

# Wyoming's Graying Population Compels Rethinking the Role of Public Health

*Older people move in. Younger people move out. By addition and subtraction Wyoming is on track to becoming the "oldest" state in the country.*

*Beverly Morrow*

**H**ere's a look in the crystal ball. A recent study by AARP forecasts that by the year 2020, Wyoming will have the nation's highest percentage of residents between 65 and 74 years of age. It is likely that one out of four state residents will be over the age of 60 by then.

For public health officials preparing for the shift, the looming question is this: How will small-town Wyoming respond to the emerging public health needs of so many senior citizens? In many ways, the face of public health in Wyoming looks similar to other states, but in other ways its approach to public health services is tied to its demographics and its conservative, independent traditions.

The Wyoming Department of Health (WDH) encompasses the bulk of public health programming, including six main divisions that all affect the older population: aging, community and family health, developmental disabilities, mental health, preventive health and safety, and substance abuse. The agency also includes the offices of Medicaid, rural health, pharmacy, and health facilities. One of the public health challenges for WDH is to integrate appropriate and effective programming geared toward older adults in each of these divisions and offices.

At the state level, food safety inspections are a function of the Department of Agriculture, and other environmental health issues are the shared responsibility of the Department of Environmental Quality and the Department of Health. Public health is present in each of Wyoming's 23 counties, but the size of that presence might seem unimaginably small in more populous states. Wyoming has only four major public health offices with staff from various disciplines. The rest of the counties have offices staffed by only a handful of public health nurses who wear many hats and handle up to 34 separate programs.

In years past, the public health offices provided comprehensive home health services for the elderly and disabled in most areas of the state. Over the past several years, that effort has steadily dwindled, as more private home health agencies have emerged. Only one public health office continues to provide full home health services in the state; the others have moved toward services for children and families.

Today, the main services provided for the elderly by public health offices are flu and pneumonia vaccinations, assessments for Medicaid home- and community-based waiver programs, and Adult Health Maintenance, a program that provides nursing oversight and limited assistance for at-risk adults. There is limited time, or money, for wellness and health promotion initiatives.

## *Changing demographics*

The challenges ahead are daunting for this large state with a small population that is spread out and often isolated. Wyoming is the least populous state, with a little over 500,000 people inhabiting almost 100,000 square miles. The vast majority of the state is classified as *frontier*, meaning fewer than seven people per square mile. The state's population has not changed significantly for years and will probably continue to see minimal net growth, as seniors simply replace the young people who leave the state in search of better opportunities.

A sizable number of baby boomers arrived in Wyoming in the early 1980s to work in the burgeoning mineral industry, and many of them, now retired or near retirement, still live here—having ridden out the bust/boom cycles for a quarter century. More recently, senior boomers began relocating from out of state to enjoy retirement in such places as the beautiful mountainous, northern areas of Jackson, Sheridan, Cody, and Buffalo.

These relocating seniors may, in fact, be the ones who are accelerating the graying of the state. Wyoming saw a 22 percent increase in its population aged 65 and older in the 1990s. That's ten percentage points higher than the national average growth rate.

Part of the attraction for retirees moving to Wyoming is probably the low cost of living. The state has no income tax, and real estate is relatively inexpensive compared to other states. AARP Wyoming spokeswoman, Joanne Bowlby, said the Cowboy State's great outdoors also appeals to a new breed of older adults who don't intend to retire like their parents. "Boomers want to be involved and active," she said. The addition of healthy, financially flush 60- to 70-year-olds is very appealing—particularly in light

of the brain drain of young Wyomingites. Yet some health officials wonder what this demographic impact will mean for Wyoming's public health resources, especially as our graying population gets very old.

## **Changing public health services**

Twenty or thirty years down the road, a burgeoning population of less well-off, less healthy 85- to 100-year-olds will present imposing public health questions. Most older people have at least one chronic condition, and many have multiple chronic conditions, including Alzheimer's and other dementias. In fact, the oldest residents require an increasingly large and disproportionate share of special services and public support. The oldest of the old are more likely to be women, to be in poor health, to live alone, and to be financially poor.

For Wyoming's public health system, the financial situation could become very serious. Geriatric spending currently is roughly one-quarter of the state's Medicaid budget. This includes nursing home, home- and community-based care, Medicare premium assistance, prescription drugs, and many other health care services used by seniors. The rapidly rising prescription drug costs just add to the growing fiscal concerns. "States everywhere are grappling with this rising cost of Medicaid," said department of health director, Dr. Deborah Fleming.

Wyoming has always had a "bare-bones" Medicaid program that provides little assistance for adults with no children. But one of the biggest cost drivers of the ever-expanding Medicaid budget is services provided to elderly and disabled people, including expensive institutional care and prescription drugs. The state is already experiencing a great demand for the long-term care home- and community-based waiver program and has a waiting list for the limited assisted living facility waiver program.

Fleming said the bigger problem in Wyoming may become not the availability of state monetary resources, but shortage of workforce to meet the needs. "It comes down to more people needing and using resources, but fewer people willing or able to do what needs to be done," she said. "We can have all of the appropriate funding and programs in place, but it won't mean a thing if we don't have trained professionals and support staff to make it work."

The average age of public health nursing staff in Wyoming is over 50. Out of 117 people working in local public health offices, only 9 are under the age of 40. Within the next five years, one-quarter of the nurses will be eligible for retirement, and not enough younger nurses are stepping up to fill the gaps.


An additional concern is that large segments of Wyoming are federally designated as health professional shortage areas or medically underserved areas. Virtually the entire state is underserved for mental health, with only two geriatric psychiatrists available, and few practicing geriatricians.

The remarkable shift in Wyoming's demographics will also have an effect on the availability of caregivers, including direct service providers, such as certified nursing aides, home care givers, and case managers. In the past three years alone, the number of young people aged 5 to 17 fell by 8 percent, and those of parenting age fell by 2 percent. With the number of young people declining, we will continue to lose potential support service workers. All of these factors will likely place additional stresses on family caregivers, who often rely on a variety of community-based services to help them cope.

Admittedly, planning for these future public health needs can seem an overwhelming task, but Fleming said it is also an opportunity to take a hard, objective look at the state's resources to determine how to have the greatest effect on the most pressing needs of the senior population. This requires an adjustment in attitude and approach, from the community level all the way to the legislative level. Older adult services will have to become a public health priority, and increased attention to prevention and wellness is critical.

There are many opportunities within the public health system to coordinate services more effectively and to promote an intersection of efforts and mechanisms among various agencies and programs. Aging services need to become an integral part of mental health, substance abuse, disease management, and prevention and wellness initiatives, as well as efforts on behalf of older, developmentally disabled persons.

In the past, Wyoming's services to the elderly have been regarded as a "social model" effort. Increasingly, the need for a strong public health model that encompasses medical, environmental, and behavioral aspects of health is becoming apparent.

Applying public health resources to the needs of this expanding elderly population will become the major challenge of federal and state health systems in the next decade, outstripping the current efforts in all-hazard emergency preparedness. This challenge will involve shifting the will of policy makers and adjusting attitudes regarding how we go about delivering public health services and using public dollars to do so. "Elders are the keepers of our values," Fleming said. "We must protect and treasure them." 

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### **Author**

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