanting or needing to remain in the workforce. In addition, participants commented that volunteerism in the community could be greater across all age groups, as well as being more sensitive to the needs of older adults who are at risk for isolation. Opportunities to volunteer are often directed at the college-aged residents, however, younger and older adults could mutually gain, through opportunities in which age groups are better integrated. Focus-group participants suggested a need for programs and services that encourage inter-generational cooperation and connection, particularly volunteer and employment opportunities. Additionally, participants across focus-groups suggested greater opportunities for younger adults to socialize with older adults more broadly. Along those lines, the *Eppson Center for Seniors* board members suggested expanding home meal delivery services (such as *Meals on Wheels*)



Staff from Foster Grandparents of the Wyoming Rockies provide valued volunteer opportunities to elders in Laramie and throughout the state.

to provide more opportunities for younger residents to “check in on” and socialize with older adult consumers.

Key Informant Interview Results

To supplement focus group results, we interviewed 6 key informants who are leaders of various organizations that serve older residents in Albany County. The purpose of the interviews was to develop a better understanding of specific strengths and resources in Albany County, as well as weaknesses and needs. Interviewees included, 1) Jessica Stalder (City Council Member of the City of Laramie), 2) Todd Feezer (former Director of *Parks and Recreation*, and current Assistant City Manager of Laramie), 3) Trish Nichols (City Council Member of Laramie, and Transportation Committee Chair), 4) Lisa Osvold (Senior Administrator, *Wyoming Department of Health-Aging Division*), 5) Chris Hogan (Nursing Home Administrator, Extended Care, *Ivinson Hospital*), and 6) Tammy Comer (Executive Director for the *Eppson Center for Seniors*).

Interview results are organized by the following three themes: (1) *Impact of the aging population on services and other changes*; (2) *Unmet needs of the community and future concerns*; and (3) *Strategies for improvement and other suggestions*.

Impact of the Aging Population on Services and Other Changes

Impact. Interviews assessed the impact of population aging on service organizations and the community of Laramie more broadly. Across service organizations, increased demands on services were highlighted by interviewees, along with issues related to funding these services. The nursing home administrator at *Ivinson Hospital's* extended care program discussed how older patients need more sub-acute care (care bridging acute and chronic care levels) than in the past stating,

“We see more residents [at *Ivinson Hospital* Extended Care] who require sub-acute care before they are able to go home... the barriers [to discharge] primarily effect individuals who need supervision. It isn't covered by Medicare and it isn't covered by Medicaid to have someone with them all the time. So, you pretty much do have someone who can take care of themselves, but they might forget to take their medications and then if they don't take their meds they could fall or get sick. It's just not safe for them to be alone.”

– Interview #5

At least two issues arise from increased demands on service organizations, first how to appropriately alter programs or services to address increasing demands, and how these services will be funded in a way that will not incur financial burden on older adults receiving them. *Ivinson Hospital* recently recruited a Geriatrician to address many unmet geriatric-health needs. However, cost-of-care, particularly types of care

that may not be covered by *Medicare* or even *Medicaid* for older adults is a growing problem in Laramie, and the United States more broadly.

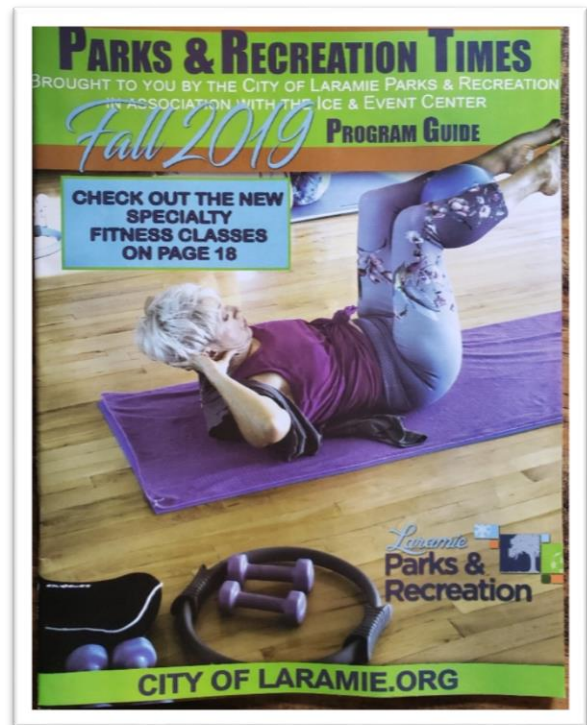
Changes. Interviewees discussed recent and positive changes to infrastructure that are accessibility-focused; although the primary motivation for these changes is to meet *Americans with Disabilities Act* (ADA) standards, many changes will likely benefit aging adults, who are at greater risk of disability or physical limitations. For example, *Ivinson Hospital* has gone through renovations to update its facilities and increase accessibility.

The former Director of the *Department of Parks and Recreation* highlighted how that department has focused on increasing accessibility at the local recreation center and community parks stating,

“We have an ADA transition plan, although it is ADA, it benefits everybody. That is why ADA has such a positive impact. Every time we make an ADA improvement, it improves things for anybody. We are putting in new horseshoe pits... that are ADA accessible. If you can’t throw a horseshoe as far, it’s all concrete pathways that you can use that you can move up to whatever spot you need to have success throwing a horseshoe. These are some of the improvements that are going on. Any of our trails we try to keep them clear for passive recreation for people to walk. Which is typically what seniors are looking for the most. Plenty of benches and seating locations that are ADA accessible and some that aren’t that give great places for rest and for relaxation in our green spaces. We also focus on walkability services and allowing for passive recreation.” – *Interview #2*

Interview respondents also noted a growth in older-adult focused social and enrichment activities in the community over the last few decades. For example, the *Community Recreation Center* provides reduced-cost rates for individuals 60 and older, and develops class schedules with older adults in mind. Community members can take classes such as “chair yoga” and “social step,” which are modified activities for individuals with reduced mobility (City of Laramie, 2019).

Across many city departments considerations are made for older adult residents. The Fall 2019 issue of the *Parks and Recreation Times* for example, featured an older adult on the cover and highlighted activities inclusive of older adults. The *Eppson Center for Seniors* was also highlighted as providing opportunities for a wide variety of social and enrichment activities. In September 2019, the *Eppson Center for Seniors* sponsored a series of “Murder Mystery” dinners, an interactive social activity that is entertaining for adults of all ages (Eppson Center for Seniors, 2019).



Laramie Parks & Recreation Times Program Guide considers age-friendly issues.

Unmet Needs of the Community and Future Concerns

Unmet Needs. Many respondents expressed concern about the needs of residents living outside of the city in the surrounding rural area, but also residents living in the community of West Laramie. In spite of a footbridge that traverses the rail road tracks, West Laramie remains isolated from walkable-distance resources and public transportation options serving that region are extremely limited. A respondent from City Council highlighted that West Laramie residents are more likely to need transportation and are the least likely to access transportation resources. As well, transportation barriers likely exacerbate unmet needs in other domains. For example, older residents who live in West Laramie are more likely to drive, even if it may be unsafe to do so, in order to meet their daily physical and social needs, and to remain independent. However, it is not just older adults from West Laramie who may experience unmet transportation needs. Many Laramie neighborhoods are not well-connected with public transportation routes, and accessing stops may be impractical, especially for those with mobility difficulties.

Access to information about transportation options may also be a problem. One interviewee emphasized that older adults may not be aware that there are multiple transportation options available to them. For example, *Laramie Link* and *Safe Ride* are free for residents, as part of transportation services targeting college students in the community. In addition, paratransit (transportation services for people with disabilities) is government funded, yet many older residents may not realize they could qualify to use paratransit resources. One respondent suggested an awareness campaign; however, given the college-age focus of the community, she worried that a campaign tailored for older adults may not be prioritized by the city.

Many residents may be aware of that resources that are available in the community, but may believe the resources are not intended for them at their age or their good health status. For example, the *Eppson Center for Seniors* offers a continuum of services for people of different ages ranging from transportation options, to enriching social activities, and nutritious meals. Nevertheless, senior centers across the country have recognized the problem that many older people, particularly those from the *Baby Boom generation* may not relate with the term “senior citizen” and may not feel that senior centers are for them—at least as they are sometimes perceived. In response, many communities have attempted to change the “image” that senior centers often carry as places where people “sit around playing cards” to vibrant places where older people can receive services, but can also give back to the community.

Lisa Osvold, Senior Administrator for the *Wyoming Department of Health’s Aging Division*, discussed how innovation is needed to address stigma associated with senior centers and senior programs.

“A problem is that a lot of these programs were enacted in 1965 and were for people age 60 and older. In 1965, 60 was ‘old.’ I’m telling you right now, we see a lot of our seniors at age 75 and older, but we are also trying to capture those age 60 to 74 and get them to take part in activities like at the *Eppson Center* or any of our other senior centers. It’s difficult. Those people see themselves as fine to take care of themselves, and maybe they are, and don’t see these senior programs as necessary for them. –Interview #4

According to Tammy Comer, Executive Director of the *Eppson Center for Seniors*, it is true that developing appropriate activities to interest people across a range of ages is challenging. She suggests transforming senior centers to be more community-based, and to find ways to attract all ages to centers, so that younger older-adults, or adults who are pre-retirement age, see the senior center or available programs as viable resources that could apply to them, whether it be through volunteering or participating in the center’s activities.

Future Concerns. A future concern echoed across interviews centered on housing, particularly affordable housing for low-income older adults. Housing that is supportive and meets the needs of older residents can be complex as older adults must often navigate aging-related reductions in mobility, along with dramatic changes in income. Many times, older residents live alone or remain in housing that is not safe or has not had the appropriate modifications to address their needs.

Among interviewees, there was particular concern for older residents who may be more vulnerable due to physical or cognitive declines. A representative from *City Council* emphasized that as the city sees increases in residents with Alzheimer's disease and other dementias, it will need to find housing solutions that are tailored to their specific needs. Many respondents expressed frustration with available senior housing, and the traditional nursing home model, which they feel is not affordable and often is not an appropriate solution for aging adults, particularly those who do not require around-the-clock care. Some innovative suggestions for change could be the development of senior communities and shared living arrangements (Scharlach, Graham, & Lehning, 2012), or adapting zoning regulations to promote onsite structures called accessory dwelling units (ADU) that would allow younger family members to keep an eye on vulnerable older relatives while retaining their privacy and independence (see Seliger, 2012).

Strategies for Improvement

Interview respondents expressed concern relating to how well service organizations reach older adults and emphasized the importance of innovative communication strategies moving forward. Most interviewees suggested quarterly meetings where leadership from organizations across the city come together to share information regarding future events or new services. As well, the Executive Director of the *Eppson Center for Seniors* emphasized the potential benefits if the university established better connections with senior centers so that students are more engaged with community events that are advertised (or geared toward) older adults and vice versa. Integrating youth and non-senior adults into activities aimed at older adults would improve the visibility and increase cross-generational relationships in the community.



Murder Mystery Dinner invitation. A popular activity at the Eppson Center for Seniors.

Interviewees also believed that organizations and the city itself will need to be flexible and come up with new strategies to transmit information related to community activities, services, and resources to older adults, particularly those living in more rural settings outside of the Laramie city boundary. For example, the current assistant City Manager mentioned that although it is hard to reach some older adults, as many no longer subscribe to the local newspaper (*Laramie Boomerang*). However, sometimes the city will include community information in the water and utility bills, which many residents will receive and read. While one

interviewee joked in suggesting aerial drones as a solution for transmitting information and resources to our more rural older residents, many interviewees shared the sentiment that organizations can better capitalize on technology and embedded community members to transmit information and resources. In many of the rural towns across Albany County, there may be community members with critical needs who could be better integrated into information channels.

Conclusion

In the past decade, the older adult population of Albany County has grown significantly. Whereas the number of residents age 45 to 59 decreased by about 10% between 2010 and 2017, the number of persons age 60 and older grew by about 23%.

Currently, about 15% of the county's population is age 60 or older. Furthermore, the number of older adults and their share of the total population are projected to continue increasing as population aging continues. On the basis of this unprecedented growth, there is need to plan in earnest for an age-friendly environment that improves livability for residents of all ages and accommodates the age-related needs of older people who are aging in place in the region.

The purpose of this study was to assess needs and describe priorities, as the basis for an action plan to be developed and implemented in the next phases of the *AFL* initiative. To accomplish this goal, we began by describing 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. Thus, there is no time like the present to begin planning for the imminent challenges that are on the near horizon.

To better understand and quantify priorities and perceived needs of current community residents with regard to aging in place, we solicited participation from younger, middle-aged, and relatively older residents in order to compare their perspectives about the livability of Laramie and Albany County, and priorities for making the community an even more age-friendly place to live.

We sought qualitative input from a diverse pool of stakeholders, who were sampled because of their familiarity with the community and their specific knowledge and expertise. In the end, our choice of methods, participants, and recruitment strategies were founded on the assumption that planning a better, highly livable, more age-friendly community requires input from the widest possible swath of residents with a stake in making the community a better place to live and to age.

Results of this assessment suggest that older Albany County residents are committed to aging in their homes; and when that option is not feasible, they wish to remain in the community. Many participants of this study are long-time residents who hold a valued stake in ensuring that Laramie and the surrounding communities remain safe and highly livable. Additionally, older residents rate Albany County as a good place for people to live as they age. Indeed, the community's allure as a place where older people choose to live long-term may be due to attributes of the community that are *already* age friendly, and that could be expanded upon. Relative to other places, residents of Laramie and Albany County have many resources that support healthful living and high quality of life. Included among them are many amenities, as well as programs and services for older adults, within a cohesive community that is perceived as safe and surrounded by natural scenic beauty.

Despite general satisfaction among community members with 8 known attributes that make communities highly livable, 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 community may choose or be forced to leave, if their aging-related concerns are not acknowledged and adequately addressed.

For example, a significant share of older adults in Albany County (about 1 in 3) live in their households alone. Without good social support, transportation options, and opportunities to modify home environments to make them safer, many older people are likely to experience negative *secondary* outcomes that can greatly reduce quality of life and that are comparatively more costly to address. Similarly, many Albany County residents who are financially secure, healthy, and active participants in the community at present may benefit in the future from opportunities to remain productive members of the community through improved employment and volunteer opportunities. Indeed, many may find new purpose and meaning through activities that encourage continued engagement with residents of all age-groups.

All residents of Albany County are fortunate to live in a community that recognizes the value and vibrancy that older adults contribute. In its resolution to support the efforts by *AFL* to improve age-friendliness (City of Laramie, 2018), city government demonstrated its commitment to improving livability of Albany County for people of all ages.

In the next phase in the process to become “age-friendly”, planning begins in earnest to address many of the aging-related concerns raised in this report, including improving transportation alternatives; cultivating supportive housing options for persons of all income levels; fostering respectful social interactions between generations; and supporting physical environments that encourage inclusion of all residents in day-to-day community living. To this end, and with input from valued stakeholders throughout the community, the authors of this report offer the following recommendations as a basis for developing an action plan for the future of an Age-Friendly Laramie:

Recommendations

Based on the research described in this report, the following recommendations are offered to assist leaders of the Age-Friendly Laramie initiative in planning to achieve their mission and to meet their goals of an age-friendly community that is highly livable for residents of all ages.

- Support planning for growth in the number and proportion of residents who are age 60 and older. By 2030, this segment of the population will make up a significant share of the population in Laramie and Albany County. Understand that increased numbers of older residents will impact virtually every aspect of the community.

- Identify and capitalize on programs and services that already exist in different departments and organizations throughout the Albany County. Strive to raise awareness of stakeholders, including older adults and their families, as well as service providers and professionals, about what is already available.
- The City of Laramie and Albany County can improve quality of life and social engagement among older people by developing 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, including bicycling and walking.
- Consider creative solutions to address shortages of supportive and affordable housing options for older residents, including exploration of cutting-edge housing alternatives for older people (e.g., “Village” model, see Scharlach et al. [2012]; accessory dwelling units, see Seliger [2012]; group-living options), and adaptation and/or modification of current home-environments.
- Advocate for the recruitment and retention of highly qualified medical professionals with geriatric training to meet the growing demand for health-related services.
- Develop strategies for including older residents in meaningful and purposeful activities, such as employment and volunteer opportunities. Work to reduce discriminatory attitudes and stereotypes that result in underutilizing older residents as a human resource.
- Strive for effective dissemination of information relevant to county residents of all ages and abilities. Encourage sharing information via a diverse variety of media, including a range of traditional and high-tech formats.
- Raise awareness among commercial entities regarding accessibility issues impacting older adults and persons with disabilities (e.g., vision and hearing loss or mobility impairments). Work to increase inclusion of residents by optimizing age-friendliness of public environments and settings.
- Promote neighborhood cohesion through activities that encourage positive interactions with fellow residents. In regard to aging in place, many needs can be met through neighborly reciprocity and volunteering to help those with whom we have affinity.
- Endeavor to improve walkability in neighborhoods to increase safety and encourage active, healthful lifestyles for residents of all ages. Walkability can be improved by assuring that surfaces are clear of hazards and in good repair.

- Although many older residents of Albany County are healthy, socially engaged, and financially secure, in planning, consider that many are not. Communities that are age-friendly should benefit *all* residents, without regard to physical limitations or financial standing. Consider focusing priorities on the needs of residents with inadequate resources to encourage inclusion of this high-risk segment of the population.
- Consider and encourage innovative ways to support the *Eppson Center for Seniors*. As a well-known and well-established resource for older residents, it is important to ensure their vitality into the future. Find ways to leverage age-friendly efforts on the positive reputation of the senior center.

References

- AARP (2005). *Beyond 50.05: A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington DC: AARP Public Policy Institute. Retrieved August 29, 2019 from http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf
- AARP (2018). *2018 Home and community preferences survey: A national survey of adults age 18-plus*. Washington DC: Author.
- AARP (2019a). *AARP network of age-friendly states and communities: Introducing the age-friendly network*. Retrieved March 27, 2020 from <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>
- AARP (2019b). *AARP network of age-friendly states and communities: The program cycle*. Retrieved March 27, 2020 from <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/getting-started.html>
- AARP (2019c). *The 8 domains of livability: Resources* Retrieved January 17, 2020 from <https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2015/8-domains-of-livability-resources.html>
- Adler, G., & Rottunda, S. (2006). Older adults' perspectives on driving cessation. *Journal of Aging Studies, 20*, 227 – 235.
- Anderson, M., & Perrin, A. (2016). *13% of Americans don't use the internet. Who are they?* Washington, DC: Pew Research Center.
- Bourassa, K. J., Memel, M., Woolverton, C., & Sbarra, D. A. (2017). Social participation predicts cognitive functioning in aging adults over time: Comparisons with physical health, depression, and physical activity. *Aging & Mental Health, 21*(2), 133-146.
- Boveda, I., & Metz, A. J. (2016). Predicting end-of-career transitions for baby boomers nearing retirement age. *Career Development Quarterly, 64*(2), 153-168.
- City of Laramie (2018). *A resolution supporting WHO age-friendly cities and communities network of municipalities*. Resolution No. 2018-35.
- City of Laramie (Fall 2019). *Parks & Recreation Times, Program Guide*. Laramie, WY: Author.

- Croezen, S., Avendano, M., Burdorf, A., & van Lenthe, F. J. (2015). Social participation and depression in old age: A fixed-effects analysis in 10 European countries. *American Journal of Epidemiology*, 182, (2), 68–176.
- Eppson Center for Seniors (2019). *Murder Mystery*. Retrieved October 31, 2019 from <https://www.eppsoncenter.org/murder-mystery-2>
- Filinson, R., & Maigret, M. (2017). *Supporting people as they age in community. Information and service access*. Retrieved January 17, 2020 from www.collaborativeri.org/research/supporting-people-as-they-age-in-community-information-service-access
- Fowler Jr., F. J. (2014). *Survey research methods* (5th ed.). Los Angeles: Sage.
- Geist, C., & Tabler, J. (2018). Somebody has to DUST! Gender, health, and housework in older couples. *Journal of Women & Aging*, 30(1), 38-48.
- Kano, M., Rosenberg, P. E., & Dalton, S. D. (2018). A global pilot study of age-friendly city indicators. *Social Indicators Research*, 138, 1205 – 1227.
- Longsgreth, M., McKibbin, C., Steinman, B., Slosser, A., & Carrico, C. (2020). Exploring information and referral needs of individuals with dementias and informal caregivers in rural and remote areas. *Clinical Gerontologist*. DOI: 10.1080/07317115.2019.1710735
- Nimrod, G., & Kleiber, D. A. (2007). Reconsidering change and continuity in later life: Toward an innovation theory of successful aging. *International Journal of Aging & Human Development*, 65(1), 1-22.
- Porter, A. (April 27, 2011). Money magazine recognizes Laramie as a great place to retire. *Laramie Live*. Retrieved January 17, 2020 from <https://laramielive.com/money-magazine-recognizes-laramie-as-a-great-place-to-retire/>
- Pynoos, J., Steinman, B. A., Nguyen, A. Q. D., & Bressette, M. (2012). Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults. *Journal of Housing for the Elderly*, 26, 136 – 154.
- Royse, D., Thyer, B. A., & Padgett, D. K. (2010). *Program evaluation: An introduction* (5th edition). Belmont, CA: Wadsworth.
- Scharlach, A., Graham, C., & Lehning, A. (2012). The “Village” model: A consumer-driven approach for aging in place. *Gerontologist*, 52, 418 – 427.

- Seliger, S. (2012). *In the back yard, grandma's new apartment*. Retrieved March 30, 2020 from <https://newoldage.blogs.nytimes.com/2012/05/01/in-the-backyard-grandmas-new-apartment/>
- Steinman, B. A., McKibbin, C., Carrico, C. P., Johnson, T., & Cooley, K. L. (2016). *Aging in Wyoming: An atlas of resources targeting Wyoming's older adults*. Laramie, WY: Wyoming Center on Aging, University of Wyoming.
- Sterns, H. L., & Chang B. (2010). Workforce issues and retirement. In J. C. Cavanaugh & C. K. Cavanaugh (Eds.), *Aging in America: Vol. 3: Societal Issues* (pp. 81 – 105). Santa Barbara, CA: ABC-CLIO.
- Tabler, J., Utz, R. L., Ellington, L., Reblin, M., Caserta, M., Clayton, M., & Lund, D. (2015). Missed opportunity: Hospice care and the family. *Journal of Social Work in End-of-Life & Palliative Care*, 11(3-4), 224-243.
- Tang, F. (2016). Retirement patterns and their relationship to volunteering. *Nonprofit and Voluntary Sector Quarterly*, 45(5), 910-930.
- U.S. Census Bureau (2020). *American Fact Finder*. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- World Health Organization (2007). *Checklist of Essential Features of Age-Friendly Cities*. Retrieved January 17, 2020 from https://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

Appendix A: Detailed tables from the community survey by age cohort and age group

Community survey results for 503 respondents are displayed below for each item. Tables are stratified to highlight differences between age cohorts and groups. Cohort information is shown for younger residents (age 18-45, n = 102); middle-aged residents (age 46-59, n = 96) and older adult residents (age 60+, n = 186). Subsets are provided for the two age groups that make up the older population (age 60 to 79, n = 171; and age 80+, n = 15). An additional 119 respondents did not provide their age. The total number of participants who provided data for each item are presented in tables. Readers are advised to be cautious against coming to narrow conclusions based on the differences between the age groups due to the small numbers of respondents.

Take note that the total percentages may not sum to 100% due to rounding.

SECTION I. Community & Neighborhood

Q1. How would you rate your community as a place for people to live as they age? (This would be the geographical location where your home is located.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 501	n = 102	n = 95	n= 186	n = 171	n = 15
Excellent	6.2%	4.9%	2.1%	8.6%	9.4%	0.0%
Very good	35.1%	30.4%	40.0%	40.9%	38.6%	66.7%
Good	35.1%	38.2%	33.7%	28.0%	28.1%	26.7%
Fair	19.8%	25.5%	21.1%	16.1%	17.0%	6.7%
Poor	3.8%	1.0%	3.2%	6.5%	7.0%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q2. How long have you lived in this community?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 502	n = 102	n = 96	n= 186	n = 171	n = 15
Less than 5 years	14.7%	31.4%	7.3%	8.1%	8.2%	6.7%
5 years but less than 15 years	23.1%	41.2%	25.0%	12.9%	13.5%	6.7%
15 years but less than 25 years	19.3%	16.7%	27.1%	16.1%	15.8%	20.0%
25 years but less than 35 years	15.9%	6.9%	19.8%	18.3%	17.5%	26.7%
35 years but less than 45 years	12.5%	2.9%	9.4%	21.0%	22.8%	0.0%
45 years or more	14.3%	1.0%	11.5%	23.7%	22.2%	40.0%
Total	100%	100%	100%	100%	100%	100%

Q3. Some people reside in places outside of Wyoming for part of the year.
Which of following describes how you reside in Wyoming?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 501	n = 102	n = 96	n= 185	n = 171	n = 14
Year round, do not reside anywhere outside of Wyoming	95.4%	96.1%	100.0%	93.0%	93.6%	85.7%
Seasonally, reside outside of Wyoming at least part of the year	4.6%	3.9%	0.0%	7.0%	6.4%	14.3%
Total	100%	100%	100%	100%	100%	100%

Q4. Thinking about your retirement years when you do not work at all for pay,
how likely is it that you will move to a different home *in* your community?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 502	n = 102	n = 96	n= 186	n = 171	n = 15
Extremely likely	8.9%	8.8%	11.5%	6.5%	5.8%	13.3%
Very likely	10.6%	16.7%	7.3%	11.8%	12.9%	0.0%
Somewhat likely	18.3%	21.6%	25.0%	10.2%	11.0%	0.0%
Not very likely	28.7%	20.6%	29.2%	36.6%	36.3%	40.0%
Not at all likely	24.7%	12.7%	22.9%	31.2%	30.4%	40.0%
Not sure	8.8%	19.6%	4.2%	3.8%	3.5%	6.7%
Total	100%	100%	100%	100%	100%	100%

Q5. Thinking about your retirement years when you do not work at all for pay, how likely is it that you will move to a different home *outside* your community?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 502	n = 102	n = 96	n= 186	n = 171	n = 15
Extremely likely	11.6%	16.7%	15.6%	5.9%	5.8%	6.7%
Very likely	13.1%	19.6%	13.5%	5.4%	5.3%	6.7%
Somewhat likely	24.9%	29.4%	29.2%	22.0%	23.4%	6.7%
Not very likely	22.1%	9.8%	20.8%	29.6%	29.2%	33.3%
Not at all likely	19.5%	4.9%	15.6%	32.8%	32.2%	40.0%
Not sure	8.8%	19.6%	5.2%	4.3%	4.1%	6.7%
Total	100%	100%	100%	100%	100%	100%

Q6. If you were to consider moving out of your community during your retirement when you do not work at all, would the following factors impact your decision to move?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Looking for a different home size that meets your needs	N = 488	n = 102	n = 95	n = 182	n = 169	n = 13
	59.0%	71.6%	56.8%	54.4%	55.6%	38.5%
Maintaining your current home will be too expensive	N = 485	n = 101	n = 94	n = 181	n = 168	n = 13
	25.8%	34.7%	22.3%	25.4%	25.6%	23.1%
Fearing for your personal safety or security concerns	N = 482	n = 101	n = 94	n = 179	n = 166	n = 13
	17.7%	20.8%	10.6%	17.3%	16.9%	23.1%
Looking for a home that will help you live independently as you age	N = 490	n = 102	n = 94	n = 184	n = 169	n = 14
	69.2%	75.5%	64.9%	69.6%	70.4%	60.0%
Wanting to move to an area that has better health care facilities	N = 485	n = 101	n = 94	n = 181	n = 167	n = 14
	54.2%	60.4%	53.2%	47.0%	49.1%	21.4%
Wanting to be closer to family	N = 483	n = 102	n = 94	n = 179	n = 167	n = 12
	53.4%	61.8%	52.1%	46.9%	46.7%	50.0%
Needing more access to public transportation	N = 484	n = 102	n = 94	n = 180	n = 166	n = 14
	44.2%	46.1%	36.2%	45.6%	46.4%	35.7%
Wanting to live in a different climate	N = 485	n = 101	n = 94	n = 182	n = 168	n = 14
	61.0%	70.3%	66.0%	50.0%	53.0%	14.3%
Looking for an area that has a lower cost of living	N = 483	n = 101	n = 95	n = 179	n = 166	n = 13
	36.6%	44.6%	43.2%	25.7%	25.9%	23.1%
Other, please specify.	N = 117	n = 26	n = 24	n = 42	n = 41	n = 1
	42.7%	26.9%	58.3%	50.0%	51.2%	0.0%

Q7. How important is it for you to remain in your community as you age?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 500	n = 102	n = 96	n= 186	n = 171	n = 15
Extremely important	14.8%	2.0%	13.5%	24.7%	22.8%	46.7%
Very important	27.4%	19.6%	22.9%	34.9%	35.1%	33.3%
Somewhat important	38.2%	51.0%	43.8%	28.5%	29.8%	13.3%
Not very important	14.0%	19.6%	14.6%	9.1%	9.4%	6.7%
Not at all important	5.6%	7.8%	5.2%	2.7%	2.9%	0.0%
Total	100%	100%	100%	100%	100%	100%

SECTION II: Housing

Q8. Do you own or rent your primary home— or do you have some other type of living arrangement, such as living with a family member or friend?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 481	n = 102	n = 96	n= 185	n = 170	n = 15
Own	79.8%	60.8%	89.6%	90.3%	92.4%	66.7%
Rent	17.5%	35.3%	9.4%	7.6%	6.5%	20.0%
Other type of living arrangement	2.7%	3.9%	1.0%	2.2%	1.2%	13.3%
Total	100%	100%	100%	100%	100%	100%

Q9. What type of home is your primary home?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 481	n = 102	n = 96	n= 185	n = 170	n = 15
Single family home	80.5%	75.5%	84.4%	84.3%	85.3%	73.3%
Mobile home	2.7%	0.0%	2.1%	3.8%	4.1%	0.0%
Town home or duplex	5.8%	5.9%	8.3%	4.9%	4.7%	6.7%
Apartment	8.5%	17.6%	2.1%	4.9%	3.5%	20.0%
Condominium or coop	0.6%	1.0%	1.0%	0.5%	0.6%	0.0%
Other	1.9%	0.0%	2.1%	1.6%	1.8%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q10. How important is it for you to be able to live independently in your own home as you age?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 481	n = 102	n = 96	n= 185	n = 170	n = 15
Extremely important	62.4%	61.8%	60.4%	67.0%	68.2%	53.3%
Very important	30.6%	33.3%	30.2%	26.5%	25.3%	40.0%
Somewhat important	6.0%	4.9%	7.3%	5.9%	5.9%	6.7%
Not very important	0.8%	0.0%	2.1%	0.5%	0.6%	0.0%
Not at all important	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q11. People sometimes make modifications to their home so they can stay there as they age. Do you think you will need to make the following types of modifications or improvements to your home to enable you to stay there as you age?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways	N = 479	n = 102	n = 96	n= 184	n = 169	n = 15
	36.7%	45.1%	37.5%	29.9%	30.8%	20.0%
Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles	N = 475	n = 102	n = 96	n= 183	n = 168	n = 15
	53.9%	61.8%	59.4%	43.7%	45.2%	26.7%
Putting a bedroom, bathroom and kitchen on the first floor	N = 465	n = 102	n = 96	n= 184	n = 163	n = 14
	17.6%	22.5%	16.0%	13.0%	13.5%	7.1%
Improving lighting	N = 465	n = 101	n = 94	n= 180	n = 165	n = 15
	24.9%	30.7%	19.1%	22.2%	23.6%	6.7%
Installing a medical emergency response system that notifies others in case of emergency	N = 469	n = 102	n = 95	n= 181	n = 166	n = 15
	38.8%	41.2%	36.8%	37.0%	39.2%	13.2%
Other, please specify	N = 99	n = 26	n = 12	n= 41	n = 39	n = 2
	24.2%	11.5%	25.0%	36.6%	38.5%	0.0%

Q12. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Home repair contractors who are trustworthy, do quality work and are affordable	N = 479	n = 102	n = 96	n= 184	n = 170	n = 14
	96.0%	92.2%	96.9%	97.8%	98.2%	92.5%
Well-maintained homes and properties	N = 478	n = 102	n = 96	n= 183	n = 168	n = 15
	87.7%	92.2%	84.4%	88.0%	87.5%	93.3%
A home repair service for low-income and older adults that helps with repairs	N = 479	n = 102	n = 96	n= 185	n = 170	n = 15
	81.4%	82.4%	82.3%	81.1%	82.4%	66.7%
Seasonal services such as lawn work or snow removal for low-income and older adults	N = 480	n = 102	n = 96	n= 184	n = 169	n = 15
	84.2%	86.3%	88.5%	82.1%	82.8%	73.3%
Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	N = 479	n = 102	n = 95	n= 185	n = 170	n = 15
	85.6%	91.2%	87.4%	82.7%	84.7%	60.0%
Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	N = 476	n = 102	n = 96	n= 183	n = 168	n = 15
	77.7%	77.5%	82.3%	80.9%	81.0%	80.0%
Well-maintained and safe low-income housing	N = 475	n = 100	n = 96	n= 184	n = 169	n = 15
	81.3%	84.0%	87.5%	79.9%	79.9%	80.0%

Q13. Does the community where you live have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Home repair contractors who are trustworthy, do quality work and are affordable	N = 480	n = 102	n = 96	n= 185	n = 170	n = 15
	54.8%	54.9%	56.3%	51.9%	51.8%	55.3%
Well-maintained homes and properties	N = 476	n = 102	n = 95	n= 184	n = 169	n = 15
	31.1%	40.2%	27.4%	25.0%	27.2%	0.0%
A home repair service for low-income and older adults that helps with repairs	N = 479	n = 102	n = 96	n= 185	n = 170	n = 15
	93.5%	95.1%	96.9%	93.0%	92.4%	33.3%
Seasonal services such as lawn work or snow removal for low-income and older adults	N = 476	n = 102	n = 96	n= 183	n = 168	n = 15
	58.8%	55.9%	61.5%	58.5%	57.7%	66.7%
Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces	N = 479	n = 102	n = 96	n= 185	n = 170	n = 15
	74.3%	72.5%	80.2%	70.8%	71.2%	66.7%
Homes that are equipped with features such as a no-step entry, wider doorways, first floor bedroom and bath, grab bars in bathrooms	N = 479	n = 102	n = 96	n= 185	n = 170	n = 15
	71.8%	71.6%	69.8%	67.6%	68.2%	60.0%
Well-maintained and safe low-income housing	N = 479	n = 102	n = 96	n= 185	n = 170	n = 15
	80.0%	80.4%	82.3%	73.0%	73.5%	66.7%

SECTION III: Outdoor Spaces and Buildings

Q14. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Well-maintained and safe parks that are within walking distance of your home	N = 467	n = 102	n = 96	n = 185	n = 170	n = 15
	77.7%	84.3%	71.9%	76.8%	77.1%	73.3%
Public parks with enough benches	N = 467	n = 102	n = 96	n = 185	n = 170	n = 15
	70.9%	71.6%	64.6%	73.0%	73.5%	66.7%
Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	N = 467	n = 102	n = 96	n = 185	n = 170	n = 15
	91.4%	91.2%	93.8%	90.3%	90.0%	93.3
Well-maintained public buildings and facilities that are accessible to people of different physical abilities	N = 464	n = 102	n = 95	n = 185	n = 168	n = 15
	92.5%	92.2%	91.6%	94.0%	95.2%	80.0%
Separate pathways for bicyclists and pedestrians	N = 463	n = 101	n = 95	n = 185	n = 168	n = 15
	73.2%	70.3%	71.6%	77.6%	76.8%	86.7%
Well-maintained public restrooms that are accessible to people of different physical abilities	N = 462	n = 102	n = 94	n = 185	n = 169	n = 15
	86.4%	88.2%	86.2%	87.0%	87.6%	80.0%
Neighborhood watch programs	N = 463	n = 102	n = 94	n = 185	n = 169	n = 15
	47.1%	35.3%	43.6%	54.3%	53.8%	60.0%

Q15. Does the community where you live have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Well-maintained and safe parks that are within walking distance of your home	N = 466	n = 102	n = 95	n= 186	n = 171	n = 15
	33.0%	18.6%	31.6%	39.8%	39.2%	46.7%
Public parks with enough benches	N = 465	n = 102	n = 94	n= 186	n = 171	n = 15
	45.6%	30.4%	46.8%	53.2%	55.6%	26.7%
Sidewalks that are in good condition, free from obstruction and are safe for pedestrian use and accessible for wheelchairs or other assistive mobility devices	N = 466	n = 102	n = 95	n= 186	n = 171	n = 15
	79.8%	77.5%	85.3%	80.1%	83.6%	40.0%
Well-maintained public buildings and facilities that are accessible to people of different physical abilities	N = 465	n = 102	n = 95	n= 186	n = 171	n = 15
	55.9%	53.9%	49.5%	57.5%	59.1%	40.0%
Separate pathways for bicyclists and pedestrians	N = 464	n = 102	n = 95	n= 185	n = 170	n = 15
	66.4%	63.7%	64.2%	68.6%	68.8%	66.7%
Well-maintained public restrooms that are accessible to people of different physical abilities	N = 464	n = 102	n = 95	n= 184	n = 169	n = 15
	76.9%	77.5%	75.8%	76.1%	76.9%	66.7%
Neighborhood watch programs	N = 465	n = 101	n = 96	n= 186	n = 171	n = 15
	91.0%	90.1%	93.8%	89.8%	90.6%	80.0%

SECTION IV: Transportation

Q16. Do you get around for things like shopping, visiting the doctor, running errands or going to other places in the following ways?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Drive yourself	N = 452	n = 102	n = 96	n= 186	n = 171	n = 15
	97.1%	95.1%	100.0%	96.8%	96.5%	100.0%
Have others drive you	N = 427	n = 101	n = 95	n= 168	n = 158	n = 10
	26.2%	34.7%	32.6%	20.8%	20.3%	30.0%
Walk	N = 438	n = 102	n = 96	n= 176	n = 163	n = 13
	62.1%	72.5%	61.5%	59.7%	59.5%	61.5%
Ride a bike	N = 432	n = 101	n = 94	n= 173	n = 162	n = 11
	47.9%	69.3%	47.9%	39.3%	40.7%	18.2%
Use public transportation (e.g., UWyo Roundup)	N = 430	n = 101	n = 94	n= 171	n = 160	n = 11
	7.9%	11.9%	3.2%	9.4%	9.4%	9.1%
Take a taxi/cab	N = 427	n = 101	n = 94	n= 170	n = 159	n = 11
	2.8%	5.0%	1.1%	2.4%	2.5%	0.0%
Rideshare service (e.g., Uber, Lift)	N = 427	n = 100	n = 94	n= 170	n = 158	n = 12
	7.5%	12.0%	10.6%	2.4%	1.9%	8.3%
Use a special transportation service, such as one for seniors or persons with disabilities	N = 428	n = 100	n = 93	n= 174	n = 162	n = 12
	3.3%	0.0%	1.1%	7.5%	6.2%	25.0%

Q17. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Accessible and convenient public transportation	N = 453	n = 102	n = 96	n= 186	n = 171	n = 15
	82.3%	81.4%	82.3%	84.4%	84.2%	86.7%
Affordable public transportation	N = 453	n = 102	n = 96	n= 186	n = 171	n = 15
	83.7%	82.4%	84.4%	86.0%	86.0%	86.7%
Well-maintained public transportation vehicles	N = 453	n = 102	n = 96	n= 186	n = 171	n = 15
	82.6%	80.4%	83.3%	84.4%	84.8%	80.0%
Reliable public transportation	N = 450	n = 101	n = 95	n= 186	n = 171	n = 15
	85.1%	85.1%	83.2%	87.1%	87.1%	86.7%
Safe public transportation services for people with disabilities and older adults	N = 451	n = 102	n = 96	n= 184	n = 169	n = 15
	89.8%	89.2%	93.8%	91.3%	91.7%	86.7%
Well-maintained streets	N = 452	n = 102	n = 95	n= 186	n = 171	n = 15
	94.2%	98.0%	95.8%	91.9%	93.0%	80.0%
Easy to read traffic signs	N = 452	n = 102	n = 96	n= 185	n = 170	n = 15
	91.6%	93.1%	93.8%	90.8%	91.2%	86.7%
Enforced speed limits	N = 452	n = 102	n = 96	n= 185	n = 170	n = 15
	80.1%	71.6%	81.3%	85.4%	85.3%	86.7%
Public parking lots, spaces and areas to park	N = 449	n = 102	n = 96	n= 184	n = 169	n = 15
	86.2%	82.4%	85.4%	88.0%	88.2%	86.7%
Affordable public parking	N = 451	n = 102	n = 95	n= 185	n = 170	n = 15
	83.4%	78.4%	83.2%	85.4%	85.3%	86.7%
Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	N = 452	n = 102	n = 96	n= 186	n = 171	n = 15
	96.6%	91.2%	96.9%	93.0%	93.0%	93.3%
Audio/visual pedestrian crossings	N = 452	n = 101	n = 96	n= 186	n = 171	n = 15
	75.0%	72.3%	77.1%	75.3%	75.4%	73.3%
Driver education/refresher courses	N = 450	n = 102	n = 96	n= 186	n = 171	n = 15
	59.1%	52.9%	58.3%	61.8%	61.4%	66.7%

Q18. Does the community where you live have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Accessible and convenient public transportation	N = 450	n = 102	n = 96	n= 185	n = 170	n = 15
	70.7%	69.6%	71.9%	71.4%	70.6%	80.0%
Affordable public transportation	N = 448	n = 102	n = 96	n= 184	n = 169	n = 15
	62.3%	50.0%	67.7%	64.7%	65.1%	60.0%
Well-maintained public transportation vehicles	N = 446	n = 101	n = 96	n= 183	n = 168	n = 15
	68.6%	58.4%	72.9%	71.0%	70.2%	80
Reliable public transportation	N = 448	n = 102	n = 96	n= 184	n = 169	n = 15
	75.2%	69.6%	81.3%	75.5%	75.1%	80.0%
Safe public transportation services for people with disabilities and older adults	N = 447	n = 102	n = 96	n= 183	n = 169	n = 14
	62.4%	57.8%	59.4%	66.7%	67.5%	57.1%
Well-maintained streets	N = 448	n = 102	n = 95	n= 185	n = 170	n = 15
	76.1%	78.4%	82.1%	73.0%	75.3%	46.7%
Easy to read traffic signs	N = 446	n = 101	n = 96	n= 184	n = 169	n = 15
	39.5%	34.7%	36.5%	39.7%	41.4%	20.0%
Enforced speed limits	N = 448	n = 102	n = 95	n= 185	n = 170	n = 15
	46.0%	46.1%	33.7%	53.0%	53.3%	26.7%
Public parking lots, spaces and areas to park	N = 447	n = 102	n = 96	n= 183	n = 168	n = 15
	46.5%	41.2%	42.7%	47.0%	47.6%	40.0%
Affordable public parking	N = 448	n = 102	n = 96	n= 184	n = 169	n = 15
	38.8%	38.2%	38.5%	33.7%	34.3%	26.7%
Well-lit, safe streets and intersections for all users (pedestrians, bicyclists, drivers)	N = 448	n = 102	n = 96	n= 184	n = 169	n = 15
	60.0%	58.8%	53.1%	63.0%	63.9%	53.3%
Audio/visual pedestrian crossings	N = 448	n = 102	n = 96	n= 184	n = 170	n = 14
	71.2%	69.6%	74.0%	71.7%	72.4%	64.3%
Driver education/refresher courses	N = 446	n = 101	n = 96	n= 183	n = 170	n = 13
	74.2%	91.1%	86.5%	57.4%	60.6%	15.4%

SECTION V: Health and Wellness

Q19. In general, when compared to most people your age, how would you rate your health?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 442	n = 102	n = 96	n= 185	n = 170	n = 15
Excellent	26.5%	23.5%	26.0%	30.3%	30.0%	33.3%
Very good	45.9%	50.0%	47.9%	44.9%	44.7%	46.7%
Good	22.6%	20.6%	20.8%	20.5%	20.6%	20.0%
Fair	3.6%	2.9%	3.1%	3.8%	4.1%	0.0%
Poor	1.4%	2.9%	2.1%	0.5%	0.6%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q20. How often do you engage in some form of physical exercise (such as walking, running, biking, swimming, sports, strength training, yoga, stretching)?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 443	n = 102	n = 96	n= 186	n = 171	n = 15
Everyday	36.6%	31.4%	38.5%	40.9%	42.1%	26.7%
Several times a week, but not everyday	45.6%	53.9%	39.6%	43.5%	42.1%	60.0%
About once a week	9.7%	8.8%	9.4%	8.6%	8.8%	6.7%
About once every other week	2.7%	3.9%	5.2%	1.6%	1.8%	0.0%
About once a month	1.8%	0.0%	2.1%	2.2%	2.3%	0.0%
Less than once a month	2.7%	2.0%	4.2%	2.2%	2.3%	0.0%
Never	0.9%	0.0%	1.0%	1.1%	0.6%	6.7%
Total	100%	100%	100%	100%	100%	100%

Q21. How important is it for you to remain physically active for as long as possible?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 441	n = 102	n = 96	n= 185	n = 170	n = 15
Extremely important	75.7%	68.6%	76.0%	80.5%	80.6%	80.0%
Very important	21.1%	26.5%	19.8%	17.8%	17.6%	20.0%
Somewhat important	2.9%	4.9%	4.2%	1.6%	1.8%	0.0%
Not very important	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Not at all important	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q22. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	N = 440	n = 101	n = 96	n = 186	n = 171	n = 15
	75.0%	75.2%	69.8%	75.8%	75.4%	80.0%
Fitness activities specifically geared to older adults	N = 440	n = 101	n = 96	n = 186	n = 171	n = 15
	86.4%	84.2%	83.3%	89.2%	89.5%	86.7%
Conveniently located health and social services	N = 439	n = 101	n = 96	n = 185	n = 170	n = 15
	88.8%	83.2%	89.6%	91.4%	91.2%	93.3%
A service that helps seniors find and access health and supportive services	N = 437	n = 100	n = 95	n = 186	n = 171	n = 15
	82.8%	79.0%	84.2%	84.4%	85.4%	73.3%
Conveniently located emergency care centers	N = 440	n = 101	n = 96	n = 186	n = 171	n = 15
	90.9%	86.1%	92.7%	92.5%	91.8%	100.0%
Easy to find information on local health and supportive services	N = 439	n = 101	n = 96	n = 186	n = 171	n = 15
	87.7%	86.1%	88.5%	88.2%	88.3%	86.7%
Home care services including health, personal care and housekeeping	N = 438	n = 101	n = 96	n = 185	n = 170	n = 15
	86.1%	81.2%	89.6%	88.6%	87.6%	100.0%
Well-trained certified home health care providers	N = 440	n = 101	n = 96	n = 186	n = 171	n = 15
	90.7%	89.1%	92.7%	91.4%	91.2%	93.3%
Affordable home health care providers	N = 435	n = 101	n = 96	n = 183	n = 170	n = 13
	92.4%	88.1%	97.9%	91.8%	91.8%	92.3%
Well-maintained hospitals and health care facilities	N = 438	n = 101	n = 96	n = 185	n = 170	n = 15
	96.1%	94.1%	96.9%	96.2%	96.5%	93.3%
A variety of health care professionals including specialists	N = 439	n = 101	n = 96	n = 186	n = 171	n = 15
	95.0%	90.1%	97.9%	95.2%	94.7%	100.0%
Health care professionals who speak different languages	N = 439	n = 101	n = 96	n = 185	n = 170	n = 15
	61.3%	67.3%	60.4%	58.4%	60.0%	40.0%
Easily understandable and helpful local hospital or clinic answering services	N = 436	n = 101	n = 94	n = 185	n = 170	n = 15
	84.6%	83.2%	85.1%	84.3%	84.1%	86.7%
Respectful and helpful hospital and clinical staff	N = 435	n = 101	n = 94	n = 185	n = 170	n = 15
	95.6%	93.1%	96.8%	95.1%	94.7%	100.0%

Q23. Does your community have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Health and wellness programs and classes in areas such as nutrition, smoking cessation, and weight control	N= 435	n = 100	n = 96	n= 185	n = 170	n = 15
	48.7%	58.8%	47.9%	42.2%	44.1%	20.0%
Fitness activities specifically geared to older adults	N= 433	n = 100	n = 95	n= 184	n = 169	n = 15
	38.3%	46.0%	43.2%	28.3%	29.0%	20.0%
Conveniently located health and social services	N= 433	n = 100	n = 95	n= 184	n = 169	n = 15
	44.8%	49.0%	47.7%	38.6%	39.6%	26.7%
A service that helps seniors find and access health and supportive services	N= 434	n = 100	n = 96	n= 184	n = 169	n = 15
	74.4%	79.0%	75.0%	70.1%	70.4%	66.7%
Conveniently located emergency care centers	N= 434	n = 99	n = 96	n= 185	n = 170	n = 15
	24.2%	26.3%	17.7%	24.3%	25.3%	13.3%
Easy to find information on local health and supportive services	N= 429	n = 99	n = 95	n= 182	n = 168	n = 14
	73.0%	71.7%	75.8%	73.1%	75.0%	50.0%
Home care services including health, personal care and housekeeping	N= 433	n = 100	n = 96	n= 184	n = 169	n = 15
	57.3%	64.0%	56.3%	53.3%	54.4%	40.0%
Well-trained certified home health care providers	N= 432	n = 100	n = 96	n= 183	n = 169	n = 14
	69.7%	71.0%	69.8%	67.8%	69.8%	42.9%
Affordable home health care providers	N= 432	n = 100	n = 96	n= 183	n = 169	n = 14
	85.4%	87.0%	88.5%	83.1%	84.6%	64.3%
Well-maintained hospitals and health care facilities	N= 430	n = 100	n = 96	n= 182	n = 167	n = 15
	25.3%	32.0%	21.9%	19.2%	19.2%	20.0%
A variety of health care professionals including specialists	N= 431	n = 100	n = 95	n= 183	n = 169	n = 14
	56.8%	63.0%	63.2%	49.2%	50.9%	28.6%
Health care professionals who speak different languages	N= 432	n = 100	n = 95	n= 184	n = 170	n = 14
	88.4%	91.0%	90.5%	88.0%	87.6%	92.9%
Easily understandable and helpful local hospital or clinic answering services	N= 431	n = 100	n = 95	n= 183	n = 169	n = 15
	72.4%	77.0%	71.6%	69.9%	72.6%	40.0%
Respectful and helpful hospital and clinical staff	N= 434	n = 100	n = 96	n= 185	n = 170	n = 15
	35.9%	42.0%	33.3%	29.2%	30.0%	20.0%

SECTION VI: Social Participation, Inclusion and Education Opportunities

Q24. About how frequently do you interact with your friends, family or neighbors in your community? This interaction could be by phone, in person, email or social media (such as Facebook).

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 423	n = 102	n = 96	n= 186	n = 171	n = 15
More than once a day	50.8%	53.9%	49.0%	52.2%	53.2%	40.0%
About once a day	17.5%	14.7%	12.5%	19.4%	20.5%	6.7%
Several times a week	21.5%	19.6%	30.2%	18.3%	15.8%	46.7%
Once a week	4.3%	3.9%	4.2%	4.8%	5.3%	0.0%
Once every 2 or 3 weeks	2.8%	3.9%	2.1%	2.2%	2.3%	0.0%
Once a month	0.5%	0.0%	2.1%	0.0%	0.0%	0.0%
Less than monthly	2.1%	2.0%	0.0%	3.2%	2.9%	6.7%
Never	0.5%	2.0%	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q25. Where do you typically go for continuing education or self-improvement classes/workshops in your community? (Check all that apply)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N = 422	n = 102	n = 96	n= 186	n = 171	n = 15
University/ Community College	49.1%	59.8%	41.7%	45.2%	46.2%	33.3%
Department of Parks and Recreation	23.5%	20.6%	18.8%	27.4%	28.7%	13.3%
Faith Community	17.8%	17.6%	18.8%	16.7%	16.4%	20.0%
Local organizations or businesses	19.2%	16.7%	18.8%	22.0%	21.6%	26.7%
Community Center	3.8%	2.9%	3.1%	4.3%	4.1%	6.7%
Eppson Center for Seniors	17.8%	2.0%	3.1%	33.9%	31.0%	66.7%
Offerings through my work	19.0%	29.4%	28.1%	9.1%	9.9%	0.0%
Online programs	31.8%	31.4%	31.3%	33.3%	35.1%	13.3%
Other	3.8%	2.0%	4.2%	4.8%	4.7%	6.7%
I do not participate	19.9%	19.6%	22.9%	19.9%	20.5%	13.3%

Q26. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Conveniently located venues for entertainment	N= 417	n = 101	n = 95	n= 185	n = 170	n = 15
	77.9%	79.2%	77.9%	76.2%	75.9%	80.0%
Activities specifically geared to older adults	N= 416	n = 101	n = 94	n= 185	n = 170	n = 15
	69.7%	61.4%	71.3%	72.4%	70.6%	93.3%
Activities that offer senior discounts	N= 417	n = 101	n = 95	n= 184	n = 169	n = 15
	71.0%	68.3%	73.7%	70.1%	69.8%	73.3%
Activities that are affordable to all residents	N= 417	n = 102	n = 95	n= 184	n = 170	n = 14
	90.4%	98.0%	90.5%	85.3%	85.3%	85.7%
Activities involving young and older people	N= 418	n = 102	n = 95	n= 185	n = 170	n = 15
	79.7%	80.4%	80.0%	77.8%	77.6%	80.0%
Accurate and widely publicized information about social activities	N= 417	n = 101	n = 95	n= 185	n = 170	n = 15
	86.3%	84.2%	88.4%	87.0%	86.5%	93.3%
A variety of cultural activities for diverse populations	N= 417	n = 102	n = 94	n= 185	n = 170	n = 15
	80.6%	84.3%	76.6%	81.1%	80.6%	86.7%
Local schools that involve older adults in events and activities	N= 417	n = 101	n = 95	n= 185	n = 170	n = 15
	60.4%	68.3%	63.2%	55.7%	55.9%	53.3%
Continuing education classes	N= 418	n = 102	n = 95	n= 185	n = 170	n = 15
	76.1%	78.4%	73.7%	76.2%	76.5%	73.3%
Social clubs such as for books, gardening, crafts or hobbies	N= 415	n = 102	n = 94	n= 183	n = 169	n = 14
	76.6%	82.4%	78.7%	71.6%	71.0%	78.6%

Q27. Does the community where you live have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Conveniently located venues for entertainment	N = 417	n = 102	n = 94	n= 185	n = 170	n = 15
	30.9%	30.4%	33.0%	27.6%	28.2%	20.0%
Activities specifically geared to older adults	N = 417	n = 101	n = 95	n= 185	n = 170	n = 15
	45.8%	62.4	55.8%	29.7%	30.6%	20.0%
Activities that offer senior discounts	N = 416	n = 101	n = 95	n= 184	n = 169	n = 15
	50.0%	54.4%	66.3%	39.1%	38.5%	46.7%
Activities that are affordable to all residents	N = 417	n = 101	n = 95	n= 185	n = 170	n = 15
	58.0%	44.6	68.4%	60.0%	61.2%	46.7%
Activities involving young and older people	N = 415	n = 101	n = 94	n= 184	n = 170	n = 14
	63.1%	58.4%	78.7%	58.2%	60.0%	35.7%
Accurate and widely publicized information about social activities	N = 415	n = 101	n = 95	n= 184	n = 170	n = 14
	62.4%	67.3%	71.6%	56.0%	56.5%	50.0%
A variety of cultural activities for diverse populations	N = 415	n = 101	n = 95	n= 184	n = 169	n = 15
	55.9%	65.3%	51.6%	52.7%	54.4%	33.3%
Local schools that involve older adults in events and activities	N = 414	n = 100	n = 95	n= 184	n = 169	n = 15
	78.5%	78.0%	81.1%	78.8%	80.5%	60.0%
Continuing education classes	N = 415	n = 102	n = 94	n= 184	n = 170	n = 14
	34.2%	38.2%	33.0%	32.6%	34.1%	14.3%
Social clubs such as for books, gardening, crafts or hobbies	N = 417	n = 102	n = 95	n= 184	n = 170	n = 14
	31.7%	45.1%	34.7%	21.2%	21.8%	14.3%

SECTION VII: Volunteering and Civic Engagement

Q28. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
A range of volunteer activities to choose from	N = 397	n = 101	n = 94	n= 185	n = 170	n = 15
	77.6%	80.2%	70.2%	81.6%	82.4%	73.3%
Volunteer training opportunities to help people perform in their volunteer roles	N = 397	n = 101	n = 94	n= 185	n = 170	n = 15
	75.3%	76.2%	69.1%	78.9%	78.8%	80.0%
Opportunities for older adults to participate in decision making bodies such as community councils or committees	N = 396	n = 101	n = 94	n= 184	n = 169	n = 15
	75.5%	70.3%	74.5%	83.2%	84.0%	73.3%
Easy to find information about local volunteer opportunities	N = 397	n = 101	n = 94	n= 184	n = 169	n = 15
	80.4%	77.5%	75.5%	86.4%	87.0%	80.0%
Transportation to and from volunteer activities for those who need it	N = 393	n = 101	n = 94	n= 182	n = 169	n = 14
	75.1%	71.3%	74.5%	79.1%	78.0%	92.9%

Q29. Does the community where you live have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
A range of volunteer activities to choose from	N= 393	n = 102	n = 94	n= 181	n = 167	n = 14
	43.8%	52.9%	48.9	34.3%	35.9%	14.3%
Volunteer training opportunities to help people perform in their volunteer roles	N= 395	n = 102	n = 94	n= 183	n = 168	n = 15
	77.2%	80.4%	79.8%	74.9%	75.6%	66.7%
Opportunities for older adults to participate in decision making bodies such as community councils or committees	N= 394	n = 102	n = 94	n= 182	n = 167	n = 15
	54.6%	62.7%	63.8%	43.4%	44.9%	26.7%
Easy to find information about local volunteer opportunities	N= 393	n = 101	n = 94	n= 182	n = 168	n = 14
	77.4%	86.1%	81.9%	69.8%	70.2%	64.3%
Transportation to and from volunteer activities for those who need it	N= 395	n = 102	n = 94	n= 183	n = 168	n = 15
	87.8%	91.2%	85.1%	87.4%	88.1%	80.0%

SECTION VIII: Job Opportunities

Q30. Which of the following best describes your current employment status?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 403	n = 102	n = 96	n= 186	n = 171	n = 15
Self-employed, part-time	4.2%	2.9%	2.1%	6.5%	6.4%	6.7%
Self-employed, full-time	1.2%	0.0%	3.1%	1.1%	1.2%	0.0%
Employed, part-time	7.4%	8.8%	6.3%	7.0%	6.4%	13.3%
Employed, full-time	54.1%	79.4%	82.3%	24.7%	26.9%	0.0%
Unemployed, but looking for work	0.7%	1.0%	1.0%	0.0%	0.0%	0.0%
Retired, not working at all	28.5%	0.0%	2.1%	58.6%	56.7%	80.0%
Not in labor force for other reasons	3.7%	7.8%	3.1%	2.2%	2.3%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q31. How likely is it that you will continue to work for as long as possible, rather than choosing to retire and no longer work for pay?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 273	n = 94	n = 91	n= 72	n = 69	n = 3
Extremely likely	33.0%	39.4%	33.0%	23.6%	21.7%	66.7%
Very likely	22.3%	23.4%	19.8%	26.4%	26.1%	33.3%
Somewhat likely	21.2%	21.3%	22.0%	19.4%	20.3%	0.0%
Not very likely	13.6%	9.6%	14.3%	16.7%	17.4%	0.0%
Not at all likely	8.1%	3.2%	11.0%	12.5%	13.0%	0.0%
Not sure	1.8%	3.2%	0.0%	1.4%	1.4%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q32. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
A range of flexible job opportunities for older adults	N = 394	n = 101	n = 96	n= 183	n = 168	n = 15
	79.0%	86.1%	79.2%	74.9%	74.4%	80.0%
Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work	N = 394	n = 101	n = 96	n= 182	n = 167	n = 15
	78.7%	87.1%	76.0%	74.7%	74.3	80%
Jobs that are adapted to meet the needs of people with disabilities	N = 394	n = 101	n = 96	n= 182	n = 167	n = 15
	87.1%	93.1%	86.5%	84.1%	84.4	80.0%

Q33. Does the community where you live have the following? (Indicated “No” or “Not Sure”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
A range of flexible job opportunities for older adults	N= 393	n = 101	n = 95	n= 183	n = 168	n = 15
	88.5%	81.2%	92.6%	90.2%	89.9%	93.3%
Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work	N= 393	n = 101	n = 95	n= 183	n = 168	n = 15
	88.8%	85.1%	90.5%	90.2%	89.9%	93.3%
Jobs that are adapted to meet the needs of people with disabilities	N= 392	n = 101	n = 94	n= 183	n = 168	n = 15
	83.9%	77.2%	86.2%	85.8%	85.7%	86.7%

SECTION IX: Community Information

Q34. Would you turn to the following resources, if you, a family member or friend needed information about services for older adults, such as caregiving services, home delivered meals, home repair, medical transport and social activities?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Eppson Center for Seniors	N = 385	n = 102	n = 93	n= 182	n = 167	n = 15
	91.4%	84.3%	93.5%	94.0%	93.4%	100.0%
Local Area Agency on Aging	N = 371	n = 101	n = 92	n= 171	n = 156	n = 15
	50.7%	53.5%	52.2%	47.4%	47.4%	46.7%
Family or friends	N = 383	n = 102	n = 95	n= 178	n = 163	n = 15
	95.0%	97.1%	96.8%	92.7%	92.6%	93.3%
Local nonprofit organizations	N = 370	n = 102	n = 91	n= 170	n = 156	n = 14
	78.9%	80.4%	76.9%	78.8%	76.9%	100.0%
AARP	N = 371	n = 100	n = 91	n= 174	n = 160	n = 14
	62.5%	65.0%	65.9%	59.2%	60.0%	50.0%
Faith-based organizations	N = 374	n = 101	n = 92	n= 173	n = 158	n = 15
	51.1%	52.5%	58.7%	45.7%	43.0%	73.3%
Internet	N = 379	n = 102	n = 94	n= 178	n = 163	n = 15
	92.9%	97.1%	93.6%	89.9%	90.8%	80.0%
Phone book	N = 369	n = 101	n = 91	n= 170	n = 156	n = 14
	41.7%	19.8%	37.4%	55.3%	53.2%	78.6%
Your doctor or other health care professional	N = 381	n = 101	n = 95	n= 179	n = 164	n = 15
	85.3%	87.1%	86.3%	83.2%	82.3%	93.3%
Local government offices such as the Department of Health	N = 372	n = 102	n = 92	n= 171	n = 156	n = 15
	63.4%	68.6%	68.5%	56.7%	55.8%	66.7%
Library	N = 370	n = 101	n = 89	n= 174	n = 159	n = 15
	68.1%	65.3%	56.2%	74.7%	73.6%	86.7%
Other	N = 82	n = 34	n = 19	n= 29	n = 27	n = 2
	28.0%	26.5%	26.3%	31.0%	33.3%	0.0%

Q35. How important do you think it is to have the following in your community? (Indicated “Extremely important” or “Very important”.)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Access to community information in one central source	N= 380	n = 101	n = 92	n= 180	n = 165	n = 15
	77.6%	80.2%	70.7%	78.9%	79.4%	73.3%
Clearly displayed printed community information with large lettering	N= 381	n = 101	n = 93	n= 180	n = 165	n = 15
	72.2%	71.3%	68.8%	73.9%	73.3%	80.0%
An automated community information source that is easy to understand like a toll-free telephone number	N= 378	n = 101	n = 91	n= 180	n = 164	n = 15
	55.3%	46.5%	52.7%	60.3%	59.1%	73.3%
Free access to computers and the Internet in public places such as the library, senior centers or government buildings	N= 381	n = 101	n = 92	n= 180	n = 166	n = 15
	84.8%	89.1%	89.1%	79.6%	78.9%	86.7%
Community information that is delivered in person to people who may have difficulty or may not be able to leave their home	N= 378	n = 101	n = 91	n= 180	n = 165	n = 14
	73.5%	69.3%	78.0%	73.2%	72.7%	78.6%
Community information that is available in a number of different languages	N= 379	n = 101	n = 91	n= 180	n = 165	n = 15
	60.2%	60.4%	62.6%	58.3%	58.2%	60.0%

Q36. Does the community where you live have the following?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Access to community information in one central source	N = 382	n = 101	n = 93	n= 181	n = 166	n = 15
	87.4%	83.2%	90.3%	88.4%	88.0%	93.3%
Clearly displayed printed community information with large lettering	N = 381	n = 101	n = 93	n= 180	n = 165	n = 15
	91.9%	87.1%	93.5%	93.9%	93.9%	93.3%
An automated community information source that is easy to understand like a toll-free telephone number	N = 381	n = 101	n = 93	n= 180	n = 165	n = 15
	92.9%	92.1%	96.8%	91.7%	91.5%	93.3%
Free access to computers and the Internet in public places such as the library, senior centers or government buildings	N = 382	n = 102	n = 93	n= 181	n = 166	n = 15
	25.1%	30.4%	23.7%	23.2%	23.5%	20.0%
Community information that is delivered in person to people who may have difficulty or may not be able to leave their home	N = 379	n = 101	n = 93	n= 179	n = 165	n = 14
	91.3%	93.1%	92.5%	90.5%	90.9%	85.7%
Community information that is available in a number of different languages	N = 380	n = 101	n = 93	n= 179	n = 165	n = 14
	93.2%	93.1%	94.6%	92.7%	93.9%	78.6%

SECTION X: About You

Q37. What is your gender identity?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 380	n = 102	n = 93	n= 185	n = 170	n = 15
Female	73.2%	72.5%	68.8%	75.7%	74.7%	86.7%
Male	26.8%	27.5%	31.2%	24.3%	25.3%	13.3%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q38. What was your age as of your last birthday?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N = 384	n = 102	n = 96	n = 186	n =171	n = 15
Average (SD)	55.5 (15.6)	34.0 (7.2)	52.9 (3.9)	68.6 (6.6)	67.4 (5.2)	82.5 (3.2)

Q39. What is your current marital status?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 387	n = 102	n =96	n= 185	n =170	n = 15
Married	61.0%	53.9%	74.0%	57.3%	60.0%	26.7%
Not married, living with partner	6.7%	13.7%	4.2%	4.3%	4.7%	0.0%
Separated	0.8%	.%	2.1%	0.5%	0.6%	0.0%
Divorce	13.4%	5.9%	11.5%	18.9%	18.8%	20.0%
Widowed	7.2%	0.0%	1.0%	14.6%	11.2%	53.3%
Never married	10.9%	26.5%	7.3%	4.3%	4.7%	0.0%
Total	100%	100%	100%	100%	100%	100%

Q40. Besides yourself, do you have any of the following people living with you in your household?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Child/children under 18	N= 351	n = 100	n = 83	n = 164	n = 150	n = 14
	25.6%	52.0%	32.5%	6.7%	7.3%	0.0%
Child/children 18 or older	N= 336	n = 84	n = 82	n = 166	n = 151	n = 15
	15.2%	9.5%	28.0%	12.0%	11.3%	20.0%
Child/children away at college	N= 319	n = 84	n = 75	n = 156	n = 142	n = 14
	8.8%	4.8%	25.3%	3.2%	3.5%	0.0%
Parents	N= 316	n = 85	n = 71	n = 156	n = 142	n = 14
	4.4%	10.6%	5.6%	0.6%	0.7%	0.0%
Other adult relative or friend 18 or older	N= 343	n = 90	n = 78	n = 171	n = 157	n = 14
	32.7%	33.3%	33.3%	31.6%	32.5%	21.4%

Q41. Do you have any of the following kinds of health coverage?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Insurance through a current or former employer of yours or your spouse	N= 379	n = 102	n = 94	n= 179	n = 165	n = 14
	78.6%	90.2%	88.3%	67.0%	69.1%	42.9%
Insurance purchased directly from an insurance company (not through an employer)	N= 356	n = 99	n = 90	n= 163	n = 151	n = 12
	16.6%	5.1%	7.8%	28.8%	25.8%	66.7%
Medicare (for people 65 and older or people with certain health disabilities)	N= 372	n = 99	n = 90	n= 179	n = 165	n = 14
	35.5%	1.0%	1.1%	72.6%	70.3%	100.0 %
Medicaid or any kind of government assistance plan for those with low incomes or disability	N= 353	n = 100	n = 89	n= 160	n = 150	n = 10
	2.8%	6.0%	2.2%	1.3%	1.3%	0.0%
Veterans Administration or other military health care	N= 352	n = 99	n = 89	n= 160	n = 149	n = 11
	5.1%	2.0%	6.7%	6.3%	6.7%	0.0%
Any other insurance coverage	N= 351	n = 100	n = 86	n= 161	n = 150	n = 11
	16.2%	11.0%	9.3%	23.6%	22.7%	36.4%

Q42. Does any disability, handicap, or chronic disease keep you and/or your spouse or partner from fully participating in work, school, housework or other activities?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 387	n = 102	n = 96	n = 185	n = 170	n = 15
Yes, myself	11.6%	5.9%	6.3%	17.3%	17.1%	20.0%
Yes, my spouse or partner	5.7%	0.0%	4.2%	9.2%	10.0%	0.0%
Yes, both me and my spouse or partner	2.3%	3.9%	2.1%	1.6%	1.8%	0.0%
No	80.4%	90.2%	87.5%	71.9%	71.2%	80.0%
Total	100%	100%	100%	100%	100%	100%

Q43. Are you of Hispanic or Latino origin or decent?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 380	n = 102	n = 94	n= 185	n = 165	n = 15
Yes	3.2%	3.9%	4.3%	2.2%	2.4%	0.0%
No	96.8%	96.1%	95.7%	97.8%	97.6%	100.0%
Total	100%	100%	100%	100%	100%	100%

Q44. What is your race and/or ethnicity (Check all that apply)

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N=375	n = 101	n = 93	n= 177	n = 163	n = 15
White or Caucasian	96.8%	97.0%	96.8%	97.2%	97.5%	92.9%
Black or African American	0.8%	2.0%	1.1%	0.0%	0.0%	0.0%
American Indian or Alaska Native	1.1%	3.0%	0.0%	0.6%	0.6%	0.0%
Asian	1.3%	2.0%	2.2%	0.6%	0.0%	7.1%
Native Hawaiian or other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other, please specify	1.6%	1.0%	1.1%	1.7%	1.8%	0.0%

Q45. What is the highest level of education you have completed?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
	N= 385	n = 102	n = 94	n= 185	n = 170	n = 15
K-12th grade (no diploma)	0.3%	1.0%	0.0%	0.0%	0.0%	0.0%
High school graduate, GED, or equivalent	5.2%	5.9%	8.5%	3.2%	2.9%	6.7%
Post-high school education/training (no degree)	9.4%	3.9%	11.7%	11.4%	10.0%	26.7%
2-year college degree	9.1%	7.8%	6.4%	10.8%	11.2%	6.7%
4-year college degree	21.0%	28.4%	21.3%	16.8%	16.5%	20.0%
Post-graduate study (no degree)	7.3%	9.8%	6.4%	5.4%	5.9%	0.0%
Graduate or professional degree(s)	47.8%	43.1%	45.7%	52.4%	53.5%	40.0%
Total	100%	100%	100%	100%	100%	100%

Q46. In general, how often do you go online to access the internet for things like sending or receiving email, getting news and information, paying bills or managing finances or buying products or services? This includes access from home, work, a mobile device (such as a smartphone), or someplace else.

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Several times a day	N= 387 87.3%	n = 102 96.1%	n = 96 91.7%	n = 185 80.0%	n = 170 83.5%	n = 15 40.0%
About once a day	7.5%	3.9%	2.1%	12.4%	10.6%	33.3%
3-6 days a week	2.8%	0.0%	3.1%	4.3%	4.1%	6.7%
1-2 days a week	1.6%	0.0%	2.1%	2.2%	1.2%	13.3%
Once every few weeks	0.5%	0.0%	1.0%	0.5%	0.6%	0.0%
Once a month or less	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
I never go online	0.3%	0.0%	0.0%	0.5%	0.0%	6.7%
Total	100%	100%	100%	100%	100%	100%

Q47. What was your annual household income before taxes in the most recent tax year?

	All Ages	18 to 45	46 to 59	60+	60 to 79	80+
Less than \$10,000	N = 364 2.5%	n = 102 6.9%	n = 91 1.1%	n = 168 0.6%	n = 157 0.6%	n = 15 0.0%
\$10,000 to \$19,999	5.2%	6.9%	2.2%	5.4%	5.1%	9.1%
\$20,000 to \$29,999	4.9%	6.9%	0.0%	6.5%	6.4%	9.1%
\$30,000 to \$49,999	18.4%	19.6%	6.6%	23.8%	22.9%	36.4%
\$50,000 to \$74,999	20.9%	20.6%	18.7%	22.0%	22.3%	18.2%
\$75,000 to \$99,999	20.1%	17.6%	30.8%	16.1%	16.6%	9.1%
\$100,000 to \$149,999	19.5%	16.7%	23.1%	19.6%	21.0%	0.0%
\$150,000 or more	8.5%	4.9%	17.6%	6.0%	5.1%	18.2%
Total	100.0%	100.1%	100.1%	100.0%	100.0%	100.1%

Q48. Please use the space below for any additional comments.

(See **Appendix B**)

Appendix B: Responses to open-ended request for additional comments

- There is the 211-phone resource for every county. There is also a county community resource.
- I think placing this importance on our ability to age in place is very welcome and encouraging. Thank you.
- Several questions needed a choice in between an all or nothing answer. Transportation is by far biggest issue!
- I am becoming very reclusive. I seldom see anyone unless I go to the grocery store. Thank goodness for my dogs!
- The most dangerous things for anyone in Laramie are the condition of the side streets in Laramie. They become so ice packed that it's treacherous to walk across. I have not had this experience but several of my retired friends regard the University of Wyoming as hostile to the community, not very community minded.
- My husband maintains a home in another community/state; we commute back and forth frequently, and I intend to settle there once I retire as it is a more desirable location.
- I do not plan to remain in Laramie after retiring. Not enough work opportunities to keep my children here, so I plan to move closer to them.
- My greatest concern about aging in Laramie is adequate public transportation when I can no longer drive. My second concern is finding an affordable, relatively new one-level house to purchase. We know eventually we will no longer be able to manage the stairs in our current home.
- I am friends with an active 91-year-old woman, who should not be driving. Unfortunately, there is not public transportation in a last-minute need, if needed, and this has occurred. And then the Dr.'s office was completely not understanding. [My friend] is actually the one needing to complete this survey but does not have internet or use a computer. It is difficult for her to get around and sometimes just wants to see the sights in and around Laramie. Laramie needs physicians that will stick around and get to know their patients. I'm tired of bebopping from Dr. to Dr. year to year. AND I DO NOT WANT a Dr I cannot understand AND does not fluently speak English. The roads in the main structure of Laramie are poorly patched. With the Harney street viaduct structure, crossing 4th street from Clark to Harney Streets is next to impossible, particularly during rush hour times. Turning West off 4th onto Harney is poorly structured and deceiving. Reynolds and 22nd has been a hazard for years! And the city council repeatedly states it is under review, but nothing gets done with it. Another business structure is NOT needed. More shopping stores ARE needed. Having only Walmart, now that K-mart is closed, has been a monopoly and inconvenient. And not a small-town specialty store. An option to buy supplies when Walmart does not have in stock is what is needed. Finally, activities for people in their 50's to meet and interact with others in their age group; individuals that are still working full-time and cannot do the recreation center mid-day activities, and no longer have children in the

household to be active in school/youth activities. After the loss of so many people with the UW cuts, this has become impossible. Thank you for your time.

- I can barely afford to live here now, and I already cannot access needed transportation and health care. I will not be able to stay in my community as I age.
- It would be helpful to define community--most of us know about our neighborhood, but maybe not the overall community at large, depending on how one defines it. Also, your yes/no/not sure answers really don't leave room for gray areas. For example, I find some physicians and health care providers very good, and others very bad. Yes, no, and not sure don't really capture this nuance all that well.
- This town needs to expand with regard to shopping and restaurants. A target would really benefit this town. As well as some other restaurants.
- The current proposal for new dorms at UW will have a negative effect in providing access to UW resources including the Union, Coe, A&S Auditorium and Half Acre. Parking is a major issue and a distant, expensive parking garage will not solve it.
- I stopped answering questions out of frustration in a couple of places where the "yes" and "no" options did not reflect my true responses.
- Need equipment loan program for disabilities (wheelchairs, canes, walkers, scooters, etc.). Stores need scooters in the stores that work. Scooters for downtown shopping.
- This survey is too long.
- I prefer not to indicate my income.
- Tired of most things based on low income. Need more homes like those on Stetson Ct. for seniors.
- [I] don't wish to share.
- My greatest concern about remaining in Laramie as I age is lack of health care access. Currently I either have to go out of town to a specialist or wait for weeks for a specialist to come.
- [I] prefer not to answer this question.
- This survey was difficult for me to answer accurately. I spend over half of the year at my residence in Guadalajara and I bring my Mexican registered nurse, housekeeper, cook and driver with me to Centennial each summer. My answers are kind of a mix of Centennial and Laramie which I visit frequently. I also go to Fort Collins to see medical specialists. So many of the questions simply do not apply to me and they do not apply to Centennial either which does not have parks or sidewalks but does have an excellent library and museum and several fine restaurants and a lot of local activities which I participate in like the Men's Club. I do Seniors on the Go, a hiking group, and things like bus trips to baseball games with the Eppson Center and also Friday night out dinner group. I do a great many things at the university.
- I feel the survey is a good thing and is beneficial.
- We live in the country outside of Laramie, so we go into town often to shop, visit friends, attend concerts, and participate in hobbies.

- Laramie is only geared to college students, the Eppson Center is wonderful. We need to be more aware of the older population.
- It would be helpful to have a progress bar while taking this survey so participants will know how close to finishing they are.
- The UW announcement billed this survey as an all-ages survey but is very elderly-centric. That's okay, but as I answered the first several questions, I was thinking more in the overall population sense rather than specifically the elderly perspective.
- Please allow businesses to move to town (e.g. Home Depot) and please start paying city employees what they are worth. The two will go hand and hand.
- The last thing we need is more Recreation Center. We need to bring emergency services up to par first. Then fix the darn roads and water mains and when that's all done then we can talk about parks and Rec for seniors.
- For older adults Laramie's climate is too harsh, the sidewalks are very unsafe, there is no real public transportation, and medical care is poor, because most medical specialties cannot be found in Laramie. It is a very isolated place to live.
- This survey is too long!
- Street repair in Laramie is an absolute joke and needs to be addressed. When a road is fixed it shouldn't need to be refixed within the same month/year. This happens far too often in Laramie and is a waste of tax-payer dollars.
- Some questions should have been on a scale rather than yes/no.
- This survey was waaaaay too long. I almost gave up. Keep it short for good response rates.
- No bike and hike paths around town and no public transport and no bike path for those out of town to ride in.
- Some of my "no" answers aren't exactly that there aren't the resources...but rather that there aren't enough, or the services are there, but inadequate (such as separated bike paths from traffic lanes).
- This survey is far too long with a lot of fuzzy questions.
- I feel isolated in this community - It is hard to figure out what activities are going on and they never seem to cater to married couples without kids or anyone for that matter. It is hard and odd to be here... I don't know how I feel about aging in this community, but it will do for the time being.
- I have a problem with this survey because it is not prioritized or resource constrained (all the programs you mentioned are nice to have but have a cost). I moved back to Laramie because I can afford to live here on my retirement. The limited number of services was a known factor, but the cost you pay for not having over inflated and expensive government. Although many of these programs are important, I would not be willing to pay more for any of them.
- None.
- There were many questions where yes or no was not sufficient, especially in regard to services. There are many opportunities and services in Laramie that exist but are insufficient and/or poorly promoted.

- This was a longer survey than I expected so a progress bar would have been nice. There were many yes/no/not sure answers where I would have liked to answer, "in some locations or parts of town".
- How can we find out about the results of this survey besides the local newspaper? I do not subscribe.
- The most pressing need for aging adults in Laramie is single story, smart homes that aren't or don't look like low-income houses.
- I would have liked more questions about the situation of aging parents caring for a permanently disabled adult son or daughter at home. We face challenges in addition to our own aging.
- Moved to Laramie 5 months ago, love it. Still feel VERY ISOLATED, though... Oh well.
- Laramie should really get a shopping mall or stores with actual good clothing, such as Ross Dress for Less.
- I would love to see more affordable senior housing. I retire in 4 years and want to sell my house and get something more affordable. In Laramie we have senior housing coming in but 850.00 for a one bedroom is not affordable! In other communities they have mobile home parks where you can buy the lot and put a cute little mobile home on it. I would like to see more of these! Absolutely no social programs for older folks here! Everything for college kids. We have the University of Wyoming and community college but offer no programs for older people or continuing education. In Japan as a senior you can return to college with classes of your peers as an elder person. It is getting harder and harder for people to live and even harder for people as they age! Affordable independent living needs to be provided!!!!
- This information might make my answers null. I grew up here. My wife and I live in AZ and keep a second home here in Laramie. We spend 3-4 months a year here. I have remained involved in the Laramie community and have family here. I took this survey because I care about Laramie. We may retire here full time, though I would bet we will only be seasonal residents because of the weather, and the access to culture that a large city provides, that Laramie just can't compete with.
- I live in west Laramie and the lack of paved streets is both extremely frustrating and embarrassing. The lack of action from the city on this problem is a complete mystery to me.
- You are generally focused on older people up to this part of survey. Is the title "Age friendly" just for older people? What about kids and middle age? I have 5 kids I want to see more shopping areas. I cannot get clothes from Walmart. I do not want to go to other cities just for shopping. Laramie needs Sam's Club, Ross, TARGET.
- I wish Wyoming supported Medicare. I wish the libraries believed that people read books, including books older than 5 years. That was a truly stupid move, to take away books older than 5 years—talk about ageism—that decision devastated libraries and is blatant censorship.
- While there are clear paths and guides as one approaches adulthood and the steps needed to get to the next level (school, self-care, employment, marriage, children etc.) and having someone to guide or mentor you, retirement is TOTALLY different.

- Who is there to help you through the process of retirement?
- How do I determine if I can financially retire and take care of basic and emergency costs to an advanced age? If I can't cover these costs, does it mean I can never retire, delay retirement, part-time work, or if there might be another way to cover/share cost?
- Cost of care like insurance. Living in Wyoming and being of pre-Medicare age, I have two choices. The first is purchase private medical coverage. Only one company will cover in Wyoming- Blue cross, which is not having choices, or to use Cobra for a year and then be forced to use a company whose premiums are too high and don't allow for a company that best meets my individualized needs. Either way leads to a lack of choices.
- Finding that the local hospital is NOT set up to address the needs of the aging. Many of us have had to travel out of state for things ranging from heart issues, to trauma breakage to bones and the repairs associated with them, because the local hospital can't begin to come close to dealing with common events to the aging.
- What will retirement look like for me? What do I want in retirement, where do I live, what are the services, support and options for me?
- While injured I found the town was limited in handicap parking spaces. And recently I have become aware of other limitations, such as those who are color blind, or require larger print than is the current standard.
- There is rarely a central source for things like, tax breaks for aging individuals, phone/internet savings, resources for assistance of any kind, attorneys specializing in elder issues...
- What type of emotional stresses will [I] face, as [I] no longer have the rewards of work, children, close friends (If [I] moved away), paychecks, etc. How [will I] spend [my] time, set new daily patterns, etc.?
- What emotional ups and downs do [retirees] face? Why did I move/should I move? I don't know who I am outside of my job or a host of other issues that arise...
- How do I deal with a spouse that is having a hard time transitioning, when I didn't have a hard time?
- There are thoughts about individuals that live alone or have limited mobility. What measures are in place for them? One thing I have seen work is placing a standard lock box on each house and giving a code to the police/fire/EMT so they can access these individuals in an emergency. Stickers on cars for the same assistance. You volunteer to place a sticker with an assigned number that tells emergency services who you are, your family contact, and any health issues that you might be unable to communicate (e.g., heart, low blood sugar, diabetic).
- Retirement is NOT what our parents' generation was, we are more involved, active, independent and demand more than a place to eat and play cards. To the point many aging individuals I know have never set foot in the Eppson senior center, and don't know what it offers, nor plan to.

- How about a list of resources for us be it a booklet or online that might include things like [information for] those looking for help (paid/or volunteering) from people who have knowledge and want to share it; doctors, attorneys, etc. that specialize in our needs; agencies, both private and government that can help us; things to keep us active be it physical or emotional; resources to help us through the process, or struggles; and military resources and contacts.
- I think it is important to advocate for programs that educate and prepare the older generation for the impact of climate disruption. It has become clear in just the last few years that the crisis is accelerating, and older Americans will be affected. Heat waves are especially dangerous to the elderly and they will become steadily worse in the years ahead.
- It is a MAJOR problem that we do not have AAA offices in this state. Only nine states/district (i.e., Alaska, Washington D.C., Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, and Wyoming) do NOT have designated AAA offices. As is now, the money this state receives from the government for older adults is centralized in Cheyenne and they are VERY hard to get ahold of (I'm certain this is due to being understaffed and not some type of employee negligence). We need AAA offices throughout the state taking into consideration the low population and large land mass— we are rural and spread out, making the services that are available mostly inaccessible for the people who need them.
- For those of us who can't get out easily due to illness, more assisted living facilities and information about in-home aids. Automatic doors for all and better curb-cuts. Our Senior Center is great!