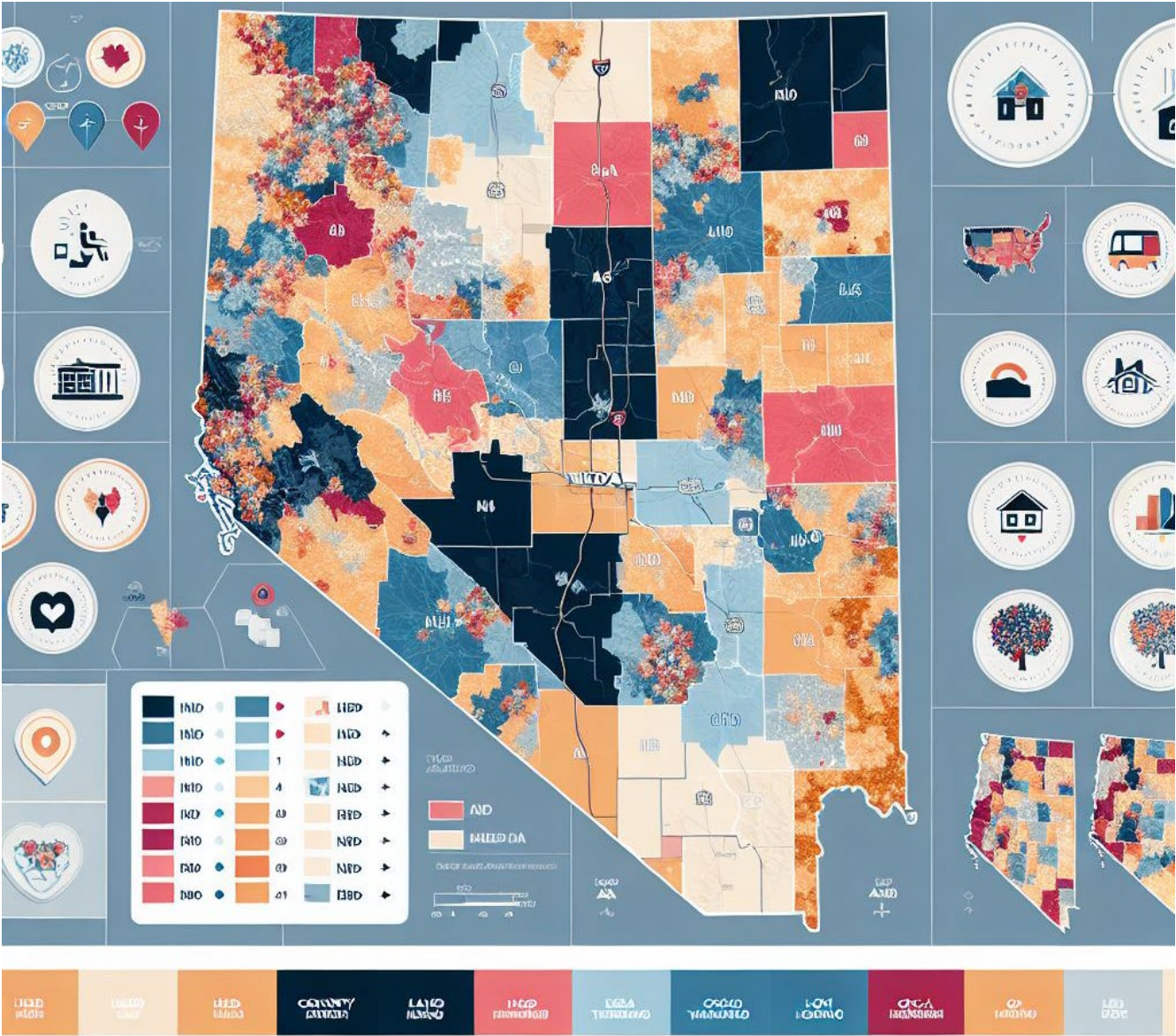


Statewide Inventory of Aging Services in Nevada

Nevada

2025



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Disclaimer

This report is based on self-reported data provided by organizational representatives. The authors did not independently verify whether the listed services are currently active or whether they are offered in the specific geographic areas as indicated by the respondents.

Contents

- Tables 4
- Table of Figures 5
- Executive Summary 6
 - Survey Outcomes 6
 - Discussion Session Summary: The Force Awakens — Nevada’s Service Saga Conference 8
- Potential Recommendations for Future Directions 9
- Background and Methods 10
 - Limitations 10
- State Profile 11
- Crosswalk of Existing Nevada State Plans 14
- Survey Overview 18
 - Survey Respondents 20
 - Number of Service Providers - Availability by County 21
 - Organizational Structure 22
 - Service Availability in Languages Other Than English 22
 - Type of Services 23
 - Service Size 25
 - Service Demand 26
 - Waitlists for Services 26
 - Service Eligibility 27
 - Participant Recruitment and Outreach Strategies 28
 - Health & Wellness Services 29
 - Personal & Home Support 31
 - Transportation & Mobility 33
 - Nutrition & Food Assistance 35
 - Social & Recreational 37
 - Legal, Financial & Technology Assistance 39
 - Finance Assistance Services 39
 - Legal Services 41
 - Technology Assistance Services 43
 - Legal, Financial & Technology Assistance Service Size 45
 - Caregiver and Family Support 46
 - Crisis & End-of-Life Services 48
 - Workforce Development 50

| | |
|---|----|
| Other Services | 51 |
| Unmet Needs in Nevada | 52 |
| Transportation: A Foundational Need | 53 |
| Housing and Financial Assistance | 54 |
| Personal & Home Support | 54 |
| Unique Themes Identified Through Inductive Analysis | 54 |
| Service Navigation and Coordination..... | 54 |
| Workforce and Human Resources Gaps | 55 |
| Additional Needs..... | 55 |
| Word Cloud Summary..... | 56 |
| Cross-Validation of Survey Results Using 2-1-1 Resource Data..... | 57 |
| Breakout Workgroups..... | 59 |
| Prioritized Population in a Nevada MPA..... | 59 |
| Regional Differences in Priority Population | 59 |
| Top Priority Areas for Nevada’s MPA | 60 |
| Regional Differences in Priority Goals..... | 61 |
| Opportunities for Developing a Multi-Sector Plan for Aging in Nevada?..... | 62 |
| Challenges in developing a Multi-Sector Plan for Aging? | 63 |
| What initiatives are already happening that should be connected to/by an MPA? | 65 |
| Reference | 66 |
| Appendix A: Survey Copy | 67 |

Tables

| | |
|--|----|
| Table 1. Demographic Profile of the State of Nevada 2023. | 11 |
| Table 2. 2024 County-Level Population Aged 65 and Older. | 12 |
| Table 3. Matrix Crosswalk of Aging Plans in Nevada. | 17 |
| Table 4. Number of Organizations by Service Categories..... | 23 |
| Table 5. Number of Organizations Offering Services, by County and Service Category..... | 24 |
| Table 6. Average Number of Participants Served per Year by Service Category..... | 25 |
| Table 7. Status of Waitlists by Service Category..... | 27 |
| Table 8. Number and Percentage of Open-Ended Responses Categorized by Main Service Area..... | 52 |
| Table 9. Unmet Service Needs: Frequency by Subcategory | 52 |
| Table 10. Washoe County: Survey vs. 2-1-1 Data Comparison for Technical & Workforce Services | 58 |
| Table 11. Regional Differences in Population Priorities..... | 60 |

Table of Figures

| | |
|---|----|
| Figure 1. 2024 County-Level Population Aged 65 and Older..... | 13 |
| Figure 2. County-Level Distribution of Responding Organizations' Physical Locations..... | 20 |
| Figure 3. County-Level Service Availability Among Responding Organizations..... | 21 |
| Figure 4. Type of Organizations Provide Services in Nevada (n = 139)..... | 22 |
| Figure 5. Percentage of Overall Service Demand (n = 131). | 26 |
| Figure 6. Percentages of Serving Specific Consumer Groups (n = 101). | 27 |
| Figure 7. Percentages of Outreach Strategies Used by Organizations (n= 124). | 28 |
| Figure 8. Percentage of Organizations Offering Each Type of Health and Wellness Services (n =73)..... | 29 |
| Figure 9. Organizations by Service Size: Health and Wellness Services (n = 45). | 29 |
| Figure 10. Health and Wellness Service Availability by County and Service Type (n = 73)..... | 30 |
| Figure 11. Percentage of Organizations Offering Each Type of Personal & Home Support (n = 51)..... | 31 |
| Figure 12. Organizations by Service Size: Personal and Home Support (n = 33). | 31 |
| Figure 13. Personal and Home Support Service Availability by County and Service Type (n = 51). | 32 |
| Figure 14. Percentage of Organizations Offering Each Type of Transportation and Mobility (n = 53). | 33 |
| Figure 15. Organizations by Service Size: Transportation & Mobility (n = 36). | 33 |
| Figure 16. Transportation & Mobility Service Availability by County and Service Type (n = 53). | 34 |
| Figure 17. Percentage of Organizations Offering Each Type of Nutrition Service (n = 63)..... | 35 |
| Figure 18. Organizations by Service Size: Nutrition & Food Assistance (n = 39). | 35 |
| Figure 19. Nutrition & Food Assistance Service Availability by County and Service Type (n = 63). | 36 |
| Figure 20. Percentage of Organizations Offering Each Type of Social & Recreational Service (n = 71). | 37 |
| Figure 21. Organizations by Service Size: Social & Recreational (n = 44). | 37 |
| Figure 22. Social & Recreational Availability by County and Service Type (n = 71)..... | 38 |
| Figure 23. Percentage of Organizations Offering Each Type of Finance Assistance Services (n = 42)..... | 39 |
| Figure 24. Financial Assistance Service Availability by County and Service Type (n = 42)..... | 40 |
| Figure 25. Percentage of Organizations Offering Each Type of Legal Assistance Services (n = 36)..... | 41 |
| Figure 26. Legal Service Availability by County and Service Type (n = 36). | 42 |
| Figure 27. Technology Assistance Service Availability by County and Service Type (n = 19). | 44 |
| Figure 28. Organizations by Service Size: Legal, Financial & Technology Assistance (n = 34). | 45 |
| Figure 29. Percentage of Organizations Offering Each Caregiver and Family Support Services (n= 63). | 46 |
| Figure 30. Organizations by Service Size: Caregiver and Family Support (n = 39)..... | 46 |
| Figure 31. Caregiver and Family Support Availability by County and Service Type (n = 63). | 47 |
| Figure 32. Percentage of Organizations Offering Crisis & End-of-Life Services (n= 56)..... | 48 |
| Figure 33. Organizations by Service Size: Crisis & End-of-Life Services (n = 23)..... | 48 |
| Figure 34. Crisis & End-of-Life Services Availability by County and Service Type (n = 56). | 49 |
| Figure 35. Workforce Development Availability by County and Service Type (n = 27). | 50 |
| Figure 36. Word Cloud Illustrating Most Frequently Mentioned Words Related to Service Needs. | 56 |
| Figure 37. Percentage of Populations Prioritized in Nevada’s Multi-Sector Plan on Aging (n = 71). | 59 |
| Figure 38. Top Three Priority Areas Identified for Nevada’s Multi-Sector Plan on Aging (n = 72)..... | 60 |
| Figure 39. Regional Variation in Top Priority Goals for Nevada’s MPA..... | 61 |

Executive Summary

Survey Outcomes

Organizational Overview

- A total of 140 organizations responded to the aging services survey, including 135 based in Nevada and five out-of-state (California, Colorado, Georgia, Virginia, and Washington).
- The majority of organizations had a physical presence in Clark or Washoe County, though services were reported across all counties in Nevada.
- Most respondents were nonprofit agencies (43%), followed by for-profit organizations (19%), county governments (13%), and State of Nevada agencies (11%).
- Of 115 organizations responding to the language access question, 68% offered services in Spanish. Sign language interpretation was only available in Clark and Washoe counties.

Service Availability

- Health & Wellness and Social & Recreational services were the most commonly provided services, offered by more than half of the responding organizations.
- Technical Assistance and Workforce Development were the least reported services, indicating potential gaps in infrastructure and capacity-building support.
- Most organizations operated at a small (1–99 clients/year) or medium (100–999 clients/year) scale. Nutrition & Food Assistance providers reported higher service volumes, with many serving 1,000–9,999 individuals annually.
- Among the 131 organizations, 52 organizations (40%) reported having more demand than they can serve, 73 organizations (56%) stated they can adequately meet current demand, and 6 organizations (5%) indicated they have excess capacity to serve more clients.
- The highest percentage of waitlists occurred in the personal & home support category, where 53% of organizations (roughly 1 in 2) reported maintaining a waitlist.
- Eligibility requirements varied, with age being the most common criterion (54%).

Health & Wellness Services:

- All subcategories, except home health services, were offered by more than 50% of organizations.
- Few statewide organizations provided home health services.

Personal & Home Support

- Homemaker services were the most consistently available, with at least one local organization providing this service in each county, however similar level of local availability was not observed for personal care assistance, adult day care programs, and home safety modification and repair services.
- Nine counties lacked local adult day programs.
- Five counties lacked home safety modification and repair services.
- Notably, 29% of Nye County's population is 65 or older, yet it lacks an adult day program.

Transportation & Mobility

- All counties had at least one local provider and statewide service access.
- Non-emergency medical transportation was the most frequently offered.

Nutrition & Food Assistance

- Among the 63 organizations that reported providing nutrition-related services, Nutrition Education/Counseling was the most commonly offered.

- Clark County has the highest level of organizational representation in the Nutrition and Food Assistance service which is not seen in other service categories in Clark County compared to its population.
- Eureka and White Pine counties lacked local food voucher providers.

Social & Recreational

- Community and social engagement services (e.g., social clubs) were the most widely offered.
- Faith-based and spiritual support programs were less common than other social recreational services.
- Lincoln County had a lower level of local organizational presence in the Social and Recreational service category.

Legal, Financial & Technology Assistance

- Housing assistance was the most provided service (55%), followed by Medicare counseling (52%).
- Carson City and Nye County demonstrated high need for representative payee assistance, given their relatively large populations of adults aged 65 and older.
- Mineral, Nye, and Douglas counties had a relatively strong local presence of organizations offering Medicare counseling and enrollment services.
- Legal services had at least one local provider in every county, but Washoe County was underserved for its population size.
- Esmeralda and Nye counties lacked local technology assistance providers.

Caregiver and Family Support

- 73% of organizations assisted caregivers in accessing services.
- Respite care/vouchers were less available (41%).
- Clark County was under-resourced for respite care despite its large older adult population.

Crisis & End-of-Life Services

- Elder abuse prevention was widely offered (71%), while hospice and palliative care were the least provided (23%).
- Douglas, Lander, and Pershing counties lacked local grief and bereavement support.
- Clark and Washoe counties, despite their large populations, had low numbers of local hospice providers.

Workforce Development

- Lyon and Elko counties had a higher number of local organizations offering workforce-related support relative to their population size.

Unmet needs

- Transportation was the most frequently cited unmet need, especially for non-medical purposes and as a connector to other services.
- Housing was the second most cited, including needs for affordable options, rental assistance, and home modifications.
- There was a consistent call for expanded homemaker services, personal care assistance, and adult day programs to support aging in place.
- Many organizations reported a lack of in-person service navigators, making it difficult for older adults to understand or access the services available to them.

Discussion Session Summary: The Force Awakens — Nevada’s Service Saga Conference

- **Top priority populations:** Participants identified people with disabilities, family caregivers, and the deaf and hard of hearing community as the top three priority populations for Nevada’s Multisector Plan on Aging (MPA).
- **MPA goals:** The top three goals identified were housing, transportation, and access to health care. Notably, housing emerged as the highest priority, consistently ranked across both rural and urban regions.
- **Opportunities for MPA development:** A primary theme was the opportunity to foster stronger collaboration among stakeholders to more effectively meet the needs of older adults. Participants also emphasized the importance of coordinated and consistent communication strategies to raise awareness of existing services throughout Nevada.
- **Common challenges for MPA:**
 - Lack of sustainable funding
 - Difficulty in establishing effective cross-sector collaboration
 - Shortages in human resources, particularly in rural areas
 - Insufficient implementation and follow-through on existing plans
 - Urban-rural disparities in service access and resources
 - Limited awareness and stakeholder buy-in
 - Gaps in data infrastructure and coordination across agencies
- **Existing initiatives to connect with MPA:** Participants highlighted the need to build on existing efforts by:
 - Strengthening cross-sector partnerships
 - Aligning goals between state and local agencies, nonprofits, and coalitions
 - Improving communication and coordination among communities and planning bodies
- **Data integration needs:** There was a clear call to develop integrated data systems that can map current services, identify service gaps, and reduce duplication of efforts, supporting more informed and equitable planning.

Potential Recommendations for Future Directions

1. Shift from Planning to Implementation

While Nevada has many holistic and comprehensive plans related to aging services, our findings reveal a significant gap between planning and actual service implementation. Agencies consistently report unmet service needs that are not fully addressed by existing strategies. Future multi-sector aging initiatives should prioritize an action-oriented approach to build on existing planning efforts and assessments, ensuring that strategies translate into tangible service improvements at the community level.

2. Service Navigation and Coordination

While 2-1-1 provides an inventory of available services, qualitative feedback from survey respondents highlighted a pressing need for enhanced service navigation and coordination support. There is strong demand for in-person service navigators at the county level to help older adults identify and access appropriate services. Additionally, respondents emphasized the need for holistic coordination that goes beyond traditional case management—addressing multiple aspects of well-being such as housing, nutrition, social support, and responsive services during non-medical emergencies.

3. Expand Technology Assistance and Digital Inclusion

Technology is increasingly vital to helping older adults maintain independence by enabling access to groceries, healthcare, transportation, and social connection. However, among all service categories surveyed, technology assistance had the lowest level of local organizational presence. Given the growing reliance on technology to meet basic needs, there is a statewide need to expand technology assistance programs, especially in rural and underserved areas. These efforts should be paired with reliable broadband access, as digital tools are ineffective without adequate internet infrastructure. This dual focus is essential to support independent living and reduce isolation among older Nevadans, particularly in rural communities.

4. Strengthen Older Adult Workforce Engagement

Nevada's rural communities are becoming increasingly populated by older adults, due to declining birth rates and the migration of older residents from urban to rural areas. To sustain these communities and meet human resource demands, it is essential to develop older adult workforce engagement strategies. Notably, workforce development services had the second lowest number of local providers among all service categories surveyed, with an average of only four providers per county. To address this gap, the state should prioritize creating opportunities for older adults to contribute meaningfully to the workforce (presently 18.5% contributed to workforce), alongside investing in training and support systems that reflect their abilities, interests, and needs. Expanding workforce engagement among older adults not only supports local economies but also promotes social inclusion, purpose, and well-being for Nevada's aging population.

5. Develop Integrated Data Systems

A key recommendation presented in this report is to build robust data integration systems to address the widespread lack of awareness about available services and improve the efficient use of limited resources. Respondents emphasized that without a centralized, coordinated data infrastructure, it is difficult to identify existing services, pinpoint service gaps, and recognize areas of duplication. Improved data systems would support more strategic planning, informed decision-making, and better alignment of funding with actual community needs.

Background and Methods

The Nevada Department of Health & Human Services, Aging and Disability Services Division, partnered with the Sanford Center for Aging to conduct a statewide inventory of aging services. The goal of the assessment was to determine priority service areas to be addressed in the Nevada Multi-Sector Plan on Aging.

To gather this information, a survey was developed to assess the availability of services across all Nevada counties. In addition to the survey data, written feedback from breakout group sessions at “The Force Awakens Nevada's Service Saga Conference: Aging and Disability Services Conference, 2024” was analyzed to identify opportunity areas and challenges.

The survey was distributed through the Aging and Disability Services Division's email lists and a snowball sampling method, in which recipients were encouraged to share the survey with other agencies or organizations providing services in Nevada. The survey remained open from March 21 to May 8, 2025. At the time of distribution, the email lists included approximately 719 individual contacts. These lists consisted of personal or professional email addresses rather than single points of contact per organization, meaning multiple individuals from the same organization may have received the invitation. Additionally, because the survey was distributed through multiple email lists and no cross-check of email addresses was conducted, it is possible that some individuals received the invitation more than once. A total of 165 valid responses were received. After removing duplicate entries (identified by matching organization names, physical addresses, and service types) 140 unique organizations were confirmed. Of these, 115 organizations (81.6%) completed the survey in full. Six organizations provided only their names and no further information about the services offered.

Limitations

- The survey collected self-reported information from organizations regarding their service areas, types of services provided, service capacity, and waitlist status. It is important to note that the analysis is based entirely on these self-reported data. While the findings offer valuable insight into the availability of services for older adults in Nevada, readers are encouraged to interpret the results with caution. The authors did not independently verify whether the listed services are currently active or whether they are offered in the specific geographic areas indicated by the respondents.
- Service location data was collected at the organizational level, reflecting overall service coverage rather than availability by specific service subtypes. Therefore, the distribution of services across subcategories assumes that any service provided by an organization is available at all its reported service locations, regardless of service type.
- Service size (i.e., number of individuals served) was reported by organizations at the main service category level. As a result, analyses were conducted at the category level rather than the subcategory level to prevent potential misinterpretation of the data.
- According to the 211 Nevada quarterly service report for Quarter 3 of 2025, there are 1,236 agencies providing various services across the state [1]. This total includes all types of services, such as those related to infant and childcare, as well as adults living with disabilities, not merely those services targeted toward older adults. To assess the representativeness of our sample, we reached out to 211 Nevada in an attempt to access their full database. However, we were unable to obtain the data without additional cost. As a result, we urge readers to interpret the findings in this report with caution, recognizing that the information presented may not fully represent the complete landscape of service providers in Nevada.

State Profile

Nevada is home to 3,333,024 individuals as of 2024, with the majority of the population residing in Clark County (73%) and Washoe County (16%) [2]. Table 1 presents a comparison of the overall demographics and the population aged 65 years and older in 2023 [3]

Table 1. Demographic Profile of the State of Nevada 2023

| | Total | 65 Years and Over |
|---|--------------|--------------------------|
| Total population | 3,194,176 | 554,859 |
| SEX AND AGE | | |
| Male | 50.30% | 47.20% |
| Female | 49.70% | 52.80% |
| Median age (years) | 39.4 | 73 |
| RACE AND HISPANIC OR LATINO ORIGIN | | |
| One race | 83.60% | 92.10% |
| White | 49.80% | 68.80% |
| Black or African American | 9.40% | 6.60% |
| American Indian and Alaska Native | 1.40% | 0.90% |
| Asian | 9.10% | 10.30% |
| Native Hawaiian and Other Pacific Islander | 0.80% | 0.50% |
| Some other race | 13.10% | 4.90% |
| Two or more races | 16.40% | 7.90% |
| Hispanic or Latino origin (of any race) | 29.90% | 12.80% |
| White alone, not Hispanic or Latino | 44.40% | 66.20% |
| EDUCATIONAL ATTAINMENT | | |
| Population 25 years and over | 2,253,253 | 554,859 |
| Less than high school graduate | 12.30% | 11.90% |
| High school graduate, GED, or alternative | 26.80% | 25.40% |
| Some college or associate degree | 32.20% | 34.40% |
| Bachelor's degree or higher | 28.70% | 28.20% |
| VETERAN STATUS | | |
| Civilian population 18 years and over | 2,493,679 | 554,859 |
| Civilian veteran | 7.70% | 16.80% |
| DISABILITY STATUS | | |
| Civilian noninstitutionalized population | 3,154,027 | 550,102 |
| With any disability | 14.70% | 34.60% |
| No disability | 85.30% | 65.40% |
| LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH | | |
| Population 5 years and over | 3,023,013 | 554,859 |
| English only | 70.00% | 79.10% |
| Language other than English | 30.00% | 20.90% |
| EMPLOYMENT STATUS | | |
| Civilian population 16 years and over | 2,578,298 | 554,859 |
| In labor force | 63.30% | 18.50% |
| Not in labor force | 36.70% | 81.50% |
| (Source: U.S. Census Bureau, Population 65 Years and Over in the United States. 2023 American Community Survey) | | |

Nevada is composed of 17 counties, including three designated as urban (Carson City, Clark, and Washoe), three as rural (Douglas, Lyon, and Storey), and eleven as frontier (Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, and White Pine). The population age distribution (65+), as a percentage of the total county population, is presented in Table 2 using data from the 2024 Nevada Population Demographics Dashboard 2. Notably, three counties Douglas, Nye, and Storey have populations aged 65 or older exceeding 29%.

Table 2. 2024 County-Level Population Aged 65 and Older

| County | Total Population | Age of 65 or older | Percentage |
|-------------|------------------|--------------------|------------|
| Carson City | 59,306 | 14,228 | 24.0% |
| Churchill | 26,661 | 4,679 | 17.5% |
| Clark | 2,440,598 | 362,200 | 14.8% |
| Douglas | 54,286 | 16,157 | 29.8% |
| Elko | 56,407 | 8,862 | 15.7% |
| Esmeralda | 1,110 | 281 | 25.3% |
| Eureka | 1,936 | 406 | 21.0% |
| Humboldt | 17,811 | 2,825 | 15.9% |
| Lander | 6,278 | 1,140 | 18.2% |
| Lincoln | 4,992 | 1,139 | 22.8% |
| Lyon | 62,515 | 13,089 | 20.9% |
| Mineral | 4,835 | 1,082 | 22.4% |
| Nye | 52,804 | 15,359 | 29.1% |
| Pershing | 7,328 | 1,170 | 16.0% |
| Storey | 4,765 | 1,412 | 29.6% |
| Washoe | 520,758 | 87,772 | 16.9% |
| White Pine | 10,238 | 2,249 | 22.0% |

(Source: Author's calculations based on data from Nevada Population Demographic Dashboard Year 2024)

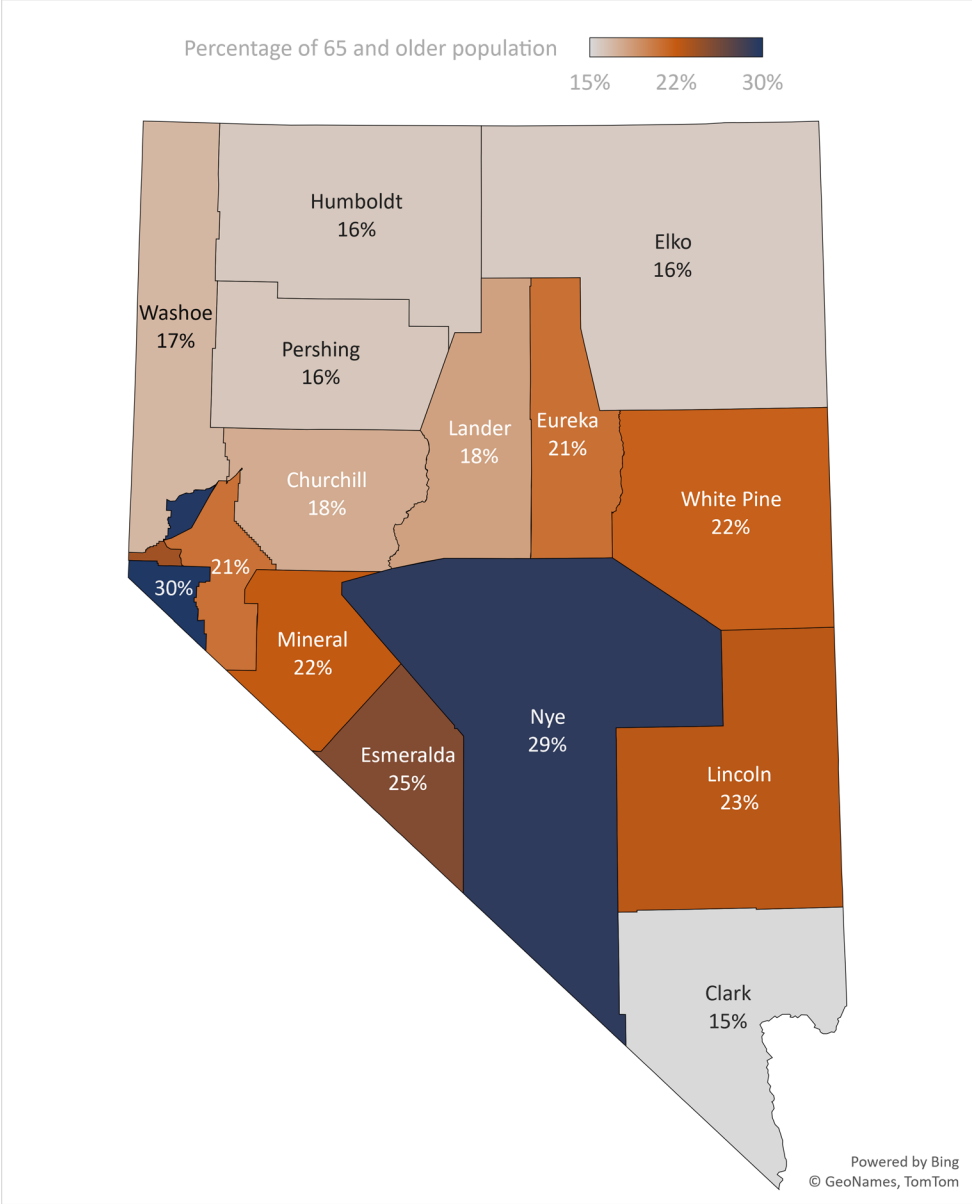


Figure 1. 2024 County-Level Population Aged 65 and Older

Crosswalk of Existing Nevada State Plans

The increasing aging population in Nevada presents a growing need for comprehensive, coordinated support systems that address a wide range of challenges faced by older adults and caregivers. Nevada has developed various plans and reports to address these needs:

- Nevada State Plan for Aging (2025-2029)
- Nevada State Plan to Address Alzheimer’s Disease and Other Dementias (2025-2026)
- The Nevada State Plan for the Support of Family Caregivers (January 2022 to December 2024)
- Nevada Department of Transportation Coordinated Human Services Transportation Plan (2018)
- Nevada Department of Transportation Transit Office State Management Plan (2024)
- Senior Community Service Employment Program State Plan (2024-2027)
- Lombardo Administration 3-Year Plan Policy Matrix
- Elders Count (2023)
- 2022 Taking Stock (Nevada Housing Division, 2022 Annual Affordable Apartment Survey)

Review of these plans reveal common themes, objectives, strategies, and policy recommendations for promoting the well-being of older adults and their caregivers.

Support for Family Caregivers

A prominent and recurring theme across all the reviewed plans is the essential and vital role of family caregivers in supporting older adults. Families are widely recognized as a foundational part of the care network, providing essential unpaid support. The *Nevada State Plan for the Support of Family Caregivers* places strong emphasis on expanding respite care, improving coordination of services, offering caregiver training, and financial assistance to alleviate caregiver burden. Similarly, *Elders Count*, *The Nevada State Plan for Aging*, and *The Nevada State Plan to Address Alzheimer’s and Other Dementias* all underscore the need to equip family caregivers with the tools, education, and services necessary to sustain their caregiving role and promote the well-being of those they care for, as well as the caregivers themselves.

Aging in Place

Supporting aging in place is a shared objective across the reviewed plans, reflecting a commitment to helping older adults remain in their homes and communities for as long as possible. This is particularly important as it supports both the physical and mental well-being of older adults, promotes independence, and reduces the need for institutional care. The *Nevada State Plan for the Support of Family Caregivers* encourages aging in place by strengthening support for caregivers and expanding access to respite services. The *Nevada State Plan for Aging* emphasizes the expansion of long-term supports and services to help older adults remain in their preferred living environments. *Elders Count* highlights the importance of creating environments that enable older adults to thrive in their communities. The *Nevada Plan to Address Alzheimer’s Disease and Other Dementias* supports aging in place for individuals living with dementia by advocating for systems of care that support both the individual and their caregiver within the home. The *Nevada Department of Transportation Coordinated Human Services Transportation Plan* reinforces this goal by addressing transportation and mobility barriers, which are critical for maintaining independence and access to services in the community.

Health in Aging

Healthy aging and access to healthcare services are consistent priorities across the reviewed plans. The *Nevada State Plan for Aging* highlights the critical role of health promotion and underscores the

intricate relationship between health, well-being, and social determinants of health. *Elders Count* similarly addresses the need for proactive measures to improve the health of older adults. The *Nevada State Plan to Address Alzheimer's Disease and Other Dementias* specifically focuses on prevention and integration of dementia-friendly supports and services to improve quality of life and well-being for those living with dementia. The *State Plan for the Support of Family Caregivers* acknowledges the importance of healthcare access for both caregivers and those they care for, providing tools to manage health-related challenges in caregiving. While not specific to older adults, the *Lombardo Administration 3-Year Plan Policy Matrix* addresses healthcare access more broadly and prioritizes solutions to public health and workforce shortages. The *Nevada Department of Transportation Coordinated Human Services Transportation Plan* promotes healthy aging by identifying and addressing gaps in transportation services that limit older adults' access to healthcare, social services, and community engagement – key factors in supporting aging in place and overall well-being.

Social Isolation and Community Engagement

Reducing social isolation and promoting opportunities for community engagement are central themes across the plans. *The Nevada State Plan for Aging* emphasizes the social and economic impacts of loneliness and social isolation in the aging population. *Elders Count* and the *Nevada State Plan to Address Alzheimer's Disease and Other Dementias* emphasize the value of programs that foster connection and participation in meaningful activities to combat isolation. Further, the *Nevada State Plan to Address Alzheimer's Disease and Other Dementias* highlights the importance of inclusion for people living with dementia by enabling individual choice in care and care settings. The *Senior Community Services Employment Program State Plan* provides opportunities for social engagement through employment and community service programs for those who are isolated. Additionally, the *Nevada State Plan for the Support of Family Caregivers* acknowledges the isolation experienced by caregivers and underscores the role of respite care in supporting caregivers' well-being and connection to the community.

Financial Security and Economic Assistance

Increasing numbers of older adults are remaining in, or reentering, the workforce, and several state plans acknowledge this trend in various ways. The *Senior Community Service Employment Program (SCSEP) State Plan* directly focuses on workforce development, training, and employment opportunities for low-income older adults. *Elders Count* supports SCSEP by recommending policies to strengthen and expand the program. The *Nevada State Plan for Aging* emphasizes social determinants of health and indirectly addresses older adults in the workforce through inclusion of SCSEP. The *Nevada Plan to Address Alzheimer's Disease and Other Dementias* and the *Nevada Plan for the Support of Family Caregivers* indirectly support the financial security of older adults by recognizing the economic impact on unpaid caregivers and the need for better supports to sustain their roles.

Collaboration Across Sectors

All of the reviewed plans underscore the importance of cross-sector collaboration and stakeholder engagement to effectively address the complex needs of older adults and their caregivers. The *Nevada State Plan for Support of Family Caregivers* highlights the value of partnerships among healthcare providers, community organizations, and government entities to enhance caregiver support. Similarly, the *Nevada State Plan for Aging* stresses the importance of cross-sector collaboration to improve long-term supports and services. *Elders Count* calls for a broad community response to address the needs of older adults. The *Nevada Plan to Address Alzheimer's Disease and Other Dementias* advocates for integrated, proactive care across healthcare, community organizations, and other partners to create a

more comprehensive support network for those affected by dementia. The *Lombardo Administration 3-Year Plan Policy Matrix* identifies interagency collaboration and streamlined service delivery as key strategies for improving government support services. The *Nevada Department of Transportation Coordinated Human Services Transportation Plan* emphasizes the need for coordination and cooperation between state and local governments, transit agencies, and human service organizations for improved planning and effective transit systems. The *Senior Community Services Employment Program* promotes collaboration among community partners, businesses, and government agencies to increase job opportunities for low-income older adults.

Transportation and Accessibility

Improving transportation options for older adults is a shared concern across the plans, recognizing that access to transportation is vital for independence, social connection, and access to essential services. The *Nevada State Plan for Aging* and *Elders Count* highlight transportation as a means to reduce isolation and improve access to services. The *Nevada State Plan to Address Alzheimer's and Other Dementias* identifies transportation as a critical element for people living with dementia, enabling medical appointments and community engagement. The *Lombardo Administration 3-Year Plan Policy Matrix* addresses transportation infrastructure more broadly. The *Nevada Department of Transportation Coordinated Human Services Transportation Plan* details available resources and identifies unmet transportation needs by county. County specific plans in Washoe and Clark Counties further address the transportation needs of older adults. Additionally, the *Nevada Department of Transportation Transit Office State Management Plan* recognizes the unique transportation challenges of seniors when public transportation is insufficient.

Affordable Housing

The need for secure, accessible, and affordable housing for older adults is a common theme across state plans and reports. *2022 Taking Stock* identifies it as a key challenge, while *Elders Count* includes it as a policy recommendation. The *Nevada State Plan for Aging* also prioritizes housing, recognizing its critical role and its connection to broader social determinants of health that affect aging well in the community.

Long-Term Supports and Services Capacity Building

Workforce development to support the needs of older adults is a consistent priority across multiple state plans. The *Nevada State Plan for Aging* has a clear focus on capacity building of community providers serving older adults and family caregivers. The *Lombardo Administration 3-Year Plan Policy Matrix* has a strong focus on addressing the healthcare workforce shortages as well as growing healthcare workforce training programs. The *Nevada State Plan to Address Alzheimer's Disease and Other Dementias* emphasizes building capacity for medical providers and specialists trained in dementia care. The *Nevada State Plan for Support of Family Caregivers* strongly supports enhancing respite services. *Elders Count* recommends policy actions to invest in and expand senior and community centers, which also play a role in workforce support and service delivery.

Table 3. Matrix Crosswalk of Aging Plans in Nevada

| Focus Area | Nevada State Plan for Aging | Nevada State Plan to Address Alzheimer's Disease and Other Dementias | Nevada State Plan for the Support of Family Caregivers | Senior Community Service Employment Program | Elders Count | Lombardo Administration 3-Year Plan Policy Matrix | Nevada Department of Transportation Coordinated Human Services Transportation Plan | The Nevada Department of Transportation Transit Office State Management Plan 2024 | Taking Stock |
|---|-----------------------------|--|--|---|--------------|---|--|---|--------------|
| Support for Family Caregivers | X | X | X | | X | | | | |
| Aging in Place | X | X | X | | X | | X | | |
| Health in Aging | X | X | X | | X | X | X | | |
| Social Isolation and Community Engagement | X | X | X | X | X | | | | |
| Financial Security and Economic Assistance | X | X | X | X | X | | | | |
| Collaboration Across Sectors | X | X | X | X | X | X | X | | |
| Transportation and Accessibility | X | X | | | X | X | X | X | |
| Affordable Housing | X | | | | X | | | | X |
| Long-term Supports & Services Capacity Building | X | X | X | | X | X | | | |

Note: "X" indicates that the state plan addresses the corresponding focus area.

Survey Overview

To better understand the current availability of services for older adults in Nevada, we conducted a statewide survey of organizations providing aging-related services. While the survey focused on aging services, it intentionally did not include questions about clinical healthcare services, such as hospital care or outpatient clinical/medical treatment. This is because there is already well-established evidence highlighting healthcare provider shortages and gaps in access to primary care across Nevada. Instead, the survey centered on non-clinical, community-based services that help older adults maintain independence, promote well-being, and age in place with dignity.

We structured the survey around nine main service categories, each with specific subcategories developed in consultation with the project advisory committee. These categories encompassed a wide range of community-based supports, including health and wellness, social and recreational activities, transportation and mobility, nutrition and food assistance, workforce development, technical assistance, and others.

To manage the length of the survey and reduce respondent burden, legal, financial, and technology assistance services were combined into a single main category, and workforce development was included as part of the "other" category. However, for reporting purposes, the survey results are presented across 11 distinct service categories, as outlined below:

| Main Category | Subcategory |
|-----------------------------|--|
| Health & Wellness Services | <ol style="list-style-type: none">1. Mental & behavioral health (e.g., counseling, support groups)2. Health promotion & disease prevention (e.g., wellness programs, screenings)3. Home health services (e.g., nursing care, therapy)4. Case management |
| Personal & Home Support | <ol style="list-style-type: none">1. Homemaker services (e.g., errands, lighthouse keeping, shopping)2. Personal care assistance (i.e., home care / e.g., bathing, dressing)3. Adult day program (e.g., caregiver relief, supervision)4. Home safety modifications & repair services (e.g., grab bars, ramps) |
| Transportation & Mobility | <ol style="list-style-type: none">1. Non-emergency medical transportation (e.g., medical appointment transportation)2. Physical transportation assistance (e.g., senior shuttle, volunteer drivers)3. Financial transportation assistance (e.g., bus tokens, taxi vouchers, Uber, Lyft) |
| Nutrition & Food Assistance | <ol style="list-style-type: none">1. Congregate meals2. Food pantries3. Food vouchers4. Home-delivered meals5. Nutrition education/counseling |

| | |
|--------------------------------|--|
| | 6. SNAP eligibility assistance |
| Social & Recreational Programs | <ol style="list-style-type: none"> 1. Community and social engagement (e.g., social clubs) 2. Recreational activities (e.g., exercise, arts & crafts, gardening) 3. Faith-based & spiritual support programs 4. Senior companion |
| Legal Assistance | <ol style="list-style-type: none"> 1. Legal assistance 2. Guardianship 3. Advance directives support |
| Finance Assistance | <ol style="list-style-type: none"> 1. Benefits planning 2. Financial assistance 3. Housing assistance 4. Medicare counseling and enrollment assistance 5. Representative payee |
| Caregiver & Family Support | <ol style="list-style-type: none"> 1. Caregivers accessing services 2. Caregiver training & support groups 3. Respite care/vouchers |
| Crisis & End-of-Life Services | <ol style="list-style-type: none"> 1. Crisis intervention 2. Elder abuse prevention & support 3. Hospice & palliative care 4. Grief & bereavement support |
| Technical Assistance | Not applicable |
| Workforce Development | Not applicable |

In addition to service types, the survey gathered data on:

- Organization location
- Service delivery areas
- Participant’s recruitment and outreach strategies
- Service size (number of individuals served)
- Waitlist status by service category
- Perceived future service needs

Survey Respondents

A total of 140 organizations responded to the survey, with responses from each of Nevada’s 17 counties. Of these, 135 were located within Nevada, while five were based out of state (California, Colorado, Georgia, Virginia, and Washington). The majority of organizations had a physical office in Clark County or Washoe County.

| | |
|---------------------|----|
| Out of State | 5 |
| Carson City | 15 |
| Churchill | 2 |
| Clark | 42 |
| Douglas | 4 |
| Elko | 10 |
| Esmeralda | 1 |
| Eureka | 1 |
| Humboldt | 3 |
| Lander | 1 |
| Lincoln | 1 |
| Lyon | 1 |
| Mineral | 3 |
| Nye | 3 |
| Pershing | 2 |
| Storey | 1 |
| Washoe | 41 |
| White Pine | 4 |

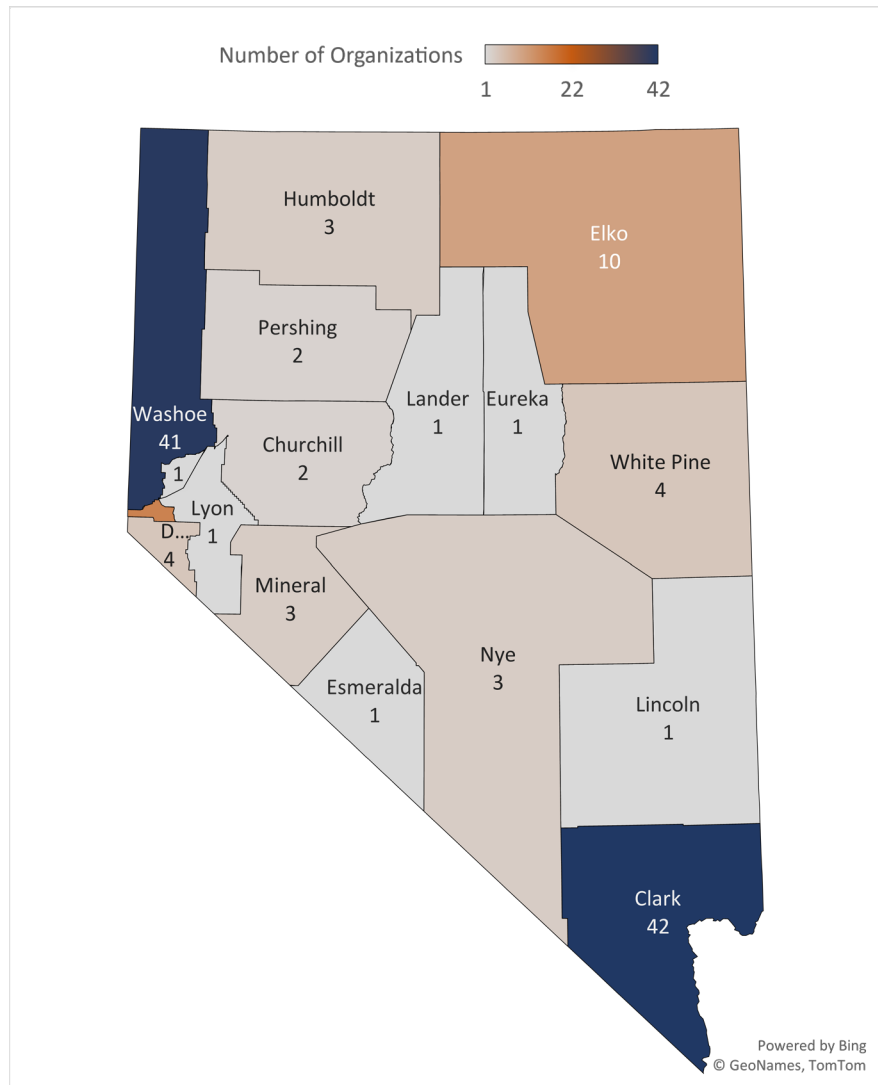


Figure 2. County-Level Distribution of Responding Organizations' Physical Locations

Number of Service Providers - Availability by County

Although the physical locations of organizations are concentrated in four counties (Carson City, Clark, Elko, and Washoe), service availability is distributed across all counties in Nevada. The map below illustrates the overall service availability of responding organizations by county. [Note: Statewide services are not reflected on this map.]

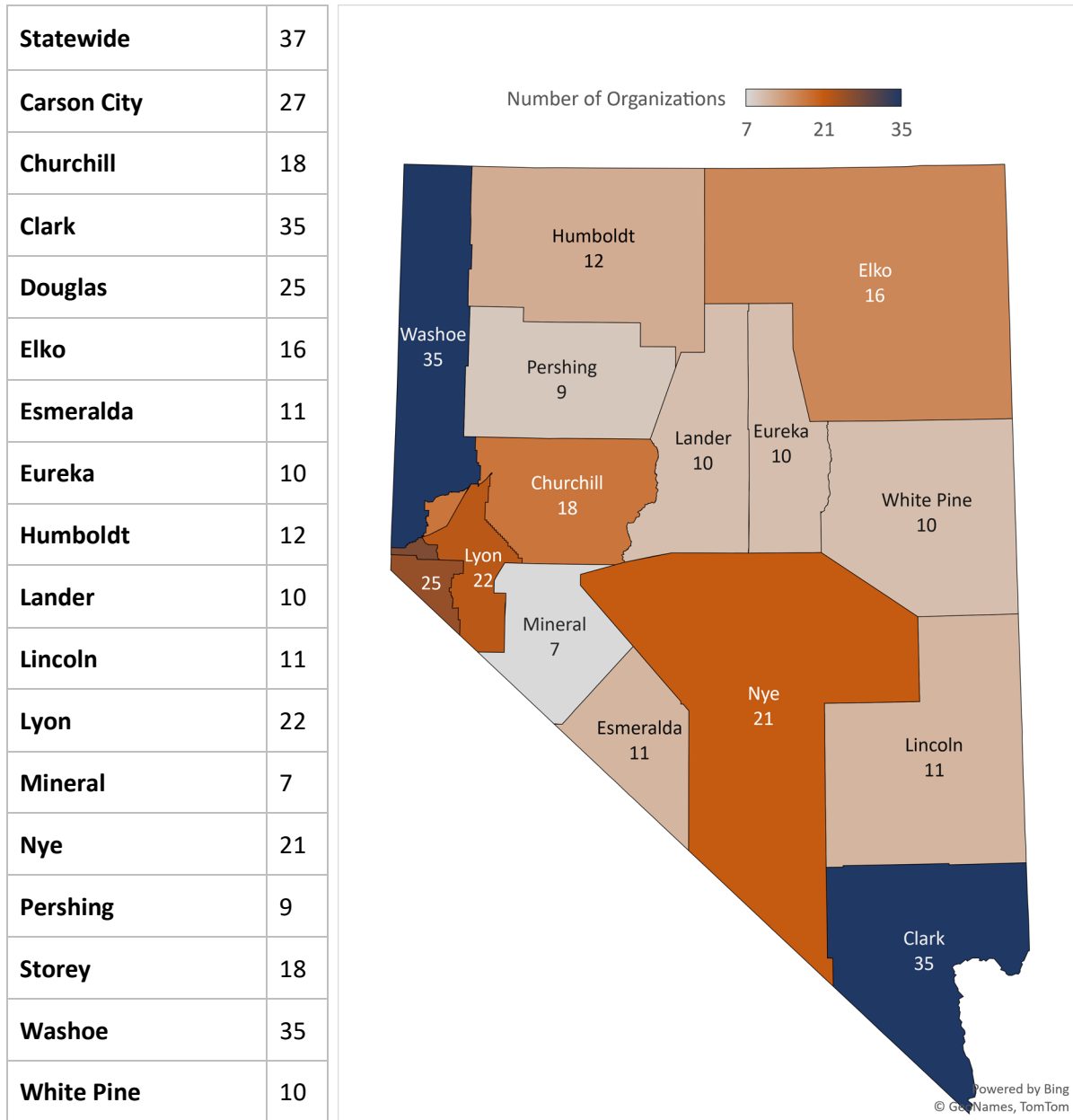


Figure 3. County-Level Service Availability Among Responding Organizations

Organizational Structure

To understand the organizational structures of service providers in Nevada, respondents were asked to identify the type of organization they represented. The majority (43%) were nonprofit agencies, while 19% were for-profit organizations. A smaller portion (3%) identified as advocacy or council agencies. The level of representation of the non-profit organizations (43%) in Nevada is similar to the national level survey on Area Agencies on Aging (AAA Survey) 2023, where 42% of AAA are independent nonprofit agency [4]. [Note: ADSD serves as Nevada’s single, de-facto AAA]

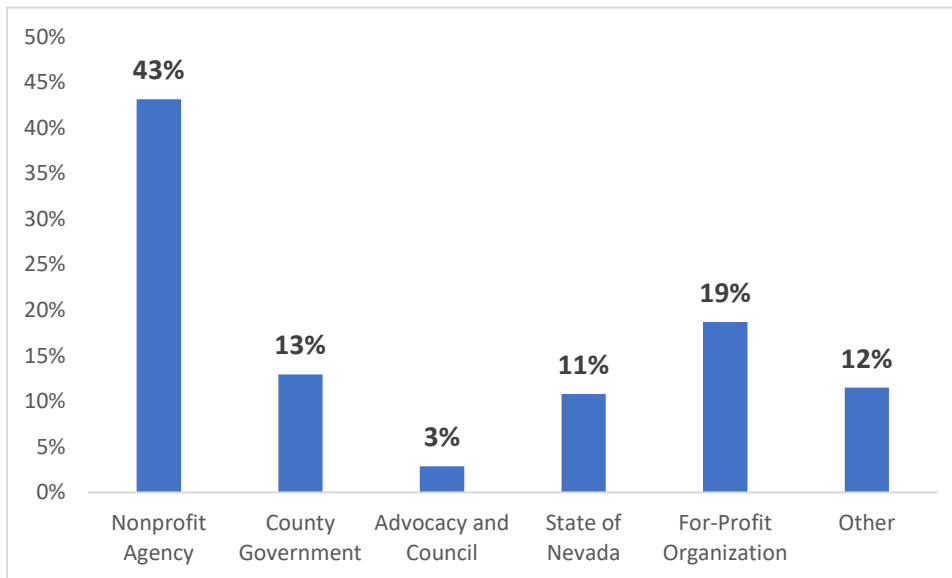


Figure 4. Type of Organizations Provide Services in Nevada (n = 139)

Service Availability in Languages Other Than English

According to the 2020 Census Diversity Index, Nevada ranks as the third most racially and ethnically diverse state in the nation, with a diversity index of 68.8%. This means there is a 68.8% probability that two randomly selected individuals in the state of Nevada will belong to different racial and ethnic groups [5]. Given this diversity, it is important to ensure that services for older adults are accessible in languages other than English. To explore this, we examined the availability of multilingual services among the responding organizations. Of the 115 organizations that answered the question regarding language offerings:

- 42 organizations (30%) reported regularly providing services in languages other than English
- 47 organizations (34%) indicated they occasionally offer services in other languages
- 26 organizations (19%) stated they provide services exclusively in English

Among those offering services in other languages, Spanish was the most-commonly provided, reported by 78 organizations (68%), followed by Tagalog, offered by 9 organizations (8%). Six organizations reported offering services in American Sign Language (ASL). Additionally, 17 organizations (15%) indicated that they provide services in any language required by the client through the use of translator services or interpreter programs. It is worth noting that sign language providers are limited to Clark and

Facts

- 78 (68%) of organizations provide service in Spanish.
- 17 (15%) of organizations provide services in any language.
- Sign language providers are only limited to the Clark and Washoe countries.

Washoe countries. Additionally, five counties (Esmeralda, Eureka, Lander, Lincoln, and Storey) do not have service organizations that provide services in languages other than English.

Type of Services

Service type data were collected using a set of predefined categories, consisting of nine main service areas and corresponding subcategories. Analysis of the responses revealed that more than half of the organizations provide services related to health & wellness and social & recreational engagement, making these the most-commonly offered types of support across the state. In contrast, technical assistance and workforce development services were the least-frequently reported, suggesting potential gaps in infrastructure and capacity-building within Nevada’s aging services network.

When including statewide providers, the average number of organizations per county falls into three general levels of distribution:

- High: 8–10 organizations per county
- Medium: 5–7 organizations per county
- Low: 1–4 organizations per county

Table 4. Number of Organizations by Service Categories

| Service Category | Number of Organizations | Avg. Organizations per County* | Percentage |
|--------------------------------|-------------------------|--------------------------------|------------|
| Health & Wellness Services | 73 | 10 | 52.1% |
| Personal & Home Support | 51 | 8 | 36.4% |
| Transportation & Mobility | 53 | 8 | 37.9% |
| Nutrition & Food Assistance | 63 | 8 | 45.0% |
| Social & Recreational Programs | 71 | 9 | 50.7% |
| Legal Assistance | 36 | 5 | 25.7% |
| Finance Assistance | 42 | 6 | 30.0% |
| Caregiver & Family Support | 63 | 10 | 45.0% |
| Crisis & End-of-Life Services | 56 | 9 | 40.0% |
| Technical Assistance | 19 | 2 | 13.6% |
| Workforce Development | 27 | 4 | 19.3% |

*Note. *Includes statewide providers*

Service area information was collected based on each organization’s overall geographic coverage, rather than by specific service type or subcategory. This approach was chosen to minimize respondent burden and maintain a manageable survey length. As a result, service distribution data reflect the general areas where organizations operate, with an assumption that services offered by an organization are available across its stated service area. Table 5 illustrates the number of organizations providing services in each main service category across the state.

Table 5. Number of Organizations Offering Services, by County and Service Category

| | Total Population | Age of 65 or older | Total Organizations* | Wellness | Personal | Transportation | Nutrition | Social | Legal | Finance | Caregiver | Crisis | Technical | Workforce |
|-------------|------------------|--------------------|----------------------|----------|----------|----------------|-----------|--------|-------|---------|-----------|--------|-----------|-----------|
| Statewide | 3,332,628 | 534,050 | 37 | 19 | 12 | 10 | 13 | 17 | 8 | 9 | 19 | 14 | 8 | 10 |
| Carson City | 59,306 | 14,228 | 27 | 13 | 13 | 13 | 9 | 14 | 6 | 4 | 15 | 11 | 2 | 3 |
| Churchill | 26,661 | 4,679 | 18 | 8 | 9 | 9 | 9 | 9 | 6 | 6 | 9 | 7 | 2 | 3 |
| Clark | 2,440,598 | 362,200 | 35 | 17 | 12 | 14 | 17 | 15 | 8 | 12 | 15 | 18 | 3 | 8 |
| Douglas | 54,286 | 16,157 | 25 | 11 | 12 | 11 | 9 | 12 | 5 | 5 | 14 | 9 | 1 | 4 |
| Elko | 56,407 | 8,862 | 16 | 11 | 6 | 8 | 7 | 8 | 5 | 6 | 9 | 8 | 3 | 5 |
| Esmeralda | 1,110 | 281 | 11 | 5 | 5 | 7 | 6 | 5 | 2 | 4 | 5 | 6 | 0 | 2 |
| Eureka | 1,936 | 406 | 10 | 6 | 3 | 5 | 5 | 5 | 4 | 4 | 6 | 5 | 1 | 2 |
| Humboldt | 17,811 | 2,825 | 12 | 7 | 5 | 6 | 8 | 6 | 5 | 6 | 6 | 5 | 2 | 3 |
| Lander | 6,278 | 1,140 | 10 | 6 | 5 | 5 | 4 | 6 | 4 | 4 | 6 | 6 | 2 | 3 |
| Lincoln | 4,992 | 1,139 | 11 | 5 | 4 | 5 | 4 | 4 | 3 | 5 | 5 | 6 | 1 | 2 |
| Lyon | 62,515 | 13,089 | 22 | 12 | 12 | 11 | 11 | 12 | 6 | 7 | 13 | 11 | 2 | 5 |
| Mineral | 4,835 | 1,082 | 7 | 5 | 4 | 5 | 4 | 5 | 4 | 4 | 5 | 5 | 1 | 1 |
| Nye | 52,804 | 15,359 | 21 | 11 | 9 | 11 | 10 | 11 | 5 | 7 | 12 | 13 | 0 | 4 |
| Pershing | 7,328 | 1,170 | 9 | 5 | 3 | 4 | 5 | 4 | 3 | 4 | 4 | 4 | 1 | 2 |
| Storey | 4,765 | 1,412 | 18 | 10 | 9 | 10 | 7 | 9 | 7 | 5 | 11 | 10 | 2 | 3 |
| Washoe | 520,758 | 87,772 | 35 | 17 | 15 | 12 | 14 | 19 | 6 | 7 | 16 | 11 | 3 | 4 |
| White Pine | 10,238 | 2,249 | 10 | 7 | 3 | 4 | 6 | 6 | 4 | 5 | 6 | 5 | 1 | 2 |

*Note. The color scale illustrates the distribution of organizations by county and category. Green indicates a higher availability of service organizations, while red signifies a lower level of availability. * Represents the total number of unique organizations available in each county, regardless of the multiple services they provide.*

Service Size

Each organization reported the average number of participants served during the last fiscal year (a 12-month period) for each main service category. Table 6 below summarizes service size by category. On average, nutrition & food assistance had the highest number of individuals served per year (2,490), followed by health & wellness services, with 636 participants. Four service categories (personal & home support, transportation & mobility, caregiver & family support, and crisis & end-of-life services) each served around 200 participants annually, while social & recreational programs reported an average of nearly 400. Legal, financial, and technology assistance services had an average around 500.

Additionally, Table 6 breaks down the number of organizations by service size:

- Small (1–99 participants)
- Medium (100–999)
- Large (1,000–9,999)
- Very Large (≥10,000)

Most organizations fall into the small to medium range, except for those providing nutrition & food assistance and health & wellness services, which were more likely to have large or very large service sizes.

Table 6. Average Number of Participants Served per Year by Service Category

| Category | Service Size Range | Service Size Distribution | | | | Organizations Count by Service Size Per Year | | | |
|---|--------------------|---------------------------|-----|-----|------|--|---------|-----------|--------|
| | | M | Q1 | Q2 | Q3 | 1-99 | 100-999 | 1000-9999 | ≥10000 |
| Health & Wellness Services | From 5 to 850,000 | 636 | 25 | 200 | 900 | 17 | 17 | 9 | 2 |
| Personal & Home Support | From 10 to 3,807 | 207 | 40 | 87 | 324 | 18 | 12 | 3 | N/A |
| Transportation & Mobility | From 1 to 2,500 | 203 | 33 | 100 | 355 | 14 | 19 | 3 | N/A |
| Nutrition & Food Assistance | From 7 to 145,800 | 2490 | 100 | 185 | 1600 | 8 | 16 | 10 | 5 |
| Social & Recreational Programs | From 3 to 6,803 | 387 | 25 | 125 | 475 | 17 | 22 | 5 | N/A |
| Legal, Financial & Technology Assistance | From 5 to 5,400 | 477 | 25 | 78 | 650 | 18 | 9 | 7 | N/A |
| Caregiver & Family Support | From 4 to 10,000 | 230 | 25 | 100 | 197 | 19 | 16 | 3 | 1 |
| Crisis & End-of-Life Services | From 2 to 11,657 | 227 | 15 | 40 | 100 | 15 | 5 | 2 | 1 |
| <p><i>M (Average): The average number served by each organization, after removing extremely high and low numbers to avoid skewed results.</i></p> <p><i>Q1 (Lower Range): 25% of organizations served fewer people than this number.</i></p> <p><i>Q2 (Median): Half of the organizations served more people, and half served fewer.</i></p> <p><i>Q3 (Upper Range): 75% of organizations served fewer people than this number.</i></p> | | | | | | | | | |

Service Demand

We asked each organization to indicate its overall capacity to meet service demand, considering all the services it provides. Respondents were given three options to describe their current situation:

- We have more demand than we can serve (e.g., we have a waitlist or unmet needs)
- We can meet demand adequately (e.g., no significant waitlist, services are accessible)
- We have excess capacity (e.g., we can serve more clients than we currently do)

Among the 131 organizations that responded to this question: 52 organizations (40%) reported having more demand than they can serve, 73 organizations (56%) stated they can adequately meet current demand, and 6 organizations (5%) indicated they have excess capacity to serve more clients.

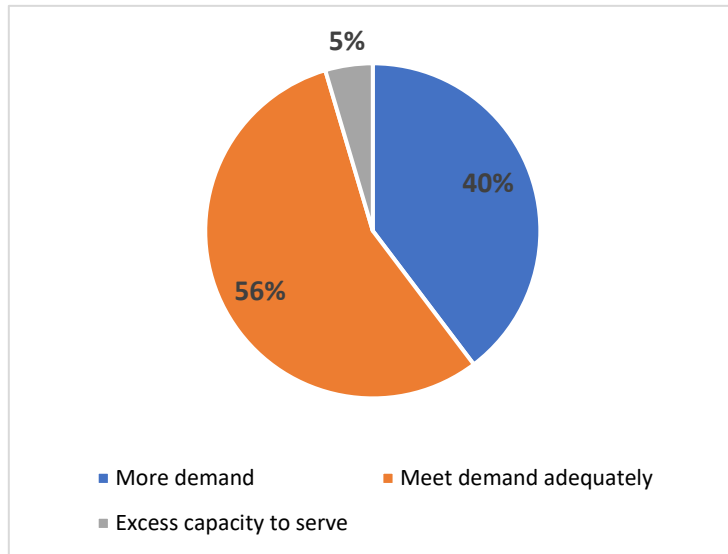


Figure 5. Percentage of Overall Service Demand (n = 131)

Waitlists for Services

Waitlist information was collected across nine main service categories. The highest percentage of organizations reporting a waitlist was in the personal and home support category, where 53% of organizations (roughly 1/2) indicated that they maintain a waitlist. This suggests that demand for personal and home support services exceeds organizational capacity in many cases. In addition, six service categories had more than 20% of organizations (approximately 1/5) reporting waitlists, indicating moderate service pressure across multiple domains. The lowest percentages of waitlists were found in the crisis & end-of-life services, and other & workforce development categories, where only about 10% of organizations (or 1/10) reported maintaining a waitlist. However, these results should be interpreted with caution due to survey design. Specifically:

- The survey used skip logic, meaning only organizations that indicated they offered a specific service were asked about waitlists for that category.
- Sharing waitlist information was optional, and organizations could skip this section.
- If an organization did not select a given service category or opted not to respond, it was excluded from the waitlist question.

As a result, missing data may affect the completeness of the findings and should be considered when interpreting the reported waitlist percentages.

Table 7. Status of Waitlists by Service Category

| Service Category | Number of organizations | Waitlist | |
|--|-------------------------|----------|---------|
| | | Yes | No |
| Health & Wellness Services | 57 | 13(23%) | 44(77%) |
| Personal & Home Support | 38 | 20(53%) | 18(47%) |
| Transportation & Mobility | 45 | 9(20%) | 36(80%) |
| Nutrition & Food Assistance | 49 | 10(20%) | 39(80%) |
| Social & Recreational Programs | 56 | 11(20%) | 45(80%) |
| Legal, Financial & Technology Assistance | 44 | 11(25%) | 33(75%) |
| Caregiver & Family Support | 51 | 11(22%) | 40(78%) |
| Crisis & End-of-Life Services | 39 | 5(13%) | 34(87%) |
| Other & Workforce Development | 26 | 3(12%) | 23(88%) |

Service Eligibility

A variety of service eligibility criteria were reported by organizations. Age was the most common requirement, cited by 76 organizations (54%). Disability status was the second most frequently reported eligibility criterion. In contrast, eligibility based on being a veteran or identifying as American Indian/Alaska Native was reported less frequently (see Figure 6). As the question permitted multiple selections, all percentages are reported relative to the total number of respondents (n = 101)

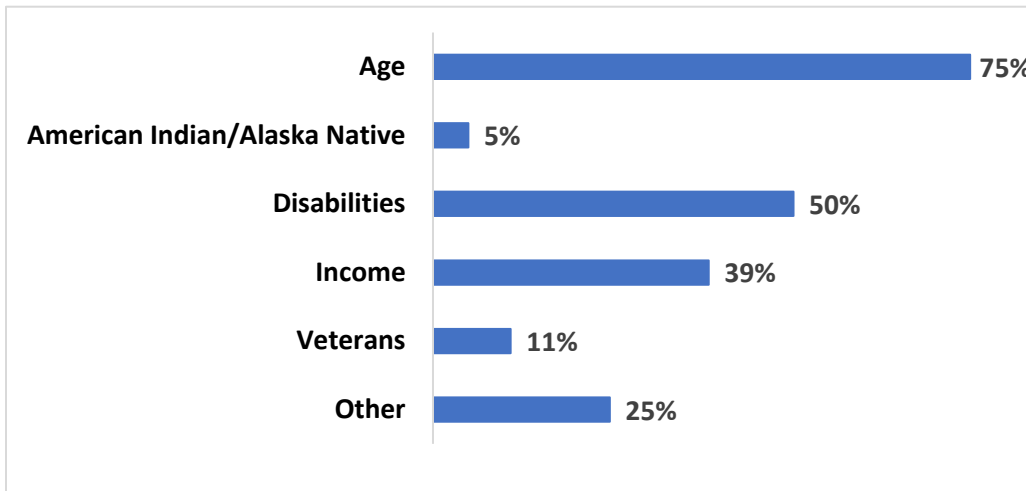


Figure 6. Percentages of Serving Specific Consumer Groups (n = 101)

Participant Recruitment and Outreach Strategies

As the goal of data collection was to assess service availability across Nevada, we also examined how organizations recruit participants and promote their services. Understanding communication methods can inform strategies to raise awareness of existing services and support the promotion of future initiatives. The most-commonly reported outreach strategies were word of mouth (e.g., through current participants) and referrals from other organizations or professionals.

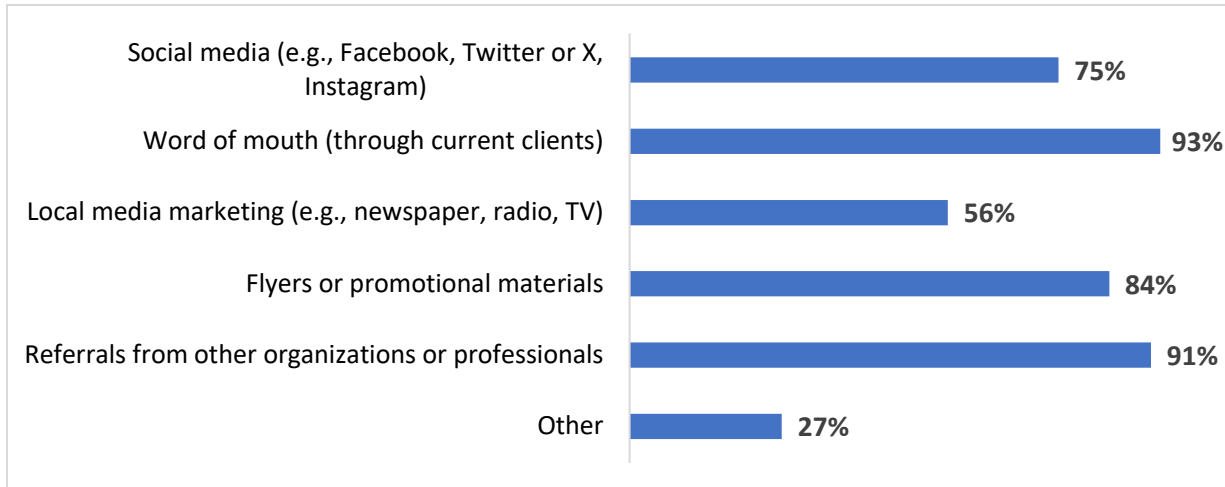


Figure 7. Percentages of Outreach Strategies Used by Organizations (n= 124)

Thirty-five organizations provided additional details about their outreach strategies. The most mentioned approach was participation in networking and promotional events, such as public meetings, vendor fairs, and regional gatherings. Organizations also described partnering with other agencies to share information with broader audiences. Only three organizations reported using alternative paid marketing strategies beyond traditional media such as newspapers, radio, and television. These included contracting professional marketing firms, running text message campaigns, and utilizing internet advertising.

25 (20%) organizations reported using networking events to reach their intended audience.



Health & Wellness Services

Four subcategories were used to examine the types of services offered under health and wellness services.

- Mental & behavioral health (e.g., counseling, support groups)
- Health promotion & disease prevention (e.g., wellness programs, screenings)
- Home health services (e.g., nursing care, therapy)
- Case management

Except for home health services, all health and wellness subcategories were offered by more than 50% of organizations. Only 16 (22%) of organizations reported providing home health services. Figure 8 presents the percentage of organizations offering each type of health and wellness service. The most provided subcategory was health promotion and disease prevention, with 42 (58%) reported.

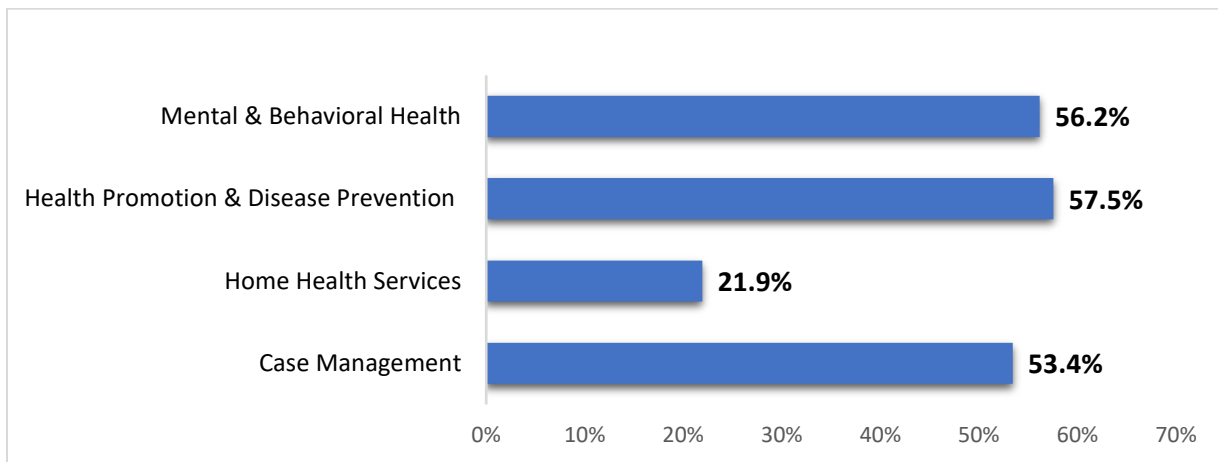


Figure 8. Percentage of Organizations Offering Each Type of Health and Wellness Services (n = 73)

The number of individuals served by each organization varied widely, ranging from a minimum of 5 to a maximum of 850,000. The average number of people served was 636 (5% trimmed mean). The quartile values were: Q1 = 25, Q2 (median) = 200, and Q3 = 900.

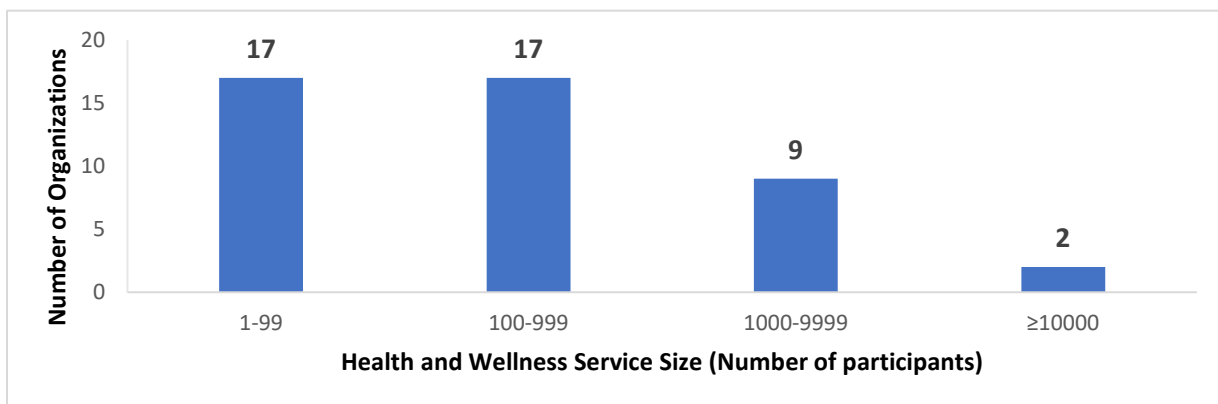


Figure 9. Organizations by Service Size: Health and Wellness Services (n = 45)

Compared to other service areas, a relatively low number of statewide organizations reported providing home health services. In contrast, services such as mental and behavioral health, health promotion and disease prevention, and case management were more commonly available. Seven counties (Esmeralda,

Eureka, Lander, Lincoln, Mineral, Pershing, and White Pine) had no local organizations reporting the provision of home health services, although they do have services offered by statewide organizations.

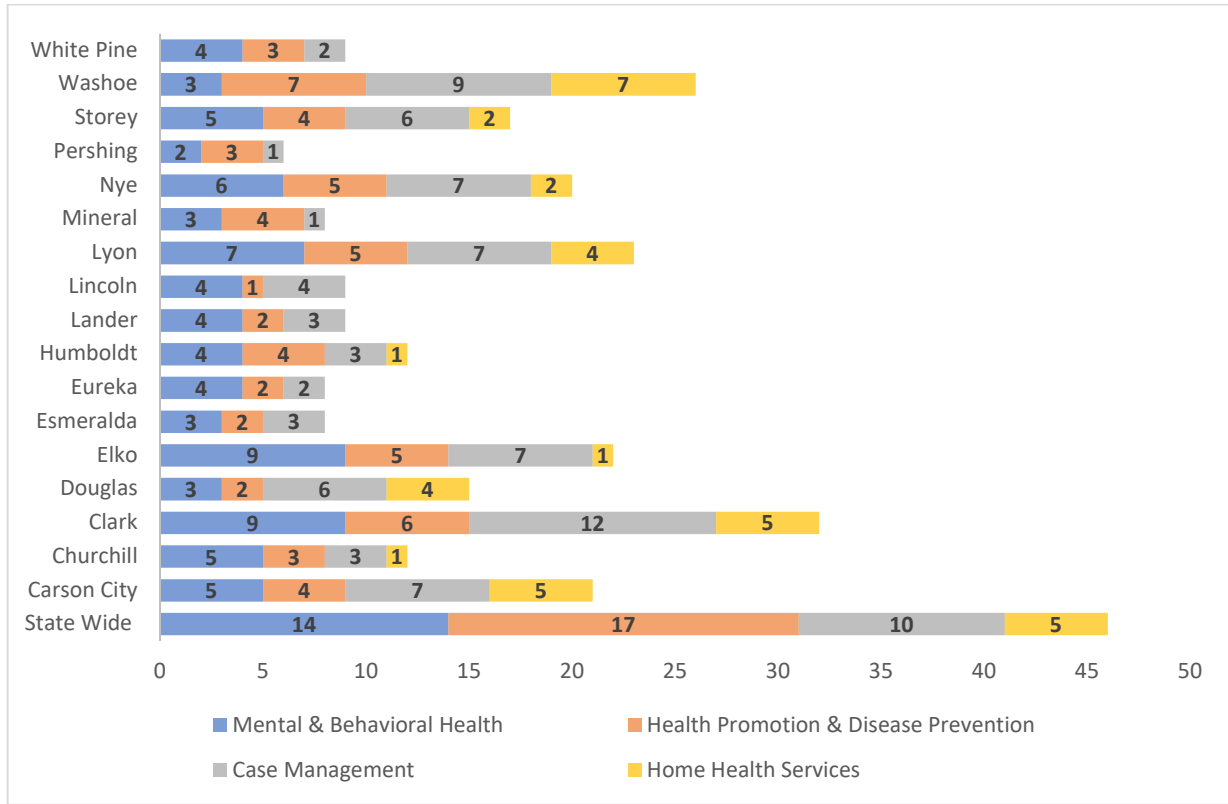


Figure 10. Health and Wellness Service Availability by County and Service Type (n = 73)

Personal & Home Support

Under personal and home support we examined four subcategories:

- Homemaker services (e.g., errands, lighthouse keeping, shopping)
- Personal care assistance (i.e., home care / e.g., bathing, dressing)
- Adult day program (e.g., caregiver relief, supervision)
- Home safety modifications & repair services (e.g., grab bars, ramps)

Among 51 organizations that provide personal and home support, the most frequent service was homemaker services 31 (61%). Home safety modification and repairs services were the least frequent 13(25%).

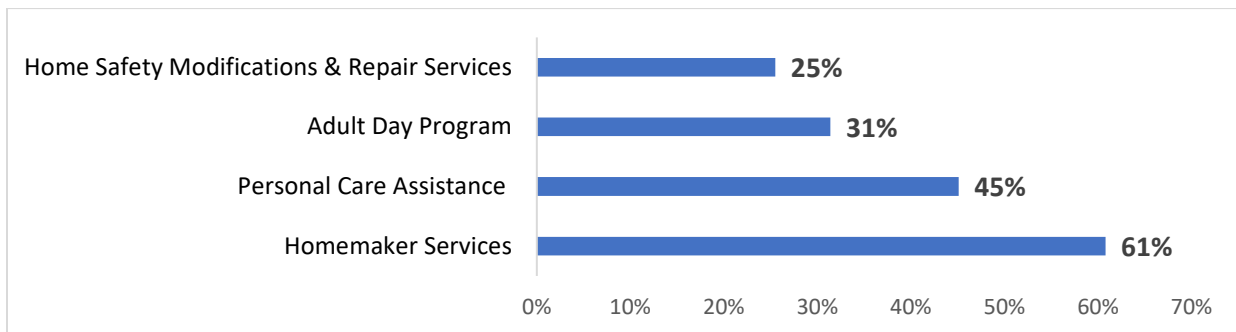


Figure 11. Percentage of Organizations Offering Each Type of Personal & Home Support (n = 51)

The service sizes varied widely, ranging from a minimum of 10 to a maximum of 3,807. The average number of people served was 207 (i.e., 5% trimmed mean). The quartile values were: Q1 = 40, Q2 (median) = 87, and Q3 = 324.

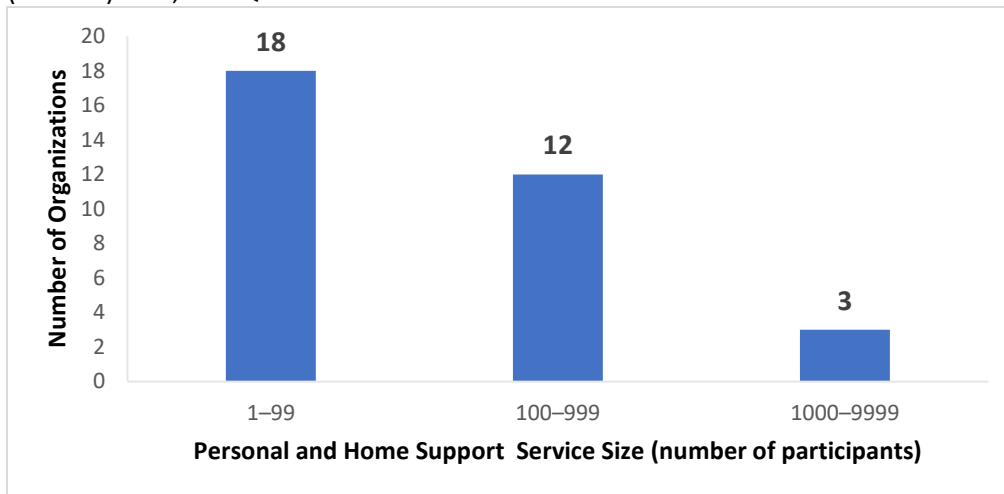


Figure 12. Organizations by Service Size: Personal and Home Support (n = 33)

The availability of personal and home support services varied across counties and service subtypes. Homemaker services were the most consistently available, with at least one local organization providing this service in each county, in addition to statewide providers. However, similar levels of local availability were

Facts

- 29% of Nye County's population is aged 65 or older, and the absence of a local adult day program highlights a significant unmet need in the county.

not observed for personal care assistance, adult day programs, and home safety modification and repair services. Excluding statewide programs, Lincoln County had no local organization offering personal care assistance according to our survey data. Additionally, nine counties (53%) did not have any local providers offering adult day programs, and five counties lacked home safety modification and repair services, aside from statewide offerings. In summary, these findings highlight significant service gaps in rural counties, particularly the need to expand access to adult day programs across Nevada.

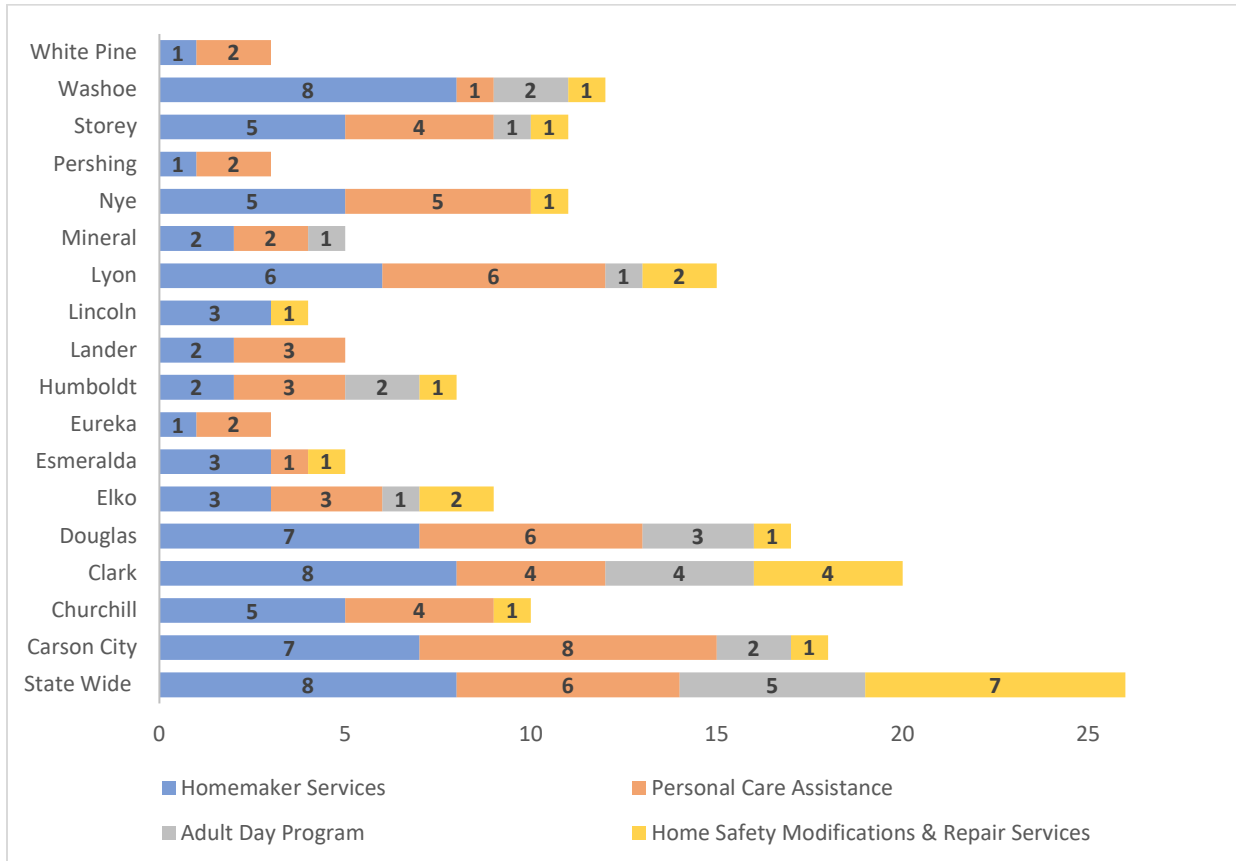


Figure 13. Personal and Home Support Service Availability by County and Service Type (n = 51)

Transportation & Mobility

Three subcategories were used to examine the types of services offered under transportation and mobility.

- Non-emergency medical transportation (e.g., medical appointment transportation)
- Physical transportation assistance (e.g., senior shuttle, volunteer drivers)
- Financial transportation assistance (e.g., bus tokens, taxi vouchers, Uber, Lyft)

Among the 53 organizations that reported offering transportation services, non-emergency medical transportation was the most-commonly provided, offered by 41 organizations (77%). In contrast, only 16 organizations (30%) reported offering financial transportation assistance.

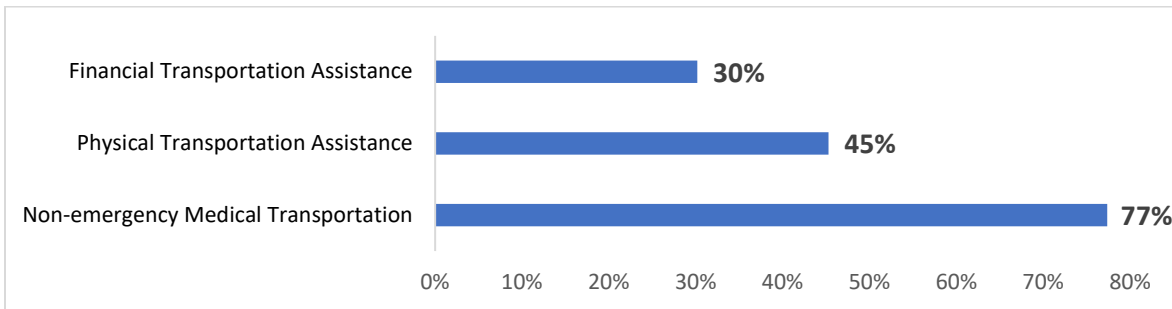


Figure 14. Percentage of Organizations Offering Each Type of Transportation and Mobility (n = 53)

The number of individuals served by each organization varied from 1 to a maximum of 2,500. The average number of people served was 203 (i.e., 5% trimmed mean). The quartile values were: Q1 = 33, Q2 (median) = 100, and Q3 = 355.

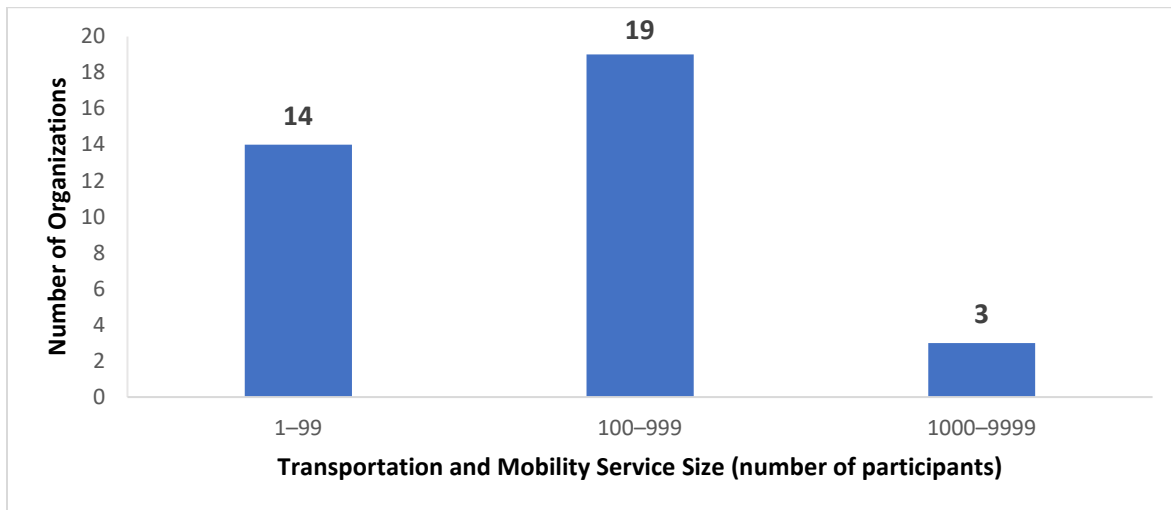


Figure 15. Organizations by Service Size: Transportation & Mobility (n = 36)

Transportation and mobility services were broadly available across all counties, with each county having at least one local provider in addition to statewide service providers. However, Mineral County had only one local organization offering financial transportation assistance, aside from the services provided by statewide programs.

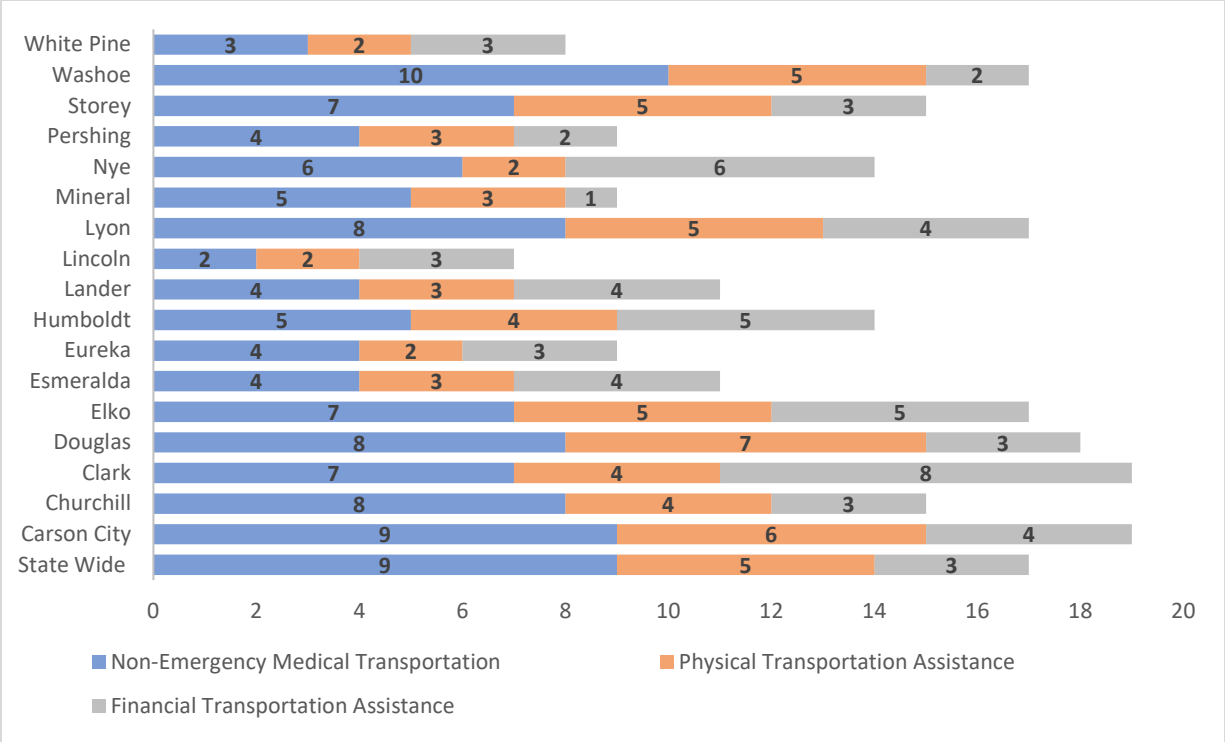


Figure 16. Transportation & Mobility Service Availability by County and Service Type (n = 53)

Nutrition & Food Assistance

Six subcategories were used to examine the types of services offered under the broader category of nutrition and food assistance:

- Congregate meals
- Food pantries
- Food vouchers
- Home-delivered meals
- Nutrition education/counseling
- SNAP eligibility assistance

Among the 63 organizations that reported providing nutrition-related services, nutrition education/counseling was the most-commonly offered, with 34 organizations (54%) providing it. In contrast, food vouchers were the least common, offered by only 9 organizations (14%).

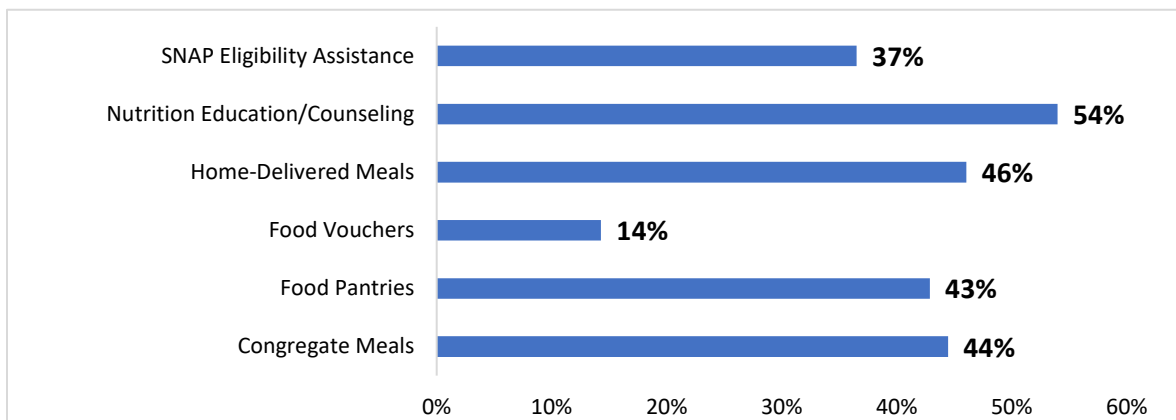


Figure 17. Percentage of Organizations Offering Each Type of Nutrition Service (n = 63)

The number of individuals served by each organization varied from 7 to a maximum of 145,800. The average number of people served after removing unusually high and low values was 2,490 (i.e., 5% trimmed mean) The quartile values were: Q1 = 100, Q2 (median) =185, and Q3 = 1600.

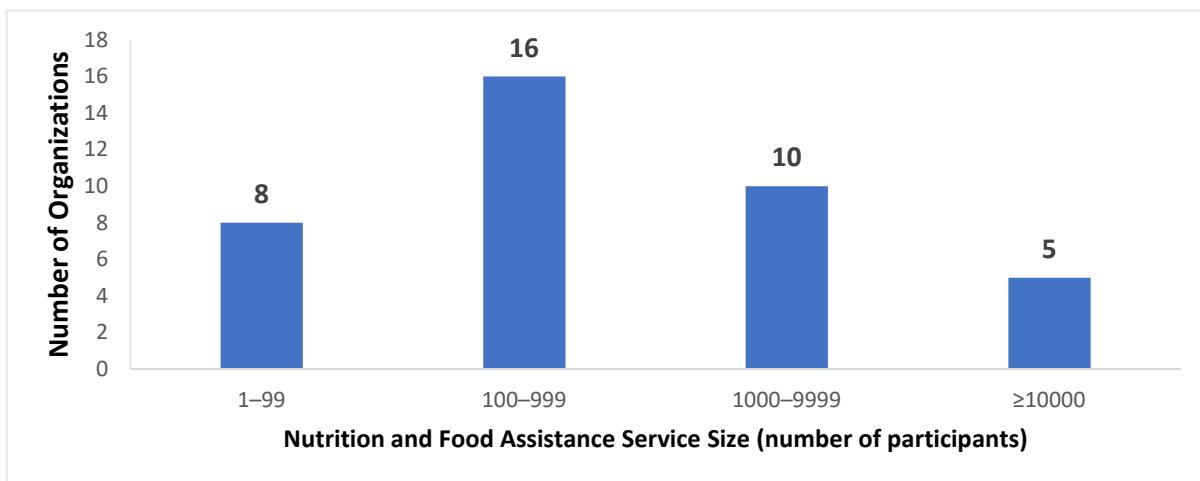


Figure 18. Organizations by Service Size: Nutrition & Food Assistance (n = 39)

Nutrition and food assistance services were generally well distributed across counties. Among all service categories included in the survey, Clark County had the highest number of organizations providing nutrition and food assistance services. Given Clark County’s large population, a higher number of service providers is expected. However, a similarly high level of organizational representation for Clark County was not observed in other service categories.

Facts
 Clark County has the highest level of organizational representation in the nutrition and food assistance service, which is not seen in other service categories in Clark County.

Some service gaps were noted in rural areas. For example, Eureka and White Pine counties had no local organizations providing food vouchers, with only one statewide organization offering this service. This suggests a potential need to expand food voucher programs in those counties. Similarly, Elko and Lander counties lacked local providers of home-delivered meals within our survey sample.

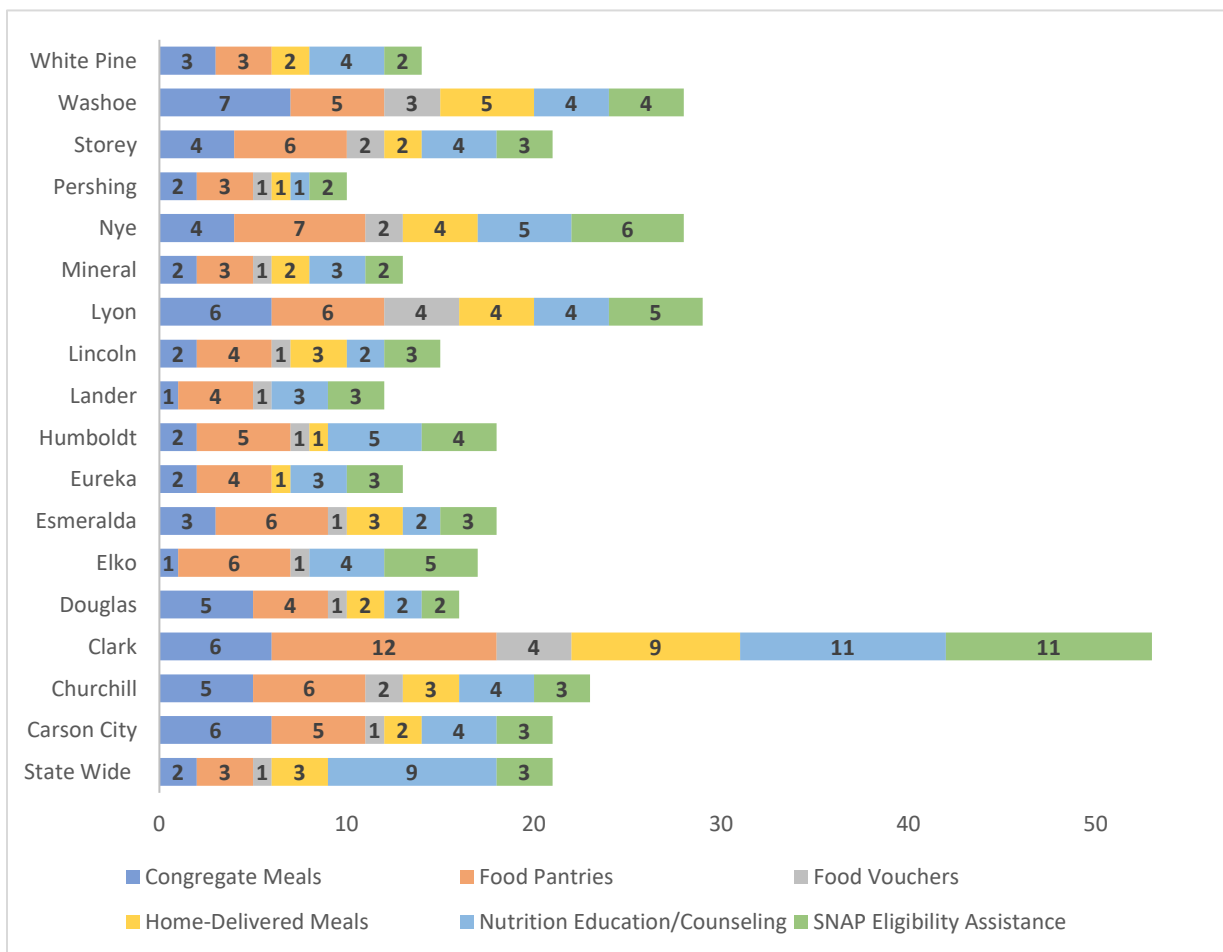


Figure 19. Nutrition & Food Assistance Service Availability by County and Service Type (n = 63)

Social & Recreational

Four subcategories were used to examine the types of services offered under the broader category of Social and Recreational.

- Community and social engagement (e.g., social clubs)
- Recreational activities (e.g., exercise, arts & crafts, gardening)
- Faith-based & spiritual support programs
- Senior companion

Community and social engagement services (e.g., social clubs) were the most widely offered, with 51 out of 71 organizations (72%) providing them. Recreational activities were the second most common service type, offered by 48 organizations (68%).

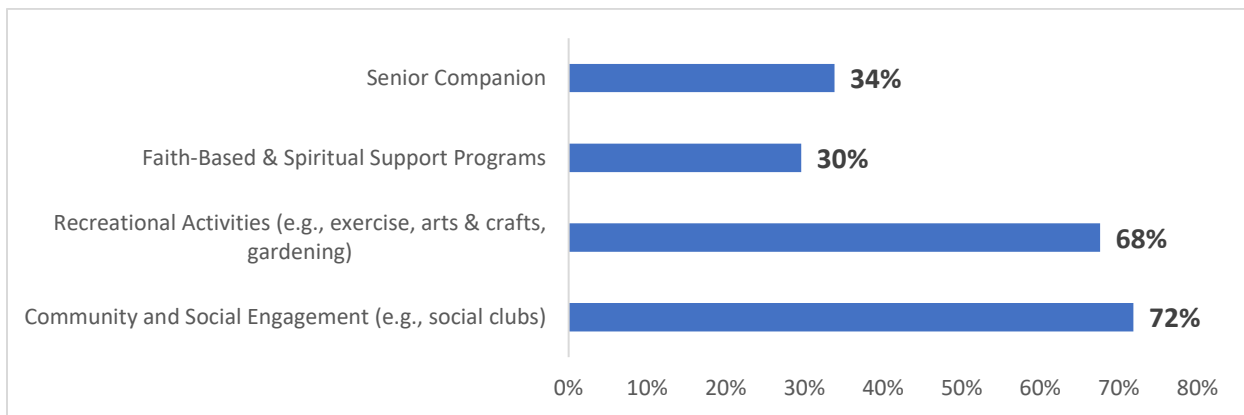


Figure 20. Percentage of Organizations Offering Each Type of Social & Recreational Service (n = 71)

The number of individuals served by each organization varied from 3 to a maximum of 6,803. The average number of people served was 387 (i.e., 5% trimmed mean). The quartile values were: Q1 = 25, Q2 (median) = 125, and Q3 = 475.

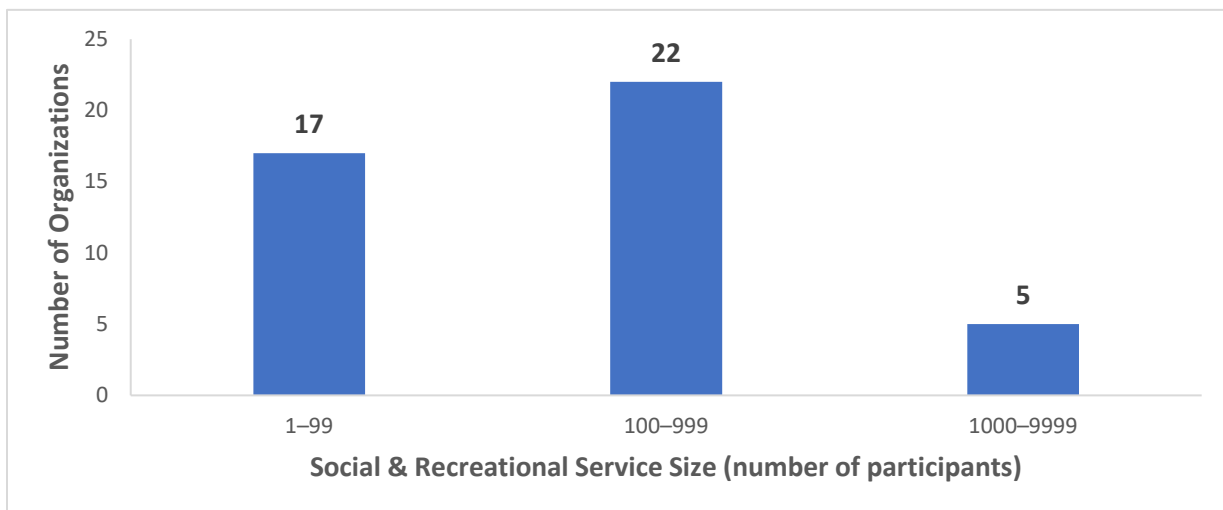


Figure 21. Organizations by Service Size: Social & Recreational (n = 44)

With the exception of faith-based and spiritual support programs, all other social and recreational service types had at least one local provider in each county, in addition to statewide programs. However, within our survey sample, Esmeralda and Lincoln counties had no local organizations offering faith-based and spiritual support programs. According to the 2024 Nevada Population Demographic Dashboard, Lincoln County is home to 1,139 individuals aged 65 or older. Despite this, the county showed an overall lower level of local organizational presence in the social and recreational service category. This suggests a potential need to expand social and recreational services at the local level in Lincoln County to better serve its aging population.

Lincoln County needs expanded social and recreational services to better support its aging population.

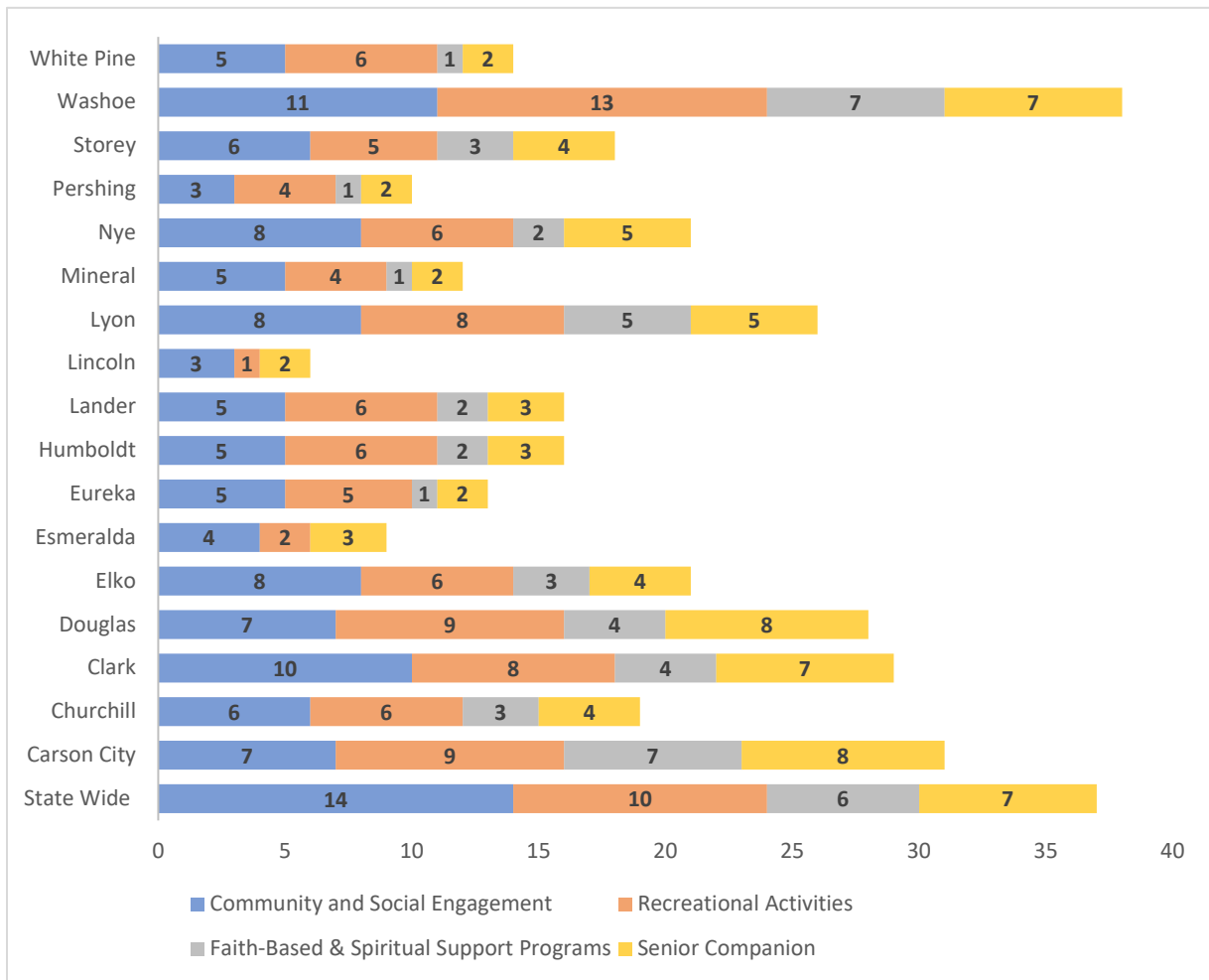


Figure 22. Social & Recreational Availability by County and Service Type (n = 71)

Legal, Financial & Technology Assistance

During the survey administration, we combined legal, financial, and technology assistance services as one question, requesting that respondents select the service they offer. In total, 58 organizations reported providing one service under the legal, financial, and technology assistance.

- Advance directives support
- Benefits planning
- Financial assistance (e.g., utility, internet, medication)
- Guardianship
- Housing assistance
- Legal assistance
- Medicare counseling and enrollment assistance
- Representative payee
- Technology training and assistance

For analysis, we subcategorized legal and financial services. Technology training and assistance are considered as a separate category.

Finance Assistance Services

A total of 42 organizations provided financial-related services. Housing assistance was the widely provided service 23 (55%). Followed by the Medicare counseling and enrollment assistance 22 (52%).

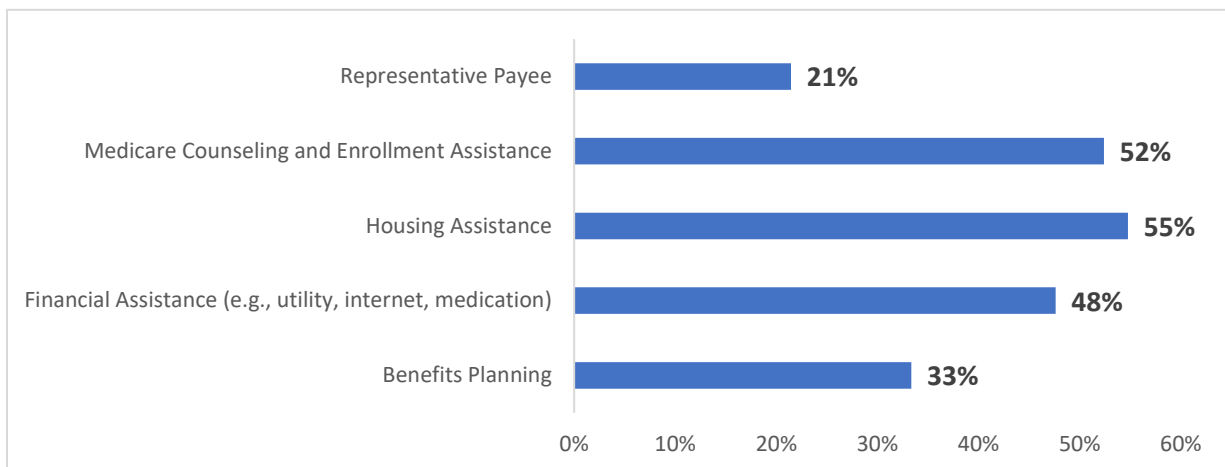


Figure 23. Percentage of Organizations Offering Each Type of Finance Assistance Services (n = 42)

With the exception of representative payee assistance services, all other financial service types had at least one local provider in each county, in addition to statewide programs. Representative payee assistance was among the least-widely available services, with 10 out of Nevada’s 17 counties lacking a local provider. Among these, Carson City and Nye County appear to have the greatest need for representative payee assistance, given their relatively large populations of adults aged 65 or older (each nearing 15,000 residents) and the absence of local organizations providing this service.

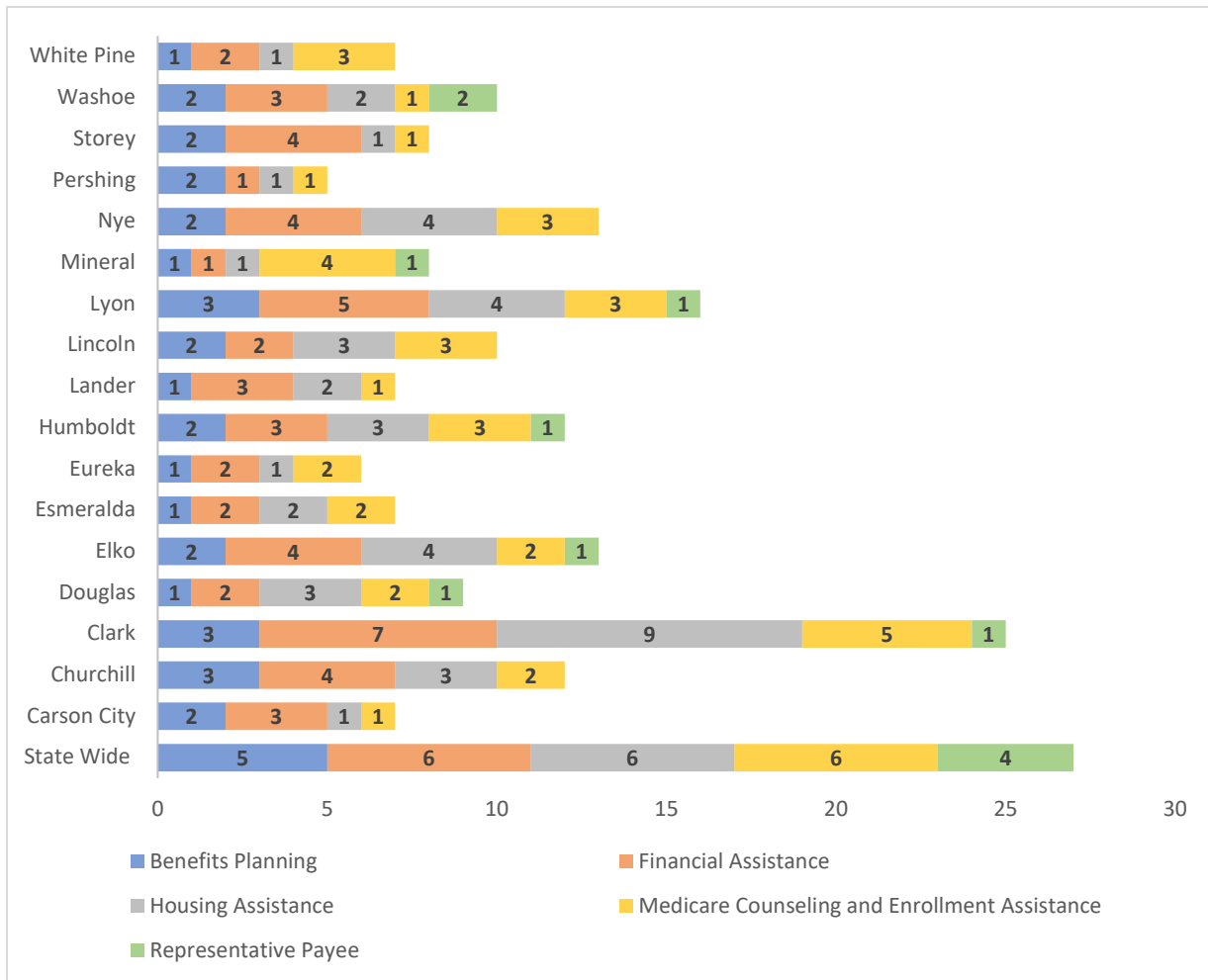


Figure 24. Financial Assistance Service Availability by County and Service Type (n = 42)

According to the *Elder Count Nevada 2023* [6], Mineral, Nye, and Douglas counties each have over 30% of their population eligible for Medicare. Reflecting this high eligibility rate, our survey data shows a relatively strong local presence of organizations offering Medicare counseling and enrollment services in these counties. For example:

- Mineral County, with 1,082 residents aged 65 or older as of 2024, had 4 organizations reported in our survey.
- Nye County had 15,359 older adults and 3 organizations.
- Douglas County had 16,157 older adults and 2 organizations.

In contrast, larger counties with significantly higher older adult populations had fewer local providers per capita:

- Clark County, with 362,200 individuals aged 65+, had 5 organizations.
- Washoe County, with 87,772 older adults, had only 1 organization providing these services.

Note: These figures are intended to illustrate general trends in service distribution and are not based on a formal comparative analysis.

Legal Services

Under legal services, we considered three subcategories advance directive support, legal assistance, and guardianship. Advance directives services were the most-widely provided services where 30 (83%) organizations provided the services. The legal assistance and guardianship services are provided by 17 (47%) organizations.

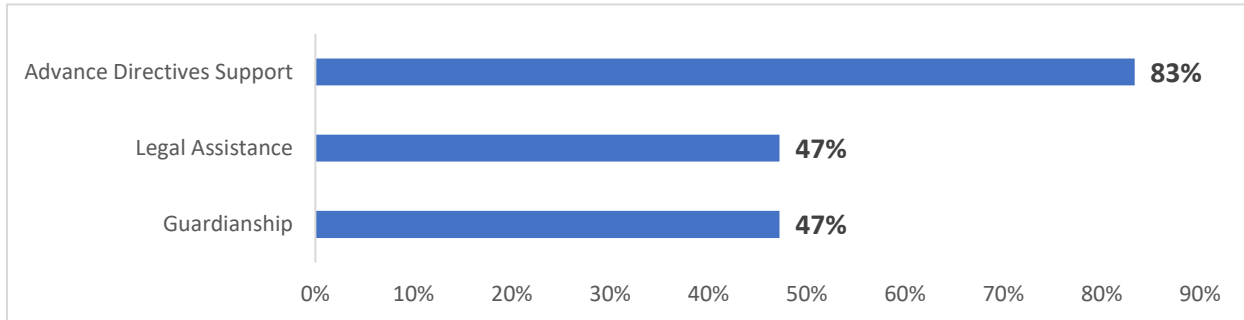


Figure 25. Percentage of Organizations Offering Each Type of Legal Assistance Services (n = 36)

All legal service types had at least one local provider in each county, in addition to statewide programs. However, in Washoe County, only one local organization reported providing legal assistance and guardianship services, aside from statewide providers. Given that Washoe is home to 87,772 individuals aged 65 or older, this indicates a potential need for increased local capacity in legal and guardianship services. Among all service categories assessed in the survey, legal services had the lowest level of local organizational presence, suggesting a broader need to expand access to legal assistance services across Nevada. Our recommendation aligns with the *Elder Count Nevada 2023* report [6], which emphasized the importance of promoting and enhancing Nevada 211 directory services related to legal resources.

Facts

- Washoe County is home to 87,772 individuals aged 65 or older.
- Only one local organization was reported as providing legal and guardianship services in Washoe County, in addition to statewide providers.
- This indicates a need to strengthen local capacity for legal and guardianship services to better serve the county's aging population.

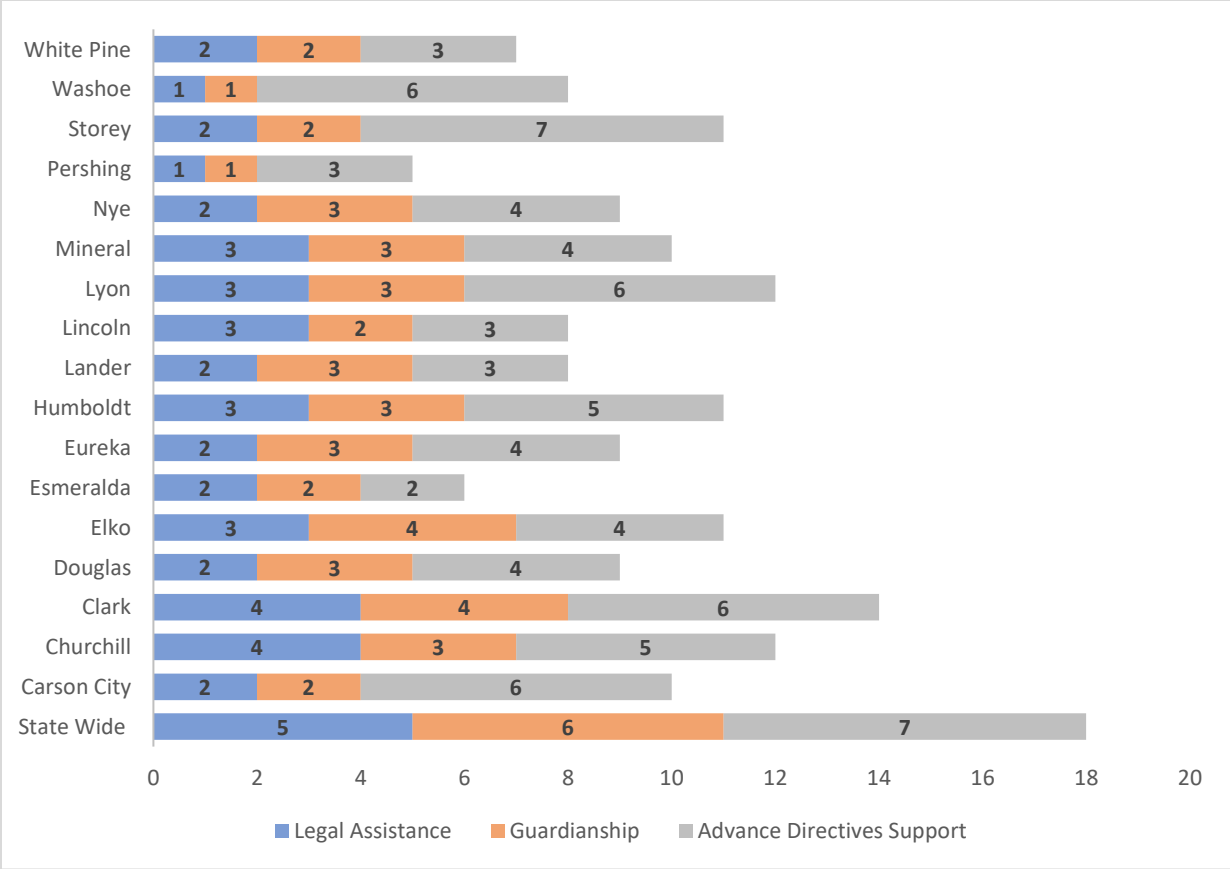


Figure 26. Legal Service Availability by County and Service Type (n = 36)

Technology Assistance Services

A total of 19 organizations reported providing technology assistance services, with 42% offering support statewide. However, survey data shows that Esmeralda and Nye counties lack local providers for technology assistance, aside from statewide programs. This gap is particularly concerning in Nye County, where nearly 29% of the population (approximately 15,539 individuals) are aged 65 and older. The absence of local services underscores the need to expand technology support specifically tailored to older adults in this region.

While Nye County highlights a critical case, the broader need for digital literacy and technology assistance is evident across the state. On average, there are only two local technology assistance providers per county, the lowest among all service categories surveyed. Given Nevada's vast rural geography, many communities are several hours away from urban centers, limiting access to essential services such as healthcare and transportation [6]. Technology plays a vital role in helping older adults maintain their independence, through staying connected with loved ones, online grocery shopping, healthcare management (e.g., telehealth visits), and ride services like Uber. As such, expanding digital literacy and technology support programs is critical for aging populations, especially in underserved areas.

For context, the 14 rural and frontier hospitals in Nevada are located an average of 56 miles from the nearest hospital and 109 miles from the nearest tertiary care center, highlighting the geographic isolation of these facilities. [7]. Moreover, frontier hospitals serve nearly 287,228 residents in areas with a population density of just 3 persons per square mile, indicating a broad and dispersed service area [7]. Telemedicine has emerged as a valuable alternative to in-person care; however, its effectiveness is hindered by limited broadband access in rural areas. According to the *Nevada State Broadband Connectivity Strategy*, 99% of urban residents have access to broadband speeds of 25 Mbps download and 3 Mbps upload, compared to only 66% in rural areas [8]. Moreover, the situation is more severe on tribal lands, where only 51% of Nevada's tribal population has access to fixed 25/3 broadband connections, compared to the national average of 79.1% [8]. These disparities suggest that technology assistance programs must be paired with efforts to expand reliable internet access to ensure digital equity across the state, particularly for older adults in rural and tribal communities.

Facts



- Esmeralda and Nye counties lack local providers for technology assistance services.
- Nye County, home to 15,539 residents aged 65 and older, represents a critical gap in digital support.
- Technology is essential for helping older adults maintain independence by enabling access to groceries, transportation, healthcare, and social connection.
- There is a statewide need to expand technology assistance programs, especially in rural areas, and to pair them with reliable internet access to support independent living among older Nevadans.

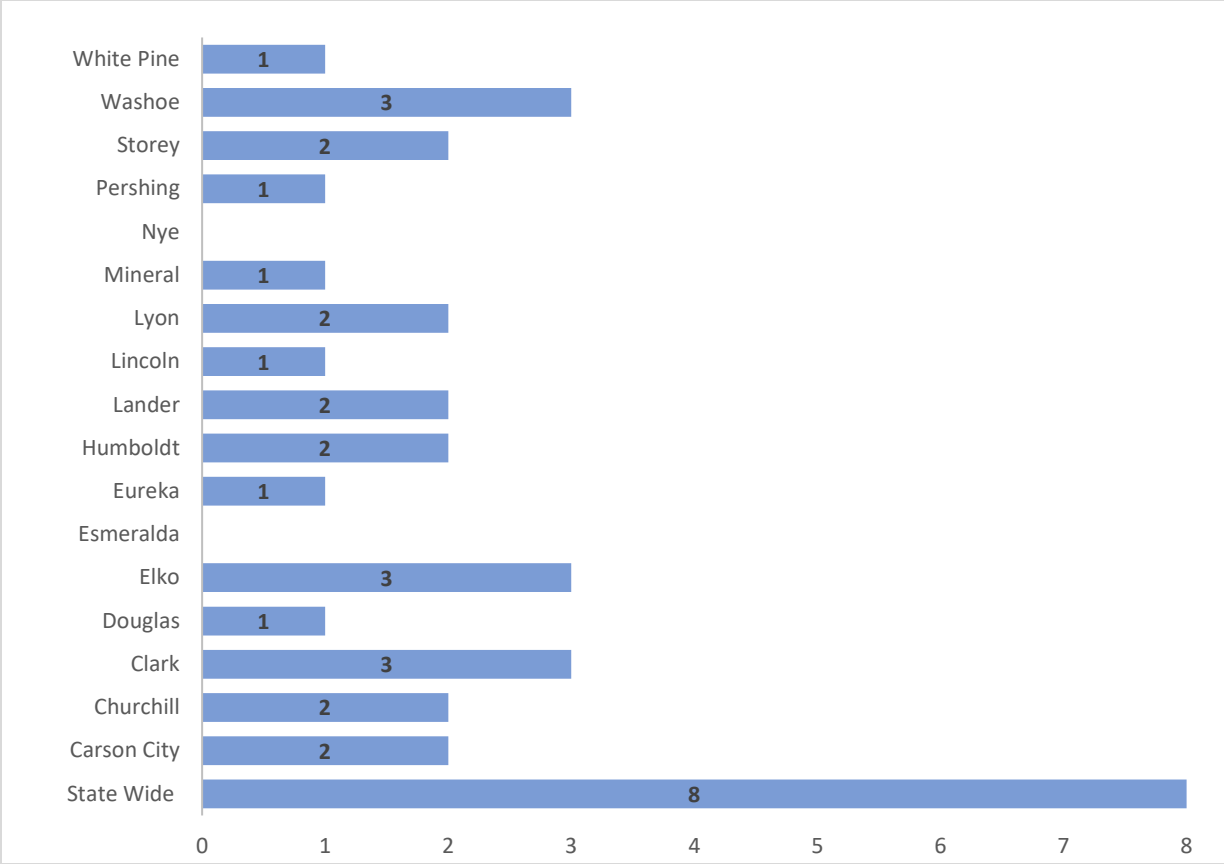


Figure 27. Technology Assistance Service Availability by County and Service Type (n = 19)

Legal, Financial & Technology Assistance Service Size

To reduce respondent burden and limit survey length, we combined legal, financial, and technology assistance services into a single broader category when collecting service size data. While this approach limited our ability to distinguish service size by individual subcategory, it allowed for more manageable survey completion. Within this combined category, the number of individuals served per organization ranged from 5 to 5,400. The average number of people served was 477 (5% trimmed mean or after removing unusually high and low values). The quartile distribution was as follows: Q1 = 25, Q2 (Median) = 78, Q3 = 650. This summary reflects the general scale of service delivery within the legal, financial & technology assistance category, though more detailed insights would require separate data collection for each sub-service.

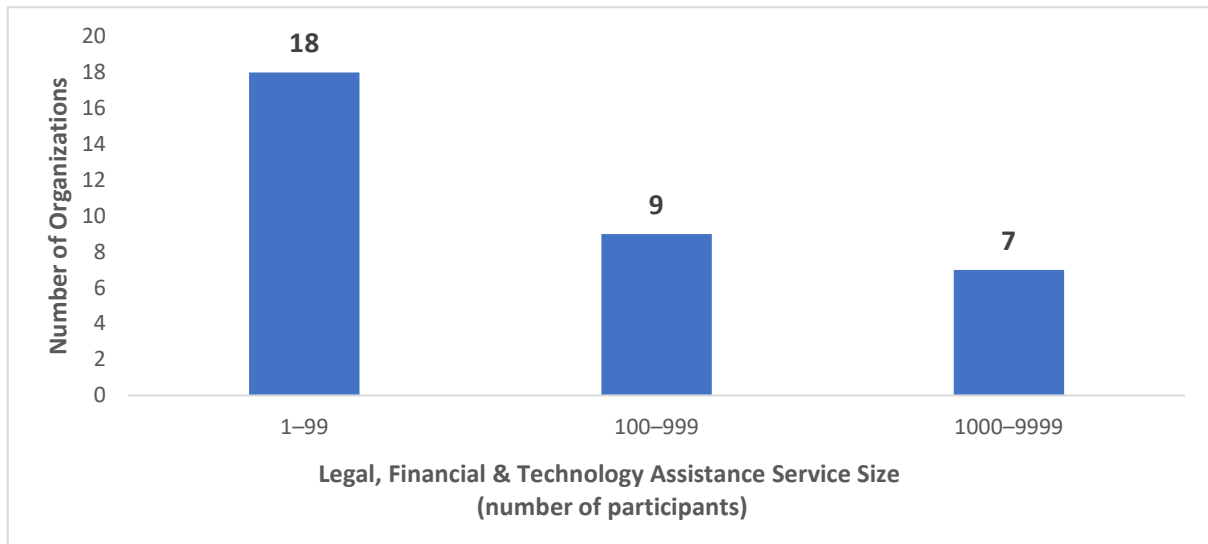


Figure 28. Organizations by Service Size: Legal, Financial & Technology Assistance (n = 34)

Caregiver and Family Support

Caregiver and family support services were grouped into three subcategories. A total of 63 organizations reported offering services in this category. Among them, the most-commonly provided service was assisting caregivers in accessing services, offered by 46 organizations (73%). The least-commonly provided service was respite care or vouchers 26 (41%).

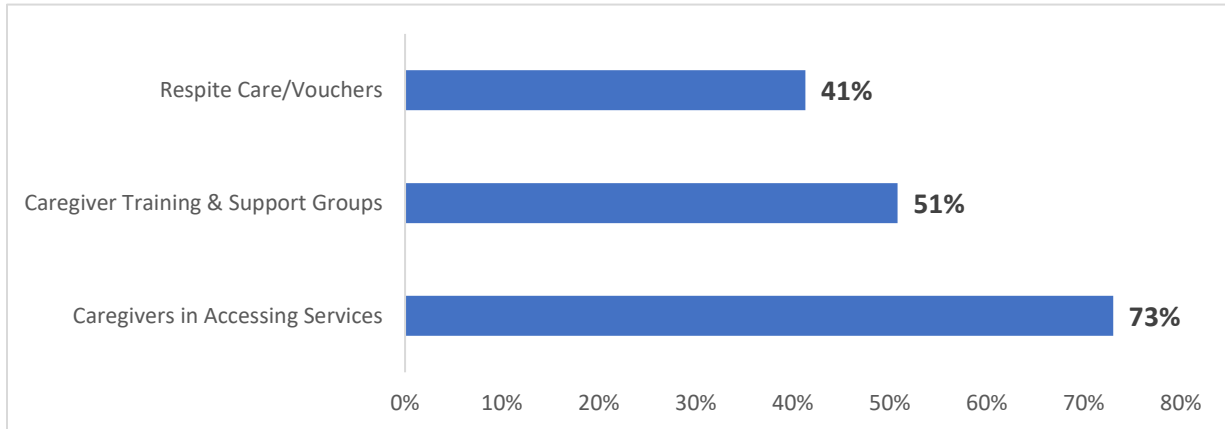


Figure 29. Percentage of Organizations Offering Each Caregiver and Family Support Services (n= 63)

The number of individuals served per organization ranged from 4 to 10,000. After removing unusually high and low values, the average number served was 230. The quartile distribution was: Q1 = 25, Q2 (Median) = 100, Q3 = 197.

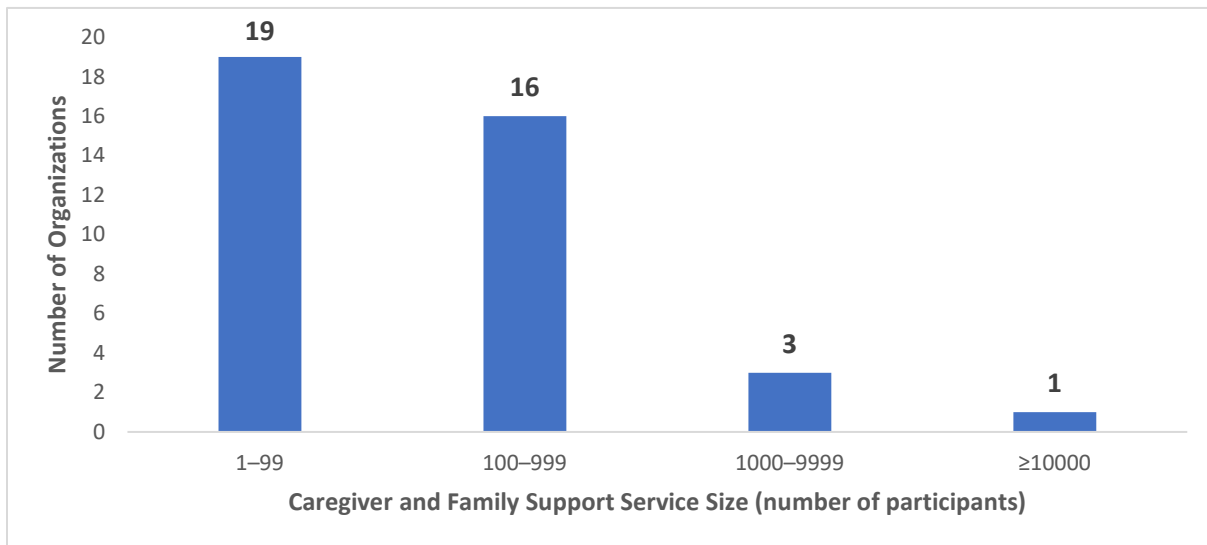


Figure 30. Organizations by Service Size: Caregiver and Family Support (n = 39)

On average, each county had at least two organizations offering caregiver and family support services. When comparing specific counties:

- Clark County, with a population of 362,200 adults aged 65 and older, had five local providers of respite care or vouchers, in addition to statewide services.
- Washoe County, with 87,772 older adults, had eight local providers, plus statewide services.

This suggests that Clark County may be under-resourced in respite care services relative to its large older adult population.

According to the *2025 Nevada Alzheimer’s Statistics* [9], the state is home to approximately 87,000 caregivers, of whom: 54% (or roughly 1 in 2) report having a chronic health condition, and 31% (or nearly 1 in 3) report experiencing depression. Given this context, there is a clear need to expand local respite care and voucher services in Clark County to better support caregiver well-being and reduce stress.

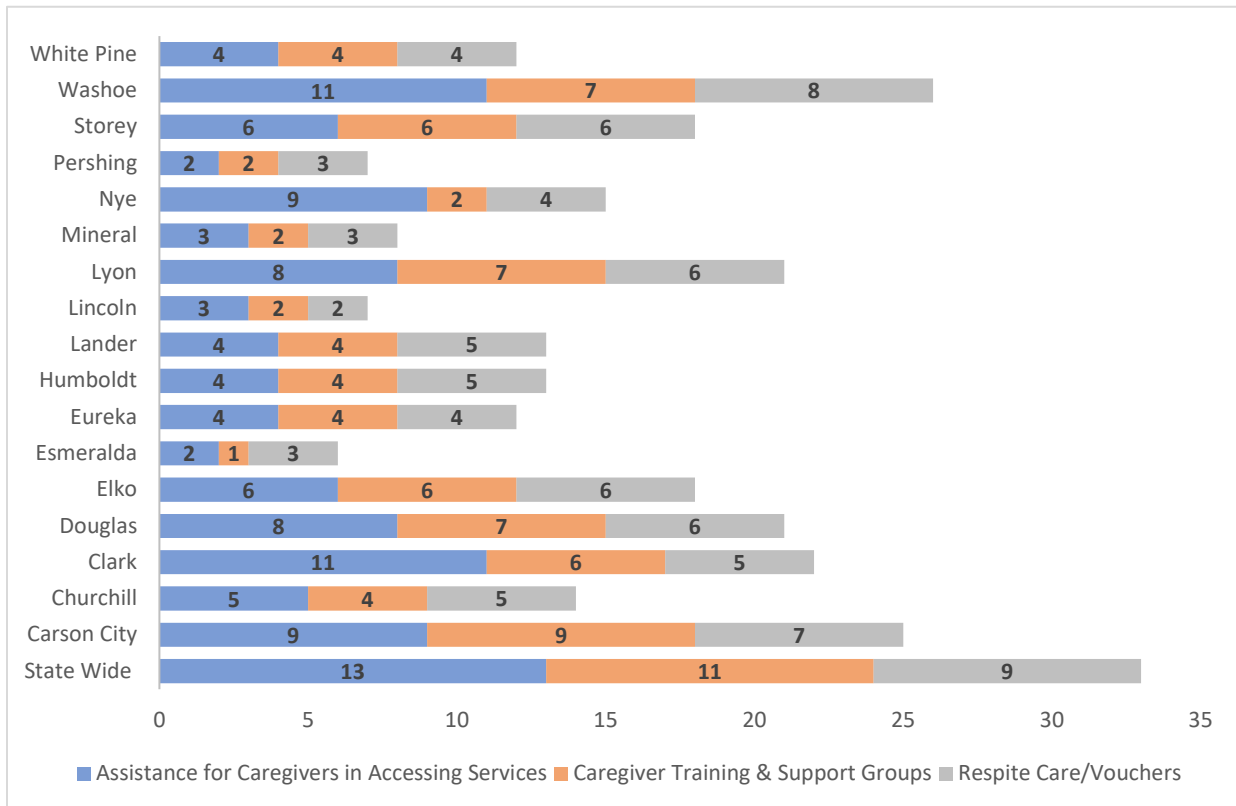


Figure 31. Caregiver and Family Support Availability by County and Service Type (n = 63)

Crisis & End-of-Life Services

Four subcategories were used to assess the types of services offered under the broader category of crisis and end-of-life services:

- Crisis intervention
- Elder abuse prevention & support
- Hospice & palliative care
- Grief & bereavement support

Among the 56 organizations providing services in this category, the most widely offered was elder abuse prevention & support, reported by 40 organizations (71%). In contrast, hospice and palliative care was the least commonly offered, with only 13 organizations (23%) providing this service.

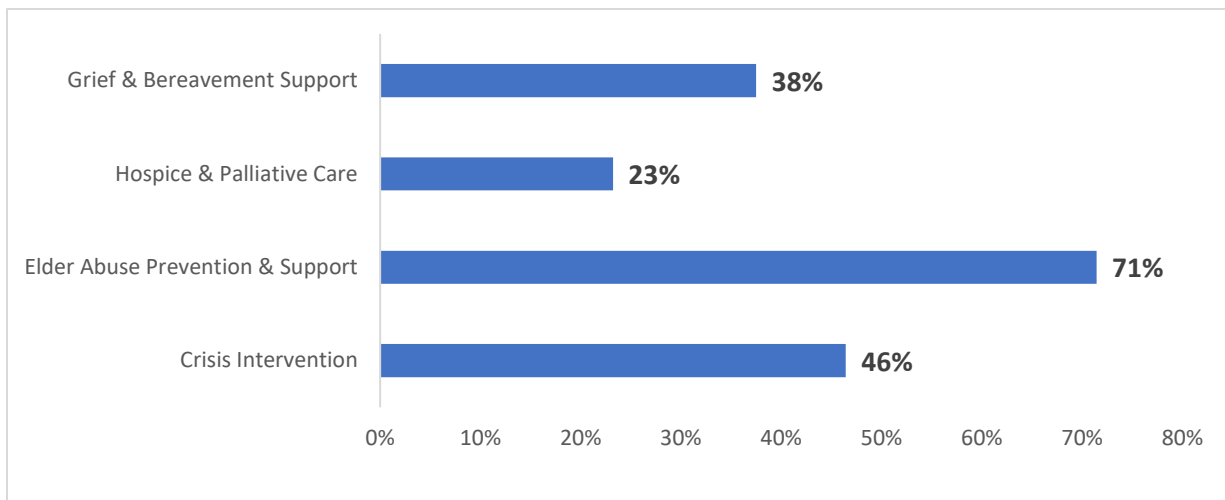


Figure 32. Percentage of Organizations Offering Crisis & End-of-Life Services (n= 56)

The number of individuals served per organization ranged from 2 to 11,657. After removing unusually high and low values, the average number served was 227. The quartile distribution was Q1 = 15, Q2 (Median) = 40, Q3 = 100.

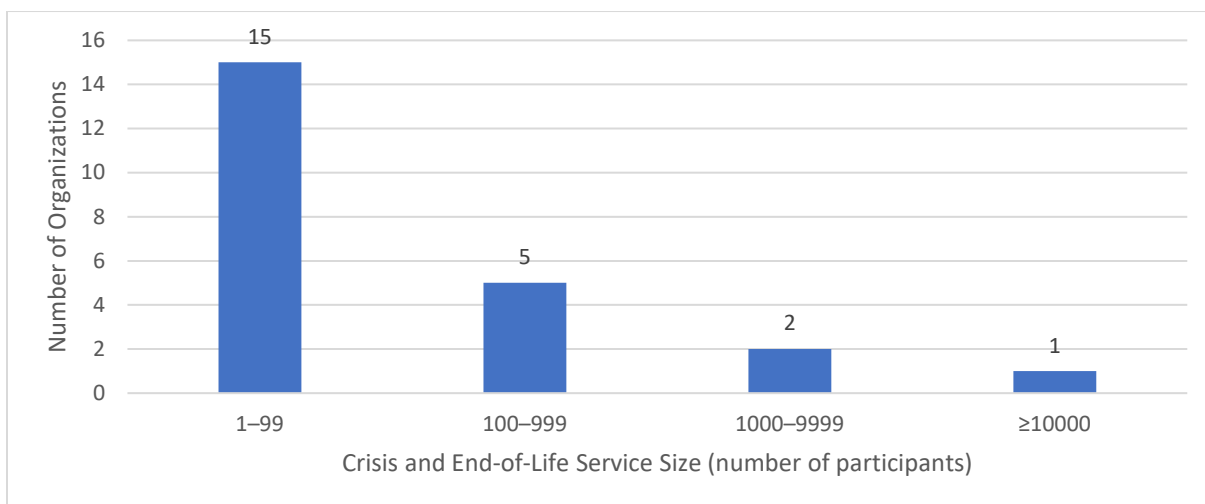


Figure 33. Organizations by Service Size: Crisis & End-of-Life Services (n = 23)

Local service distribution varied by subcategory. There was broad local availability of elder abuse prevention & support, while grief & bereavement support had more limited availability. Specifically, Douglas, Lander, and Pershing counties had no local providers for grief and bereavement services, apart from statewide programs. Notably, Douglas County is home to 16,157 residents aged 65 or older, indicating a potential gap in end-of-life emotional support services at the local level. In addition, considering the large older adult populations in Washoe (87,772) and Clark (362,200) counties, the low number of local providers offering hospice and palliative care services points to a need for increased local capacity in this area.

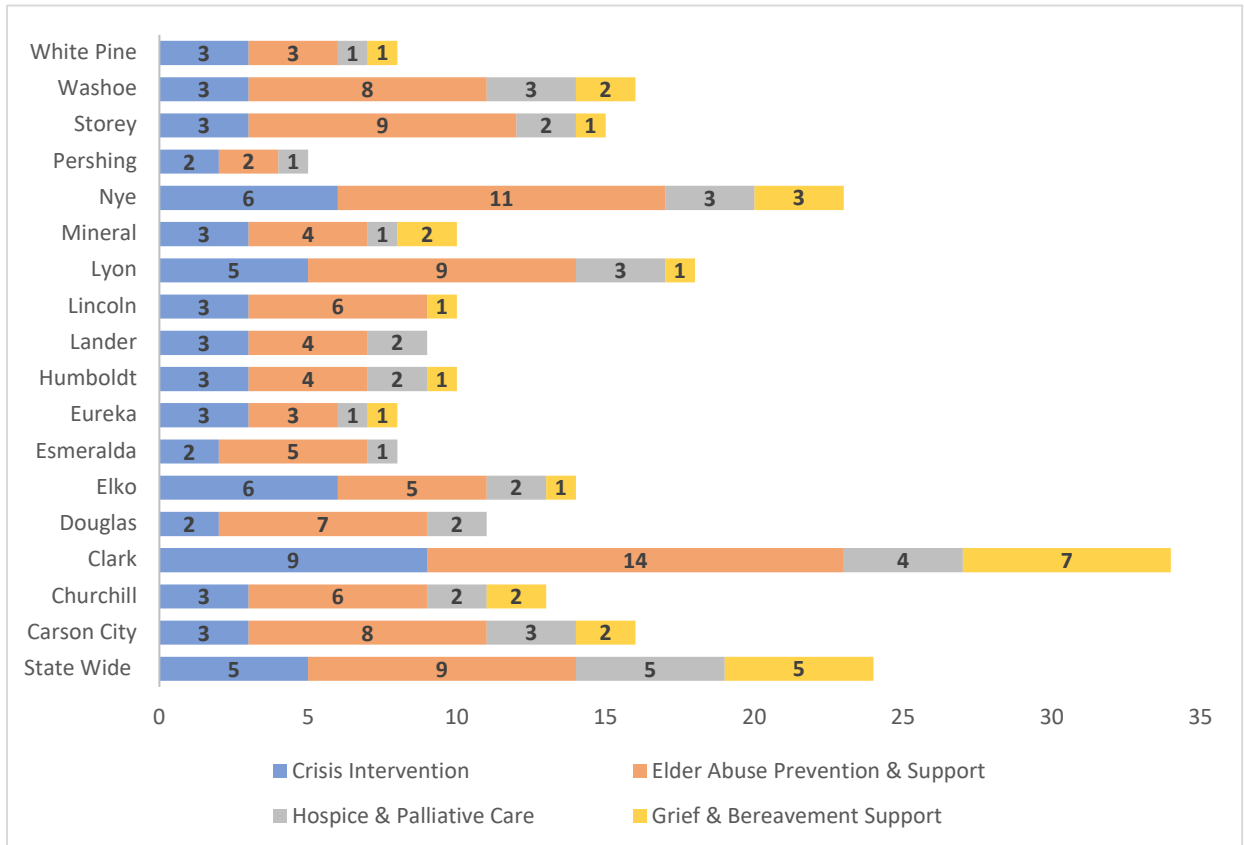


Figure 34. Crisis & End-of-Life Services Availability by County and Service Type (n = 56)

Workforce Development

Out of 113 organizations, only 27 (23.8%) reported providing workforce development services. Notably, Lyon and Elko counties had a higher number of local organizations offering workforce-related support relative to their population size compared to Washoe and Clark counties. Given Nevada’s vast rural geography, where many communities are located hours from urban centers ensuring local capacity is critical. In addition, the rural population grew by 7.4% between 2010 and 2019 [10], and 2023 data indicates a growing trend of older adults migrating to rural areas [6]. Currently, 10 out of Nevada’s 17 counties have populations in which 20% or more are aged 65 or older.

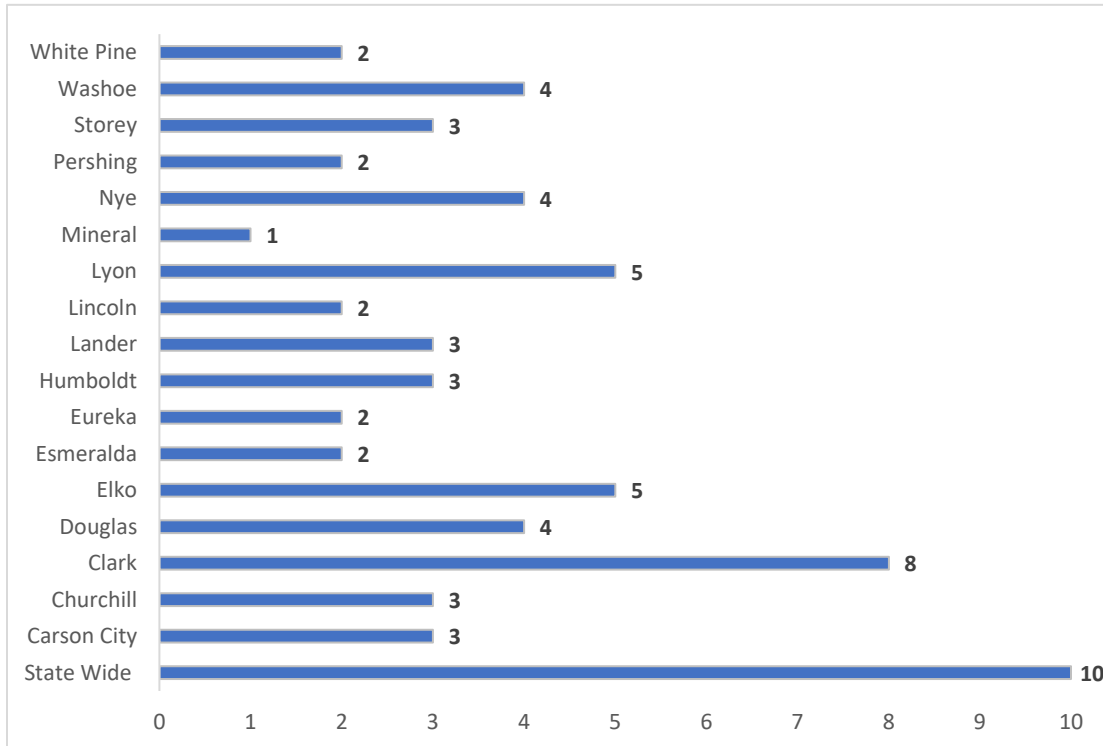


Figure 35. Workforce Development Availability by County and Service Type (n = 27)

To maintain the functionality of rural communities, it is essential to engage older adults in the workforce, based on their abilities, interests, and willingness to contribute. While some older adults may be economically stable and not seek employment for financial reasons, rural communities rely heavily on available human resources to sustain essential services and local operations. Importantly, some older adults may need to acquire new skills such as digital literacy or job-specific training to effectively contribute to the evolving workforce needs in these areas. Workforce development programs should therefore include opportunities for skill-building and upskilling, enabling older adults to participate in both traditional and emerging forms of work.

Future planning should prioritize these targeted workforce development initiatives for older adults in rural regions. Additionally, expanding technology assistance programs can help bridge workforce gaps by enabling remote work, virtual service delivery, and digital engagement, especially in areas where the labor force is shrinking due to demographic shifts.

Other Services

There were 40 responses listed under the "other" service category, where respondents indicated that their services did not fit into any of the main or subcategories provided in the survey. Upon reviewing the service descriptions, we found that some of these "other" responses could potentially align with existing main or subcategories. Because service size and waitlist information were collected by primary service category, we chose not to reclassify these responses in order to preserve the integrity of the reported data. Instead, we conducted a qualitative review of the responses and identified eight unique service themes, which are summarized below.

- Volunteer/Free Income Tax Assistance (VITA)
- Time exchange
- Temporary overnight accommodations for medical appointments
- Personal emergency response units
- Adoption, foster grandparent program
- Bed bug remediation
- Aging adult pet program to help with food and veterinary services

The survey did not examine healthcare facility or service needs, as this was beyond its scope. However, four organizations reported that they provide services such as primary care, neurotherapy, dementia care, and breast cancer support for older adults, in addition to other services offered by their organizations.

Unmet Needs in Nevada

In addition to the predefined service categories, survey respondents were invited to share their perspectives on services they believe are missing or insufficient in their communities. A total of 104 organizations responded to this open-ended question. To analyze these responses, we used a deductive approach based on the same 11 main service categories outlined in the survey. This method helped assess whether reported service gaps fell within the existing service area. Most responses aligned with these existing categories. However, medical needs were mentioned frequently enough to justify creating a new, separate category.

Table 8. Number and Percentage of Open-Ended Responses Categorized by Main Service Area

| Service Category | Frequency | Percentage |
|--|-----------|------------|
| Health & Wellness Services | 26 | 25% |
| Personal & Home Support | 24 | 23% |
| Transportation & Mobility | 37 | 35% |
| Nutrition & Food Assistance | 9 | 9% |
| Social & Recreational Programs | 8 | 8% |
| Legal Assistance | 6 | 6% |
| Financial Assistance (including housing) | 34 | 32% |
| Caregiver & Family Support | 11 | 10% |
| Crisis & End-of-Life Services | 9 | 9% |
| Technical Assistance | 4 | 4% |
| Workforce Development | 5 | 5% |
| Medical (new category) | 17 | 16% |

Table 9 illustrates the frequency of service needs identified through deductive analysis, organized by each main service category and its subcategories.

Table 9. Unmet Service Needs: Frequency by Subcategory

| Main Category | Subcategory | Frequency* |
|----------------------------|---|------------|
| Health & Wellness Services | Mental & Behavioral Health | 11 |
| | Health Promotion & Disease Prevention | 6 |
| | Home Health Service | 3 |
| | Case Management | 11 |
| Personal & Home Support | Homemaker Services | 13 |
| | Personal Care Assistance | 8 |
| | Adult Day Program | 7 |
| | Home Safety Modifications & Repair Services | 7 |
| Transportation & Mobility | Non-Emergency Medical Transportation | 35 |
| | Physical Transportation Assistance | 6 |
| | Financial Transportation Assistance | 6 |

| | | |
|--|---|----|
| Nutrition & Food Assistance | Congregate Meals | 5 |
| | Food Pantries | 1 |
| | Food Vouchers | 2 |
| | Home-Delivered Meals | 4 |
| | Nutrition Education/Counseling | 0 |
| | SNAP Eligibility Assistance | 0 |
| Social & Recreational Programs | Community and Social Engagement | 5 |
| | Recreational Activities | 4 |
| | Faith-Based & Spiritual Support Programs | 0 |
| | Senior Companion | 3 |
| Legal Assistance | Legal Assistance | 6 |
| | Guardianship | 2 |
| | Advance Directives Support | 0 |
| Financial Assistance | Benefits Planning | 1 |
| | Financial Assistance | 7 |
| | Housing Assistance | 28 |
| | Medicare Counseling and Enrollment Assistance | 1 |
| | Representative Payee | 1 |
| Caregiver & Family Support | Caregivers in Accessing Services | 4 |
| | Caregiver Training & Support Groups | 2 |
| | Respite Care/Vouchers | 7 |
| Crisis & End-of-Life Services | Crisis Intervention | 4 |
| | Elder Abuse Prevention & Support | 2 |
| | Hospice & Palliative Care | 4 |
| | Grief & Bereavement Support | 0 |
| Technical Assistance | Technical Assistance | 4 |
| Workforce Development | Workforce Development | 5 |
| Medical (new category) | Medical (new category) | 17 |
| <i>*Based on open-ended responses from 104 organizations</i> | | |

Transportation: A Foundational Need

Transportation was the most frequently cited unmet need. Respondents emphasized the lack of affordable, safe, and accessible transportation, particularly for non-medical appointments and rural-to-

"We are in need of more accessible transportation and housing. As I coordinate events and activities for seniors, many are unable to attend due to lack of transportation." [ID:6]

"The ability to have food pantry items delivered to clients' homes when they either have health issues or lack transportation." [ID:27]

"Transportation programs from rural parts of the state to Reno or Las Vegas are urgently needed." [ID:12]

urban transit. Many noted that transportation is a critical connector to other services, such as meal and social engagement programs.

Housing and Financial Assistance

Within the finance category, housing-related concerns were the most frequent (28 times). Respondents mentioned a need for:

- Affordable housing
- Assistance with home modifications including downsizing
- Rent support and relocation assistance
- Housing options for homeless older adults

"Rural NV has many missing services, one of the most prominent being housing. Housing insecurity is common among many demographics, but especially among [older adults]." [ID:36]

"Financial support for PREVENTATIVE help at home services - to provide assistance for aging adults to be in their home." [ID: 85]

"Moving Assistance, Bed Bug Remediation/treatment; Hoarding Assistance (Cleanup/downsizing); Assisted Living/Group Home Financial Assistance; Senior Housing with supportive services built into the housing option" [ID: 52]

Personal & Home Support

Several respondents emphasized the need for homemaker services, personal care assistance, and adult day programs to help older adults remain in their homes longer and avoid premature institutionalization.

"Home care for seniors/disabled; transportation; financial assistance for homeowners to make necessary repairs to stay in their home longer." [ID: 79]

Unique Themes Identified Through Inductive Analysis

Service Navigation and Coordination

Respondents repeatedly highlighted the lack of in-person service navigators to help older adults understand and access available resources. Respondents emphasized that many older adults are not tech-savvy and struggle with online forms or delayed responses, making it difficult to get timely help. While this need relates to case management, respondents framed it more broadly as a need for holistic service coordination, supporting areas such as finance, food, social connections, and non-medical emergencies.

“Services Resources Navigator for older adults and those with disabilities. A hands-on in-person advocate that can physically be present to help if needed.” [ID:32]
“Many seniors don’t know what services exist and how to access them. Would be great to have one-stop shops around the county.” [ID: 22]
“Not enough resources available to let families know WHAT the resources they have.” [ID: 29]

Workforce and Human Resources Gaps

The lack of **paid personnel** to deliver essential services such as home health and homemaker support was another theme.

Additional Needs

“Paid positions assisting seniors to live independently. Many seniors need more assistance than our volunteers can provide.” [ID:44]

“Transitional living for dementia (short-term & crisis).” [ID:71]
“High-quality adult day opportunities for people living with dementia (with peer support and engagement opportunities).” [ID:5]

Specialized assistance for individuals with **Alzheimer’s or dementia** was also mentioned, including transitional care and home-based support services.

Medication management and overdose prevention were mentioned by two respondents.

Some respondents highlighted a **lack of funding** opportunities to sustain services at the community level.

“We currently have a waitlist of over 300 seniors for Home-Delivered meals. Increased funding and additional resources are essential to meet this growing need.” [ID 26]
“There are insufficient funds available for programs that help older adults manage chronic conditions and prevent falls.” [ID:23]

“Access to overdose prevention and medication support is needed.” [ID:102]
“Ongoing medication management training.” [ID:46]

Cross-Validation of Survey Results Using Nevada 211 Resource Data

To help validate our survey findings, we conducted a comparison between the lowest-reported service categories—technical assistance and workforce development—and data available from the Nevada 211 Resource Inventory, focusing specifically on Washoe County. This approach was selected because we did not have access to a comprehensive, analysis-ready dataset from 211 without incurring additional costs. By targeting the lowest-reporting categories and a single county, we aimed to perform a focused, time-efficient cross-check.

In Washoe County, the number of organizations identified through the survey in the areas of technical assistance and workforce development somewhat aligned with what was found through 211. However, it is important to note that the 211 database presents some limitations. For instance, the system does not allow filtering of organizations specifically by the services they offer to older adults. Therefore, after identifying each organization, we verified whether they provide services for seniors by reviewing their websites and conducting web searches.

Although this limited comparison supports the general consistency of the survey data, we urge readers to interpret the findings with caution. The survey responses are based on self-reported data, and the sample does not capture all service organizations operating in Nevada. That said, the number and distribution of organizations represented in this survey across categories offer valuable preliminary insights into the availability, scale, and gaps in aging-related services throughout the state.

Table 10. Washoe County: Survey vs. Nevada 211 Data Comparison for Technical & Workforce Services

| Technical Assistance | | | | Workforce Development | | | |
|--|---|---|---|--|---|---|---|
| Search term: Technical | S | Survey | S | Search term: Workforce | S | Survey | S |
| Northern Nevada Center for Independent Living | 1 | Neighbor Network of Northern Nevada (N4) | 1 | Saint Vincents Super Thrift Store, Catholic Charities of Northern Nevada | 1 | Comprehensive Home Health Solution | 1 |
| Educational Training Voucher Program, Children's Cabinet | 0 | City of Reno | 1 | Saint Vincents Thrift Store, Catholic Charities of Northern Nevada | 0 | More to Life Adult Day Health Center, LLC | 1 |
| Disability Rights Group-Reno, Nevada Disability Advocacy and Law Center | 0 | Volunteers of America Sierra Manor Apartments | 1 | Job Search and Placement, Express Employment Professionals | 1 | Neighbor Network of Northern Nevada (N4) | 1 |
| Nevada Primary Care Association | 0 | | | Native Workforce Development Program | 1 | Nevada Human Development Corporation | 1 |
| Pacific ADA Center | 1 | | | Affordable Housing, Northern Nevada Community Housing | 0 | | |
| Book share, Benetech | 1 | | | High Sierra Area Health Education Center | 0 | | |
| Disability Rights Group-Las Vegas/ Nevada Disability Advocacy and Law Center | 0 | | | People Ready | 1 | | |
| Nevada Women Business Center/ Nevada Business Opportunity Fund | 1 | | | Continuing Education, Great Basin College | 1 | | |
| Doyle Foundation Scholarship Information/Scholarships | | | | Nevada State Apprenticeship Council | 0 | | |
| Prevention/Prevent Child Abuse Nevada | | | | | | | |
| Total 2.1.1 program for seniors | 4 | Total Survey Reported Organizations | 3 | Total 2.1.1 program for seniors | 5 | Total Survey Reported Organizations | 4 |

Note. S – Program for seniors

Breakout Workgroups

At the 2024 The Force Awakens: Nevada’s Service Saga Conference, four breakout workgroups were convened to identify goals, priority populations, opportunities, and challenges to inform Nevada’s Multi-Sector Plan on Aging (MPA). The workgroups focused on four areas: Statewide, Rural and Frontier Counties, Clark County, and Washoe County. A total of 77 written responses were collected from participants who voluntarily shared input on their region’s priorities, challenges, and opportunity areas. The highest number of responses came from the Rural and Frontier Counties group (24 responses, 31%), followed by Clark County and the Statewide group (22 responses each, 29%), and Washoe County (9 responses, 12%).

Prioritized Population in a Nevada MPA

Participants were asked to select populations that should be prioritized within the Nevada MPA from eight predefined groups. The most frequently selected group was people with disabilities, chosen by 55 out of 71 respondents (77%). Family caregivers followed closely, with 50 respondents (70%) identifying them as a priority. The deaf and hard of hearing population was the third highest, prioritized by 47 respondents (66%).

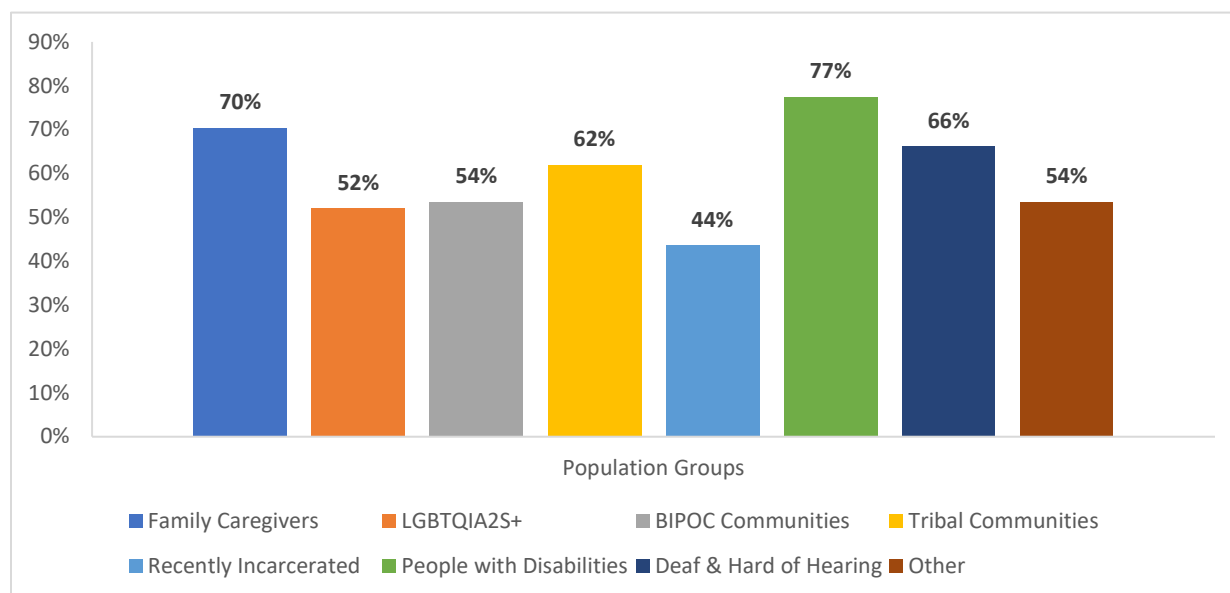


Figure 37. Percentage of Populations Prioritized in Nevada’s Multi-Sector Plan on Aging (n = 71)

Regional Differences in Priority Population

When examining regional differences in population priorities, people with disabilities and family caregivers were consistently identified as the top two priority populations by participants from the Clark County and Washoe County groups. In the Rural and Frontier Counties group, people with disabilities were also ranked as the top priority. However, the second most frequently selected category was “Other,” with participants noting that all listed population groups were important. The Statewide group identified deaf and hard of hearing individuals as their top priority, which aligns with survey findings showing limited availability of organizations that provide sign language interpretation services.

Table 11. Regional Differences in Population Priorities

| Population Groups | State | Rural and Frontier | Clark | Washoe |
|--------------------------|---------|--------------------|---------|--------|
| Family Caregivers | 17(77%) | 12(52%) | 15(83%) | 6(75%) |
| LGBTQIA2S+ | 15(68%) | 6(26%) | 13(72%) | 3(38%) |
| BIPOC Communities | 16(73%) | 6(26%) | 12(67%) | 4(50%) |
| Tribal Communities | 15(68%) | 10(43%) | 14(78%) | 5(63%) |
| Recently Incarcerated | 14(64%) | 5(22%) | 9(50%) | 3(38%) |
| People with Disabilities | 17(77%) | 17(74%) | 15(83%) | 6(75%) |
| Deaf & Hard of Hearing | 18(82%) | 10(43%) | 14(78%) | 5(63%) |
| Other | 11(50%) | 14(61%) | 8(44%) | 5(63%) |

Top Priority Areas for Nevada’s MPA

Among 10 identified focus areas, participants were asked to select the top three priorities they believe should be addressed in the MPA. The most frequently selected priorities were:

1. Housing
2. Transportation
3. Access to Health Care

These areas align closely with the survey’s qualitative findings on unmet needs. Family caregiver support was ranked as the fourth most important priority in the breakout discussions. While it was not as frequently mentioned in the open-ended survey responses, this discrepancy may be due to how the breakout groups discussed caregiving more broadly, without distinguishing specific services like homemaker assistance or personal care—categories that were treated separately in the survey.

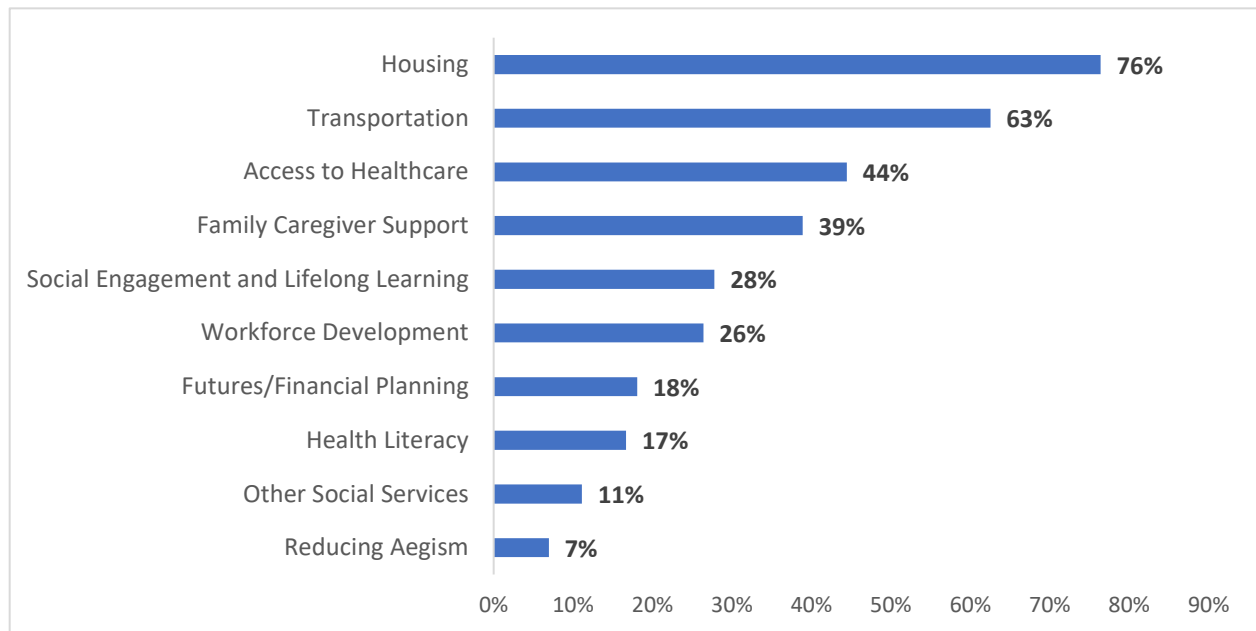


Figure 38. Top Three Priority Areas Identified for Nevada’s Multi-Sector Plan on Aging (n = 72)

Regional Differences in Priority Goals

When examining regional differences in priority goals across the four groups, housing emerged as the top priority in all regions. The second priority, however, varied by region. Clark County and the Rural and Frontier Counties groups both identified transportation as their second-highest priority. The statewide group ranked family caregiver support as the second priority, while Washoe County prioritized access to health care. The figure below illustrates the distribution of priority goals across the four regions.

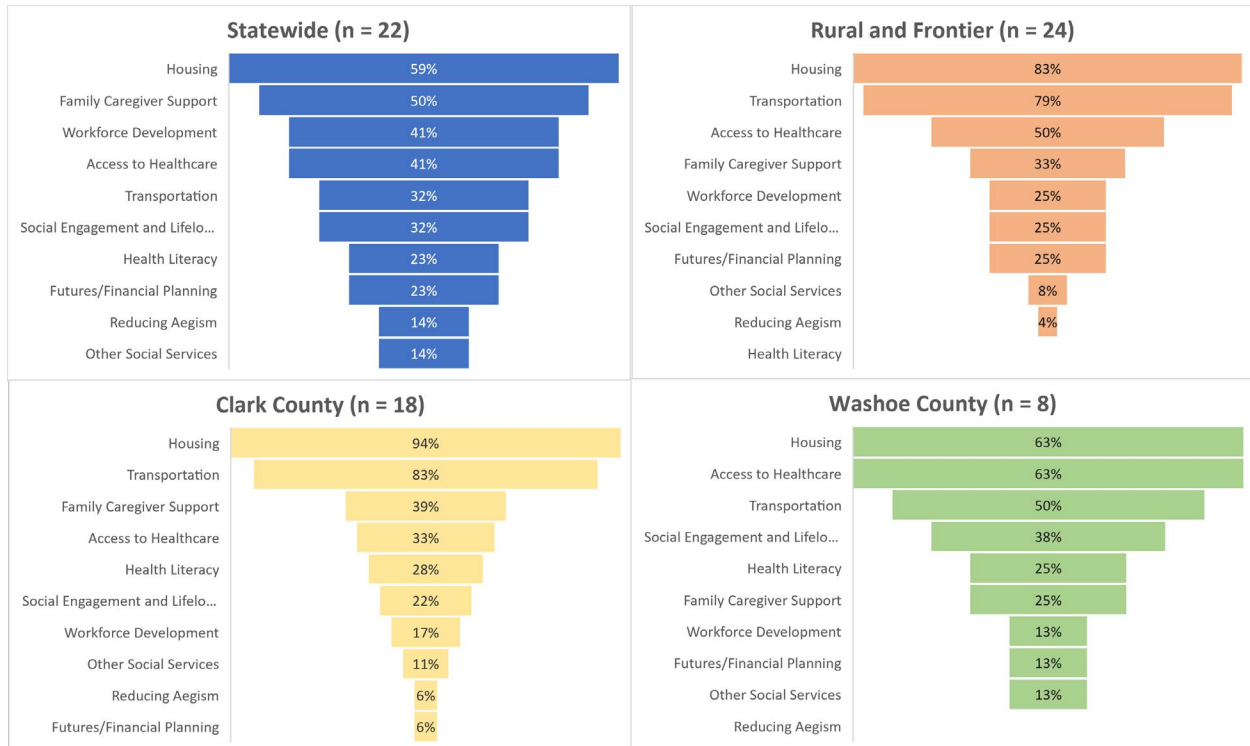


Figure 39. Regional Variation in Top Priority Goals for Nevada’s MPA

Opportunities for Developing a Multi-Sector Plan for Aging in Nevada?

Open-ended feedback was collected in response to the question, “What opportunities do you see for Nevada in developing an MPA?” A total of 60 participants shared their input. Through inductive thematic analysis, two common themes emerged. The primary theme was the opportunity to **foster collaboration among stakeholders** to better meet the needs of older adults in Nevada. The concept of collaboration was mentioned 38 times, underscoring its importance to respondents. A few example quotes are provided below to illustrate this theme.

“-Collaborations across agencies -Seeing where the true gaps in service are -Seeing the resources out there and which overlap -ability to implement a no wrong door model.” [ID: 21-State]

“Change in demographics -collaboration amongst providers, communication strengthening could positively impact accessibility could help in the sharing of resources help agencies govt support one another - could help identify gaps can connect people communities and businesses growth development. [ID: 61-Clark]

“More collaboration and agency resources.” [ID: 50-Rural & Frontier]

The second theme emphasized the importance of unified **communication efforts** to raise awareness about existing services available to older adults in Nevada.

“Building Statewide communication platform for agencies to connect, prioritize, etc. based on populations in need / jurisdiction etc. -more conferences/ meeting of agencies.” [ID: 3-Washoe]

“A common theme I heard during the conference was-“ I didn't know” = “I didn't know you existed,” “I didn't know these services were available, “I didn't know where to go/how to access. I think bringing all NV stakeholders to the table to work on a man vision/focus will only improve process, accessibility, innovation and communication.” [ID: 74-Clark]

Additionally, a few participants highlighted the opportunity to influence or advocate for policy changes through the development of the MPA.

“Access to resources for other providers comprehensive understanding of state resources -To change policy so state service specifications aren't one size fits all.” [ID: 44-Rural & Frontier]

“Change/improve policy (NRS/NAC) Collaboration/Advocacy Efficiency.” [2-Washoe]

Challenges in developing a Multi-Sector Plan for Aging?

In response to the question, “What challenges do you see for Nevada in developing an MPA?”, 61 participants shared open-ended feedback. Thematic analysis of their responses revealed seven key challenges. Unlike the more unified themes around opportunities, challenges were diverse and multifaceted.

Lack of Funding

Funding emerged as the most frequently mentioned challenge, cited 29 times. Participants emphasized the need for financial support to sustain existing efforts, launch new services, and connect fragmented programs. Funding was described as essential for both capacity building (human resource) and ensuring equitable access to services (between urban and rural and frontier counties).

“Funding awareness establish long term funds trying to find right people to the table.” [ID: 8-Washoe]

“Implementation of any plan that does not include funding for implementation resources (staffing, technology) that supports what needs to be carried out.” [ID: 72-Clark]

Establishing Effective Collaboration

Collaboration was the second most common theme. While also viewed as an opportunity, participants highlighted challenges in building trust and aligning goals across state agencies, local governments, nonprofits, and private organizations. Differences in priorities, communication styles, and organizational cultures were seen as barriers to meaningful partnerships.

“Bringing other states depts into the plan. Helping all state departments embracing aging as their issues bringing down silos.” [ID: 10-State]

“Connection bridge gap? Implementation (private sectors) Agencies across lifespan individuals? Lack of awareness of current efforts + resources.” [ID: 58-Clark]

Shortage of Human Resources

Mentioned 18 times, the need for adequate and capable staffing, especially in rural and frontier counties was a major concern. Participants pointed to difficulties in hiring and retaining skilled professionals and volunteers, exacerbated by limited funding and high wage limit.

‘Not enough people to provide fill in for the services needed -Not enough affordable housing to expand more services out in Rural areas -cost -Collecting proper data’ [ID: 45-Rural & Frontier]

“Time, staff, resources Being competitive installing in rural/ frontier mines starting pay is \$35 per hour how do we find good people to provide services” [ID: 19-State]

Lack of Action or Implementation

Seventeen responses pointed to a historical gap between planning and execution. Participants stressed the importance of moving beyond planning documents and ensuring that the MPA leads to tangible, community-level changes with accountability mechanisms.

“Falling through the cracks (rural especially) Connection/Coordination to implements AND See the change within communities.” [ID: 52-Rural & Frontier]

“Where does the accountability come in for the implementation of the plan. Talk but no momentum. How do we stay in communication w/ all the entities involved? Funding accountability oversight Hierarchy of agencies who has the most power” [ID: 31-State]

Urban-Rural Disparities

Fourteen participants noted the challenge of addressing Nevada’s significant geographic and resource disparities between urban, rural and frontier counties. Limited infrastructure, transportation challenges, and lack of human resources in rural areas were cited as persistent obstacles.

“Lack of individual county representation as the areas can differ greatly based on topographical, local industries, and population factors Lack funding in general! But especially in allocation of funds for the care of people. Lack of urgency with legislative bodies and those developing policy "out of touch" with direct populations.” [ID: 38-Rural & Frontier]

“Each area of the state is so different and unique, there is no one size fits all model.” [ID: 40-Rural & Frontier]

Lack of Buy-In and Awareness

Thirteen responses mentioned concerns about buy-in from stakeholders. Participants cited a lack of awareness, education, and clear communication about the MPA, particularly within diverse communities. Power dynamics and differing levels of influence were also seen as factors that might limit widespread support.

“Lack of knowledge, resources Do use have the money. Buying? Letting other departments to understand and become a part of aging and disabilities.” [ID: 33-Rural & Frontier]

“People struggle w/ an old way of thinking. Leadership have been in place too long no new ideas. Changing on paper but reality is different Too concerned w/ regulations of checking boxes.” [ID: 64-Clark]

Data Infrastructure and Coordination

Several participants emphasized the need for accurate, consistent data collection across agencies. They called for a centralized platform to share information in real time, track service needs, and support implementation at all levels.

“Gathering data or rather missing important data an agency is already collecting. Missing opportunity to collaborate w/ private sectors effectively b/c we don't see /know what they are doing, the geographic set up of Nevada in general. Such different needs for North Vs. South.” [ID: 18-State]

“Get the real information from all areas in Nevada.” [ID: 53-Rural & Frontier]

What initiatives are already happening that should be connected to/by an MPA?

Participants highlighted that a number of state, local, nonprofit, commission, council, and working group initiatives are already underway in Nevada, and that these efforts should be better connected and aligned under the MPA framework. Below are selected examples of initiatives or partnerships that participants believe should be connected to support a more coordinated, person-centered aging system.

“NV DEM + Behavioral Health Board + Independent Living Centers” [ID: 26 – State]

“Community Coalition for Elderly, Unwavering Reno/UNLV region / Sanford Center. Any program already in place and driven by living in place for elders.” [ID: 43 – Rural & Frontier]

“Interagency Council on Homelessness to Housing Strategies Plan to End Homelessness. Coalitions working on aging-related issues like housing stabilization and tenant rights.” [ID: 63 – Clark]

“A person-centered approach to emergency preparedness for aging populations with partnerships with DEM.” [ID: 23 – State]

“Master ROI Alzheimer’s Disease Program Initiative, Dementia Care Specialist Grant, advocacy bodies, human services groups, housing coalitions, realtors, Nevada Healthy Communities, city officials, regional transportation plans.” [ID: 8 – Washoe]

“What is already being funded by the State of Nevada? We need more connection with NSHE to utilize and share data or collaborate. Alliances, support groups, and understanding who is being served—and not served—and what barriers exist.” [ID: 18 – State]

Another key recommendation was the need to build **data integration systems** to better understand what services are currently available, where gaps exist, and how efforts overlap. Participants also emphasized the **importance of targeted outreach** to raise awareness about existing resources and to account for the diverse needs across rural vs. urban areas, cultural backgrounds, and demographic groups. Overall the responses point to a clear opportunity: Nevada can build on its existing infrastructure by **strengthening cross-sector partnerships, aligning efforts, and improving communication between agencies, communities, and planning bodies.**

Reference

1. Money Management International, *Quarterly Service Report January 1, 2025 - March 31, 2025*, in 2.1.1 Nevada. 2025.
2. Office of Analytics Department of Health and Human Services, *Nevada Population Demographics Dashboard*. 2024.
3. U.S. Census Bureau U. S. Department of Commerce, *ACS 1-Year Estimates Subject Tables, Population 65 Years and Over in the United States*. 2023, American Community Survey.
4. Gerontology Center at Miami University, *AAA National Survey*. 2023, Area Agencies on Aging.
5. US Census Bureau, *Racial and Ethnic Diversity in the United States: 2010 Census and 2020 Census*. 2020.
6. Aging and Disability Services Division, *Elders Count Nevada 2023*. 2023.
7. Griswold, T., et al., *Nevada Rural and Frontier Health Data Book*. 2023.
8. Nevada Governor's office of Science Innovation and Technology, *Nevada State Broadband Connectivity Strategy*. 2021.
9. Alzheimer's Association, *2025 Nevada Alzheimer's Statistics*. 2025.
10. Nevada Department of Health and Human Services, *2020 Rural Behavioral Health Profile*. 2020, Division of Public and Behavioral Health, Nevada Department of Health and Human Services.

Appendix A: Survey Copy

Introduction

On behalf of the Aging and Disability Services Division of the State of Nevada, the University of Nevada, Reno is conducting a needs assessment survey to gather information about aging services available to older adults in Nevada. The purpose of this survey is to identify existing services and assess community needs. Your organizational information is stored separately from your survey responses. Data collection and analysis are conducted by the University of Nevada, Reno. All data is confidential and reported as group results, not individually. The survey will take no more than 7 minutes to complete. To participate, please provide details about the services your organization offers, your main contact information, and an overview of your organization's structure. If you have any questions or comments about this survey, you may contact Leslie Baker, PharmD, BCGP Director, Geriatric Pharmacy Services, Sanford Center for Aging, University of Nevada, Reno LeslieBaker@med.unr.edu

Funded by the Nevada Aging and Disability Services Division.

Please provide general information about your organization. Please write out the full name of your organization instead of using abbreviations.

- Organization Name:** _____
- Address (Street name, city):** _____
- Zip Code:** _____
- Organization Phone number** _____
- Organization Email Address** _____
- Name of Person Completing the Survey** _____

Organization Structure: (Select one)

- Nonprofit Agency
- County Government
- Advocacy and Council
- State of Nevada
- For-Profit Organization
- Other (please specify) _____

Briefly list the aging-related supports and services your organization provides. (e.g., respite care, home-delivered meals)

Which county(-ies) do you serve? (Select all that apply)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> All Nevada Counties | <input type="checkbox"/> Lander |
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Lincoln |
| <input type="checkbox"/> Churchill | <input type="checkbox"/> Lyon |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Mineral |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Nye |
| <input type="checkbox"/> Elko | <input type="checkbox"/> Pershing |
| <input type="checkbox"/> Esmeralda | <input type="checkbox"/> Storey |
| <input type="checkbox"/> Eureka | <input type="checkbox"/> Washoe |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> White Pine |

How would you assess your agency's capacity to meet the current demand for the services your organization provides?

- We have more demand than we can serve (We have a waitlist or unmet needs)
- We can meet demand adequately (No significant waitlist, services are accessible)
- We have excess capacity (We can serve more clients than we currently do)

Do you offer services in languages other than English?

- Yes, regularly
- Yes, occasionally
- No

If yes, please list the languages.

**What outreach and marketing strategies does your agency use to recruit clients or promote services?
(Select all that apply.)**

- Social media (e.g., Facebook, Twitter or X, Instagram)
- Word of mouth (through current clients)
- Local media marketing (e.g., newspaper, radio, TV)
- Distribution of flyers or promotional materials
- Referrals from other organizations or professionals
- Other (please specify): _____

We would like to understand the types of services your agency provides. Please select all applicable categories and subcategories. If none of the listed services apply to your agency, select “Do not provide any services in this category.” If your services do not fit into any category, select “Other” and provide a brief description.

Health & Wellness Services

- Mental & Behavioral Health (e.g., counseling, support groups)
- Health Promotion & Disease Prevention (e.g., wellness programs, screenings)
- Home Health Services (e.g., nursing care, therapy)
- Case Management
- Do not provide any services in this category

Personal & Home Support

- Homemaker Services (e.g. errands, lighthouse keeping, shopping)
- Personal Care Assistance (e.g., bathing, dressing)
- Adult Day Program (e.g., caregiver relief, supervision)
- Home Safety Modifications & Repair Services (e.g., grab bars, ramps)
- Do not provide any services in this category

Transportation & Mobility

- Non-Emergency Medical Transportation (e.g. medical appointment transportation)
- Physical Transportation Assistance (e.g., senior shuttle, volunteer drivers)
- Financial Transportation Assistance (e.g. bus tokens, taxi vouchers, Uber, Lyft)
- Do not provide any services in this category

Nutrition & Food Assistance

- Congregate Meals
- Food Pantries
- Food Vouchers
- Home-Delivered Meals
- Nutrition Education/Counseling
- SNAP Eligibility Assistance
- Do not provide any services in this category

Social & Recreational Programs

- Community & Social Engagement (e.g., social clubs)
- Recreational Activities (e.g., exercise, arts & crafts, gardening)
- Faith-Based & Spiritual Support Programs
- Senior Companion
- Do not provide any services in this category

Legal, Financial & Technology Assistance

- Advance Directives Support
- Benefits Planning
- Financial Assistance (e.g. utility, internet, medication)
- Guardianship
- Housing Assistance
- Legal Assistance
- Medicare Counseling and Enrollment Assistance
- Representative Payee
- Technology Training and Assistance
- Do not provide any services in this category

Caregiver & Family Support

- Assistance for Caregivers in Accessing Services
- Caregiver Training & Support Groups
- Respite Care/Vouchers
- Do not provide any services in this category

Crisis & End-of-Life Services

- Crisis Intervention
- Elder Abuse Prevention & Support
- Hospice & Palliative Care
- Grief & Bereavement Support
- Do not provide any services in this category

Other Services:

- Workforce Development
- Other (please describe your service category) _____
- Do not provide any other services

We would like to understand the scale of services your agency provides. For your organization’s last completed fiscal year. Please estimate the total number of clients served for each main service category you selected earlier. The service categories will be displayed based on your previous selections. An estimate is sufficient; exact numbers are not required. Please indicate whether you had a waitlist for each category by selecting Yes or No.

| | Service Size | Waiting list | |
|--|-------------------|--------------|----|
| | Number of Clients | Yes | No |
| Health & Wellness Services | | ○ | ○ |
| Personal & Home Support | | ○ | ○ |
| Transportation & Mobility | | ○ | ○ |
| Nutrition & Food Assistance | | ○ | ○ |
| Social & Recreational Programs | | ○ | ○ |
| Legal, Financial & Technology Assistance | | ○ | ○ |
| Caregiver & Family Support | | ○ | ○ |
| Crisis & End-of-Life Services | | ○ | ○ |
| Other Services | | ○ | ○ |

What services do you believe are missing or insufficient in your community? Your response will help us better understand current and future needs. Please share your honest opinion below:
