Healthy Aging Data Report

Highlights from Wyoming, 2023

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Why a Healthy Aging Data Report?

Thanks to gains in human longevity and the aging of the baby boom cohort, the United States is in the midst of a demographic transformation. In 1900, life expectancy was around 47. Today, however, most of us can expect to live much longer, healthier lives. This widespread longevity presents social, economic, and civic opportunities for communities across the country. Yet the systems and policies that can help all of us thrive are not in place, making it difficult for some people to experience good health, dignity, and social connections as they age. A healthy aging data report can help states like Wyoming understand its aging population's strengths and needs, and take well-informed, productive action.

The older population is growing, and this growth will continue in the future. In the U.S., one out of five Americans will be age 65+ by 2030, and by 2034, the 65+ population will outnumber the under 18 population (U.S. Census Bureau). There are a number of excellent reports that compare aging in different states. But a specially-designed report like this one, based on data at the county level, will provide Wyoming with deeper insights into its population and help stakeholders advance local and state-wide programs that will have tangible effects in peoples' lives. Over the past decade, similar reports have been prepared for several New England states and for Mississippi: the reports have provided valuable, actionable data that has informed efforts to create healthy, age-friendly communities (see healthyagingdatareports.org). Residents of these states have learned that when communities work better for older people, they work better for everyone.

What is the Wyoming Healthy Aging Data Report?

The 2023 Wyoming Healthy Aging Data Report (https://healthyagingdatareports.org/wyoming-healthy-aging-data-report/) is an easy-to use resource created by researchers at the Gerontology Institute of the University of Massachusetts Boston, in partnership with the Wyoming Healthy Aging Coalition, and coordinated by Professor Emeritus Virginia B. Vincenti, PhD, CFCS, of the University of Wyoming. The data report includes 23 county profiles, each with 130 healthy aging indicators, and 130 maps with alphabetical and ranked lists of those indicators by county.

The 130 indicators provide a comprehensive picture of the health of older adults in Wyoming. The full list of indicators, data sources, and methodology are described in the Technical Documentation section in the latter part of the report. The Wyoming data reveal important patterns of disease, health behaviors, resource distribution, and disparities in healthy aging. The extent to which health variations differ by location are mapped to support intervention and policy efforts that can address the unique issues facing older people in Wyoming counties. The tools in this report may be used to inform policy, improve programs and services, and spur collective action to make Wyoming an age-friendly, healthier state.

The research team has spent years acquiring and analyzing data for multiple states, talking to community members and leaders, and developing tools to inform communities about ways to make it easier for everyone to achieve their own, unique optimal health. For this report, the team worked with the Wyoming Healthy Aging Coalition to best understand and advise those who call Wyoming home. Research funding was provided by the Wyoming Agricultural Experiment Station and the University of Wyoming College of Agriculture & Natural Resources. If you have questions or ideas about this report, please email them to Professor Beth Dugan at beth.dugan@umb.edu. We welcome your input! Your ideas may help make our next Healthy Aging Data Report even better.
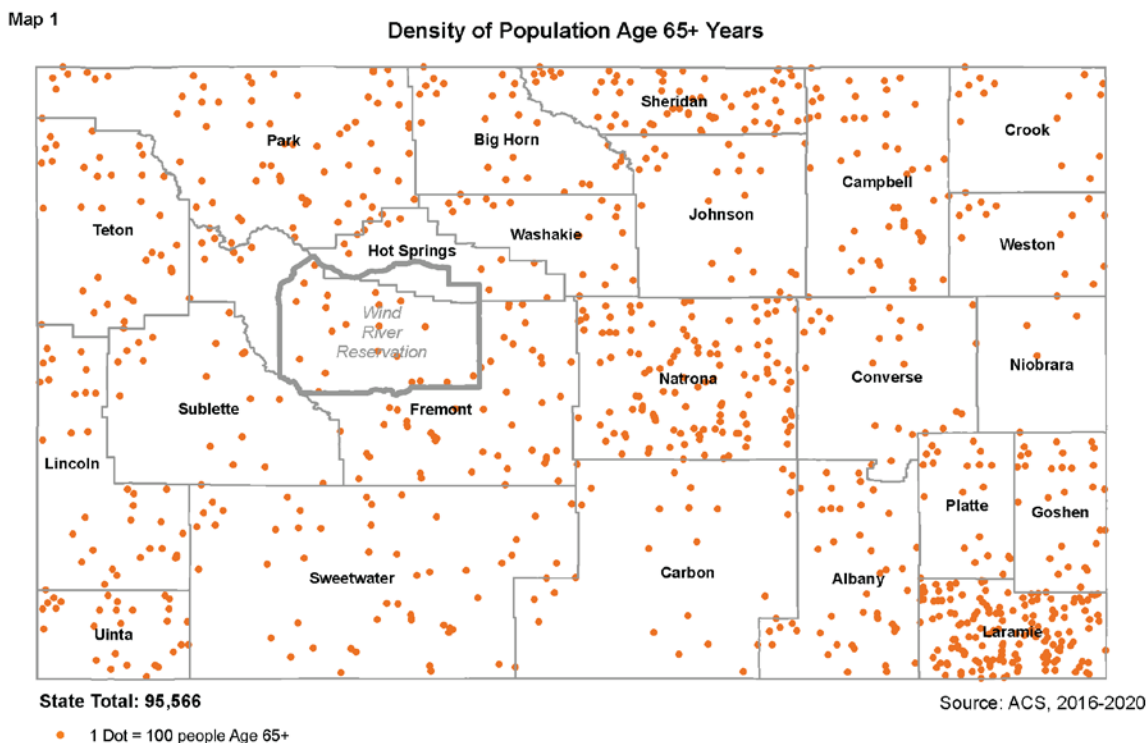
The Wyoming Context

An Aging State Population

According to a report by USA Facts on how state populations have changed from 2010-2021, Wyoming's total population grew 2.5% to 581,348 people. For comparison, growth in the U.S. as a whole during that time was 7.3%. The USA Facts report found that in Wyoming between 2010-2021, Laramie County had the largest growth, gaining 8,617 more residents. Sweetwater County had the largest decline with 1,966 fewer people.

The 65+ group was the fastest growing age group from 2010-2021 with an increase of over 47%. In 2010, only 12.5% of the Wyoming population was 65+; in 2021, this age group grew to more than 16%. The rapid growth among the state's older population is noteworthy, and sound public policy going forward will take this factor into account.

On Map 1 below, each dot represents 100 people age 65 or older. It is clear that older people reside in every part of the state, with notable concentrations in Laramie, Natrona, and Sheridan Counties. Everyone has a stake in creating an age-friendly Wyoming. When states work for the youngest and oldest residents, they tend to work well for everyone in between, too.

Map 1

Density of Population Age 65+ Years

State Total: 95,566

Source: ACS, 2016-2020

• 1 Dot = 100 people Age 65+

Wyoming's 65+ Population

For the 2023 Wyoming Healthy Aging Data Report, we analyzed 5 years of data from the American Community Survey by the U.S. Census. Results found the state is home to 135,237 people aged 60 or older – 23.3% of the state's total population, and 95,566 people age 65 or older (16.4%). The experience of aging varies widely across Wyoming and the statistics described below illustrate this variation.

- Among the population 65 and older, 95.6% are White, 0.3% Black, 4.4% Hispanic/Latino, and 4.1% other race(s). Approximately 2,430 residents age 55 and older are Native American/American Indian.
- More than 1 in four (28%) older residents in Wyoming live alone, and 30% spend more than a third of their income on housing.
- More than 20% of adults 65+ in Wyoming were employed in the last year, and 8% had income below the poverty line.
- About 7% of adults 60 and older reported having 15 or more days of poor mental health in the last month, and 8% reported excessive drinking. From 2016-2020 there were 221 deaths by suicide among residents 60 and older.
- Among adults 60+, approximately 4% received food benefits, and about 28% were obese. More than 80% of this population failed to eat the recommended 5+ services of fruits or vegetables per day.
- About 29% had significant tooth loss (defined as loss of 6 or more teeth), yet nearly 70% of people 60 and older reported getting an annual dental exam.
- Wyoming is car-dependent in terms of transportation, with 95% of adults 65 and older owning a motor vehicle. Data from the Fatal Accident Reporting System (2016-2020) showed that over that 5-year period there were 146 fatal crashes involving an adult age 60 or older.

Wyoming by the Numbers

95,566
People age 65+

16.4%
Of population

51.7%
Of 65+ population are female

60.2%
Of 85+ population are female

22.4%
Of 65+ population are veterans

64%
Of 65+ have a high school degree or some college

IN THE 65+ POPULATION…

18.6% Have a hearing difficulty

6.1% Have a vision difficulty

6.5% Have a cognition difficulty

19.2% Have an ambulatory difficulty

9.4% Have an independent living difficulty

Interested in how Wyoming compares to other states? Check out other Healthy Aging Data Reports at
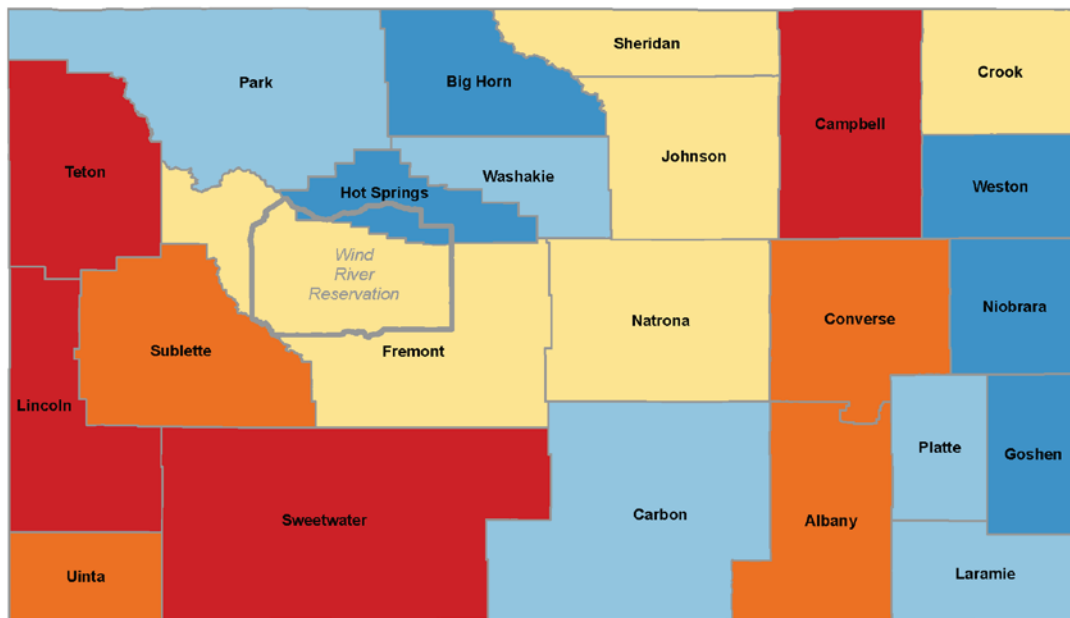healthyagingdatareports.org

Wyoming's "Young-Old" Population

The population characteristics described above show that many older adults in Wyoming are thriving. However, they also confirm that there is wide variation among older adults in their experience of healthy aging and in their relative financial security. In addition, it's notable that Wyoming has a large segment of "**young-old**" older people, which is defined as people between 65-74 years. In fact, more than half of the 65+ population in all counties are in the young-old age group, as can be seen in Map 2. Statewide, 61% are in the 65-74 age group, 28.3% in the 75-84 age group, and 10.5% in the 85 and older age group.

As the young-old population grows even older, their risk of accumulating health conditions that impair functional status increases. In a state as geographically large as Wyoming, delivering services such as home health care or transportation can be expensive and logistically challenging. Innovations to optimize the health and longevity of Wyoming residents now will support the economic health of the state in the long run.
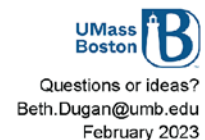

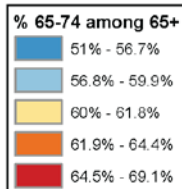Map 2

Percentage of Population Age 65 - 74 Years Among People Age 65+ Years

State Average: 61.2%

Source: ACS, 2016-2020

% 65-74 among 65+
- 51% - 56.7%
- 56.8% - 59.9%
- 60% - 61.8%
- 61.9% - 64.4%
- 64.5% - 69.1%

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Place Matters

Frontier Counties

Wyoming is largely frontier, with 74% of counties classified as such. This report defines frontier counties as those with fewer than seven residents per square mile, per guidance from the [Rural Health Information Hub (RHI).](#) Sheridan, Campbell, Albany, and Uinta Counties are classified as rural per the [USDA Rural-Urban Commuiting Continuum Codes (RUCA)](#). Only two counties, Laramie and Natrona, are classified as urban, and Laramie County is home to 80% of the population in Wyoming.

Demographically, residents who live in Wyoming's frontier counties tend to be older, largely non-Hispanic white, and less educated than residents in rural or urban counties in Wyoming. About one in five frontier residents is age 65 or older, and about 97% of the 65+ population identifies as non-Hispanic white. Slightly fewer frontier older residents have a graduate degree than older residents across the state (9% vs 10%). Frontier counties in Wyoming are home to relatively higher numbers of older residents, and they report less access to health care. For instance, Wyoming's frontier counties have on average 39 primary care providers (PCPs) per county, compared to 245 providers per urban county. Not only do frontier residents have less access to physicians, but they have less than one nursing home per county on average, compared to 3 in urban counties. Nevertheless, frontier counties have overall lower chronic disease rates than urban counties.
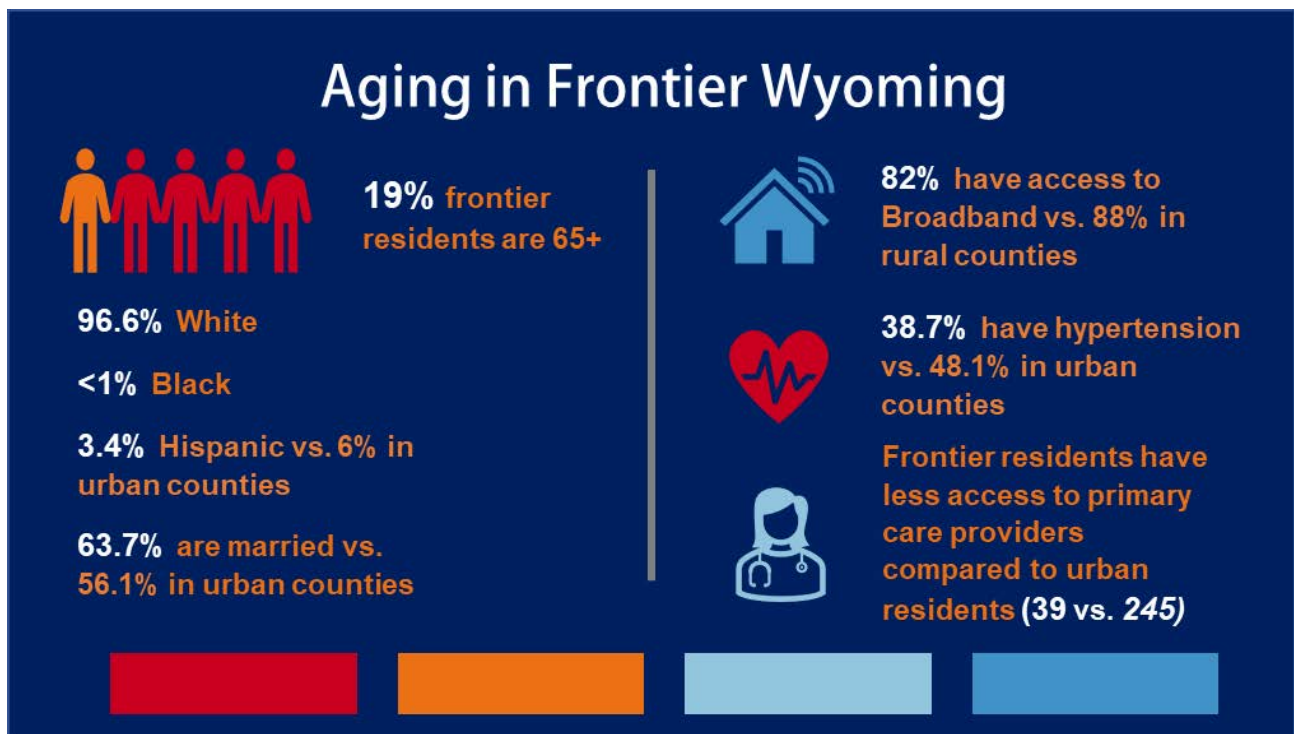

Map 14 — Wyoming Counties
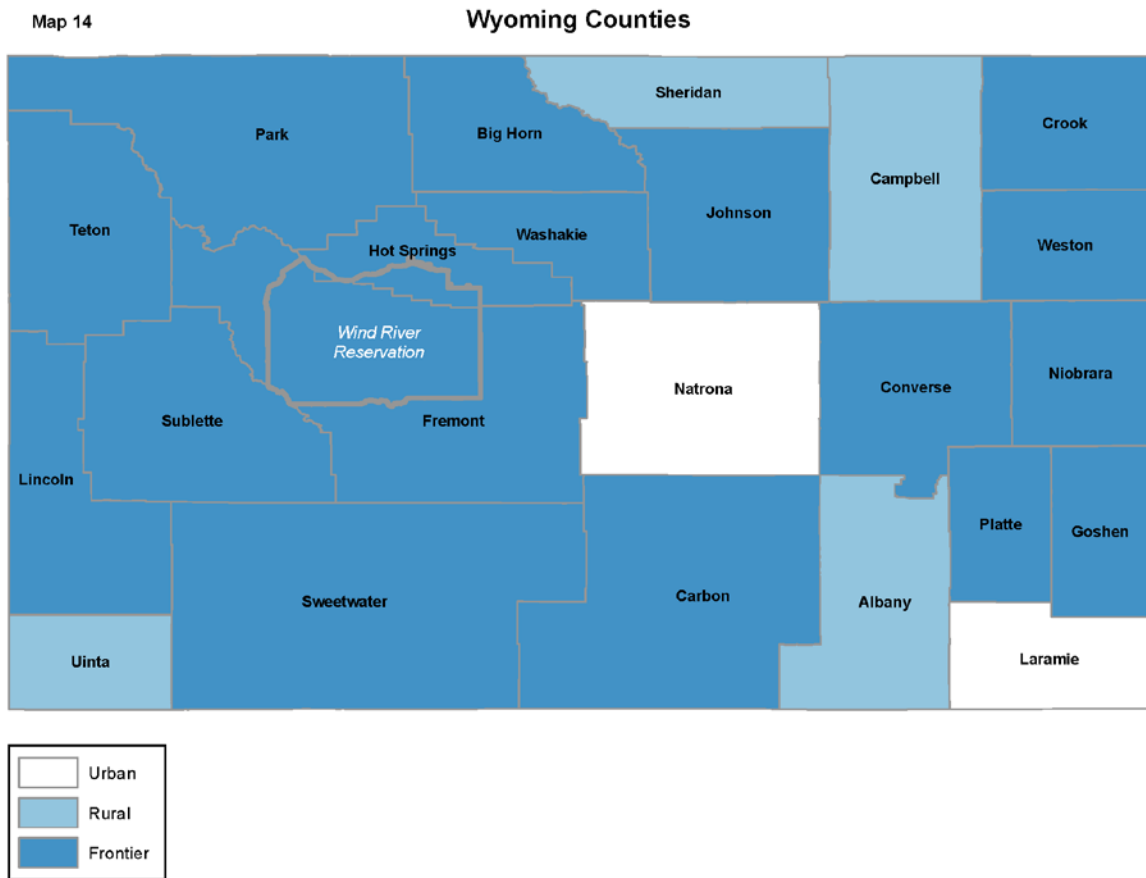
The table below compares the characteristics of residents in urban, rural, frontier counties, and statewide. Comparisons like this can be helpful in targeting goods, services, and programs for the unique needs of residents.

Table 1. Comparison of Selected Indicators among WY Urban, Rural, and Frontier Counties

Indicator	WY (N=23)	Urban (n= 2)	Rural (n= 4)	Frontier (N=17)
Total population	25,276	89,669,5	34,098.3	15,624.5
Population 65 years or older as % of total population	18.6%	15.6%	14.3%	19.9%
# 65+ population	4,155	13,988.5	4,651.5	2,881.4
% of 65+ White	96.4%	96.1%	95.4%	96.6%
# 55+ who are Native American/Alaskan	105.7	143	79.3	107.5
% of 65+ with graduate degree	10.1%	11.9%	13.5%	9.1%
Life expectancy at birth	78.1	77.3	78.6	78.5
# of primary care providers in county	63.5	245	76	39.2
# of nursing homes in county	1.2	3	1.3	<1
% households with access to Broadband (all ages)	83.8%	87.2%	88.6%	82.2%
% 65+ population who live alone	27.5%	30.7%	27.2%	27.2%
% 65+ with income below the poverty line in last year	8.7%	7.4%	9.3%	8.6%

Notes. Orange indicates rates higher than the state and urban county rates and blue indicates rates lower. Data were derived from the U.S. Census Bureau Five-Year detailed tables of 2016-2020 *American Community Survey*, Centers for Medicaid and Medicare (CMS) 2018 Specific Chronic Conditions dataset & National Provider File (2022).

Aging in Frontier Wyoming

19% frontier residents are 65+

96.6% White

<1% Black

3.4% Hispanic vs. 6% in urban counties

63.7% are married vs. 56.1% in urban counties

82% have access to Broadband vs. 88% in rural counties

38.7% have hypertension vs. 48.1% in urban counties

Frontier residents have less access to primary care providers compared to urban residents (39 vs. *245*)

Realizing the Advantages of Wyoming's Aging Population

Since more than half (61%) of Wyoming's 65+ population is young and relatively healthy, there are major opportunities to allow residents to help make Wyoming an even better place to grow up and grow older. As healthy, active retirees start to disengage from the labor force they may have availability and interest to contribute to their communities via volunteerism. Smart policymakers and community leaders will make it easy for such persons to serve. Productive activities like volunteering have been associated with improved healthy aging. However, the geographic dispersion of residents presents a challenge for an aging Wyoming. Online innovations in the provision of services and supports may be especially valuable to help overcome these challenges. Wyoming can be a model for the nation in healthy aging.
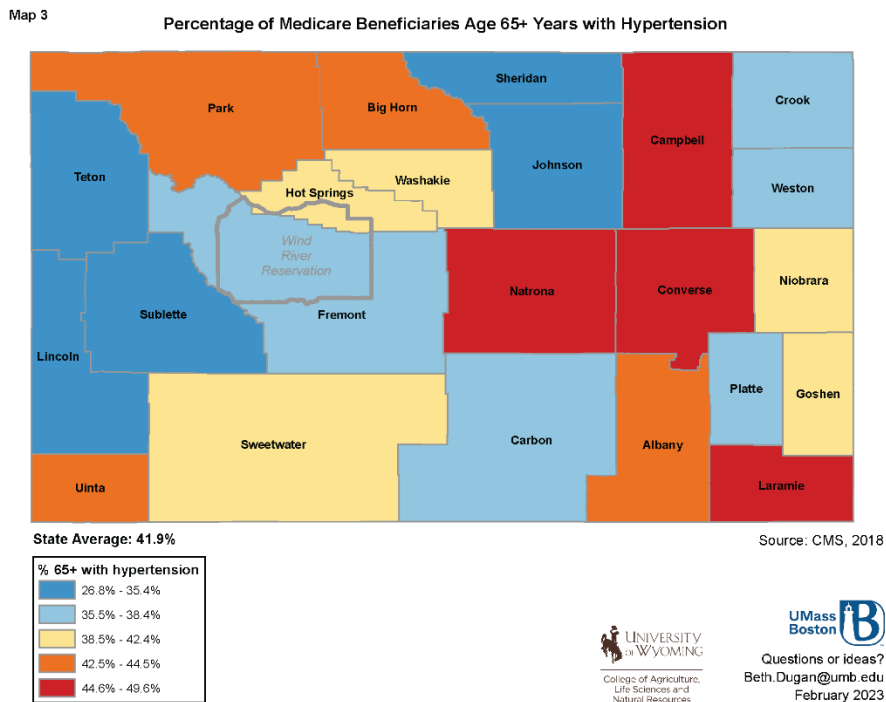
Understanding Wyoming's Chronic Disease Burden

Preventing chronic disease is the best approach to healthy aging. Ensuring access to fresh fruits and vegetables and other healthy, nutritious food can help us prevent disease and maintain a healthy weight. Having communities that allow for safe, enjoyable physical activity can help us preserve fitness, balance, and muscle mass. By avoiding chronic disease, we also avoid the medications, treatments, and undesirable outcomes that can accumulate over time and diminish our quality of life.

According to Medicare data, the five most prevalent chronic conditions among the 65+ population in Wyoming are: hypertension (42%), arthritis (27%), high cholesterol (26%), ischemic heart disease (21%), and diabetes (20%). Understanding the rate and distribution of these conditions can help inform policy, direct allocation of resources, and inspire innovative and locally-appropriate ways to address them.

Map 3 shows the percentage of the 65+ population with hypertension. Wyoming's average county rate for hypertension is 41.9%, indicating that over 2 in 5 older adults have been diagnosed with that condition.
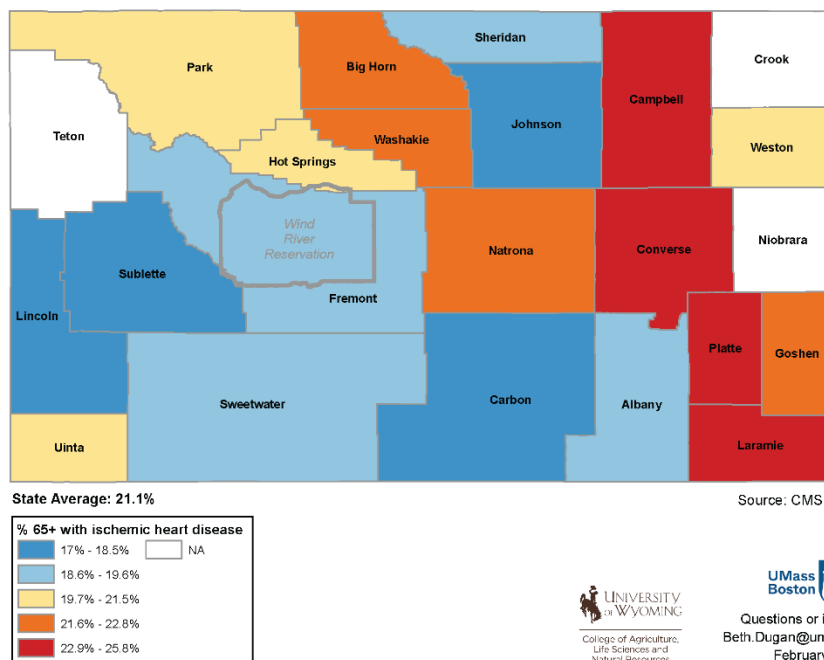
The burden of hypertension varies across the state, with Campbell, Converse, Natrona, and Laramie Counties reporting the highest rates, while Sheridan, Johnson, Teton, Sublette, and Lincoln Counties report the lowest rates.

Map 3 — Percentage of Medicare Beneficiaries Age 65+ Years with Hypertension

State Average: 41.9%   Source: CMS, 2018

% 65+ with hypertension
- 26.8% - 35.4%
- 35.5% - 38.4%
- 38.5% - 42.4%
- 42.5% - 44.5%
- 44.6% - 49.6%

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The percentage of Medicare beneficiaries age 65+ with arthritis is shown in Map 4. The state average is 27% in Wyoming, but in some counties the rate is much higher.

The burden of arthritis varies across the state, with Big Horn, Campbell, and Park Counties reporting the highest rates, and Sheridan, Fremont, and Johnson Counties reporting the lowest rates.

Map 4

Percentage of Medicare Beneficiaries Age 65+ Years with Arthritis

State Average: 27.0%

Source: CMS, 2018

% 65+ with arthritis
- 21.4% - 23.4%   NA
- 23.5% - 25.5%
- 25.6% - 27.7%
- 27.8% - 29%
- 29.1% - 33.5%

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The third most prevalent chronic condition among Wyoming Medicare benficiares age 65 and older is high cholesterol. High cholesterol is considered a risk for serious cardiac conditions. The state rate is 25.5%.

Map 5

Percentage of Medicare Beneficiaries Age 65+ Years with High Cholesterol

As Map 5 shows, rates for high cholesterol by county range from a low of 16.4% to a high of more than 35%. Albany, Laramie, and Campbell Counties report prevalence rates above 30%, while Sheridan (18.58%), Fremont (17.94%), and Sublette (16.39%) Counties report the lowest prevalence rates.

State Average: 25.5%

Source: CMS, 2018

% 65+ with high cholesterol
- 16.4% - 20%   NA
- 20.1% - 22.6%
- 22.7% - 24%
- 24.1% - 27.8%
- 27.9% - 35.2%

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The fourth most prevalent chronic condition among Medicare beneficiaries is ischemic heart disease. Wyoming's statewide rate for ischemic heart disease is 21.1

Map 6 illustrates that the counties with the highest prevalence rates of ischemic heart disease are located largely in eastern Wyoming. Campbell County reports the highest average 65+ ischemic heart disease prevalence rate at 25.8%, and Lincoln County reports the lowest at 17.04%.
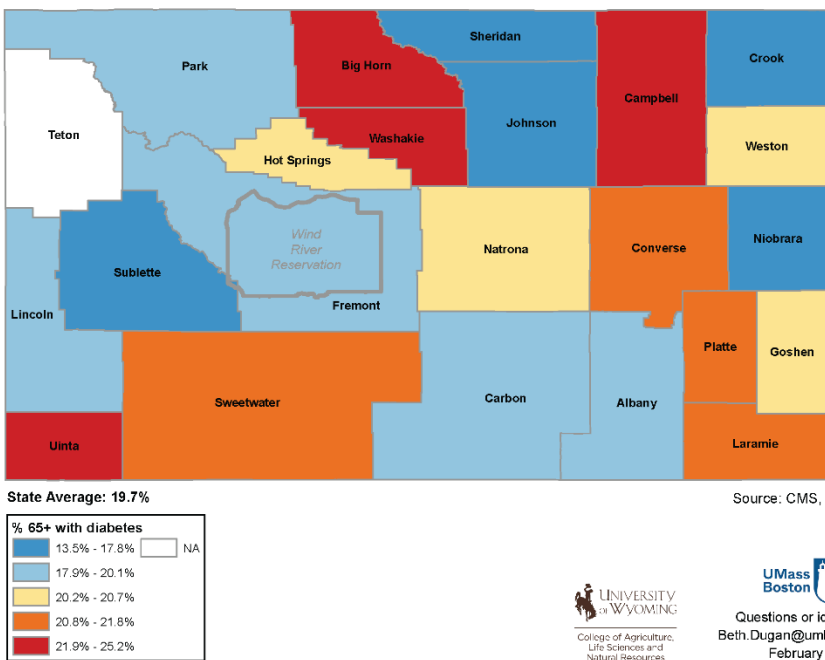

Map 6

Percentage of Medicare Beneficiaries Age 65+ Years with Ischemic Heart Disease

State Average: 21.1%

Source: CMS, 2018

% 65+ with ischemic heart disease
- 17% - 18.5%
- 18.6% - 19.6%
- 19.7% - 21.5%
- 21.6% - 22.8%
- 22.9% - 25.8%
- NA

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Map 7

Percentage of Medicare Beneficiaries Age 65+ Years with Diabetes

State Average: 19.7%

Source: CMS, 2018

% 65+ with diabetes
- 13.5% - 17.8%
- 17.9% - 20.1%
- 20.2% - 20.7%
- 20.8% - 21.8%
- 21.9% - 25.2%
- NA

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Diabetes is the fifth most prevalent chronic condition among Medicare beneficiaries 65+ in Wyoming. The average county rate of 65+ diabetes prevalence is 19.7% in the state.

As Map 7 shows, the burden of diabetes varies across the state, with Big Horn, Uinta, and Washakie Counties reporting the highest rates, and Johnson, Sublette, and Crook Counties reporting the lowest rates.

Social Determinants of Healthy Aging

Healthy aging is influenced by more than our genetics, lifestyle, or access to health care. Our daily life and well-being are influenced by the social factors related to where we live, work, pray, and play. As illustrated in the tables and maps to follow, the experience of healthy aging varies across the state of Wyoming.

Table 2 provides a snapshot of our results, showing what counties had rates that were better than the state averages, worse than the state averages, and the best and worst rates on select indicators. We include for each county median household income, which is a significant social determinant of health. (Note that some counties are grouped together by region on selected indicators because the number of observations per indicator was too few to report separately.) Information like this helps to identify disparities in healthy aging and to inform the wise allocation of often scarce resources for programs and services.

Table 2. Counts of Health Indicators with Rates Better and Worse than State Average for WY Counties

County	Health Indicators Better than State Average	65+ Median Household Income		County	Health Indicators Worse than State Average	65+ Median Household Income
Teton	11	$95,413		Big Horn	7	$35,663
Laramie	7	$52,955		Weston	5	$32,500
Albany	4	$57,672		Carbon	3	$33,878
Fremont	2	$46,925		Niobrara	3	$42,500
Goshen	2	$43,775		Goshen	2	$43,775
Hot Springs	2	$56,635		Sublette	2	$45,167
Park	2	$44,432		Sweetwater	2	$50,582
Big Horn	1	$35,663		Teton	2	$95,413
Lincoln	1	$51,772		Albany	1	$57,672
Natrona	1	$46,078		Campbell	1	$40,833
Sheridan	1	$42,111		Crook	1	$32,439
Sublette	1	$45,167		Hot Springs	1	$56,635
Washakie	1	$46,813		Johnson	1	$52,752

An association is shown between county-level socioeconomic status and better or worse health rates across the state. For instance, Teton County reports the highest 65+ median annual household income, almost $40,000 higher than the next highest county, as well as the most health indicators that are better than the state average. Conversely, the counties reporting the lowest 65+ median annual household incomes also report the highest number of health indicators that are worse than the state average. Note that some counties (Albany, Sublette, Goshen, Hot Springs, Big Horn, Lincoln, Teton, and Washakie) had some indicators that are better than the state average and some that are worse.

Map 8. Number of Health Indicators per County with Rates Better or Worse than State Average
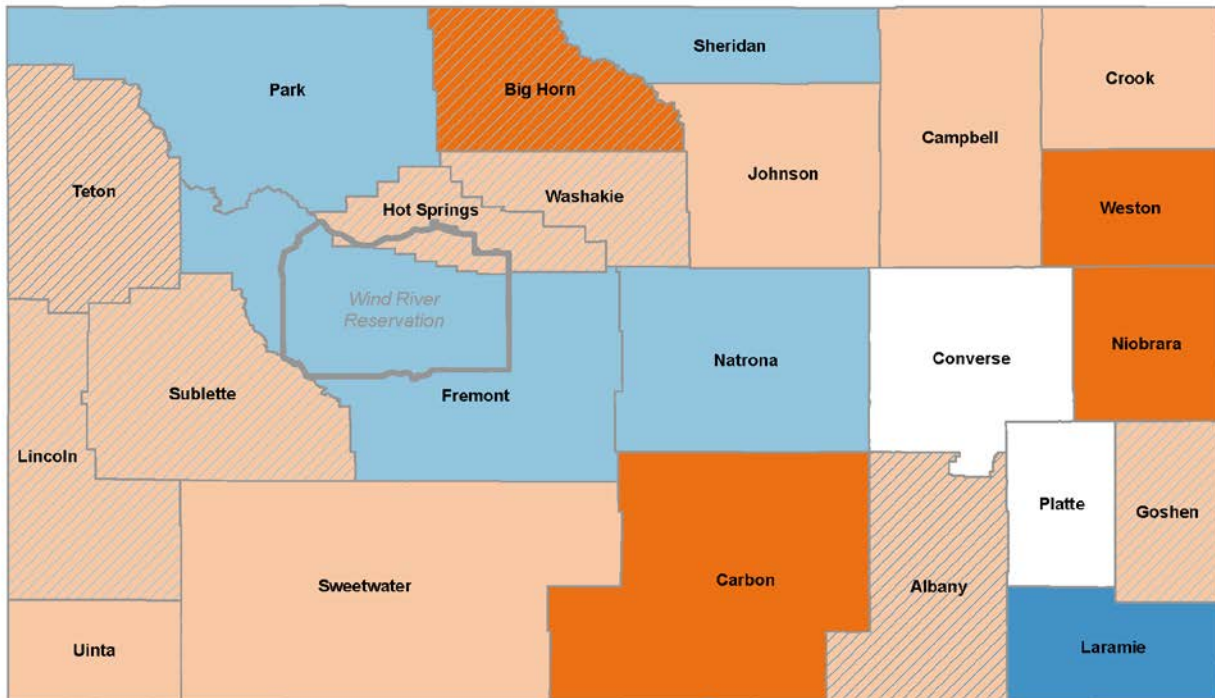
In Map 8, counties are cast in blue and orange to represent the number of health indicators per county with rates that are better (in blue) or worse (in orange) than state averages. In blue, Laramie, Sheridan, Park, Fremont, and Natrona Counties report better than state average rates on 1 to 11 indicators. Counties in orange represent counties with 1 to 7 indicators worse than state average rates. Finally, Albany, Big Horn, Goshen, Hot Springs, Lincoln, Teton, Sublette, and Washakie Counties report both better and worse rates for different health indicators, so they are represented by overlapping blue and orange colors in a slashed diagonal pattern.

Table 3 presents the county rates for chronic conditions according to data from the Centers of Medicaid and Medicare Services.

Table 3. Lowest and Highest Rates of Chronic Disease

Indicator	Lowest Rates	Highest Rates
Alzheimer's disease or related dementias	Converse, Fremont, Uinta	Albany, Natrona, Sweetwater
Arthritis	Fremont, Johnson, Sheridan	Big Horn, Campbell, Park
Asthma	Converse, Platte, Sheridan	Laramie, Sweetwater, Uinta
Atrial Fibrillation	Fremont, Sheridan, Sweetwater	Campbell, Laramie, Natrona
Cancer (Breast, Colorectal, Lung, Prostate)	Fremont, Sheridan, Sweetwater	Laramie, Natrona, Park
Chronic Kidney Disease	Crook, Johnson, Sublette	Albany, Natrona, Weston
COPD	Johnson, Lincoln, Washakie	Campbell, Natrona, Sweetwater
Diabetes	Crook, Johnson, Sublette	Big Horn, Uinta, Washakie
Heart Failure	Johnson, Lincoln, Sheridan	Big Horn, Platte, Sweetwater
High Cholesterol	Fremont, Sheridan, Sublette	Albany, Campbell, Laramie
Hypertension	Johnson, Sheridan, Sublette	Converse, Laramie, Natrona
Ischemic Heart Disease	Johnson, Lincoln, Sublette	Campbell, Laramie, Platte
Osteoporosis	Fremont, Sheridan, Sweetwater	Campbell, Natrona, Park
Stroke	Natrona, Sweetwater	Campbell, Laramie

Table 3 illustrates just how much healthy aging varies across Wyoming. Policymakers often have the tough decisions about where to prioritize services, and understanding the specific challenges faced by older people in each county can inform such decisions. Delivering interventions to communities with the heaviest chronic disease burdens is sound public and economic policy, and it can be supported by programs endorsed by the National Council on Aging (NCOA). See this link for more information. In addition, the Wyoming center on aging website has a several programs listed for older adults including caregiver support groups and chronic disease self-management programs. These already existing programs underscore the positive effect that proactive intervention can have, as well as the need to continue to adapt and renew our approach to health aging.

Race and Racism Matter

Inequities accumulated over generations contribute to health disparities. Evidence of such disparities is provided by Fremont County, which is home to the largest proportion of the older, Native population in Wyoming. Fremont reports higher rates of many indicators of sub-optimal health, including a higher percentage of people 60+ who receive food benefits, are current smokers, or have poor mental health.

In addition, the county has a higher rate of overdose deaths, and life expectancy is 5 years lower than the state average (73 vs 78 years).

Map 9 presents the county distribution of the 55+ native American population in Wyoming. Fremont County is home to the Wind River reservation and approximately 1,351 Native Americans aged 55 or older. The reservation extends into Hot Springs County, and in fact the older, Native population is spread across 20 out of 23 counties in Wyoming.
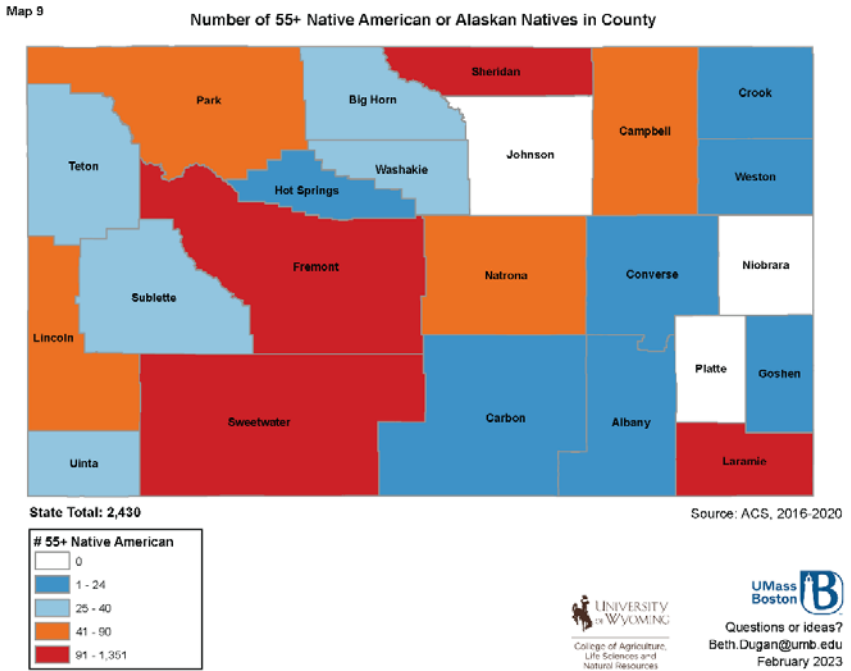
Table 4. Population of Older Adults by Race and County Classification

Indicator	WY (N=23)	Urban (N= 2)	Rural (N= 4)	Frontier (N=17)
% 65 White	96.4%	96.1%	95.4%	96.7%
% 65 Black/African American	<1%	<1%	<1%	<1%
% 65 Other race(s)	3.4%	3.3%	4.2%	3.2%
% 65 Hispanic	3.6%	6%	4.7%	3.1%
# 55+ Who Are Native American/Alaskan	105.7	143	79.3	107.5

Table 4 demonstrates the racial breakdown of Wyoming by county classification. While the Wyoming population is largely homogeneous, urban counties are generally more diverse than their rural and frontier counterparts. About 6% of the urban 65+ population identify as Hispanic, as opposed to 3.6% state-wide, and an average of 143 55+ Native American/Alaskan residents reside in urban counties, versus about 106 such residents on average across the state. However, rural counties had the highest percentage of older residents who were "other race(s)," a catch-all category used by the American Community Survey to describe people of two or more races or who do not consider themselves White, Black, Native American, or Hispanic. As the sections below reveal, there are close correlations between the geographic distribution of the population by race and social determinants of health.
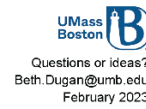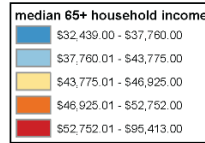
Comparing Median 65+ Household Income in Wyoming

Map 10

Median Annual 65+ Household Income (All Ages)
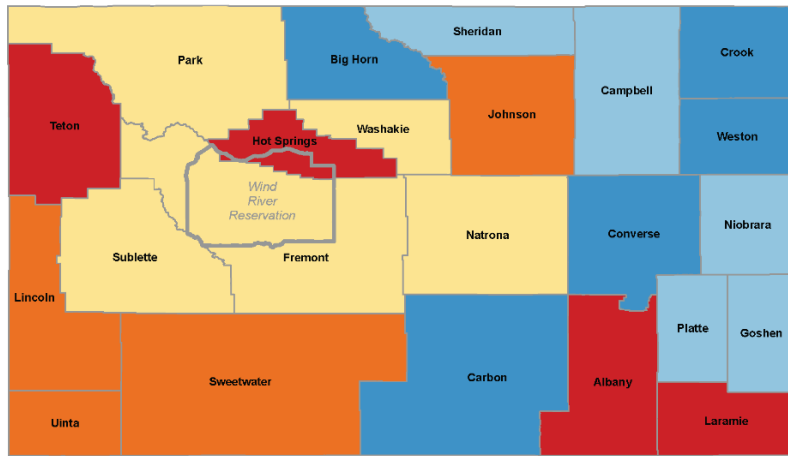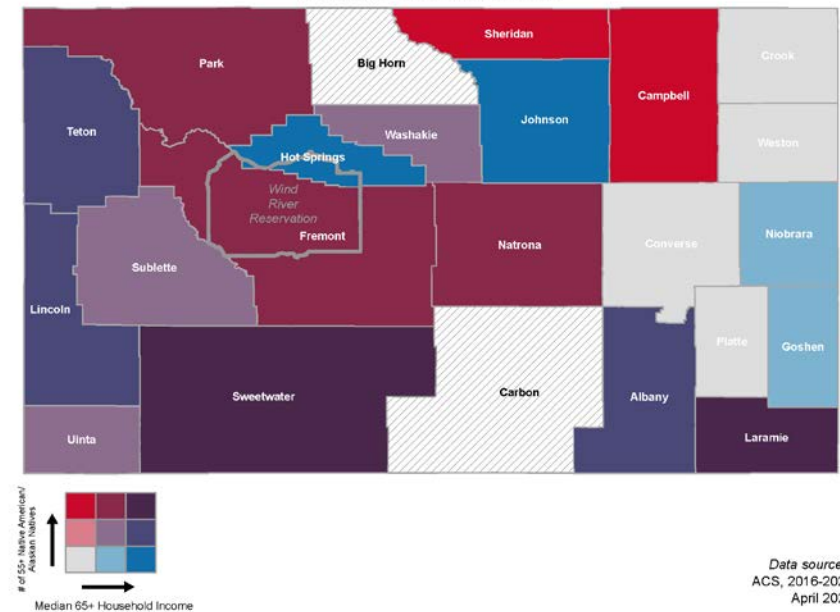
State Average: $47,223

Source: ACS, 2016-2020

median 65+ household income
- $32,439.00 - $37,760.00
- $37,760.01 - $43,775.00
- $43,775.01 - $46,925.00
- $46,925.01 - $52,752.00
- $52,752.01 - $95,413.00

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February 2023

Map 10 illustrates county averages of median 65+ annual household income across Wyoming. The average median annual household income for households with at least one 65+ householder in Wyoming is $47,223. The darker blue color represents median income below $37,760, while red represents counties with median income above $62,752. Crook County reports the lowest 65+ median household income at only $32,429, while Teton County reports the highest median 65+ income at over $95,000.

In Map 11, we combine two variables in a single map to identify disparities. The legend shows that the counties with the highest rates of median 65+ household income and highest number of older Native Americans are shaded dark purple. The counties with the lowest median income and the fewest older Native Americans are shaded light gray. Thus, by combining these two indicators you can see the clear assocation between household income and older adults who are Native American. Campbell and Sheridan Counties are shown in bright red, suggesting that they are home to large, older Native populations and the lowest median household income. In the darkest purple, Sweetwater and Laramie Counties represent the highest tertiles of the 55+ Native population and 65+ median household income.
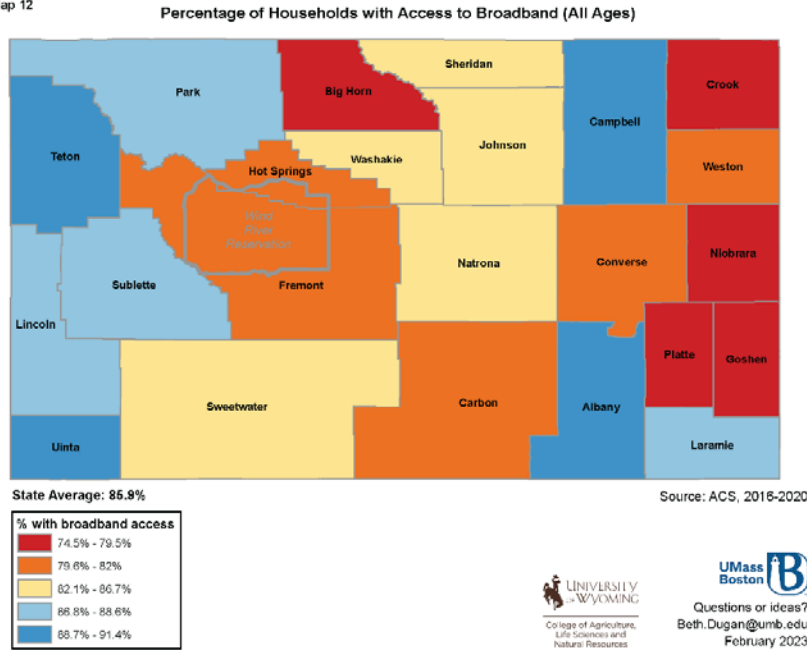

Map 11

Association between 55+ Native American/Alaskan Natives and Median 65+ Household Income

Data sources:
ACS, 2016-2020
April 2023

# of 55+ Native American/ Alaskan Natives
Median 65+ Household Income

Comparing Access to Broadband in Wyoming

Map 12 Percentage of Households with Access to Broadband (All Ages)

State Average: 85.9%

Source: ACS, 2016-2020

% with broadband access
- 74.5% - 79.5%
- 79.6% - 82%
- 82.1% - 86.7%
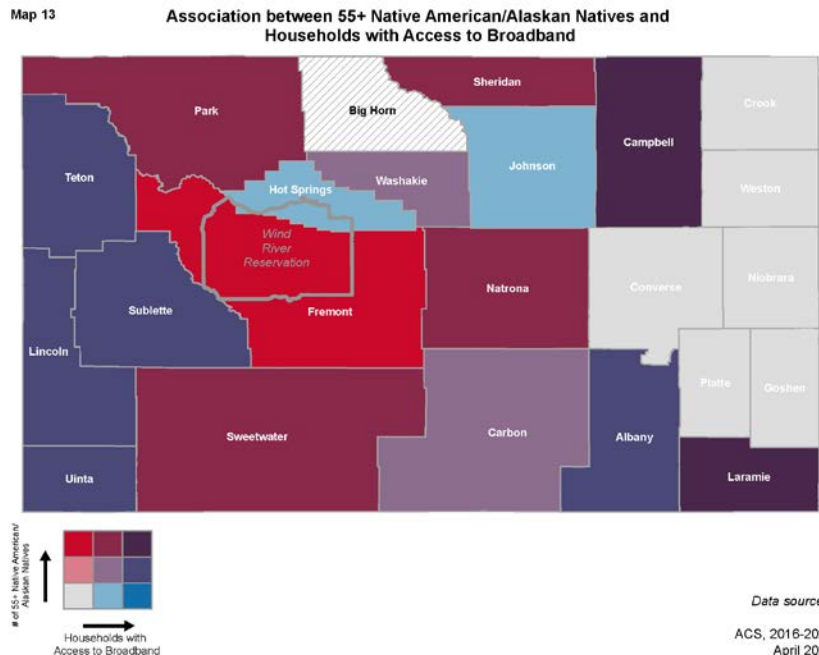- 86.8% - 88.6%
- 88.7% - 91.4%

The Internet has become a necessary tool for accessing health services, transportation, entertainment, and information of all kinds, as well as for maintaining contact with family, friends, and service providers. There are many advantages that greater access to the Internet, and specifically broadband transmission, confers on individuals and on groups of people. Map 12 portrays households' access to broadband across the state. About 86% of households per county have access to broadband on average. But access varies across the state: Platte County reports the lowest rate, with only 74.5% of households reporting access to broadband, compared to 91.4% of households in Unita County. In general, there is lower broadband access among the eastern border counties (with the exception of Laramie), and higher access among the western border counties.

In Map 13 we combine access to Broadband and the number of older adults who are Native Americans to identify disparities. In the legend we see the counties with the highest percentage of households with access to broadband and the highest percentage of older Native American adults are shaded dark purple. The counties with the least access to broadband and the fewest older Native Americans are shaded light gray. Fremont County is shown in bright red, indicating that Fremont is home to the largest older, Native population and simultaneously in the lowest tertile of broadband access. Again we see a disparity: Lower access to broadband is more common in areas with greater concentrations of older Native American adults.


Map 13 Association between 55+ Native American/Alaskan Natives and Households with Access to Broadband

# of 55+ Native American/ Alaskan Natives

Households with Access to Broadband

Data sources:
ACS, 2016-2020
April 2023

How Wyoming Compares

Understanding the population characteristics of a region can identify local affinities and cultural strengths that can be relied upon to improve the health and healthy aging of the people who live in that area. Map 15 shows the states neighboring Wyoming, with comparative data highlighted in Table 5 below.

Map 15
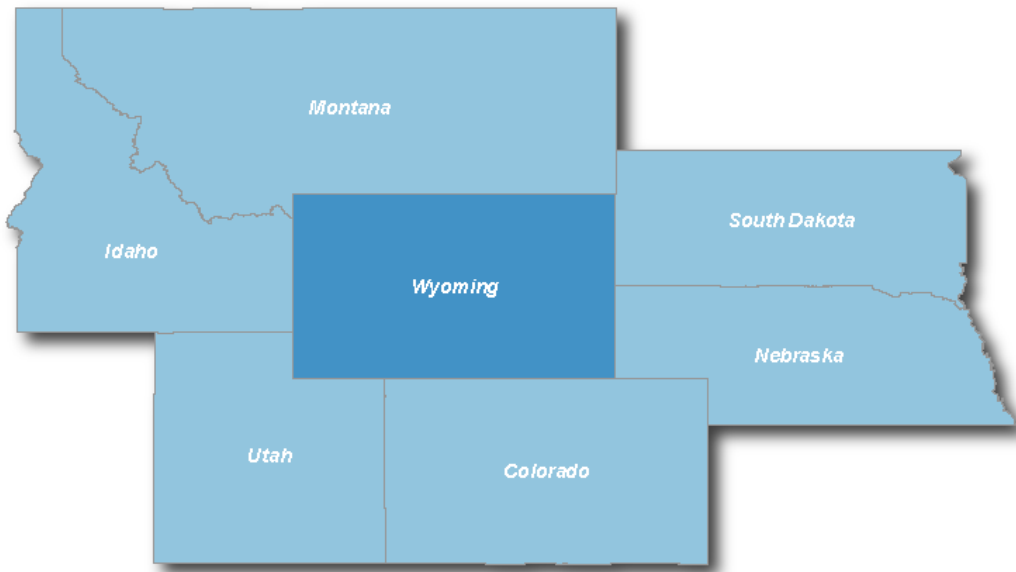
Wyoming and its surrounding states are homogeneous with respect to race: the percentage of the White, 65+ population is higher in this region than in the U.S. overall.

Table 5. Race and Ethnicity of Older Residents in Selected States and the U.S.

Race and ethnicity of the 65+ population	U.S.	Wyoming	Montana	Idaho	Utah	Colorado	Nebraska	South Dakota
% 65 White	81.3%	95.6%	94.6%	94.6%	93.7%	90.0%	94.5%	94.4%
% 65 Black/African American	9.1%	0.3%	0%	0%	1.0%	2.7%	2.5%	0%
% 65 Native American/American Indian	1.0%	1.3%	2.8%	1.0%	1.0%	1.0%	0%	3.6%
% 65 Other race(s)	9.0%	2.8%	2.4%	4.2%	5.3%	6.9%	2.6%	1.6%
% 65 Hispanic	8.4%	4.4%	1.25%	3.7%	5.7%	10.4%	2.7%	1.0%

Notes. Orange indicates rates higher than the national rate and blue indicates rates lower than the national rate. Data were derived from the U.S. Census Bureau Five-Year detailed tables of 2016-2020 *American Community Survey*.

All seven states fare better than the U.S. rate for the selected chronic conditions listed in Table 6, with Wyoming having the lowest rate across the region for multiple forms of cancer.

We note that these rates are calculated from Medicare claims data on diagnosed cases. If someone does not routinely access care then they may not receive a diagnosis, meaning the rates below might be an underestimate. The data may, however, reflect genuine differences between these states' rates and nationwide prevalence of disease. Perhaps there is something in the regional culture of these states that contributes to healthy aging. Future research will explore this. For now, we report on the differences observed in the current data.

Table 6. Comparing 65+ chronic disease prevalence with surrounding states

Chronic Disease Indicator	U.S.	Wyoming	Montana	Idaho	Utah	Colorado	Nebraska	South Dakota
Life expectancy at birth	78.2	78.1	79	79.1	79.4	79.5	79.4	79.6
% 65+ with Alzheimer's or related dementias	11.9%	8.2%	8.6%	9.2%	9.5%	9.3%	11.2%	8.8%
% 65+ with cancer (breast, colorectal, lung, prostate)	9.3%	7.1%	8.2%	7.6%	7.4%	8.1%	8.8%	8.4%
% 65+ with diabetes	27.1%	19.7%	18.8%	22%	24.2%	18.1%	22.9%	22.5%
% 65+ with ischemic heart disease	28.6%	21.1%	20.9%	20.5%	21.8%	21.1%	25.3%	23.8%

Notes. Orange indicates rates higher than the national rate and blue indicates rates lower than the national rate. Data were derived from the Centers for Medicare and Medicaid Services (CMS) *Specific Chronic Conditions dataset* in 2022 representing prevalence rates from 2018 and from the National Center for Health Statistics *U.S. Small-area Life Expectancy Estimates Project (USALEEP).* Life Expectancy is reflective of the year 2018.

Call to Action

Wyoming's population is steadily growing older. The state's demographic changes are prompting important discussions about healthy aging and interest in what communities need to do to support it. Continuing discussions about healthy aging can and should include the voices and input of many stakeholders, including older people themselves, who bring vast experience, wisdom, and expertise to the subject of aging. Conversations should also include younger residents, policymakers, community activists, social service providers, health care partners, transportation experts, and political and business leaders. This report is a powerful tool to inform those striving to make their communities better places to grow up and grow older together.

UNDERSTAND.

Before we can solve challenges, we must be aware of them and fully understand them.

- Read your community profile to better understand your community's strengths and needs.
- Educate yourself and others about the indicators of your county, region, and state.
- Compare your county to the statewide trends.
- Learn what makes a community age-friendly

ENGAGE.

If you want to go fast, go alone. If you want to go far, go together.

- Encourage people you know and community leaders to engage in the age-friendly movement.
- Bring people together to talk about what the data mean and what can be done to address local opportunities and challenges.
- Every sector of society has a vested interest in optimizing healthy aging. Engage the public sector, service organizations, faith communities, the private sector, first responders, older people, schools, and anyone else you can think of to help. A great idea can come from anywhere!

ACT.

We can make the world a better place if we act.

- Get involved in local efforts to promote healthy aging.
- Use data to inform planning and to prioritize community needs.
- Create opportunities for civic engagement and social connection.
- Identify and build on what's working.

Action can take many forms, and it can often build on existing work and engage with groups that are already making a difference. Below are examples from communities across the country. Get ideas on how to use the Wyoming Healthy Aging Data Report by learning how other states have used their reports.

Healthy Aging Data Reports in Action

Advocacy

- An alliance of older people focused on healthy aging leveraged the Healthy Aging Data Report to host a series of meetings with elected officials, including a state legislative breakfast.
- Advocates used the Healthy Aging Data Report to convince state leaders to establish a State Commission on Aging. The commission helped the executive branch of state government to develop ways to consider the impact of policies, programs, and services in light of healthy aging. This whole of government approach led to innovations like senior hours at the registry of motor vehicles or having a single point of contact for aging service-related questions.
- Funds were appropriated to expand transportation for older people after reviewing transportation gaps. Keeping older people engaged is good for the local economy and good for those getting rides.

Spurring Collaboration

- A group of rural communities joined together to address healthy aging issues described in their community profiles.

Economic Development

- Health insurers, developers of housing for older people, and private aging service providers used the Healthy Aging Data Reports to generate business development insights.
- A healthcare organization used one of the reports for market research on where to locate a memory assessment clinic.

Education

- Students used the reports in research projects.
- Nonprofit organizations used the Healthy Aging Data Reports to write more competitive grant applications.
- Elected officials used the reports to better understand their communities and constituents.

Service

- A municipal senior services department expanded a tai chi program in response to learning their community had high fall rates.
- A law enforcement official used information on falls and fractures to identify where to conduct a program on elder abuse.
- A department of public health prioritized communities with high rates of asthma for public education campaign.

The time to act is now

16.4%
of Wyoming
65+

61%
of the aging population is
"young-old" in the 65-74
age group

- ■ Below age 65
- ■ Age 65 to 74
- ■ Age 75 to 84
- ■ Age 85+
- ■ Age 65 or older

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