



Not Just a Card Playing Club: The Future Trends of Aging and the Senior Center

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Commissioned by Active Generations



Charlotte Berg
Beacom Research Fellow

Augustana Research Institute
Augustana University
Sioux Falls, South Dakota

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Introduction

A challenge is on the horizon for senior centers and aging services. Aging services will see a dramatic increase in demand as a large proportion of the United States' population nears retirement age. Businesses and senior services serving this population need to prepare, as the newest generation of aging adults is the largest in the history of the United States (Hoyt, 2021). Locally, Sioux Falls, South Dakota's population of older adults, aged 65 and older, will increase by an estimated 54% by 2025 (Esri, 2020).

Active Generations can uniquely meet the challenge of serving a new generation of older adults. However, to do so successfully, the organization must plan for increasing demand, increasing program capacity, and adapting programming to emerging needs and preferences. Active Generations is building a new facility, which has created the unique opportunity to design the facility and services to meet the emerging needs of the aging population. In order to help Active Generations and other aging services prepare for this challenge, this report examines the emerging trends and needs of the new aging population.

Project Objectives

Completed through the Beacom Research Fellows Program at Augustana University, this report offers a review of the literature of future aging trends and a comparative case study of ten similar organizations in the region. This study can be used to make strategic decisions to address the changing needs of the aging population, as well as adapt programming to those needs.

A Brief History of Active Generations

Since Active Generations' origination in 1968, their mission has been "to promote positive aging for adults and to enhance the quality of life for all generations through programs, services, and education" (Active Generations, n.d.). It is located in Sioux Falls, South Dakota, which has a population of around 183,800 people (U.S. Census Bureau, ACS 2019 1-year estimates, Table S0101). Active Generations consistently maintains around 2,500 to 3,000 members a year and impacts approximately 6,000 additional community members.

The organization has seven different programming areas including Active Generations Membership/Activities, Nutritional Services, Adult Day Services, Caregiver Case Management and Outreach Programs, Workers on Wheels, Senior Health Information and Insurance Education (SHIINE), and Bridges Employment Resource Center. First housed in a building in downtown Sioux Falls, the organization moved to their current location around 20 years ago. Anticipating the increasing population of aging adults in Sioux Falls, Active Generations is building a second location on the east side of the city.

Key Findings

- **The aging population is growing in absolute and relative terms.** Currently, Sioux Falls is home to an estimated 20,908 people aged 65 or older. This population makes up 11.1% of the total population. In five years, it is projected to grow to 32,192 people, or 15.7% of the city's future population. This growth represents an increase of over 11,000 people, or 54% growth in just five years. This growth in the older population will increase the need for aging services.
- **The next generation of aging adults is more educated.** In Sioux Falls, 32.1% of adults aged 46 to 62 have a bachelor's degree or higher, compared to the 16.3% of those aged 85+. This increase in educational attainment correlates with data collected in interviews for this study that suggests the new aging population has increased interest in lifelong learning.
- **The next generation of older adults plans to age in place.** The Demand Institute (2013) found that only one in five Baby Boomers plan to move to a senior-living facility. The desire to age in place will increase demand for services that assist older adults in maintaining their independence. Active Generations and similar aging services will be called upon to fill this demand.
- **Older adults are delaying retirement.** Older adults both want and need to work longer. In Sioux Falls, those aged 65 to 74 have a 35.9% labor force participation rate. A lack of retirement savings, as well as a need to stay active in the community, keeps more older adults in the workforce past the age of 65. Aging services providers need to adapt programming to make it accessible to working adults.
- **The older population is becoming more diverse.** The next generation of older adults will be more diverse in terms of race, gender, sexual orientation, language, religion, and culture. The current population of Sioux Falls aged 65 and older is 98.1% non-Hispanic white, but its demographic composition will change because of increases in life expectancy for people of color, increases in immigration, and the increase in diversity of the rising older-adult population: 21.9% of the current Sioux Falls population aged 0 to 64 are people of color compared to 1.9% of the 65 and older population. As many as 16% of LGBTQ+ individuals fall within the age range most commonly served by Active Generations. With increasing acceptance around the LGBTQ+ community in Sioux Falls, an expansion in programming might invite a larger population of aging LGBTQ+ members.
- **Changing preferences and characteristics of older adults will change the demand for services.** The emerging needs of the older population include an increased dementia, decreased number of caregivers, and increased need for mental health services. A more educated and diverse population may also seek different types of social programming. Active Generations should consider this when planning for the future of aging adults.

Summary of Recommendations

In order to serve an evolving population of older adults and meet developing needs, aging services providers such as Active Generations should consider the following recommendations:

- **Satisfy a desire to continue lifelong learning.** Add or expand education classes like art, music, cooking, languages, field trips, concerts, theatre, and cultural experiences to expose older adults to the different cultures of the world..
- **Help elders age in place** by adding or expanding a continuum of services, including case management services, home modification programs, driver safety courses, public transport classes, and caregiver support events.
- **Help seniors stay relevant in the workforce.** Add or expand technology classes, including one-on-one tutoring, “bring your own device” classes, or drop-in sessions. Expand hours to cater to working seniors.
- **Increase diversity.** Add or expand diverse programming such as celebrations, performing racial equity analyses, add volunteers of color or bilingual staff, and partner with different groups in the community to increase diversity.
- **Provide navigation services.** Partner with Adult Protective Services, social workers, case managers, or a senior advocate to help older adults navigate complex aging programs and services.
- **Promote social connection and mental health.** Continue socialization programs but add intergenerational programs and introduce hybrid activities to combat social isolation in older adults who cannot leave their home.
- **Design facilities to meet seniors’ needs.** Plan expansion carefully by choosing architectural, structural, and design elements that will benefit the older population.

A Note on Generations and Terminology

Naming generations, such as the Baby Boomer generation, provides an easy way to think and talk about cohorts: groups born during the same time period. However, the names of generations used in popular parlance are not always clear and consistent. For the purposes of this report, generation names are used as follows:

- *The Silent Generation refers to people born between 1928 and 1945, following the definition used by the Pew Research Center (2019). In 2021, members of The Silent Generation are between the ages of 76 and 93*
- *Baby Boomers refer to people born between 1946 and 1964, following the definition adopted by the U.S. Census Bureau (2014). In 2021, Baby Boomers are between the ages of 57 and 75.*

- *Generation X refers to people born between 1965 and 1980, following the definition used by the Pew Research Center (2019). In 2021, members of Generation X are between the ages of 41 and 56.*

Over the next decade, members of both the Baby Boomer Generation and Generation X will enter retirement age and the target demographic for aging services such as Active Generations. This report focuses primarily on the Baby Boomers, all of whom will reach retirement age by 2030. Where appropriate, this report also addresses trends among the older members of Generation X, those who are currently in their late 40s or early 50s.


Methodology

Literature Review

Literature was collected from the fields of gerontology, sociology, psychology, and aging health communities. Information was gathered regarding multiple related topics, including dementia, demographic trends, social isolation, caregiving, retirement, telehealth, long-term care, suicide, visual needs of older adults, economics of aging, therapies, intergenerational programs, happiness and satisfaction in aging, resilience, and healthy aging. This information was collected and compared to survey data from interviews done with current department heads of Active Generations and comparison community organizations to provide the most informative suggestions possible regarding future trends and programs.

Active Generations Department Interviews

Interviews were conducted with eight Active Generations staff members to get a complete understanding of current operations and perceptions of needs. In total, Active Generations has seven departments led by five individual department heads. The seven departments include Active Generations Membership/Activities, Nutritional Services, Adult Day Services, Caregiver Case Management and Outreach Programs, Workers on Wheels, SHINE, and Bridges Employment Resource Center. The five department heads were identified and contacted through emails provided in the Active Generations staff directory. In addition to the five program directors, three additional department leaders with specific roles and responsibilities were contacted: the Home Delivered Case Manager, Caregiver Case Manager, and the Activity and Volunteer Director. These additional participants were included in the study to deepen the understanding of the programs that Active Generations supplies for the aging population. The interviews took approximately 30 to 90 minutes to complete and were conducted in June 2021, in person at Active Generations' offices in Sioux Falls. Consent was given for each interview to be recorded and transcribed. Each individual was asked questions about their specific department, the demographics of their target population, strengths and weaknesses of current department programming, ideas for new programming, thoughts on future trends, and whether there were any comparison



organizations that they would like to share for the comparative study (See **Appendix A** for Active Generations Department Head Interview Questions). Program participants' demographic data was acquired from each interview, including the mean age, socioeconomic status, proportions of different racial and ethnic groups, and the sex of participants to compare to the demographics of Sioux Falls and the comparison communities.

Comparison Community Interviews

The comparison communities used in this report are regional centers in the Upper Midwest that are considered competitors for employment and population growth. The initial set of comparison communities included communities that have previously been used in studies commissioned by the City of Sioux Falls, Sioux Falls Area Chamber of Commerce, Forward Sioux Falls, and the Sioux Falls Development Foundation to compare Sioux Falls in terms of housing, workforce, development, and economic progress; additional sites were added by recommendation of Active Generations and comparison community aging services staff. The comparison communities included in this report are Boise, ID; Cedar Rapids, IA; Des Moines, IA; Iowa City, IA; Fargo, ND; Fort Collins, CO; Lincoln, NE; Omaha, NE; Madison, WI; Rochester, MN; Lakeville, MN; Evanston, IL; and Northfield, IL. An internet search was conducted looking for senior and adult day centers, both nonprofit- and government-affiliated. Eighteen different centers were contacted from the aforementioned communities through email or the contact box on the center/program's website. Of the eighteen centers contacted, nine replied and agreed to participate in an interview. One center was excluded from data collection because it had not fully opened due to the COVID-19 pandemic.

Representatives for the centers were asked questions about popular programs, thoughts on future aging trends, marketing strategies, and specific programs, such as technology classes and intergenerational activities. They were also asked if they knew of any organizations that were doing an exemplary job aiding the aging population in their area that the researcher could contact and interview as well (See **Appendix B** for Comparison Community Interview Questions).

Eleven additional centers, programs, and organizations were identified by respondents in initial interviews, and each was contacted and asked to participate in the study. They were located in Grand Forks, ND; Bismark, ND; Madison, WI, Fort Collins, CO; Marshall, MN; Hastings, MN; Davenport, IA; and Larimer County, CO. Organizers and leaders were contacted via email, using email addresses collected from the organization's website, or through the contact box on their website. Two of the ten centers contacted in this second round replied and were interviewed. These additional organizations were asked the same questions as the first group of organizations. All meetings were conducted and recorded over Zoom.

The centers that replied and agreed to be interviewed did not differ systematically from those that did not respond. The interviewed centers and their home communities are a balanced mix of population size, geographical location, and nonprofit and public

organizations. Centers that did not reply may have been closed due to the COVID-19 pandemic; in at least one case, a center responded but did not complete an interview because it was closed due to the pandemic.

The information collected from the comparison organizations provides knowledge into the inner workings of programs for the aging adult population, as well as opinions from professionals currently employed in aging services. After being synthesized, this information was used in tandem with the literature review to enhance suggestions for programming, as well as assisting in preparing Active Generations for the new generation of aging adults.

Emerging Challenges and Opportunities

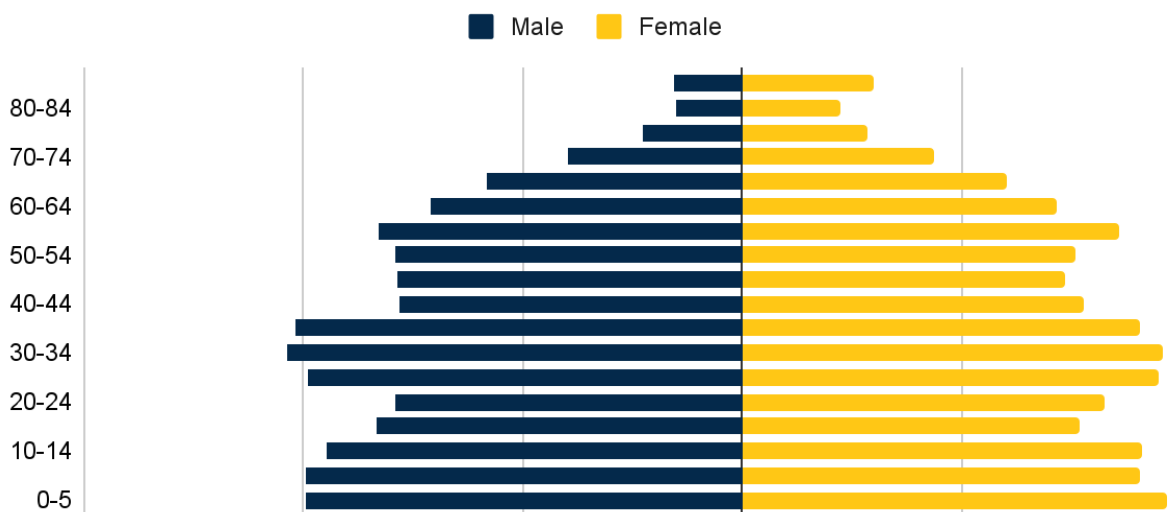
A Growing Aging Population

Sioux Falls, following a similar trajectory as the United States and other developed countries, has seen a general increase in the aging population that will continue into the future. Currently, the population of Sioux Falls is approximately 183,800 (U.S. Census Bureau, ACS 2019 1-year estimates, Table S0101). Individuals 65 and up make up an estimated 11.1% of the total population, totaling around 20,908 people. In just five years, the 65 and up population is projected to grow to 15.7% of the city's population, or around 32,192 people (Esri, 2020). This is similar to the trend projected for the United States as a whole, where “adults aged 65 and older will likely more than double from 46 million today to more than 98 million by 2060” (Servat and Baker, 2020:8). The population pyramids below illustrate the growth of the aging population in the Sioux Falls metro area.

The Sioux Falls metro area's 2019 population is similar to the shape of a pyramid (Graph 1); the proportion of adults under 65 outnumbers the population 65 and above. Therefore, there are more people to care for the older population.

Graph 1: Population Distribution of Lincoln, McCook, Minnehaha, Turner Counties by Sex and Age: 2019

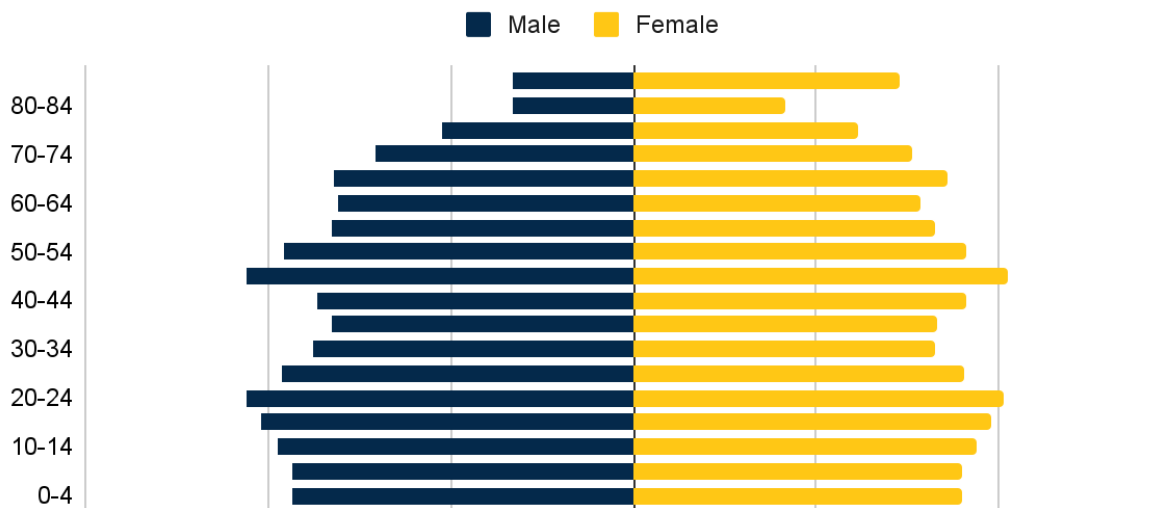
(U.S. Census Bureau, ACS 2019 5-year estimates, Table S0101)



In the second population pyramid (Graph 2), the 2030 population looks more pillar-like than pyramidal. The proportion of the older population is very close to the proportion of younger adults which creates smaller caregiver pools.

Graph 2: Estimated Population Distribution of the McCook, Minnehaha, Lincoln, and Turner Counties by Sex and Age: 2030

(South Dakota Census Data Center, 2012)



The age-dependency ratio captures the changing age composition of the population. The ratio is the number of older adults (aged 65 or older) per 100 adults of working age (15 to 64 years). For example, in 1960, the age-dependency ratio was 18.52 for what is now the Sioux Falls metro area (Lincoln, McCook, Minnehaha, and Turner counties). This ratio means there were 18.52 older adults per 100 working-age adults. As of 2019, the age dependency ratio for the four counties is currently at 20.01. The dependency ratio is still low, but there are not quite as many working individuals to care for each dependent older adult currently. By 2030, the dependency ratio is projected to rise to 33.39 per 100 working-age adults; the increasing proportion of older adults means that this relatively larger proportion of older adults will be supported by a relatively smaller proportion of working-age adults.

Changing Preferences: The Baby Boomer Generation

The rapid growth of Sioux Falls' older population is due to the aging of the Baby Boomer generation. The Baby Boomer generation was born between 1946 and 1964 and the oldest members first reached retirement age in 2011. Now, 10,000 Baby Boomers reach the age of retirement each day, and their aging experience is different from the generations before them (Hoyt, 2021). In their lifetime this population has seen the first landing on the moon, the civil rights movement, five different wars, the HIV/AIDS pandemic, the invention of the cell phone, the first Black president, multiple economic recessions, and

now, the global COVID-19 pandemic. These social and technological factors change the way that this generation views and participates in aging activities.

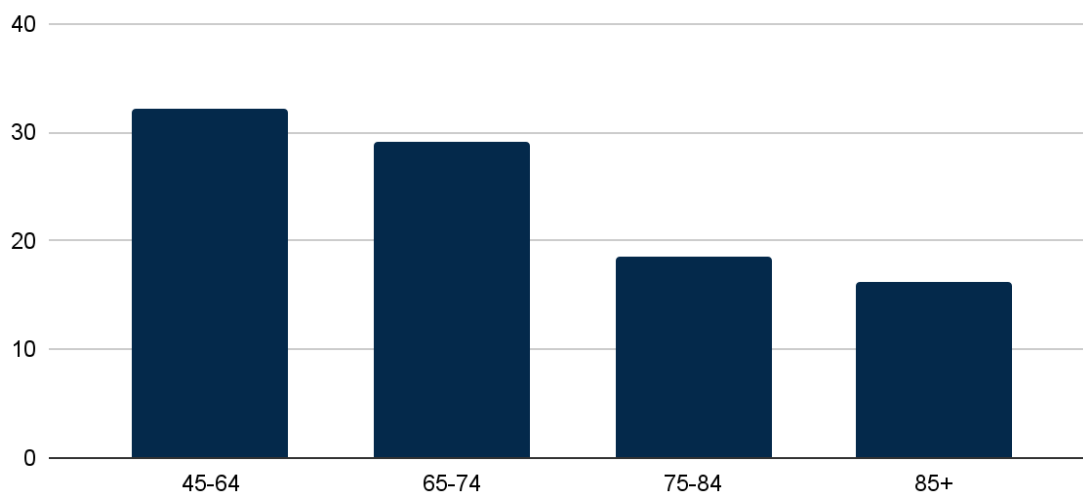
Lifelong Learning

In Sioux Falls, members of the Baby Boomer generation are more likely to have a college degree than the generation that came before them (Graph 3), reflecting national trends (Roberts et al., 2018).

In Sioux Falls, 32.1% of adults aged 45 to 64 and 29.1% of adults aged 65 to 74 have a bachelor's degree or higher compared to 16.3% of adults 85+ (Graph 3). The rising generations of older adults have spent more time in the education system, and interviews with aging services providers suggest that members of this new generation value education more and are more likely to want to continue learning after they retire. One aging services leader reports, "We did a lot of customer discovery in 2018 and 2019, right before the pandemic,... we heard that people wanted to go traveling or they wanted to learn a new language, or try to do new things." Many other centers and services say that the new aging population is more interested in day trips, learning languages, and cooking classes. The literature supports this idea, stating that the future of aging services will center around learning and honing new skills and knowledge (Gavin, 2020). As more of the population ages, the increase in educational attainment should be considered for aging services' program development.

Graph 3: Sioux Falls Educational Attainment Percentages: Bachelor's Degree or Higher (45-85+)

(U.S. Census Bureau, ACS 2019 5-year estimates, Table: S1501)




Aging in Place

According to many of Active Generations' employees and comparison community leaders, the Baby Boomer generation wants to age at home instead of in senior-living communities. After surveying around 4,000 Baby Boomers nationwide about their home and future housing plans, the Demand Institute supports the finding that many Baby Boomers "plan to age in place" or "move into larger homes and take out new mortgages" (2013). They calculate that only one in five Baby Boomers plan to move to a senior-living facility or "Active Adult Communities" (Demand Institute 2013). Baby Boomers would rather stay in the community, where they have existing connections, which improves their social connectedness; however, this puts them at risk for living in a home that is not built with "aging friendly features" such as a single story, low-maintenance home with "accessibility features" (Burbank, 2013). In addition to the lack of aging friendly features, "suburban areas are aging faster than urban areas as well. There is limited public transport [in these neighborhoods and] businesses are more clustered" (Scommegna et al., 2018). Although Sioux Falls is an urban area, its infrastructure--including public transportation--resembles a suburban community. For example, in Sioux Falls, public transportation is mostly centered around the downtown area and does not reach many residential areas. Aging services and centers should anticipate that the future aging population will desire to remain at home longer and require assistance to ensure that their home is "aging friendly."

1 in 5
Baby Boomers plan to move to a senior living facility

Working Past Retirement

In Sioux Falls, those aged 60 to 64 have a 64.2% labor force participation rate, and those aged 65 to 74 have a 35.9% labor force participation rate. The workforce participation rate does not drop off until age 75 and older, where it falls to 7.5%. The government estimates a similar rate for the nation as a whole. They posit that "by 2024, one in four Americans workers will be 55-plus" (Irving et al., 2018). This increase of older workforce participants is due in part to the increased population of older adults and the uneven economic market and loss of pension that the older population has seen throughout their lives. "After the recession in 2008, the average net worth of the Baby Boomer generation dropped from a little over \$200,000 to around \$145,000," leaving many older adults without the means to retire (Burbank, 2013). Circumstances have not improved in the years since 2008: "before the COVID-19 pandemic, only half of adults over 50 had more than \$100,000 saved for retirement and nearly 30% had no retirement savings or pension" (Dunnings, n.d.). This could be one of the reasons that many older adults are putting off retirement. Employers and senior services must be aware of the aging workforce and how to support this demographic shift, as working past 65, and sometimes past 70, becomes the norm for older adults.



Beyond financial reasons, people may choose to work past the typical age of retirement because of caregiving obligations that interrupted their career paths. Many Baby Boomers find themselves taking care of their children and parents at the same time. In this position, it might be more beneficial for individuals to work into their 70s and 80s to allow for a more fluid career path and taking time off during their career to care for relatives (Randell-Khan & Hymowitz, 2018).

While many older adults find it necessary to continue working to support themselves or their families, some people may choose to continue working because of anticipated health benefits or a desire to stay busy. Working past retirement age is not only monetarily beneficial but also is beneficial for an individual's health. According to Irving et al. (2018), "100 hours of work per year, paid or volunteer, can have a protective effect on older workers' health," and "a rewarding job...can slow cognitive decline and even delay the onset of Alzheimer's symptoms" (56). Many Baby Boomers do not desire to quit their jobs, either. In a survey of individuals working past retirement age, "[64] percent of the respondents said that they remained in the workforce because they 'both need and want to work'" whereas 36 percent remain because they need to work (Read et al., 2019, 13).

An Increase in Diversity

Over the next several years, the population of older adults will grow increasingly diverse. This demographic change will challenge aging services providers to adapt. Up to this point, they have served a population that is predominantly white: in Sioux Falls, an estimated 97.8% of the population aged 65 and older is white, compared to 92.6% of the population aged 55 to 64 and 85.4% of the population aged 45 to 54 (ACS 2019 5-year estimates S0103, S0101, B01001A). Going forward, aging services providers should consider how to serve more diverse constituents. One aging services leader from a comparison community put this demand in stark terms:

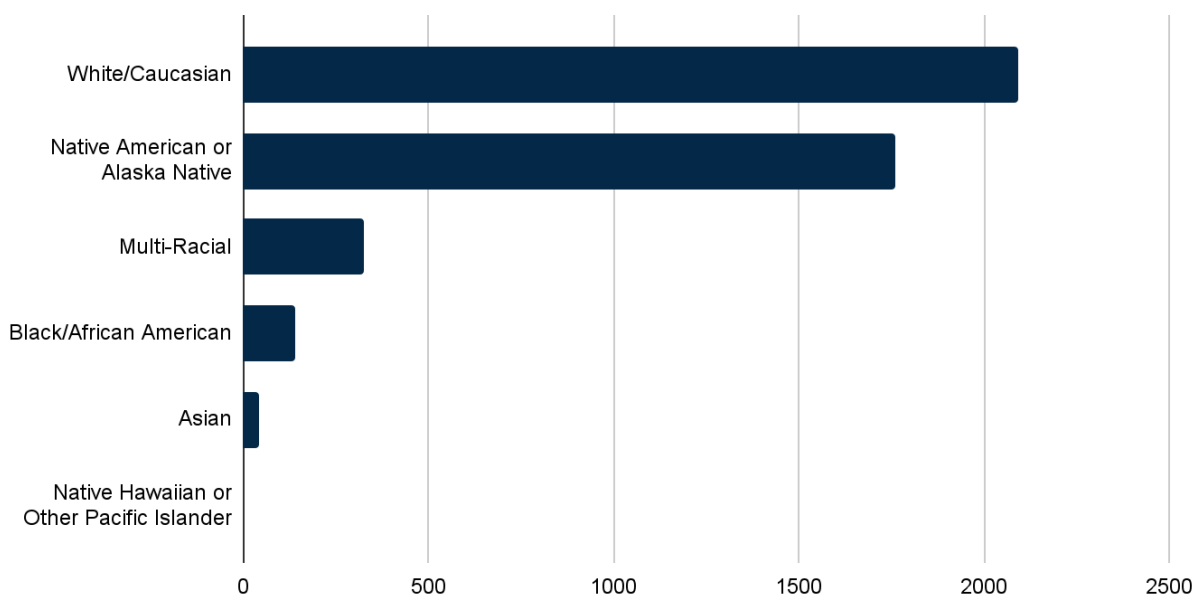
"Healthy aging is a social justice issue. People should be able to access these programs, regardless of their socioeconomic status, their education levels, their ZIP code, etc. And we are noticing that we're not reaching folks in all areas and so our immediate goals are to increase our reach in the community so we can serve more Black, Indigenous, people of color, those living with lower incomes and the LGBTQIA population." -Aging Services Leader

Aging services leaders, who are willing and able to adapt to the changing demographic profile of older adults, have the opportunity to engage more people and to take part in the important work of reducing disparities in healthy-aging outcomes among people of diverse backgrounds. However, before attempting to modify programs or to reduce the disparities between the white, non-Hispanic population and that of people of color, aging services providers must acknowledge that these groups have varying lived experiences and thus, life outcomes. The historical context for different social groups needs to be taken into consideration when developing programming and services at any point of life. Providers should reach out to and constructively engage with these different communities to provide the correct support for their needs. Without the healthy-aging services provided by Active Generations or similar organizations, older adults' chances of earlier nursing home placement increases (Adams, 2016).

Integrating Existing Programs

The current population of Sioux Falls that is aged 65 and older is 97.8% white, non-Hispanic. From observation and interviews, the current population that appears to utilize Active Generations' activities and services is also white, non-Hispanic, with the exception of Meals on Wheels (MOW), which serves a significant number of Native Americans. When compared to the MOW program's demographics (see Graph 4), the Native American population is underserved by other Active Generations programs. Outreach into the older Native American community is possible because the MOW program is meeting some of its needs already, but more could be done to increase Native American participation in other programming.

Graph 4: Active Generations' Meals on Wheels Racial Demographics (2020)



The Elderly Native American Population

South Dakota has a large population of Native Americans, many of whom live in Sioux Falls. The Indian Health Service (2018) explains that 70% of Native Americans live in urban areas like Sioux Falls. The city is currently home to an estimated 6,216 Native Americans (alone or in combination with another race; ACS 5-year estimate is disproportionately underserved by current aging services.

Native Americans face differential health outcomes compared to their white, non-Hispanic counterparts, making it critical to provide healthy-aging support. Native Americans often report higher rates of poor physical and mental health as well as diseases and illnesses, such as cerebral vascular diseases, diabetes mellitus, heart disease, hypertension, obesity, and stroke (Willging et al., 2018). Indian Health Services (IHS), a federally-funded healthcare provider for Native Americans, is often underfunded and overextended, leading to a lack of accessible healthcare services. Many Native American elders have trouble navigating the healthcare system, and therefore, “use less preventive services and have greater risks for emergency care, hospitalization, morbidity and mortality, which causes them to have higher healthcare costs” (Willging et al., 2018). It is possible to improve quality and length of life by including this demographic into senior center and aging services programming.

Designing programs with Native American elders in mind should be done with attention to this group’s historical and socioeconomic circumstances. The Native American population holds historical trauma and mistrust of many white organizations. Colonizers brought illnesses that killed off many adult and elder Native Americans and used an intense amount of force to take the land they lived on for thousands of years. This mistrust also stems from the mistreatment by the United States government as they tried to “integrate” Native Americans into Western society using boarding and trade schools that were run in the 19th and 20th centuries. This integration forced many Native people to lose their spirituality and language, along with a created shame for their heritage. This trauma continues to present itself generationally, as younger Native Americans watch older generations grieve the loss of their heritage, prematurely die, and lose land and power (Braun & LaCounte, 2015).

Designing programming around the needs of the aging Native American community can reduce the inequity they experience when seeking aging services. Improving programming for this population should include adding programs and activities heavily informed by feedback from the Native American population. Because “we live in a society marked by high levels of residential segregation by race, and ... travelling long distances to access senior services...is not an option for many,” bringing some services and social programs to residential areas that many Native Americans live in could increase the involvement of this community in Active Generations programming (Adams, 2016).

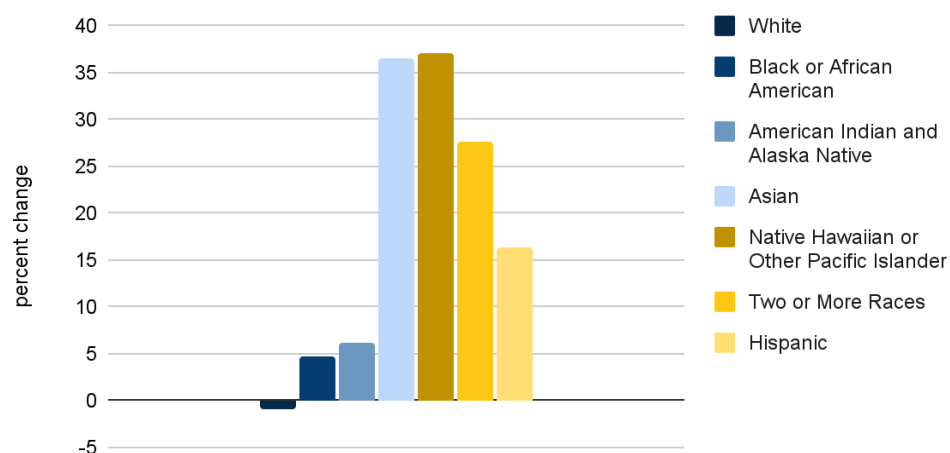
Adapting Future Programs

The diversity of the nation is increasing rapidly and will continue to do so over the next few decades, as more diverse, younger cohorts age and as life expectancy increases among people of color. “By 2060, nearly half of older adults [in the United States] are

projected to be racial/ethnic minorities" (Scommegna and Mather, 2017: 17). Between the years 2017 to 2060, the non-Hispanic, white population is expected to decrease from 77% to 55% of the total U.S. population (Scommegna et al., 2018). This pattern is expected to hold true to varying degrees for different regions across the country. Graphs 5 and 6 depict how from 2010 to 2018, the Midwest saw a decrease in the white, non-Hispanic population and all other racial and ethnic populations saw an increase. The Midwest will not see as big of a decrease in its white, non-Hispanic population as the entire United States, but the trend will still have implications that affect the future aging services needs of the Sioux Falls community.

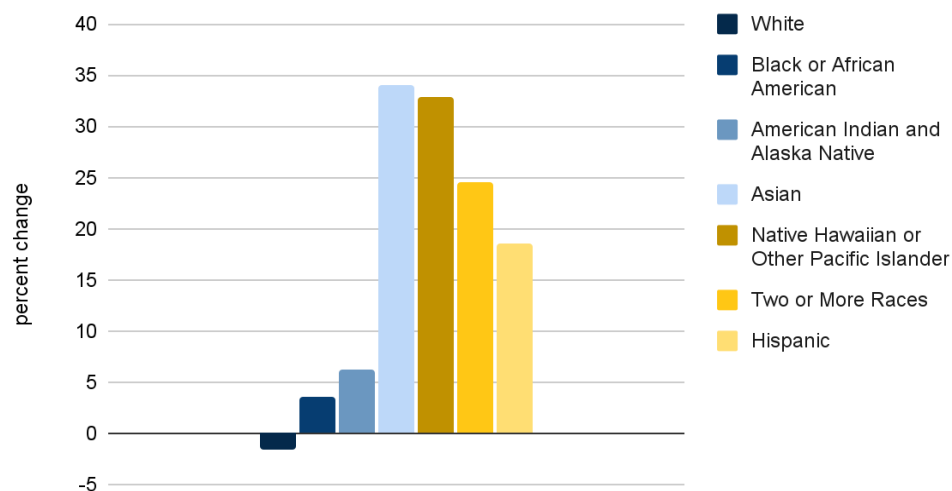
Graph 5: Percent Change of Population in the Midwest by Race (Males) from 2010-2018

(U.S. Census Bureau, 2019, Table 2c)



Graph 6: Percent Change of Population in the Midwest by Race (Females) from 2010-2018

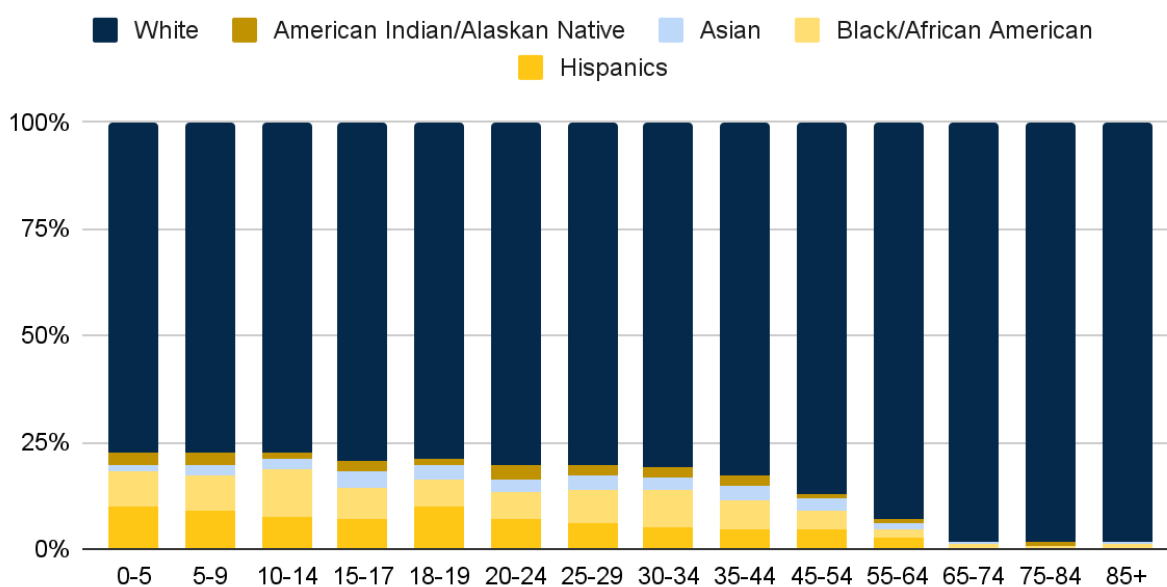
(U.S. Census Bureau, 2019, Table 2c)



The younger population in Sioux Falls is increasingly diverse. As this population ages, they will gradually make up the bulk of the target population for senior programs and aging services like Active Generations. Programs must prepare to serve a more diverse population. Graph 7 shows the current racial composition of the city of Sioux Falls. The population under 65 has an increased number of people of color compared to the 65-and-above age group. About 1.9% of individuals 65 and above are people of color compared to 21.9% of the population younger than 65. As this population ages, the demographics of Active Generations' target population will change. Senior centers and aging services should recognize and adapt to the changing demographics of their target population.

Graph 7: Sioux Falls Racial Proportions by Age

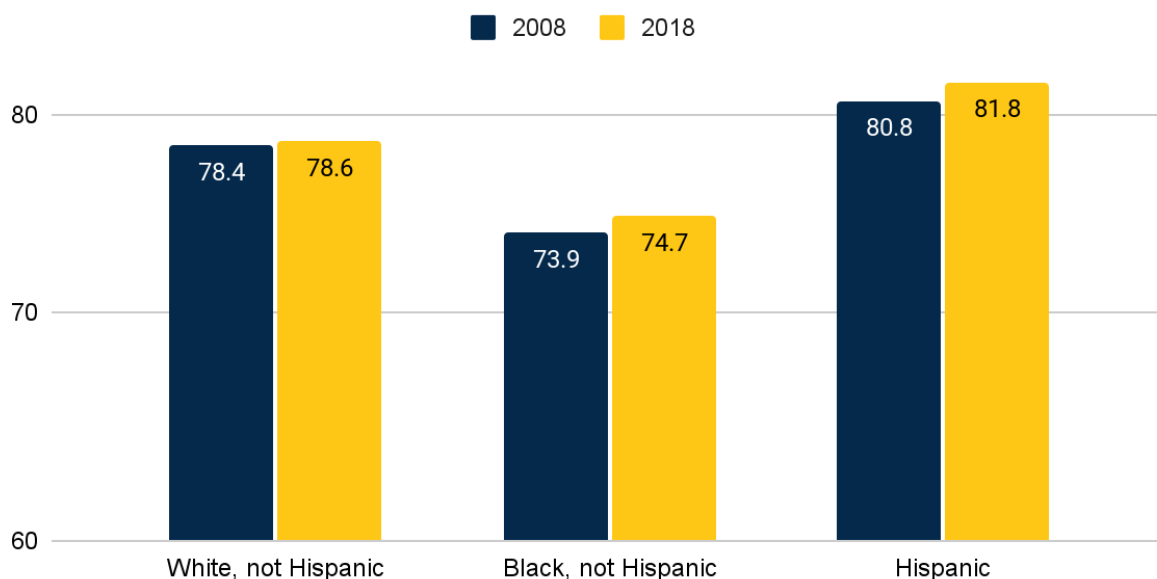
(U.S. Census Bureau, ACS 2019 5-year estimates, Tables B01001I, B01001C, B01001B, 01001D, B0100A)



Another driver of growth in the population of people of color nationwide is their increasing life expectancy over the last century. The gap between the life expectancy of non-Hispanic, white individuals and that of the population of people of color has been closing in recent years (Graph 8). For example, in the United States from 2008 to 2018, the mean life expectancy for non-Hispanic, white people increased .2 years; for non-Hispanic, Black people, life expectancy increased by .8 years; and for Hispanic people (of any race), life expectancy increased by 1 year (National Center for Health Statistics, 2019). As more people of color are living longer, they will age into the need for services from Active Generations and similar aging services.

Graph 8: National Life Expectancies

(National Center for Health Statistics, 2019)




Future Increase in Immigration

In the last decade, the population of foreign born individuals in Sioux Falls has increased from 4.4% to 6.2% of the population (U.S. Census Bureau, ACS 2010; 2019 5-year estimates, Table B05013). The foreign born population's distribution by age is available in Table 1. Though the proportion of foreign born members of the 65 and above population is small, the younger cohorts have a sizable proportion. Over the next several years thousands of foreign born residents of Sioux Falls will age into the programming that Active Generations provides.

Table 1: Sioux Falls, SD, Metro Area Foreign Born Population by Age

Age	Population Estimate	Percentage of Total Population
65+	600	.33%
40-64	5188	2.82%
15-39	8394	5.44%
0-14	1772	.96%

(U.S. Census Bureau, ACS 2019 5-year estimates, Table B05013)



Not only will foreign born residents who already live in Sioux Falls age into Active Generation's target demographic, but additional older immigrants are likely to relocate to Sioux Falls. As Sioux Falls is projected to grow in size, it can be hypothesized that many of the new residents will be foreign born immigrants. Between 2010 and 2020, about 47% of the Metro Sioux Falls area's net population growth was due to natural increase (births minus deaths). International and domestic migration accounted for the remaining increase. Domestic migration accounted for about 34% of the net population growth, and international migration accounted for the remaining 18% (U.S. Census Bureau, Annual Estimates of the Resident Population Vintage, 2020).

Immigrants often follow economic opportunities and personal ties. Immigrants seek more economically diverse markets, as they represent a diverse pool of opportunities for income and thus, decrease the risk for moving again (Massey, 1990). By this logic, the migrant population of Sioux Falls will increase as the diversity of its economic opportunities expands. Sioux Falls' business-friendly climate is attracting major employers, most recently including Amazon, FedEx, Wholestone Farms, and CJ Foods; this is creating more jobs than the existing Sioux Falls population can support (Schwan, 2020, 2021a, 2021b). Also, the foreign-born population of Sioux Falls is most likely to work in the manufacturing sector. The U.S. Census Bureau (ACS 2019 5-year estimates, Table S0502) finds that 34.8% of all foreign-born workers in Sioux Falls work in manufacturing. The increase in this employment sector, coupled with Sioux Falls' record low unemployment rate of 2.5%, are likely to increase the immigrant population (U.S. Bureau of Labor Statistics, 2021).

As immigrants come to Sioux Falls following economic opportunities, their friends and family are likely to join them, further increasing population growth. Immigration patterns follow "migrant networks," or "sets of interpersonal ties that link migrants, former migrants, and nonmigrants in origin and destination areas by ties of kinship, friendship, and shared community origin" (Massey 1990, 7). Because of this pattern, having other members of a community at a destination increases the probability of individuals migrating there, themselves. Having connections in their soon-to-be new community provides information about jobs, housing, and the social norms and customs, which decreases the psychological and monetary cost of migration. These migrant networks could be in the process of forming, since Sioux Falls has a foreign born population of around 16,000 people.

Immigration will continue to increase language diversity. In Sioux Falls, the amount of households that speak a language other than English is increasing. In the Sioux Falls metro area, an estimated 3,500 households speak Spanish and another 6,000 speak a language other than Spanish or English. This is in line with national trends. The Population Reference Bureau (2013) found that "Latin America has replaced Europe as the leading birthplace for immigrants" on a national level. As English is no longer the primary language for these foreign-born individuals, services that they can understand and rely on will be necessary.

Elderly Immigrants

Although immigrants pursuing work tend to be younger, they will age, and they will also be joined by friends and family who are older adults. The Population Reference Bureau (2013) estimates that “the number of U.S. immigrants 65 and older will quadruple to more than 16 million by 2050 and [l]ate-life immigrants are contributing to growing immigrant populations in rural areas and small towns in Midwestern and Southern states” (9-10). Late-life immigrants are likely sponsored by their adult children who have immigrated, and they are a “potentially vulnerable population due to limited English language proficiency, little or no U.S. work experience...[and have] weak ties to [local] social institutions” (10, 12). Because of these barriers, late-life immigrants may not be aware of the services and programs available to them. It is important to properly train staff and have outreach into these communities to promote positive aging for immigrants as well.

Nationally, there will be
16 million
 immigrants 65 and older by 2050

The Aging LGBTQ+ Community

Another group that could benefit from programs surrounding positive and healthy aging is the older LGBTQ+ community. While acceptance of LGBTQ+ individuals is generally increasing, aging members of the aging LGBTQ+ community face less acceptance among their age cohorts, as well as disparate outcomes and access to services. The aging LGBTQ+ community is a historically underserved group: members are often at higher risk for social isolation, poor mental health, experiencing disability, discrimination, and a lack of cultural competency in the aging services profession (95). Older LGBTQ+ adults often fear the discrimination and mistreatment that they might encounter and may “re-enter the closet in an attempt to avoid discrimination,” or instead, avoid using aging services at all (95). Lack of healthy aging services, such as those provided by Active Generations, places members of the LGBTQ+ community at an increased risk of early nursing home placement, and it has been found that “the long-term care sector may be the least prepared to effectively address the needs of LGBT[Q+] people” (Adams, 2016:95).

No firm estimates are readily available as to the number of LGBTQ+ elders in the Sioux Falls area; although the overall number may be small, the proportion is sure to grow over time. National surveys suggest about 3% of the population in South Dakota identifies as LGBTQ+, and of the LGBTQ+ population, about 7% are 65 or older while 16% are between the ages of 50 and 64 (LGBT Demographic Data Interactive, 2019). In the next decade, this younger group will be aging into Active Generations’ services, and unless inclusive programming becomes available, LGBTQ+ older adults will continue to face disparities. Coinciding with national trends, local acceptance of the LGBTQ+ community is growing: Sioux Falls Pride, which first started in the mid-2000s, states that their festivals draw an estimated 10,000 participants and are growing (Sioux Falls Pride, 2021). With growing acceptance, the number of people who openly identify as LGBTQ+ will grow, including among the older population.

The Emerging Needs of the New Aging Population

In the next decade, as the aging population grows and its demographic profile changes, aging services providers can expect to see an increase in the number of people living with dementia or disabilities. Accordingly, there will be a growing need for dementia care, adult day services, caregiving and caregiver support, mental health services, and use of technology.

These needs will be widespread but not evenly distributed throughout the population. Differences in social status and life chances, which occur throughout the life course, affect how people age. People who grew up in lower socioeconomic status (SES) homes are more likely to see disparities in their health and well-being later in life (Scommegna et al., 2018). For example, childhood SES affects educational achievement, which is positively correlated with life expectancy (Scommegna et al., 2018). Those who grew up in higher SES homes are more likely to have the funds to continue their education past high school and therefore, reap the benefits of higher education--which include possibly elongating their lives. Individuals who are lower SES don't have that same opportunity to positively affect their life expectancy because many cannot afford to continue their education. As a result, inequalities early in life will result in disparate risk profiles among aging adults.

Dementia and Adult Day Services

Originally thought to be on a downward trend, dementia and dementia-related diseases are increasing as the next generation starts to reach retirement age. "The Milken Institute estimates that more than 7.3 million Americans currently live with Alzheimer's disease or related dementias... the number is expected to reach nearly 13 million by 2040" (Ahuja & Levy, 2021). Scommegna and Mather (2017) believe that "increases in cardiovascular disease, obesity, and diabetes is [threatening] to erase the existing progress" made in the last decades toward decreasing dementia prevalence.

In South Dakota, Alzheimer's disease and dementia are prevalent and expected to increase. Statewide, Alzheimer's is the third leading cause of death for women, causing 8.7% of deaths in women (South Dakota Department of Health, 2020). Concurrently, Alzheimer's disease was the 8th leading cause of death for South Dakotan men and accounted for 3.4% of their deaths (South Dakota Department of Health, 2020). Graph 9 below shows that South Dakota had 55.5 dementia deaths per 100,000 in 2019; that rate is even higher in neighboring states, including Iowa (72.1), Nebraska (71.6), Minnesota (79.9), Montana (67) and North Dakota (61.1) (Mather & Scommegna, 2020). Projections show this trend continuing through 2040, with the number of adults living with dementia more than doubling. By 2040, nationwide, an estimated 4.5 million men and 8.5 million women will have dementia, with women more than twice as likely to be diagnosed and treated for dementia or Alzheimer's than men (Graph 10). The prevalence of dementia-related diseases is only going to increase in the coming years, so aging services like the Adult Day Services at Active Generations need to be aware of this potential increase to prepare their services for it.

As with other aspects of aging, the risk of dementia is determined in part by early life circumstances. The consequences of early life inequalities will be seen among aging adults. The social barriers that shape the lives of individuals such as “education experience, racism, [other forms of] discrimination, neighborhood, occupational opportunities, income, and access to health care” shape the risk of dementia and a person’s resilience to cognitive decline (Ahuja & Levy, 2021:3; Chen & Zissimopoulos, 2018:510). These social barriers are often disproportionately experienced by people of color and other marginalized members of society. Therefore, as the population of older adults in Sioux Falls grows more diverse, it may also be composed of people at higher risk for dementia.

In fact, as the demographics of older adults change, “trends among today’s minority groups will drive future rates of dementia among older Americans” (Scommegna and Mather, 2017: 17). Overall, Black people have two times and Hispanic people have one-and-a-half times the likelihood of developing dementia than their white counterparts (Chen & Zissimopoulos, 2018), and dementia affects people of color and minority populations differently than the majority white. For example, “older U.S. Hispanics living in East Coast cities and in southern California tend to develop dementia several years earlier than their U.S. non-hispanic, white counterparts” (Scommegna and Mather, 2017). The disparities in these social factors among minority groups must be addressed to confront the health inequalities faced by them. Until early life inequalities are addressed, aging services providers will find a greater need for services among older adults from higher risk groups.

The effects of higher rates of dementia are compounded by unequal access to healthcare, or the perception of barriers. Ahuja and Levy (2021) found that “non-white racial/ethnic populations expect and experience more barriers when accessing dementia care, have less trust in medical research, and are less confident that they have access to health professionals who understand their ethnic and racial background experiences” (45). They also find “African Americans and Latinos often received delayed diagnoses and, as a result, are diagnosed at more advanced stages of dementia than whites” (46). Real and perceived barriers to healthcare result in poorer outcomes: “African Americans and Latinos face consistent and adverse disparities in the quality of their dementia care and use of long-term care services and supports when compared to non-Hispanic whites” (45). Because of the disparities felt by non-white racial/ethnic populations in the health care systems, they often do not receive the quality of care that they require. It is important to bring education about dementia in racial and ethnic minority groups to communities and to the medical sphere; aging services can also help support older adults as they navigate barriers.

In addition to the effects of changing demographic composition, dementia’s prevalence will be affected by lengthening life expectancy. As life expectancy increases and the number of adults in older age groups grows, the prevalence of dementia in the population will continue to increase. Graph 11 shows how the rate of dementia increases

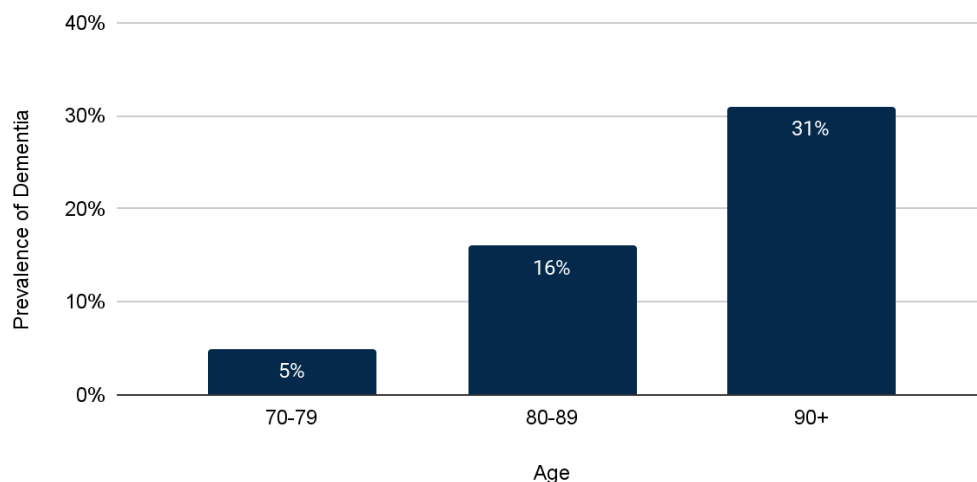
“the occurrence of Alzheimer’s disease in African Americans is 64% higher than in whites”

care, have less trust in medical research, and are less confident that they have access to health professionals who understand their ethnic and racial background experiences” (45). They also find “African Americans and Latinos often received delayed diagnoses and, as a result, are diagnosed at more advanced stages of dementia than whites” (46). Real and perceived barriers to healthcare result in poorer outcomes: “African Americans and Latinos face consistent and adverse disparities in the quality of their dementia care and use of long-term care services and supports when compared to non-Hispanic whites” (45). Because of the

from 5% at age 70 to 31% at age 90. As the larger elderly population is able to age even further into the 90+ age group, there will likely be more individuals with dementia.

Graph 11: Prevalence of Dementia by Age (US)

(Mather & Scommegna, 2020)

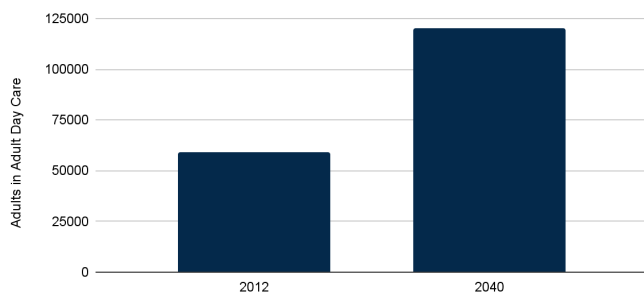


In sum, the number of older adults living with dementia can be expected to increase due to (a) the prevalence of comorbidities associated with dementia (e.g., heart disease), (b) the increasing proportion of older adults whose socioeconomic characteristics (e.g., race) put them at increased risk, and (c) longer life expectancies that result in more adults living longer when dementia is more prevalent.

As the number of individuals with dementia grows, demand for care will increase. In 2012, the average number of adults with dementia in adult day care was around 59,100, and the amount of adults with dementia in nursing homes was around 671,100. By 2040, both figures will double: the number of adults with dementia in adult day care is projected to reach 120,000, and the number of adults with dementia in nursing homes is projected to be around 1,362,000 (See Graphs 12 and 13) (Sagynbekov 2019).

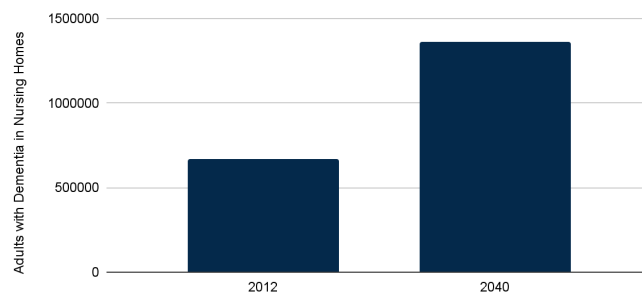
Graph 12: Adults with Dementia in Adult Day Care (2012 vs 2040)

(Ken Sagynbekov, 2019)



Graph 13: Adults with Dementia in Nursing Homes (2012 vs 2040)

(Ken Sagynbekov, 2019)



Given the preference among the Baby Boomer population for aging in place instead of moving to assisted living communities or nursing homes, demand for adult day services and living at home or with a caregiver could be even higher than projected.

Disabilities

Beyond dementia, other ability differences may pose challenges to independent living and aging in place. As the number of older adults grows, so too will the number of people living with disabilities. Combined with a growing number of people living with dementia, this trend will increase demand for caregiving, caregivers, and supportive services.

Currently, an estimated 30% of the 21,817 Sioux Falls adults aged 65 or over have a disability. The rate increases with age: while an estimated 21.8% of adults ages 65 to 74 have a disability, approximately 43.1% of those 75 or over do. Table 2 shows the percentage of Sioux Falls' population 65 years and over with a disability based on types of disabilities. The most common types of disabilities among older adults in Sioux Falls are ambulatory difficulties (18.4%), hearing difficulties (11.4%), and independent living difficulties (11.4%).

Table 2: Sioux Falls Population 65+ with a Disability by Disability Type

Type of Disability	% of Population 65 years and over w/ disability
Hearing Difficulty	11.4%
Vision Difficulty	5.1%
Cognitive Difficulty	6.4%
Ambulatory Difficulty	18.4%
Self-care Difficulty	5.3%
Independent living difficulty	11.4%

(U.S. Census Bureau, ACS 2019 5-Year Estimates, Table S1810)

Caregiving and Caregivers

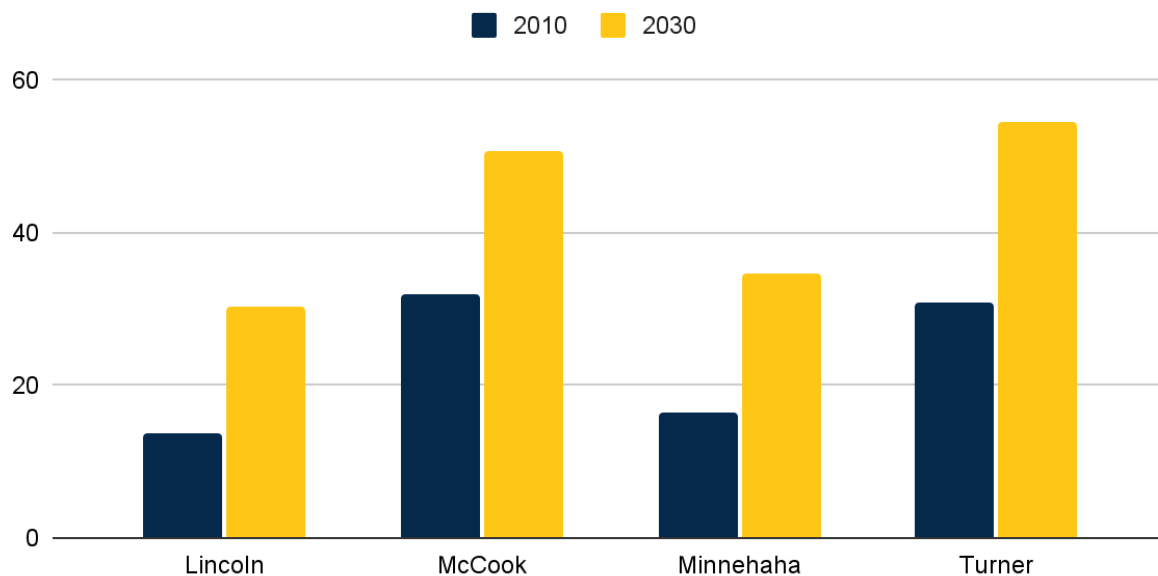
As a result of trends discussed so far, the demand for caregiving and caregivers is projected to increase dramatically over the next several years: as the population of older adults grows larger in both absolute and relative terms compared to the working-age population, a smaller number of younger adults will be available to meet this increased demand. At the same time, increasing numbers of older adults with dementia will add to demand for caregiving. According to the South Dakota State Plan to Address Alzheimer's Disease and Other Dementias, 17,000 South Dakotans are serving as unpaid caregivers

(Barker et al., 2018). This is compared to national statistics where between 43 to 53 million people are currently working as an unpaid caregiver for a loved one (May Jr., 2020; Servat and Baker 2020), including about 11.2 million people who are caring for someone with Alzheimer’s disease or dementia. The number of unpaid caregivers is only expected to increase over the next decade.


At the same time, the potential pool of unpaid family caregivers is shrinking relative to the aging population, both because of changes in the population’s age structure, and also due to changing patterns in family structure. As one of the largest generations in the country’s history, the Baby Boomer generation is struggling to find caregivers as they age. Nationally, “[i]n 2010, there were seven potential family caregivers for every person aged 80 and older (the age group most likely to have a disability). That ratio is projected to drop to 3 to 1 in 2050 when the entire baby boom generation passes the age-80 milestone” (Scommegna 2016:16). Baby Boomers are also “...more likely than those in previous generations to be divorced, increasing their likelihood of reaching old age without a spouse to assume the role of caregiver” (Scommegna 2016:10). According to the U.S. Census Bureau, as of 2019, 17% of individuals in Sioux Falls age 45 and older are divorced. When including those who never married, are separated, have an absent spouse, or have been widowed, that percentage is raised to about 45% (ACS, 2019, Table DP02).

Graph 14: Dependency Projections from 2010 to 2030

South Dakota Census Data Center (2012)



Over the next decade, the metro Sioux Falls area will see a growing population of older adults that will be supported by fewer working-age individuals. In 2010, Minnehaha County saw a ratio of 6.09 working age people per 1 adult aged 65 and older. By 2030, this ratio is projected to decrease to 2.99 working age people per 1 older adult (South Dakota



Census Data Center, 2012). Lincoln, McCook, and Turner Counties will see relatively similar amounts of increase (Graph 14). This unequal distribution of dependency will create

“...a heavier burden on individual caregivers and increased demand for paid care. The combined effects of delayed childbearing and longer life expectancy mean more adults in later-middle age may be ‘sandwiched’ between the competing demands of their children and those of their aging parents and parents-in-law” (Scommegna 2016).

People who find themselves in this so-called sandwich generation of caregivers struggle to balance the demands of work on top of caring for children and aging parents. Their schedules may not allow them to attend existing caregiver support services, if those services are scheduled during regular working hours. An employee of Active Generations is already noticing the limited accessibility of conducting support groups during normal business hours: “I have a young gal who has three kids and she would love to come to the support group... [She] just can’t because it’s too crazy at home.” The caregiver support services at Active Generations have recognized the need for flexibility in programming and will continue to use a hybrid of virtual and in-person support groups to help people who are not able to take time away from their other obligations. During the pandemic, one staff member observed, “We’ve probably had more people attend because it’s virtual. They don’t have to find someone for their loved one to come and watch them or take them somewhere.” Another employee explains, “people have commented that ‘well, I wouldn’t have been able to do this without it being on the computer.’” The employee did comment that there is not the same level of social connection as with in-person groups, but getting the resources to the caregiver is “better than nothing.” Continued innovation and flexibility in program delivery will be crucial to meet growing demand.

Mental Health

Over the next several years, aging services providers will be called on to address a range of mental health needs. Across the board, healthcare providers are increasingly recognizing the need to prioritize mental health, but this is especially true for providers who serve aging individuals. Going forward, “healthcare will need to shift to a greater focus on mental and behavioral health, suicide, loneliness, [and] social isolation. These experts believe that depression and loneliness, mental health, and behavioral health conditions caused by social determinants will be the epidemics of the 2020s and 2030s” (Read et al., 2019). One service in a comparison community states that they “are finding that we have more and more of our clients have more and more mental health concerns: addictions, and such, and they’re younger seniors that we’re seeing coming into our services.”

One indicator of mental health needs is suicide rates. In the United States, the rate of death by suicide is highest among adults age 45-54, averaging around 19.9 suicide deaths per 100,000 population, followed by ages 55-64 at 18.4 suicide deaths per 100,000 population (South Dakota Department of Health, 2020). The national suicide rate is slightly lower among adults aged 65-74 with a rate of 15 suicide deaths per 100,000 population.

Unfortunately, the national suicide rate increases for individuals 75+ as it returns to around 17.7 suicide deaths per 100,000 population. South Dakota's suicide rate follows a slightly different trend than the national rate as it decreases as individuals age, but is higher than the national average for adults in their 50s (Table 2). Even though South Dakota's older adults have lower suicide rates than the national average, it is important for aging services to start providing programs to promote positive mental health in aging individuals to possibly decrease this rate even further.

Table 2: South Dakota Suicide Deaths by Age Groups


Age	10-19	20-29	30-39	40-49	50-59	60-69	70+
Suicide rate per 100,000 population	17.6	27.8	24.1	27.3	23.4	14.6	12.8

(South Dakota Department of Health, 2020)

Social isolation of the elderly population has specifically been exacerbated by the COVID-19 pandemic and is expected to continue to grow. In Sioux Falls, 33% of the total population aged 65+ lives alone (U.S. Census Bureau, ACS 2019 5-year estimates, Table B11010). This is similar to the United States as a whole, where “about 28% of our population over the age of 65 live by themselves [and] over the next two decades, the number of single-person households with older adults will grow dramatically, from 4.7 million in 2018 to an estimated 10.1 million in 2038” (Servat and Baker, 2020: 53). Sioux Falls can be expected to follow the national trend, as the number of single adults age 65+ increases locally as well.

Technology

Compared to their younger peers, on average, older adults have less access to computers and high-speed internet. As technology becomes more integral to communications and healthcare, ensuring access for all adults will become increasingly important. In the Sioux Falls metro area, 73.5% of people 65+ have a computer and broadband internet access in their home (U.S. Census Bureau, ACS 2019 5- year estimates, Table B28005). This is higher than what the Milken Institute (n.d.) reports nationally: “half of older adults do not have a smartphone, and 34% of Medicare beneficiaries living below the federal poverty level report no internet usage” (4). Sioux Falls older adults may be above the national average, but are still behind compared to individuals 18-64 in the area, of whom 92% have a computer and broadband internet. “Tech adoption among older adults has increased significantly in recent years” says Servat and Baker (2020), “but with the widening digital divide driven by education and income”, individuals with lower socioeconomic status and limited education are less likely to have access to broadband internet and subsequently are estimated to have lower digital literacy (19). This is being encountered across the country. One interviewee in a comparison community explains that



broadband access in rural areas around their service area is extremely limited because of the current lack of infrastructure. They suggest advocating for more broadband access across the nation in all rural areas. This is important to aging adults, who are becoming more concentrated in rural areas and do not have as much access to proper health care services (Scommegna et al., 2018). With access to the internet, older adults in both urban and rural areas would be able to use the telehealthcare systems that were put in place because of the COVID-19 pandemic.

Additional Challenges

Several additional challenges were mentioned in interviews with comparison communities and Active Generations staff:

- **Funding** - Comparison communities affirm that funding is a universal challenge. On the bright side, at the federal level, Congress is debating major investments in aging services; current budget proposals would significantly increase funding for aging services like nutrition programs, caregiver support, and healthcare (National Council on Aging 2021), but these proposals have yet to be adopted.
- **Marketing** - Active Generations employees as well as comparison communities have described difficulty marketing their programs. As the next generation has started to age into senior services, more and more aging services marketing has been moving to digital and social media. As this shift is occurring, it is imperative for aging services to expand to the digital sphere. A comparison community that has increased their digital marketing has found that children of older adults have started reaching out to ask about programs for their parents. It may be useful for Active Generations and similar organizations to launch more digital marketing campaigns that specifically target the children of aging adults.
- **Volunteers** - The lack of volunteers over the past year may be largely due to the COVID-19 pandemic, but many services described difficulty finding enough people to continue programs even before the pandemic. Multiple comparison organizations have reached out to local colleges and universities to help staff programs in need. Sioux Falls has many higher education institutions whose population could be called upon to fill volunteer positions. Local businesses and organizations could also fill these needs. Active Generations already partners with a few large businesses whose employees volunteer, but there is always a possibility for more collaboration.
- **Staffing** - The short amount of staff that Active Generations is seeing for their programs could be due to the low unemployment rate that the city of Sioux Falls has. Similar to volunteers, the staffing problem could also be decreased by reaching out to the local universities and colleges. Many schools in Sioux Falls have a nursing program, and these students need experience working in the field. Job and experience fairs on college campuses are held often, and it might be beneficial to call upon this population.

- **Space** - Active Generations members and comparison organizations have also described an issue with a lack of space and storage in their facilities. Luckily, Active Generations has the unique opportunity to expand by adding another building. Focus groups of members, which were conducted by Active Generations staff, were adamant about the need for an increased amount of space in the new building. A comparison community specifically mentioned to plan for more space than expected because “closets fill up faster than you think.”
- **Attitude around Aging** - Team members from both Active Generations and comparison communities mentioned concerns about attitudes towards the aging population. Though these attitudes are not always negative, aging services staff agreed that there needs to be more education around what it means to be an aging adult. By increasing social media marketing and education to include messages addressing this attitude, aging might become a more normalized and positive part of life. Intergenerational programs could also normalize aging by introducing this process to younger generations.


Recommendations and Suggestions for Programming and Expanding Senior Centers

Expand Social and Education Programming

As the population of older adults grows, aging services will need to expand. Additionally, centers like Active Generations will be challenged to adapt to the changing preferences, diverse backgrounds, and emerging needs of this new group of seniors--specifically, a desire for social engagement and lifelong learning opportunities. Centers can meet the growing demand for social engagement and lifelong learning by providing classes in art, music, cooking, and language, as well as, field trips, concerts, theatre, and cultural experiences to expose the aging population to the world.

Younger retirees are more likely to be active and show a desire for continuing education; centers can appeal to this population by providing this type of programming. An interviewee from a comparison community demonstrated the Baby Boomer generation’s varying needs this way: “... the younger seniors, there’s some of them who are still working part-time or they want to go on day trips...we always giggle...they want to do a pub crawl!” This new generation of aging adults is active and ready to learn about the world around them, and we need to support them in their endeavors.

There are many senior centers and aging services that have expanded learning opportunities for all ages they serve, such as one senior center in a comparison community that received funding from their state’s public health department to provide a nutrition-based cooking program. This program provides a monthly newsletter that coincides with a specific food and teaches about the benefits of having the food in a balanced diet. Then the seniors are invited to cook a meal based on this food in a classroom setting. This type of programming allows for lifelong learning, as well as helping



aging adults to stay healthy by learning about a balanced diet while participating in a social experience.

Another senior center in Idaho used technology to virtually take seniors to the tide pools of California to learn about the ecosystems there. Seniors were encouraged to ask questions about specific organisms in the pools, and the volunteer in California could answer, as if they were standing right next to them. A similar hybrid approach could also be used to reach socially isolated individuals, allowing them to participate in programs from anywhere.

Life-long learning begins very early in life and benefits individuals throughout their lives. Improving schooling could decrease the prevalence of dementia and promote life-long learning for future generations of seniors. As scientists continue to try to find a cure for dementia, aging services like Active Generations can advocate for quality early childhood, K-12, and postsecondary education to set future generations up for healthy aging. This type of whole-life approach can help reduce the future prevalence of dementia because older adults with more education have lower prevalence of dementia:


“Researchers explain this connection in a variety of ways. They suggest that education may directly affect brain development by creating a cognitive reserve (stronger connections among brain cells) that older adults can draw upon if their memory or reasoning ability begins to decline. They also suspect that people with more education may be better able to develop techniques to compensate or adapt in the face of disrupted mental functions... people with education tend to have healthier lifestyles, higher incomes, better healthcare, and more social opportunities--all associated with better brain health” (Mather & Scommegna, 2020).

“we always giggle...they want to do a pub crawl!”

Help Seniors to Age in Place

The new generation of aging adults wants to age in place for as long as possible. Centers around the country have already seen the need for handyman, transportation, and companionship services to help aging individuals stay in their homes longer. One representative from a comparison community explained:

“Our continuum of services consists of free transportation for older adults to get to and from medical appointments and essential errands. We offer Home Repair Services where we help with home repairs and home modifications. We have healthy aging programs that happen throughout the community to help keep older adults active and engaged in the community and case management services where we help connect older adults to services in the community.”



Active Generations already has some of these programs in place, but services that include home modifications, such as adding grab bars, ramps, and toilet seat risers, could be added to aid the new generation. Active Generations might consider following some centers that even introduced case management services to conduct home visits and suggest services to help seniors stay in their homes.

Another way to help older adults stay at home and stay socially active is a driver safety class. One aging service leader in a comparison community explained that these classes reach out to younger older drivers, those around 55, and give them an insurance discount. Plus, they offer service providers a recruitment tool to bring this younger group of older adults to the center.

Another way to keep older adults at home is to help them learn about the public transportation in the city. One aging service leader explains their program:

“We help individuals gain abilities and skills. One example would be transportation training. We’ll take our adults out and get on a city bus....and teach them how public transportation works...this provides an important means of access to a wide range of social activities and commercial needs and service for them.”

As more individuals plan to live at home for as long as possible, there will be an influx in caregivers supporting them. Active Generations already supports caregivers with their CAREgiver case management program as well as support groups, but there are many other ways to support caregivers. In the future, it might be beneficial for aging services like Active Generations to provide caregiver support services in the evenings or on weekends as more caregivers will deal with the demands of watching children or grandchildren, caring for aging parents or spouses, and managing their careers. It could also be beneficial to offer all caregiver classes in a hybrid format so caregivers can attend even if they can’t take time away from their caregiving duties. In person caregiver support is still the best way to create connections. One aging service leader explains a social event their organization has called a “Memory Cafe”:

“We have a Memory Cafe, which is another kind of fun thing we relaunched again [after COVID restrictions were taken away]. It is for people living with memory loss and their care partners to come and have an hour of fun in a safe space with either music or art.”

Assist Elderly in the Workforce

Older adults are commonly working past the age of retirement. Senior centers and aging services must extend their operating hours to cater to the working population. A growing population of workers are not able to participate in activities that they would benefit from because these activities take place during normal business hours. In order to better serve seniors who are still in the workforce, aging services providers like Active Generations should make more programs available during evenings and weekends.

Senior centers and aging services can also help aging adults keep working by providing opportunities to learn new skills. Aging services can offer job and technology training that makes older adults more competitive candidates to continue working or change jobs in later life. Such in-house job training and classes on new technologies will be a necessity as the markets develop “new technologies [that] demand new skills and, in some cases, replace jobs” (Randell-Khan and Hymowitz, 2018). Technology classes not only help older adults to stay relevant in the workplace, but they also help them keep socially connected to friends and family.

Traditionally, technology classes may have been offered in a classroom setting. However, a more personalized approach may work better. One aging service leader said, “I would say there’s definitely a need for [technology classes], but we don’t do classes, we do one on one tutoring. They can come in and use one of our computers or bring in their laptop. It’s one on one and that is used to fit the needs of the seniors better than the class approach.”

Serve a more Diverse Population


Senior services like Active Generations must provide services that meet the needs of the increasingly diverse population of older adults. To better reach aging people of color, foreign born, and LGBTQ+ individuals, it is important to understand that they currently and have empirically faced discrimination and differential treatment. The new, diverse older population cannot be accessed through the same outreach tools as previous generations. Each group and individual has varying life experiences and similarly varied needs. Five out of the ten comparison communities interviewed said that they were working on ways to diversify their population and doing outreach into the communities of marginalized social groups.

When approaching new programs to address increasing diversity, it is important to understand the disparities and differences among minority groups. One way to create an environment that feels more welcoming to diverse communities is to recognize and celebrate diversity--for example, by adding LGBTQ+ Pride Month to the celebrations at senior service centers, acknowledging Black History and Pacific Islander months, adding Halal options to MOW menus, performing racial equity analyses of current programming, recruiting more volunteers of color, adding bilingual staff, and hosting powwows.

Aging services providers can also create formal opportunities for input and attention to diversity. For example, one aging service provider has a Diversity Committee that meets to help create programming and address diversity issues. “We try to hit upon everything,” the aging service leader explains, “you know, all the -isms, ageism, racism, sexism, you know all of this stuff. We try to keep an open mind and an open path moving forward. We really are thinking about our future.” This service is currently partnering with

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comparison communities interviewed said that they were working on ways to diversify their population and doing outreach into the communities of marginalized social groups.



different groups in their community to provide continuing education which incorporates a lot of diversity. “The more we’re educated, the more knowledge we have,...the better we can serve everybody.” Another center said,

“We’re going to try to recruit more volunteers of color to work at the center so our staff reflects the people we’re trying to serve...on top of looking for volunteers of color, we’re looking for volunteers who are bilingual and present some of our programs in languages like Spanish, Mandarin Chinese, Hmong, different languages that we know people in our community speak.”

Seeing volunteers from their communities and programs offered in their native languages will help reduce anxieties about joining a program and will make people from other cultures feel more accepted. Providing programs in a different language will also expand the amount of people that programs benefit. Even if individuals are bilingual, their English comprehension might not be as high as their native language, and therefore it will be easier for them to understand and benefit from programs offered in their native language.


Before adding any programming, it is important to reach out to elders and respected members of the community to understand how to properly welcome new groups and create an atmosphere of acceptance. Organizations that partner with respected elders and individuals will invoke a feeling of trust and togetherness among other communities. For example, Urban Indian Health works with the Native American population and would be an excellent partner for Active Generations.

Outreach into these communities looks different from outreach into majority communities. For example, a 2014 national SAGE study of older LGBTQ+ adults found that African American LGBTQ+ elders are three times as likely as white and Latino elders to report churches or faith organizations as part of their support system. For outreach in Sioux Falls’ Black community, it may be important to advertise in or visit these faith-based organizations. Research and interviews have shown that many marginalized community members do not want to leave their home communities to go to a centralized location. Some organizations are creating temporary or portable programs that can be moved to different communities in order to address this problem, or are partnering with existing organizations to bring programs and services to different places.

“The more we’re educated, the more knowledge we have...the better we can serve everybody.”

Assist Adults with Navigating Services as They Age

Another way to support the aging population and caregivers is to add an on-site social worker, case manager, or senior advocate, or to team up with Adult Protective Services. The world of aging is complex, and navigating services and programs can be difficult for seniors and their families. Three of the ten aging services interviewed had some



kind of on-site support for their population. One service representative who has an on-site aging advocate said,

“One of our core programs is having the help of a senior advocate, which helps all the seniors in our community. They don’t have to be a client, per se, but with helping with resources and information to kind of navigate life, as sometimes it’s kind of difficult and they may not have others to turn to, so that is a really well needed and utilized program as well in our area.”

Another service representative who has a full time case manager explains,

“We have a full time case manager who’s a social worker that helps with information and referrals and connecting people to housing and food assistance. That person helps work with any individual in the community that needs to call and ask questions.”

Providing navigation services like these is one way that aging services providers can make the best use of resources that already exist in the community, while helping ensure seniors’ needs are met.


Expand Mental Health and Social Connectedness Programs

Other service providers in comparison communities have taken the initiative to add programs to address the influx of mental health problems as the COVID-19 pandemic’s effects on mental health are becoming more apparent. “The top needs that we’re really experiencing right now are social connectedness,” one service representative explains. “We’re starting to see people come out of COVID-19 and being like, ‘How do I remain connected in the community? I want to participate in activities. I want to be with other people, how can I be able to do that?’” Six out of ten aging services mentioned that they were adding more programs to keep individuals socially connected and to help with mental health needs. These activities range from allowing individuals to play cards after lunch to adding a mindfulness book club that meets over Zoom.

Active Generations has seen a slight increase in activity participation that are of this nature as more people are coming back through the door after pandemic limitations were lifted. This is not isolated to Active Generations. One aging service leader said,

“People are really excited to get back participating in some things like ladies golf, which increased 300% from last year, so are biking groups, [they’re] huge. This year, our pickleball group went from 120 to probably almost 180. So we’ve had some significant increases in activities.”

It is important to continue socialization programs and activities because psychosocial factors often promote health, and adequate social support counters stress and depression




(Hoare, 2015). These factors have been shown to increase self-reported well-being and reduce morbidity and mortality. In the Mather Institute's The Age Well Study done by Leary et al. (2020), researchers found that "perceived stress, the perception that one is unable to cope with a given situation, influences the risk of many health conditions, including asthma, cardiovascular disease, stroke, anxiety, and depression." One way to counter the negative effects of stress, depression, and anxiety is through resilience thinking. Resilience thinking in older adults gives them the ability to recover from adversity, thrive with a sustained purpose, and grow in a world of turmoil, change, and chronic illness. To build resilience thinking, older adults should be encouraged to participate in social groups, develop a family communication plan, start a stress management program, exercise, and/or begin a volunteer position, job, or new hobby (Edwards et al., 2015:2).

Senior services should implement intergenerational programs to combat mental health, increase social connectedness, and promote positive aging through multiple generations. A study conducted in Japan by Murayama et al. (2015) supports the use of intergenerational programs, as it has been shown to "mediate depressive mood in an elderly population." A "Social Isolation Summit" that took place at the Milken Institute Center for the Future of Aging in 2020 also concluded that "intergenerational connections are vital to reducing social isolation and loneliness." It would be beneficial for aging services to partner with programs for younger generations to create those connections with older individuals, as these connections are currently limited in most communities.

**Children love spending time with their grandparents,
grandparents love spending time with their grandchildren, so
why not mix these two?
-Aging Service Leader**

One aging service provider from a comparison community explained in an interview that their center started a letter writing campaign with the local YMCA kids. The kids and older adults wrote letters back and forth, with the service provider being a mediator between the two populations. They also partnered with elementary and middle schools to decorate bags for MOW participants. Many organizations in comparison communities said they partnered with local colleges. This allows the populations to have intergenerational relationships, and the students gain experience working with the aging population. Nursing, social work, sociology, psychology, and physical education students are just some of the programs that could be drawn from for participants/volunteers. One service in a comparison community partners with college students in this way: "We have a program called 50 first dates where psychology students would interview individuals with Alzheimer's and dementia and then create a video memoir for their family to keep." There are many easy ways to include intergenerational activities that would benefit the community.



Another way to combat social isolation is by introducing technology and allowing for hybrid programming and classes. As mentioned earlier in the report, one service used technology to take seniors to the tide pools in California. This same concept can be used to allow isolated individuals to be virtually present in senior centers. Many aging services have started to use technology as a way to connect older adults who are isolated. One interviewee explains a program in their area:

“There’s been a great deal of social isolation, on account of COVID, and so that group [in their community] is doing a lot of work around trying to identify individuals who are socially isolated to address the stigma around identifying oneself as socially isolated, to see what technological hurdles might be addressed to help connect persons, older adults in particular who are socially isolated.”


Another aging service leader explained their attempt to introduce technology to their programming as

“a pleasant activity that could be done over Zoom to fill in for all the things that were lost, that you couldn’t do, you would have done in person and couldn’t (during COVID)...to help people just keep their spirits up, when they may be very, very isolated. They may be all alone in their own home and see nobody for a very long time.”

Many comparison communities do not foresee the total takeover of technology though. The majority opinion is that the card playing, dancing, and sports that many older adults enjoy now will continue to be enjoyed for many generations to come; still, technology offers a powerful tool to expand reach.

Effective use of technology requires that seniors have access and the skills necessary to take advantage of new tools. The Milken Institute (n.d.) asserts that “even with access to digital devices and connectivity nearly 32 million US adults lack the skills to navigate technology” (4). Therefore, it is pertinent that senior centers and aging services provide classes to improve upon the digital literacy of aging adults. Six of the ten senior centers and aging services interviewed had some sort of technology class or one-on-one tutoring available for their population. Many are starting to allow individuals to bring in their specific piece of technology for assistance instead of teaching large classes on one software program or device. They find that this approach is more helpful in personalizing instruction for the individuals and their level of need. One service leader explained their technology classes,

“[we] have an open workshop, a free workshop every Friday, where we had volunteers who came in every Friday and held this technology open house from nine to noon every Friday. People could come in with their iPads, their



Android phone, their Mac laptop, whatever and sit down and if they were having a problem they could get help.”


Though “bring your own device” workshops and one-on-one tutoring may be the way of the future, it is not necessary to completely get rid of existing desktop computers. These computers can be used by individuals who do not have devices or internet access of their own. However, service providers in comparison communities suggest relocating them: move desktop computers out of isolated labs and into public spaces where visitors can have access to them.

Considerations for Building and Expanding Senior Centers

As the Baby Boomer generation ages, senior center populations will grow significantly, and many centers will not have adequate room to accommodate the growth. Additionally, state of the art facilities are going to be the most attractive to the growing group of older adults in America, so as centers start thinking of developing, there are many structural things that could be beneficial to the aging population (Gavin 2020)--even down to details of paint color and floor finish.

Detailed decisions about paint and lighting are actually incredibly important in making buildings safer and more accessible for seniors. One aging service leader in a comparison community explained that when they were moving into a new building, “the colors were chosen with great consideration....they (the colors) still managed to be bright, kind of a semi gloss that doesn’t hurt your eyes...[and] attention was brought to the finishes on the floors.” They made these choices in order to increase the safety of their population. Visual perception changes with age: “the eye of a typical 60-year-old receives about one third the amount of light of the eye of a typical 20-year-old” (Hegde & Hill, 2007:23). Therefore, it has been found that high luminance contrasts can enhance safe and confident movement for aging individuals. Hegde and Hill (2007) suggest “linear wall lighting in hallways, which can be incorporated in brackets or valances to create a transitional, uniform, glare-free illumination” (25). Researchers also suggest steering away from colors with low-saturation such as tan and mauve for walls as “the older eye needs more saturated palettes to compensate for the natural reduction in perceived saturation that occurs as a consequence of the thickening and opaqueness of the lens” (Boyce, 2003). Certain colors are more difficult to distinguish, as well; “greens, blues and violets, especially in less saturated[paler] versions, become increasingly difficult to differentiate as one ages” (Wijk et al., 2002). In general, bright vibrant colors should be used “to differentiate spaces and provide spatial cues for residents” (Hegde and Hill, 2007: 25). Successful color cueing means, for instance, using “a lighter color for the entire door and to contrast that with a more more saturated red or green trim to increase the contrast and visibility for the aging eye” (Hegde and Hill, 2007: 25).

Other centers and services interviewed for this report suggest using large signage to aid in directing aging individuals with visual impairments, putting in flooring that is glare resistant as well as easy to roll walkers and use canes on, and building in ample storage space for the plethora of activities that centers provide, with room to grow. For activity



spaces, others have suggested multiple sized classrooms with technology included in the infrastructure to allow for hybrid use (for example, a room that has a projector/camera and microphones in the ceiling). They also suggest large exercise rooms for movement classes and larger class sizes as the aging population begins to grow, as well as specific classrooms like onsite kitchens for cooking classes or pottery rooms with wheels and kilns. Another suggestion was extra office space to bring in nurses, social workers, or insurance coordinators on rotating days to help bring programs to the center's population. To increase socialization spaces, big coffee areas or outdoor areas that can be used for socialization as well as activities are suggested . One aging service leader explains green space this way:

“Green space is not just an aesthetic. These are important parts of our program as well...We were able to develop a corner of our property for gardens. So our participants can, as part of their activities, have these gardening experiences, weeding, watering, planting, and harvesting. Onsite gardens are also an easy way to get locally sourced vegetables; 100 feet across the parking lot is pretty locally sourced, so we are proud of that.”

Conclusion

As a new, larger, more diverse generation of older adults begins to require the services Active Generations provides, it is imperative that an understanding of this population's demographics and emerging needs guides the organization's expansion. Research has shown that a need for continuing education, working past retirement age, aging in place, programs that increase diversity, and programs to combat mental health and social isolation issues will be at the forefront of aging services.

Appendix A

Active Generations Department Head Interview Questions

Program Description

Could you give me a brief overview of your program? What are its goals and how does it work?

How many people does your program provide for? i.e. number of meals served per day/number of current memberships/number of visitors per day/ etc.

Do you have a list of demographics for your program? (Age, Gender, SES, etc.)

Program Strengths

What parts of your program do you think are doing well?

Program Challenges

What challenges are you facing for this program right now?

What is one thing that you wish you could change about your program?


Where do you see the most dissatisfaction in your program?

Program Future

Which areas of your program do you see thriving in the future?

What challenges do you anticipate might come up for this program in the future?

Would you like to expand a certain area in your program?



How do you think your program could be used by younger adults, middle aged adults, etc.?

What are some ideas you have for your program?

Comparative Programs

Are there any similar programs that you have seen that you would like to be included in a comparative search?

Is there anything else you'd like me to know about this program?

Appendix B

Comparison Community Interview Questions

Demographic Information

Can you give me a quick overview of the services you provide at your organization?

Can you describe your population demographics? (Including age, sex, SES, etc)

What are your immediate community needs and how do you fill them?

How do you anticipate your community needs changing over the next 10-20 years?

Programing Strategies

What are your most popular programs?

Who uses this program/Why do they use this program?

Do you have any partnerships with community organizations or other local businesses to enhance your programs and could you describe them?

How are you planning for change in the next 10-20 years as the next generation starts to retire?

Have you been looking into new programming or partnerships for the next generation? Could you explain what they are and why?

Do you have an onsite social worker to help with elder's housing/medical/social needs?

Marketing Strategies

What are your outreach/marketing strategies?


How do you expect them to change in the next ten years?

What are your strategies to bring in new members and keep them coming to your facility/program?

What do you do to reach out to the younger generations? Do you plan to?

Building Information

If you were building a new building what would you want to include and why?



How do you use technology to operate efficiently at your location(s)? (key cards, transactions, apps, etc)


Do you have a computer lab onsite for computer classes?


Is that something you would use or want in the future?

Are there other organizations or communities that you think are doing a good job at meeting the needs of aging adults?


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