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1.0 EXECUTIVE SUMMARY

1.0 Introduction

The research analyzed several key objectives for this project. Those objectives were prescribed in the *Request for Proposals – Rapid City Senior Cooperative Master Plan Needs Assessment and Service Gap Analysis*. The key questions to be answered included:

- What are the most pressing needs of the current senior community of Rapid City?
- How will the needs of residents age 50+ shift over the next 20 years?
- What services, activities, or facilities will make Rapid City a destination to live for 50+ adults and retirees?

These areas of inquiry spanned three (3) core topics:

- [1] Health and wellness, including physical health, mental health, health care access and awareness, and independent living
- [2] Community design, including convenience of services and activities of daily need, mobility, transportation, housing accessibility and affordability, and economic development
- [3] Active lifestyle, including civic and social engagement, employment opportunities, lifelong learning, and recreation, arts and culture

To address these objectives, the research completed the following tasks:

- Review and summary of existing literature
- Conduct a telephone-based survey of current community members
- Facilitate resource constituency focus groups in the Rapid City community
- Conduct a senior community resource inventory
- Establish baseline measures
- Conduct gaps analysis between baseline and needs assessment findings
- Prepare a final report
- Preparation and delivery of executive presentation of findings

1.1 Literature Review

Canvassing numerous sources over 13 different areas of inquiry, the literature review provides insight into current trends for the effective design of elder-friendly communities. Areas of inquiry included: demographics, differences in age groups, life satisfaction, problems facing older adults, aging in place communities, elder-friendly communities, financial security, health and health care, social connections, housing, supportive services, neighborhood, and transportation and safety.

These communities which span the country, as cited in various publications, promote independent living, provide supporting infrastructure to ensure accessibility and mobility for its citizens, and regularly adapt to the ever-changing needs of their elder population. Several models for community neighborhood design are discussed within the detailed literature review, all of which emphasize several key community attributes, ranging from coordinated health and social services to providing older adults with direct roles in the design and development of their neighborhood. Collectively, these attributes provide an evidence-based foundation from which similarly-sized communities have been able to create a living environment conducive and appealing to older residents.

1.2 Findings

In an effort to enhance readability of the report, the main research tasks have been broken down into sections and are categorized by the method used in collecting the needs assessment data: literature review, community survey, resource constituency focus groups, elite interviews, and the

senior community resource inventory. Specific research methods are featured within the Introduction, followed by a detailed report of findings for each area of investigation organized by research task. To provide context and a brief introduction, a summary of findings is featured below.

1.2.1 Community Survey

The community survey solicited feedback from respondents in several key areas of inquiry. In order to ascertain whether or not the sampled population reflected the community at large, a quantitative analysis of community demographics was conducted. From this, it was identified that the survey sample did not include a sufficient percentage of American Indian respondents; thus, additional interviews were conducted to overcome sampling error and obtain input from American Indians stakeholders.

Following this activity, a cohort analysis was conducted which analyzed respondent attitudes and opinions based upon their age. Most respondents were aged 65-79 years. The analysis highlighted the fact that when asked their likelihood of using elder services, including door-to-door transportation all the way to the development of a centralized senior resources/wellness center, younger community members were more likely to use these services than older community members.

Opinions of Rapid City services offered at present were largely positive, with average satisfaction of a series of Rapid City services equating to 3.67 on a five-point scale. There were, however, areas where satisfaction levels were low in comparison; these areas included the availability of quality and affordable housing, mental health care, employment opportunities, access to health care, and the accessibility of adequate assisted living and nursing home facilities. Additionally, more than 60% of respondents indicated they were likely or very likely to use a facility in Rapid City that provided multiple services in one location.

1.2.2 Focus Group Analysis

In the area of health and wellness, the availability of single-family, senior-friendly housing with single-floor access was highlighted as lacking in Rapid City. In addition, there was expressed interest in the development of condominiums or other minimum-maintenance housing options so as to maximize independent living amongst residents. Further, the availability of senior living continuum of care opportunities was identified as extremely lacking in the community at present. While the research acknowledges barriers, including but not limited to legislative limitations, to the availability of and access to skilled care facilities, the need for a senior continuum of care was both apparent and highly-voiced amongst Rapid City community members.

There was a strong interest in thoughtful and carefully controlled development within Rapid City to ultimately facilitate the following: 1) easy accessibility for handicapped and other disabled persons, 2) increased depth and quality of senior transportation, 3) neighborhood friendly environments that include co-located living, shopping, and services for easy access, 4) a diversity of employment opportunities for both those aged 50+ and for their family members so as to keep their families close-by, 5) intergenerational housing options, and 6) a single multi-purpose senior facility.

In terms of fostering an active lifestyle amongst residents, the research indicated that while citizens felt engaged at the civic and social levels, improvements are necessary to make Rapid City a destination for seniors:

- [1] lack of access to services and businesses that are presently being developed on the edges of the City,
- [2] increased attention to safety within the community; while most survey and focus group participants indicated high affinity for their community, they acknowledged that several areas

of Rapid City are known as un-safe and thus are not desirable from both an aesthetic and safety point of view.

- [3] the option to reside downtown and have access to neighborhood environments within close proximity to home. Further development of the downtown district to include senior-friendly amenities, such as off-street parking and storage, and the intensity of a market-centered concept where people can live, play, and entertain was expressed as an area of interest by the community.

1.2.3 Elite interview Analysis

After being informed about several key areas of findings from the survey and focus group discussions, including jobs for seniors, transportation, improved access to health care, and the need for more senior housing, the elite interview respondents were asked additional questions about specific needs within each of those areas of community design.

Expanded access to nursing home beds, a commitment to expanded Medicaid funding at the State level, services to directly help economically disadvantaged seniors, and improved sharing of medical information between an individuals' care providers were identified as top needs pertaining to housing and health care for seniors in the community. Specific to mental health needs, expanded adult protective services and dedicated housing for those with mental disabilities were also highlighted amongst respondents.

When asked to elaborate on transportation needs within the community, expanded bus routes, increased frequency of service on current public transit routes, and revised administration of existing ride services were identified as key areas of concern. Many respondents felt that transportation is the most pressing challenge to the senior community in Rapid City at present.

The areas of senior engagement and general dialogue revealed an overall need for expanded service and educational programming within the community by which to engage seniors and share information. To facilitate this, it was again acknowledged that the existing transportation system was lacking, and would need to be optimized in order to provide suitable transit for seniors desiring to participate in these opportunities. The expressed need per community survey and focus group discussions for a centralized facility with access to numerous senior resources in one place was validated in the interview analysis.

1.2.4 Community Resource Inventory

After review of existing resources that specifically pertain to individuals aged 50+, a summary of quality indicator scores was created to measure perceived availability of resources within the Rapid City community. The higher the quality indicator score assessed in the inventory, the higher the perceived availability of resources. Lower scores demonstrated a perceived lack of available resources. Encompassing nine (9) key community standards analyzed, the highest was recreation, arts, and culture. The lowest score included fitness opportunities for seniors, physical health care (including availability and access to medical services, public health services, dental care, and eye care), and independent living.

1.2.5 Gaps Analysis

Seventeen community resource categories were assessed as part of the gaps analysis, resulting in applied rankings of the extent each area was "below", "at" or "above" the expressed needs of the community. These determinations were based on data collected through survey, interview, and focus group discussions.

Three categories - civic and social engagement, volunteer opportunities, and community development - were ranked "above" the present community need. On the contrary, nine categories

were identified as areas that fell “below” the present community need. These areas that fell below existing demand included:

- Access to health care (including specialists).
- Mental health.
- Fitness opportunities.
- Independent living.
- Assisted living and skilled care.
- Access to services.
- Shopping.
- Housing.
- Transportation, mobility, and ADA-accessibility.

The remaining five categories were observed to be at desired levels. These areas, where current resources were observed to be at or very near observed demand, included:

- Community safety.
- Sense of community.
- Employment.
- Recreational opportunities.
- Religious and spiritual opportunities.

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2.0 INTRODUCTION

2.1 Project Scope & Research Design

The Government Research Bureau (GRB) employed three strategies to assist the Rapid City Seniors Cooperative Work Plan Committee (Committee) in decision making as it develops a master plan for seniors in the Rapid City community. Those three strategies included conducting a needs assessment, a gaps analysis of the contrast between services currently available and observed needs, and the GRB conducted research other community models to identify best practices in the area of senior community needs.

The goal of the research was to provide data to address three questions identified by the Committee in the initial RFP for this project. The Committee requested that the research determine the most current pressing needs, show how the needs of residents age 50+ will shift over the next 20 years, and identify the services, activities or facilities that will make Rapid City a destination to live for 50+ adults and retirees. More, the Committee asked that the research focus on three categories and related subcategories. Those included health and wellness, community design and active lifestyle.

With these interests in mind, the GRB employed a mixed-methods design with quantitative and qualitative elements that was designed to engage stakeholders at every level of the Rapid City community.

2.2 Methodology

Literature Review. The research began with a detailed literature review of national research designed to understand the nature of senior community needs and approaches to meeting those needs. This effort yielded insights to a number of previous efforts to survey communities of similar demographic make-up to Rapid City, as well as a number of qualitative studies of emerging approaches to satisfying senior community needs. The results of this effort are reported in Appendix A.

The background literature review was helpful in identifying specific survey questions that had been employed to track senior needs in other communities throughout the nation. This library of survey questions was presented to the Rapid City Senior Cooperative Master Plan Committee in an effort to narrow in on the specific research questions the Committee was interested in addressing through survey, focus group and elite interviewing efforts designed for the current needs assessment and gaps analysis.

Quantitative Survey. In a meeting in Rapid City with Committee members and the GRB Principle Investigator on March 26th, 2012, progress was made on the question of what the focus of the quantitative survey stage of the research should focus on. From that, several drafts of the survey were developed and shared with Committee members for feedback. The survey attempted to study variation in attitudes and opinions of four specific age cohorts on the question of what Rapid City could do to better serve senior needs. The first age group, or cohort, was made up of respondents below 50 years of age. The second included respondents 50-64 years of age, the third between 65-79 and the final age cohort included respondents 80 years or older.

A final draft of the survey was developed and put into the field by Robinson and Muenster Associates of Sioux Falls, South Dakota, in July of 2012. The survey was delivered through a random digit dialing technique with a sample randomly drawn from a list of Rapid City phone numbers with a high potential of having at least one member of the household over the age of 45. The probability of

respondent households with older residents was determined by a population database with information on the birthdates of residents within Rapid City limits. Again, only those residing in Rapid City were potential respondents and the sample was drawn from households showing at least one person 45 or older. The phone database contained 26,379 likely households of which 6,412 were attempted to secure the requisite 500 completed surveys for this research. A copy of the survey instrument is provided as Appendix A.

Focus Groups. The resulting data from the telephone survey were analyzed through a variety of descriptive and inferential research methods aimed at identifying the perceived needs of respondents in the four age cohorts identified above, and for the sample as a whole. Preliminary analysis of the data was used to generate questions of interest for focus group meetings held in Rapid City on August 20 and August 21, 2012.

The design for the focus groups was structured using standard accepted practices in focus group research design. Three focus groups were convened using a participant profile designed by the research team of the project. The groups were convened using an independent facilitator not known to any of the participants. To ensure autonomy of viewpoint, the groups were held in a neutral location in the community using a private conference room.

The focus group data collection design provided for the development of several emergent themes, which mirrored the desired content sought in the research design and included 1) qualities of the existing community, 2) current gaps in the community important to individuals 50 and older, 3) considered needs to this population in the area of health and wellness, 4) the needs of individuals of this age category that would promote a happy and active lifestyle, 5) recommendations for the community to design its structure in such a way to promote engagement and attraction of older adults, and 6) the identification of one program that focus group members felt would “help the community most” to be friendly and attractive to older individuals.

The facilitator allowed participants to write their comments privately before engaging the group in dialogue of key issues in each topic area. The individually prepared comment sheets from each participant were gathered and analyzed along with the notes of the group dialogue to identify group outcomes.

Elite Interviews. Elite interviews were used to supplement both the telephone survey and focus group research. Initially, a list of community elites was delivered to the GRB by Sandy Diegel, Chair of the Rapid City Senior Cooperative Master Plan Committee. Elites, by virtue of their knowledge of the senior community needs in Rapid City, included executive-level public administrators, directors of health care institutions, health policy researchers, community advocates, retired and employed Rapid City seniors, and public health nurses from public and private hospitals in the region.

Additional interviews were conducted with elites from the Rapid City American Indian Community to overcome observed underrepresentation of native respondents to the quantitative survey and focus group research. A snowball sample was employed to generate additional observations from Native Elders, Native health care providers and senior service providers from the nonprofit sector in Rapid City.

Community Resource Inventory. In order to establish baseline data from which to ascertain gaps in services provided or available to the senior community of Rapid City a Senior Community Resources Inventory was conducted beginning in September 2012. The Inventory consisted of a) the creation of a matrix of needs, based largely upon categorical information provided within the initial RFP from the City of Rapid City, and b) secondary research heavily reliant upon online-accessible data that captured existing community resources (e.g. skilled care facilities, independent living facilities, parks,

libraries, volunteer outlets, community living). The existing community resources were then to the established “needs matrix” in tabular format.

Rapid City’s 211 Helpline Center’s database of community resources was highly leveraged in the creation of this inventory. In total, 250+ listings are provided. These resources include public and private facilities, programs and services presently available to seniors in the Rapid City community. Resources specifically catered to the 50+ age community were noted within the matrix¹. While this represents a thorough list, it is not exhaustive. Outside of the online-based research exercise no other means of more in-depth research were leveraged (e.g. follow-up phone calls, on-location assessments, or other data sources) in the creation of this matrix.

First, a simple listing of resources was created, organized by categorical theme as previously described. Second, a count of resources was collected per theme area and used as variable (n), number of resources, for further analysis. Third, an average score was calculated in each resource category to produce the Value (N), herein referred to as the QI (Quality Indicator) score. This score was then normalized to a 1 to 10 scale, and provided in the Gaps Analysis tables to contrast with the satisfaction scores, which were also normalized to a 1 to 10 scale.

For example:

Category: Mental Health Care
 # of resources: 39
 Community benefit
 “Outpatient Services”: 17

	Outpatient services	Inpatient /hospital services	Group therapies	Individual therapies	Family therapies	General counseling	Case management
Quality indicator score	3.6	1.0	4.1	5.9	6.2	7.9	1.3
							4.3

$$\frac{\# \text{ of outpatient services}}{\# \text{ of resources}} \times 10 = \text{QI score}$$

After the QI scores are calculated for each relevant community benefit the scores are summed and then averaged to produce a final QI score for each category. QI scores are noted within each section of the inventory at the bottom of the table; the final category QI score is highlighted yellow. A summary table of indexed scores is included within the report, with supporting details in Appendix E.

Gaps Analysis. Each research method described above was considered to formulate a reliable understanding of senior needs in Rapid City, South Dakota. These needs were evaluated within the context of current resources available to seniors in the city. Using the baseline information provided via the Senior Community Resources Inventory as previously described the gaps analysis was performed to compare *where the community is* to *where the community needs to be* in terms of

¹ Note that the methodology for the Senior Community Resources Inventory consisted of an online search for resources. If the web page for the resource specifically noted programming for seniors, it was listed in this analysis. If the web page did not note programming for seniors, no additional research was conducted to verify if programming was offered to seniors, and what the programming consisted of.

available resources to its 50+ population. By leveraging mixed methods (focus groups, elite interviews, and telephone survey) for this exercise the gaps analysis yielded a rich set out strengths, weaknesses, opportunities, and threats for which the City of Rapid City could review in the scope of creating a master plan.

The gaps analysis consists of two main elements: a) a benchmark assessment with rating of resources as compared from the baseline inventory to the needs identified within the research, and b) a SWOT analysis to highlight the relationships between identified community strengths, opportunities, threats, and weaknesses with regards to senior community living. The benchmark assessment ranks current capabilities of the community in terms of how each meets the needs as observed through the research done here. The rankings had values of “at”, “below”, or “above” desired levels.

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3.0 LITERATURE REVIEW

Demographics of Rapid City, South Dakota

The total population of Rapid City according to the 2010 Census is 64,956 with 14.5% (14.3% South Dakota) of the population is persons 65 years and over (US Census Bureau, 2010). The US Census 2010 also estimates there are 4,250 of householders living alone who are 65+ in Rapid City Metro Area and there are currently 11,685 households in Rapid City Metro who have one or more individuals who are 65 years or older (US Census Bureau, 2010). In 2007, AARP estimated in the State of South Dakota there was 146,000 individuals age 50-64, 54,000 aged 65-74, 40,000 age 75-84, 20,000 age 85+, and total of 114,000 of individuals who were age 65+ (Houser, Fox-Grage, & Gibson, 2009). 39% of individuals age 75+ were also living alone in 2007 (Houser, Fox-Grage, & Gibson, 2009).

The average household income for individuals of age 65+ in 2007 for the state of South Dakota was \$28,244 (Houser, Fox-Grage, & Gibson, 2009). Individuals who were at/below poverty level at age 65+ was 11.5%, at/below 200% poverty level age 65+ was 36%, and at/below 300% poverty level age 65 was 58% (Houser, Fox-Grage, & Gibson, 2009).

Differences in Age Groups (50-65, 65-80, 80+)

Cantor (1989) defines “young old” elderly as individuals who are 65-74 in age (Cantor, 1989, p. 101). A large percent of this population have little functional impairment and only need assistance during acute illnesses or emergency situation (Cantor, 1989, p. 101). Feldman and Oberlink (2003) found that “younger participants (30-59 years and sometimes 60-74) recognize the importance of good health as much as older participants, but the younger participants seemed less aware of their own vulnerabilities and the degree to which poor health can limit independence,” (p. 272).

“Moderately or older old” individuals age from 75-84, and these individuals have increase rates of disabilities and illnesses that leads to increase need for help for housekeeping and other house maintained tasks (Cantor, 1989, p. 101). However, at least half of these individuals have the ability to carry out most activities of their daily life (Cantor, 1989, p. 101). Feldman and Oberlink (2003) also found that participants 75ages or older were less excited about volunteering than the younger participants (p. 272).

The most vulnerable population is the category labeled “oldest old” who are age 85 and over (Cantor, 1989, p. 101). These individuals need the most supportive services which includes personal care-washing, feeding, and assistance their medication (Cantor, 1989, p. 101). The burdens of aging way heaviest on the poorest individuals and members from minority groups such as blacks, Hispanics, and American Indians (Cantor, 1989, p. 101).

Life Satisfaction

Oswald, et. al., define life satisfaction as “cognitive dimension of well-being” and used a single item question if individuals were satisfied with their life with an 11-point Likert scale: 0 (totally unsatisfied) to 10 (totally satisfied) (Oswald, Jopp, Christoph, & Wahl, 2010, p. 243). One-third of the 61 and older participants in Nelms and et (2009, p. 514) survey reported their “baseline mood as low (“a bit down” or “miserable”) and only 20% of those individuals reported having a mental health diagnosis of depression, psychosis, or other symptoms of unhappiness. They also found that community services that could help improve their mood such as respite care were never recommended to these individuals and also less likely to participate in services if they were recommended (Nelms, Johnson, Teshuva, Foreman, & Stanley, 2009, p. 514).

Problems Facing Older Adults

Cities across the United States are facing a national crisis that will severely threaten public resources: “the needs and expectations of aging baby boomers for appropriate housing and services,” (Kennedy, 2010, p. 70). Bookman (2008) states there are three concerns with the growing number of elder individuals in the United States: increase number of individuals who will need health care and the costs associated with these needs, working pool who fund the retirement system is shrinking, and elders who remain in their homes will need home care or other community services to remain independent and this work force has a shortage (Bookman, 2008, p. 421).

In order to deal with this problem, communities should focus on being aging-in-place communities that attracts young people but also are places that welcome older individuals to stay the rest of their lifetime (Kennedy, 2010, p. 70). “Aging in place” is defined by Kennedy (2010, p. 70) as “staying in one’s home as long as possible” and how the community will support their needs as they age. Alley and et also define “aging in place” as “growing old in their own homes, with an emphasis on using environmental modifications to compensate for limitations and disabilities (Pynoos, 1993),” (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 2).

The older population will need a more integrated aging infrastructure that focuses on their increasing demands and needs for housing, transportation, social services, health care options, and safe neighborhoods that meet the needs of both active and frail older individuals; however, these issues don’t only benefit the older population they benefit the entire community (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, pp. 4, 13). When individuals lack transportation the end result is isolation, which can be a risk factor for depression, declining physical health, and reduced quality of life (Bedney, Goldberg, & Josephson, 2010, p. 305).

The two most common concerns for Upper Arlington older adults are high property taxes and rising energy costs (Kristel, Snyder, & Scott, 2006, p. 10). These researchers asked this quantitative question to obtain these results: Given that this is a needs assessment, what

problems or challenges do Upper Arlington's older residents perceive? What needs are apparent or perceived in the community? Respondents were asked to indicate the first and second most important problems facing Upper Arlington's older adults, selecting from a list created during the earlier town hall meeting, pre-survey focus group, and stakeholder interviews. (Kristel, Snyder, & Scott, 2006, p. 9).

Older adults may be left feeling isolated, devalued, and underutilized when faced with retirement or other employment transitions that causes them to lose their sense of purpose (Ristau, 2011, p. 72). Women are usually more capable of easing into this transition and males are often more "ill-equipped to navigate the many interpersonal and interior sights that accompany such transitions, or to tap into the resources they need," (Ristau, 2011, p. 73)

Aging in Place Communities

Another type of neighborhood is called the NORC, which is a naturally occurring retirement community (Bedney, Goldberg, & Josephson, 2010, p. 307). These are housing developments that are not planned for elder individuals; however, at least half of the residents are 60 years or older (Bedney, Goldberg, & Josephson, 2010, p. 307). NORC Supportive Services Program (NORC-SSP) model is a "community-level intervention" which is intended to "change the nature of the community and manner in which services are provided in the community, in such a way as to have a positive impact on the older adults who live there (Bedney, Goldberg, & Josephson, 2010, p. 308). There are five defining elements of the NORC-SSP model

- Organizing and locating a range of coordinated health care and social services and activities on site. Core services components are case management and social work services, health care management, assistance, and promotion, education, socialization, and recreation, and volunteerism.
- Drawing strengths from partnerships that unite housing entities and their residents, health and social services providers, government agencies, and philanthropic organizations.
- Promoting independence and healthy aging by engaging older adults before crisis and responding to their changing needs over time.
- Providing older adults with vital roles in the development and operation of the program, both in governance and volunteer roles.
- Filling the gaps where Medicare, Medicaid, or Older Americans Act services are insufficient or inadequately coordinated but not duplicating them. (Bedney, Goldberg, & Josephson, 2010, pp. 308-309)

“In 2002, the United Jewish Communities, now The Jewish Federations of North American, brought the NORC-SSP model to the attention of Congress and Congress has initiated approximately 50 NORC-SSP demonstration projections in 26 states between 2002 and the present, (Bedney, Goldberg, & Josephson, 2010, p. 309). In 2006, 357 women and 94 males were sampled from the 24 NORC-SSP communities and given the anonymous NORC survey which focused on four variables: social isolation, awareness and use of community services, self-reported health, and volunteerism (Bedney, Goldberg, & Josephson, 2010, pp. 311-312). They found that 88 percent of their respondents “agreed or strongly agreed that they believe they are more likely to stay in the community as a result of participating in their NORC program,” (Bedney, Goldberg, & Josephson, 2010, p. 312). Based on the results of the survey, it is conclusive that NORC-SSPs are an effective way to increase the socialization and reduce social isolating among community -residing older adults, along with linking them with services that can aid them in aging in place, promoting self-reported health, and promoting the health, well-being, and ability to be successful while aging in place (Bedney, Goldberg, & Josephson, 2010, p. 312).

Bookman (2008) states that there is an overall consensus that that nursing home care or institutional settings are not ideal, because they reduce the quality of life and are very costly and aging-in-place is the optimal way to age; however, it does have limitations (p. 423). Some limitations the elderly population experience include: access to services and knowing where to find these critical services, affordability of services and housing, and elderly are seen as passive recipients of services, not the being able to play the active role in the care of themselves (Bookman, 2008, p. 423). If a community can provide flexible services they will help meet the changing needs of the elders and “facilitate aging in place,” (Tang & Pickard, 2008, p. 405).

Tang and Pickard (2008) conducted a study that examined the relationship between awareness of services and aging in place versus relocation (Tang & Pickard, 2008, p. 406). This study used the Community Partnership for Older Adults (CPFOA) Survey of Older Adults, and sampled a representative sample of individuals ages 50 years or older from 13 different communities (Tang & Pickard, 2008, p. 406). One measure that was conducted was the perception of community-based long-term care and supportive services (Tang & Pickard, 2008). Participants were asked a bank of 12 questions about particular supports and services such as adult day care and senior lunch program and were given a three category response choice: no, yes, or don't know (Tang & Pickard, 2008, p. 408).

The same study also asked respondents two questions that related to aging in place and relocation. These questions were: “At what age do you think you will need regular help to remain living on your own?” and “At what age do you think you will no longer be able to live in your current home because of physical or mental health problems?” (Tang

& Pickard, 2008, p. 408). Tang and Pickard (2008) found that those individuals who were aware of supportive services were more likely to age in place (Tang & Pickard, 2008, p. 413).

Elder-Friendly Communities

“Elder-friendly communities’ are places that actively involve, value, and support older adults, both active and frail, with infrastructure and services that effectively accommodate their changing needs,” (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 1). Communities have the chance to capitalize on a unique population of elders who are committed to their communities and are willing to be active citizens and volunteer for many years (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 2). However, some communities have many barriers such as the neighborhoods that elders live in were not designed to accommodate to their changing needs and this will affect the lives of their elders and will affect how successful the community is at making their environment more elder-friendly (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 3). In order to obtain an “elder-friendly community,” local resources need to be “user-friendly” to the elder population and services, programs, policies, and facilities maximize their assistance with these individuals through support and especially convenience (Beirer, 1997), (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 4). Communities must plan and develop a comprehensive strategy plan that addresses all the issues of their aging population, in which locals and communities agencies provide the for resident’s needs, advocate for appropriate services and plan for a supportive environment for the elders of the present and future (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 12).

Feldman and Oberlink (2003) developed the elderly-friendly community model through an extensive review of literature, and qualitative research through a series of focus groups around the county (p. 269). The focus groups were conducted with “three to four specific population groups: older-old (ages 75+), younger-old (ages 60-74), younger (ages 35-59), and community leaders (Feldman & Oberlink, 2003, p. 270). They found there were four components of the elder-friendly community: addresses basic needs, promotes social and civic engagement, optimizes physical and mental health and well-being, and maximizes independence for frail and disabled (Feldman & Oberlink, 2003, p. 269). The age-based focus groups identified the following factors “as being necessary for successful aging in place: financial security, health and health care, social connections, housing and supportive services, and transportation and safety,” (Feldman & Oberlink, 2003, p. 271).

Financial Security

Focus group participants in Feldman and Oberlink (2003) study state that financial security is a personal issue and not a community issue; however, it is an important factor that plays a role in the activities that they participate in and the services in which they rely on to continuing aging in place (p. 271).

Questions persist among seniors regarding their ability to outlive their

financial capacity and whether they will spend all retirement savings on long-term care (Cutler, 2011).

Health and Health Care

As mentioned previous, the population is growing especially with one or more chronic illnesses. There is also a rising concern for adequate health care treatment and facilities. “Medicare’s focus on acute conditions and the institutional bias in Medicaid, have resulted in a fragmented, poorly funded long-term care system, which does not address the care needs of older adults with multiple chronic illnesses (Davitt & Marcus, 2008),” (McDonough & Davitt, 2011, pp. 528-529). The Prudential Long-Term Care Cost Study in 2010, states that the average annual rate for a nursing home private room in South Dakota is \$ 61,320 and a semi-private room is \$ 57,670, the average annual base rate for an assisted living facility in South Dakota is \$27,800, and home health care in South Dakota is \$20 per hour on average for a HHA/CAN and \$40 for LPN average hourly rate (America, 2010, p. 50). Genworth 2011 Cost of Care Survey for South Dakota states that it cost an average of \$12,948 for adult day health care annually, \$33,000 average annual cost for assisted living facility, and annual average cost for a nursing home in South Dakota is 460,664 for a semi-private room and \$68,711 for a private room (Genworth, 2011).

2006 NORC survey, also found that 71 percent of their respondents agreed or strongly agreed that they feel healthier than before the NORC-SSP (Bedney, Goldberg, & Josephson, 2010, p. 312). In Feldman and Oberlink (2003) study, their participants state that a community with a good hospital was a major selling point for individuals (p. 271).

Social Connections

Oswald, et. al., define social aspects of housing as” household compositions and perceived social neighborhood quality,” (2010, p. 241). To assess the social quality, they had three areas in which they asked respondents about: household composition (living with others), if they lived in a friendly atmosphere and if they communicated with their neighbors, and whether or not they lived close to their friends and relatives (Oswald, Jopp, Christoph, & Wahl, 2010, pp. 242-243). They found that young-old compared to old-old tended to live with their partners and there was no difference between the age groups of available social partners in the area or social neighborhood quality (Oswald, Jopp, Christoph, & Wahl, 2010, p. 244).

Lelms and et all (2009, p. 514) found that individuals who were less connected to their family and the community had the most difficult time accessing services needed to support themselves at home with their care needs. One study in Calgary, Canada, discovered that during the long winter months older residents risked being socially and physically isolated from others (Austin, McClelland, Perrault, & Sieppert, 2009, p. 89). This same report also discussed how older residents were often not able to shovel their sidewalks and couldn’t afford to pay for services that would take care of their snow removal

needs (Austin, McClelland, Perrault, & Sieppert, 2009, p. 89).

Kristel et al reports that another major concern of their participants was the lack of having social and recreational activities for older adults (Kristel, Snyder, & Scott, 2006, p. 22). They also asked participants if they had heard about the senior center and if they were a member or not, and if they weren't a member what would have to change for them to join (Kristel, Snyder, & Scott, 2006, p. 22).

Individuals with regular social connection are significantly less likely to "demonstrate a cognitive decline when compared to those who are lonely or isolate," and it's also suggested that socialization helps with brain reserve, "which is the ability of the brain to function adequately despite physiological evidence of damage," (Ristau, 2011, p. 70).

Bedney and et al (2010) also found from their 2006 NORC survey that "88 percent of the individuals stated that agreed or strong agreed that "they talked to more people than before they participated in their local NORC program ,88 percent agreed or strongly agreed that they knew more people, 84 percent agreed or strongly agreed that they participate in activities or events more than they used to, and 72 percent agreed or strongly agreed that they leave their homes more than before," (p. 312).

Research also suggests that online activities and social networks can be a benefit and contribute to brain health and individuals of ages 50 and older are one of the fastest growing demographic groups using these online social networks (Ristau, 2011, p. 75).

Housing

Oswald, et. al., (2010, p. 241) define indoor housing as the "immediate domestic home environment, including objective characteristics and the perception of the physical environmental housing characteristics. They asked survey questions that addressed the number of available rooms in the home, the square footage of the living space, and 10-items based on comfort of the residence: "large enough, modern, cozy, lighting and sunny, having a nice view, separate bathroom and toilet, available of balcony, garage, garden, and having access to close parking (answering was based on yes or no answers)" (Oswald, Jopp, Christoph, & Wahl, 2010). They found that young-old participants' homes were larger than old-old (Oswald, Jopp, Christoph, & Wahl, 2010, p. 244). There was also little difference between cohorts on the mean duration of the number of years that individuals were living in the same place (Oswald, Jopp, Christoph, & Wahl, 2010, p. 247). The square footage of participants housing had an effect on both cohorts of individuals. For individuals who were young-old the square footage appeared to be a resource for life satisfaction; however for old-old it appeared to be a risk (Oswald, Jopp, Christoph, & Wahl, 2010, p. 247).

Kristel, et. al., (2006, p. 13) found that 76% of respondents wanted

to remain in their home for as long as possible as their first or second choice of preferred housing options. They also reported that 765 of respondents also do not plan on moving within the next 5 years (Kristel, Snyder, & Scott, 2006, p. 14). If they did intend to move within the next 5 years they answered additional follow-up questions that involved where they planned to move (within the area, state, or outside state) and the type of home they intend to move into (single floor home, assisted living, apartment, family, condos, and ect.) (Kristel, Snyder, & Scott, 2006, p. 14). 48% of the respondents who stated they were moving from the area reported that they would reconsider staying if their preferred housing was available (Kristel, Snyder, & Scott, 2006, p. 15). Participants also responded that they wanted affordable housing that “had low maintenance, no lawn-care, privacy yet close to neighbors,” (Kristel, Snyder, & Scott, 2006, p. 15). Some participants even voiced concern that there was a need to distribute information about housing options available to older adults (Kristel, Snyder, & Scott, 2006, p. 15).

The generation of baby boomers especially want to stay in their home as long as possible (Kennedy, 2010, p. 70). Depending on their “financial situation, leisure desires, healthcare needs, and family connections, some will choose to remain in the family home; others will decide to downsize,” (Kennedy, 2010, p. 70).

One example of allowing aging individuals to remain in their home for longer periods of time and maintaining their independence is program called Human Investment Project (HIP) Housing in San Mateo County, California (Kennedy, 2010, p. 71). This program is a home-sharing program that matches home providers (elders) and home seekers (Kennedy, 2010, p. 71). In exchange for a paying rent, the home seeker provides needed services to the homeowner such as cooking, cleaning, lawn work, and ect (Kennedy, 2010, p. 71). This provides an excellent opportunity for the elders to remain in their home, while being provided with essential services. This particular program has successfully helped matched 14,000 seniors, persons with disabilities, and single parents, and there are more than 100 different home-sharing projects across the United States (Kennedy, 2010, p. 71).

Supportive Services

The primary objective for supportive services for the elderly population is to maintain their quality of life (Cantor, 1989, p. 100). The elementary concept of social care is to provide assistance as a way to enhance individual competency and environment, “rather than increasing dependency” which leads to the goal of improving their quality of life (Cantor, 1989, p. 100). Individuals 65 years of age and older have more or more than one chronic illness; however, data on the needs of services of these individuals in the United States indicate that majority of these individuals are healthy enough to live independent lives and need very minimal assistance (Cantor, 1989, p. 100). However, there are three factors that affect the probability of their need for support services: age, sex, and socioeconomic

status (Cantor, 1989, pp. 100-101). The need for supportive services varies depending on the community, but it is estimated that 12 to 40 percent of the elderly population are in need of some type of assistance (Cantor, 1989, p. 101).

More adults are experiencing challenges when it comes to driving and shopping, and may need additional assistance to maintain their independence (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 3). For disabled individuals, it may be very difficult to care out daily activities of living and participate in community activities so they are dependent on social resources and infrastructure of the community (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007, p. 3).

Canton (1989) suggests that the best approach for elderly care is using the systems approach where the individual is at the center of the model and the support systems surround the individual (p. 103). These support components can be family, community social agencies, government, friends, medical care (Cantor, 1989, p. 103). The relationship with the individual may be strong or weak depending on the need of the individual and ideally these components would communicate with one another and network the care of this individual.

Individuals “who rated their mood as high (“very good” or “good”) at baseline were significantly more likely to use social and community participation services and were more likely to access new community services compared to those who reported low mood (Nelms, Johnson, Teshuva, Foreman, & Stanley, 2009, pp. 513-514). The most commonly reported barriers that influenced their decisions to uptake supportive services was cost, lack of information, and waiting lists (Nelms, Johnson, Teshuva, Foreman, & Stanley, 2009, p. 516). When asked the following question: “Some older adults say they would like to have an information resource to help them find nearby businesses or services that could be trusted to help with home maintenance and other tasks. This could be similar to an Angie’s List® but focusing on Upper Arlington. Other older adults say they don’t want such a resource. How about you - to what extent would you be interested in a resource like this?” 44% of participants responded with a 4 or 5 on the likert scale (1 not interested to 5 very interested) that they would like to have this information resource (Kristel, Snyder, & Scott, 2006, p. 17). Participants were also asked if they were aware of specific services and whether they or someone they knew had used the services of KindCall and Northwest Counseling in the Upper Arlington Area in which less than half of the respondents knew of KindCall and even less knew about Northwest Counseling (Kristel, Snyder, & Scott, 2006, p. 15)

Formal Services. Research suggests that the only way some families have been able to keep their elderly family members in the community is by the use of formal supports (Cantor, 1989, p. 102).

Informal Services. A large portion of care that is provided to the

elderly population in the United States is primarily provided by informal caregivers such as friends and family members (Cantor, 1989, p. 102). Usually when elderly have either exhausted their informal network or their kin are unavailable do elders seek formal services for assistance (Cantor, 1989, p. 102). However, some elders are without kin or have family members that are a long distance away and are incapable of providing appropriate assistance; therefore, the community must serve as their “surrogate family” (Cantor, 1989, p. 102).

Bender and et all (2010) also found that “95 percent agreed or strongly agreed that they know more about community services than before as result of participating in their local NORC program, and 81 percent agreed or strongly agreed that they use community services more than they used to,” (Bedney, Goldberg, & Josephson, 2010, p. 312).

Neighborhood

Oswald, et. al., define neighborhood as “the immediate out-of-home environment, including objective and perceived physical and infrastructural characteristics” (2010, p. 241). To assess the neighborhood quality they used a “sum score of seven items, covering questions on the perception of living in safe neighborhood, in a quiet residential area, of having good access to public transportation, access to shops and services, having medical care nearby, having clean sidewalks and streets, and having cultural options in the neighborhood,” (Oswald, Jopp, Christoph, & Wahl, 2010). Quality of the neighborhood and neighborhood related factors “substantially contributed to the life satisfaction” of participants (Oswald, Jopp, Christoph, & Wahl, 2010, p. 247).

Transportation and Safety

Roughly 7 million Americans older than 65 do not drive and about 3.6 million elders 65 or older stay at home partially due to their lack of transportation (Bedney, Goldberg, & Josephson, 2010, p. 305). Kristel et all state that many older individuals have difficulties maintaining their driving abilities as they age which can create multiple transportation issues and concerns (Kristel, Snyder, & Scott, 2006, p. 28). In some cases this results in seniors not being able to leave their own houses (Kristel, Snyder, & Scott, 2006, p. 29). Although non drivers were the minority of the participants, 145 of participants did respond that transportation was their biggest problem that they faced in the community (Kristel, Snyder, & Scott, 2006, p. 30). Those who were capable of driving their own vehicles, 38% of participants say the median lines are difficult to see and 45% of participants state that street signs are difficult to see (Kristel, Snyder, & Scott, 2006, p. 31).

“Transportation and safety are fundamental factors that enable older people to stay connect to the community,” (Feldman & Oberlink, 2003, p. 272). If individuals don’t feel safe in their community they won’t leave their homes and if they don’t have transportation they also won’t leave their homes which leads to increased isolation and

lowered social connection. Participants in Feldman and Oberlink (2003) study expressed their concern that they missed their car and that public transportation was insufficient (Feldman & Oberlink, 2003, p. 272).

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4.0 SURVEY FINDINGS

4.1 Cohort Analysis

The sample of Rapid City residents who responded to this survey included a large majority (86.6%) of individuals who live in a home that they own. The second largest housing situation for respondents was living in a rented apartment, which made up 8.4 percent of the sample. Only a very small number of respondents (.6%) lived in an assisted living or nursing home facility. The homeownership rate of this sample (86.6%) is higher than was estimated for Rapid City by the US Census Bureau's 2006-2010 rate of 58.8 percent² which may have implications for the representative quality of this survey.

The average income for this sample was \$49,009 and the median income was \$40,000. The reported median Rapid City household income from 2006-2010 was estimated by the US Census Bureau to be \$44,009. The current sample income values fall are similar to the US Census Bureau estimates, and so we regard this sample as representative of Rapid City's income distribution.

Just short of ½ of the respondents were fully retired (46.4%) and another small number (6.1%) were retired but continued to work. Together, fully and semi-retired respondents made up 52.5 percent of the sample. Those working full-time (25.9%) and part-time (9.6%) made up just over 35 percent of the sample. Unemployed respondents made up 7.9 percent of the sample and 2.6 percent reported that they were disabled. This unemployment figure is slightly higher than the unemployment rate for Rapid City, which is estimated to average 4.52 over the past six months.³

The racial breakdown of the sample presents a concern for the representative quality of the research, insofar as less than one percent of the sample was American Indian. An extremely large majority (95.3%) of respondents were White, which under represents minorities in this research. The US Census Bureau estimates that the population of Rapid City is 12.8 percent American Indian and 80.4 percent White. It will be important for this underrepresentation of Native opinions and interests to be addressed through additional research activities, such as the focus group and elite interview phases of the project.

It seems this respondent group may be slightly more affluent than the US Census Bureau reported for the city of Rapid City in 2011. Although this sample is employed slightly less than labor statistic estimates, the sample is more White, more likely to own a home, and has slightly higher income than estimated by the US Census.

The first analysis of the research took into account differences in attitudes and opinions based on respondent age. One of the primary research questions for this project was focused on the needs of four distinct age cohorts – all at or near retirement age. The first age group, or cohort, was made up of respondents below 50 years of age. The second included respondents 50-64 years of age, the third between 65-79 and the final age cohort included respondents 80 years or older.

² US Census Bureau Quick Facts, Rapid City (city), available at <http://quickfacts.census.gov/qfd/states/46/4652980.html> (last accessed September 10, 2012).

³ US Department of Labor, Bureau of Labor Statistics, Economy at a Glance, Rapid City, SD, available at http://www.bls.gov/eag/eag.sd_rapidcity_msa.htm (last accessed September 10, 2012).

Table One. Age Cohorts

Cohort Number	Age Range	Percent of Sample and number of respondents
1	Less than 50 Years	3.9% 20
2	50-64 Years	35.8% 182
3	65-79 Years	44.2% 225
4	80 Years or More	16.1% 82

The age of respondents was not evenly distributed in this sample. Two of the four age groups had the largest number of respondents. Age cohort three, those from 65-79, was the largest respondent group. Cohort three constituted 44.2 percent of all respondents (n=225). Age cohort two, those from 50-64, was second at 35.8 percent of the sample (n=182). These two largest groups were followed by cohorts four and one. Cohort four had a sufficiently large response. There were 82 respondents in this oldest age category, constituting 16.1 percent of the sample.

This leaves the youngest group – those less than 50 years. Our sampling techniques produced only 20 respondents for cohort one. This was 3.9 percent of the sample. The small number of cohort one is a minor concern for the reliability of this sample, insofar as it is preferable to have a minimum of 30 cases in each stratum – or subgroup – within a sample. We will continue with the presumption that observations made for age cohorts are reliable. Still, we urge a bit a caution when attempting to generalize from the first age cohort – those younger than 50 years. The response rate for this group was close to sufficient, relatively low response rate from cohort one is a minor concern.

The first analysis was how these age cohorts differed in their opinions about the services they are likely to use once retired. The analysis showed that in a majority of categories the younger respondents were more likely to use proposed services. Some of the stronger interest by younger respondents was expected in areas utilizing mental health counseling, support groups, financial planning and nutrition education. These areas might be explained by generational difference among younger and older age cohorts, insofar as use of these practices has become more mainstream within the past generation and, as such, are more likely to be supported by younger respondents. Older respondents did show higher interest in fitness and recreation center programs, which demonstrates the increasing need for organized physical fitness programs later in life. The same was true for programs providing at home repair and maintenance.

To make these preferences easier to track, the top five service areas for each cohort are presented in bold in Table Two below. The reader will note that there were three service areas where interest was high across all age groups. Here, positive interest in these categories outpaced average interest levels for all three cohorts (and for the sample as a whole without regard to age). These areas included, in order of total positive interest (1) a centralized facility for community services and (2) recreation and fitness and (3) at-home resources such as light housekeeping.

Table Two. Percent positive interest in using resources by age cohort

Resource	Total Positive Interest (all cohorts)	Cohort One	Cohort Two	Cohort Three	Cohort Four
Senior center	44.2	52.6	49.4	43.6	32.5
Adult day care	19.2	38.9	24.0	14.6	16.9
Using a telephone helpline	37.8	57.9	47.5	33.8	21.8
Using door to door transportation programs	41.6	70.0	50.8	33.6	35.8
A financial planning and counseling program.	22.9	45.0	30.4	16.4	18.5
Using personal care at home	30.2	40.0	39.2	25.0	22.2
Mental health counseling programs	23.2	35.0	32.6	14.9	22.2
A nutrition education program	23.6	45.0	24.7	22.1	19.8
Recreation/fitness centers	53.4	65.0	64.8	46.9	43.9
Special home repair program	45.7	70.0	56.4	41.1	28.4
Special services (e.g., light housekeeping or maintenance)	45.8	80.0	51.1	35.6	53.8
Senior lunch program	35.4	60.0	41.1	28.1	37.0
Having a single central facility for senior resources	63.8	65.0	75.0	57.3	55.8
<i>AVERAGE INTEREST</i>	37.4	55.7	45.1	31.8	31.4

Table Two above shows us that adult daycare, mental health counseling, financial planning and nutritional education each fall below average interest rates for each of the cohorts. This means that resources at the higher end of the interest spectrum (e.g., centralized facility, recreation and fitness, etc.) are driving the interest levels up to their average values. Taken as a whole, Table Three gives us a good look at the resources that are in highest, and lowest, demand.

The next series of age cohort analysis focused on services available in Rapid City to meet the needs of adults 50 years or older. This series included eighteen program areas, each of which are listed in the following table. Table Three below also includes whether there was more agreement or disagreement with each statement asking about the availability of services,⁴ the cohort that agreed most with the statement, and the cohort that disagreed most.

Generally, opinions of Rapid City services were quite good. Agreement outpaced disagreement regarding Rapid City Services by a large margin. On a five point scale, with one being the lowest value (least agreement with optimistic statements about Rapid City services) and five representing the highest satisfaction with a series of Rapid City services, the average satisfaction was 3.67. A mean value above 3 reflects higher satisfaction, where a mean value below three would reflect dissatisfaction. In sum, each of the eighteen service statements presented to respondents had passing marks, which ranged from a low of 3.07 in the area of quality and affordable housing to a high of 4.08 in the area of accessibility to religious and spiritual opportunities.

When we look more closely at respondent satisfaction with Rapid City services, we see that respondents had particularly strong agreement with the areas of the amount of volunteer opportunities (83.5%), recreation opportunities (80.9%), fitness resources (78.8%), cultural or social activities (81.3%), religious or spiritual activities (88.2%), shopping (84.5%) and access to voting (79.1%). In all but a few cases, the most satisfied age cohort was cohort four. The oldest age group, cohort four, held the most satisfaction in 15 of 18 service areas (See Table Three below).

These areas of best performance were followed by a moderate performance group. Areas where respondents were less satisfied, but still is a positive performance area included accessibility to public meetings (70.7%), openness to people of diverse backgrounds (65%) and user friendly transportation (62.5%).

Table Three. Opinions about Rapid City Services

Statements that “Rapid City.....”	Overall Agreement	Age Cohort with Most Agreement	Age Cohort with Most Disagreement
Has employment opportunities	46.2%	Cohort 4 (50%)	Cohort 2 (35.7%)
Has volunteer opportunities	83.5%	Cohort 3 (87.1%)	Cohort 2 (9.3%)
Has opportunities to enroll in skill-building or personal enrichment classes	54.8%	Cohort 1 (60%)	Cohort 2 (12.6%)
Has recreation opportunities (including sports, arts and library services, etc.)	80.9%	Cohort 4 (81.7%)	Cohort 2 (8.2%)
Has fitness opportunities (including exercise classes and paths or trails, etc.)	78.8%	Cohort 1 (85%)	Cohort 2 (11.5%)
Has opportunities to attend cultural or social activities	81.3%	Cohort 3 (82.2%)	Cohort 3 (7.1%)

⁴ This analysis does not present the results for those who reported that they “neither agree nor disagree” with the following statements or those who “don’t know” whether they agree or disagree. Thus, the percent agreement and disagreement will not sum to 100%.

Statements that “Rapid City.....”	Overall Agreement	Age Cohort with Most Agreement	Age Cohort with Most Disagreement
Has opportunities to attend religious or spiritual activities	88.2%	Cohort 4 (92.7%)	Cohort 2 (6%)
Has opportunities to attend or participate in meetings about local government or community matters	70.7%	Cohort 4 (75.6%)	Cohort 2 (12%)
Has shopping opportunities	84.5%	Cohort 4 (90.2%)	Cohort 2 (11%)
Has affordable quality housing	36.6%	Cohort 4 (48.7%)	Cohort 2 (32.9%)
Has availability of information about resources for older adults	53.2%	Cohort 4 (20.8%)	Cohort 2 (20.8%)
Has availability of affordable quality health care	51.5%	Cohort 4 (70.7%)	Cohort 1 (40%)
Has an openness and acceptance of the community towards older residents of diverse backgrounds	65%	Cohort 4 (73.1%)	Cohort 2 (22.6%)
Has availability of affordable quality mental health care	41.1%	Cohort 4 (54.9%)	Cohort 1 (20%)
Has user friendly public transportation	62.5%	Cohort 4 (74.4%)	Cohort 2 (25.3%)
Has adequate assisted living and nursing home facilities	52.3%	Cohort 4 (75.7%)	Cohort 2 (23.6%)
Has available services to help with personal care at home, such as bathing, dressing, etc.	54.4%	Cohort 4 (63.4%)	Cohort 2 (13.7%)
Has convenient access to voting	79.1%	Cohort 4 (85.4%)	Cohort 2 (9.3%)

Although the opinion of Rapid City services was generally quite high, there were some instances where satisfaction levels were low. Areas with the greatest concerns included the availability of quality and affordable housing (36.6%), mental health care (41.1%), employment opportunities (46.2), health care (51.5%), and the accessibility of adequate assisted living and nursing home facilities (52.3%). Cohort two had the highest levels of dissatisfaction, and was the most dissatisfied age group in 15 of the 18 areas studied.

Next, we created a single measure of satisfaction that indexed each of the categories of Rapid City services. Each of the 18 service areas studied above was included in the new variable measuring overall satisfaction, which we then used to explore the factors that correlate with general feelings of satisfaction and, later, as a predictor (independent variable) to examine what goes into a person’s willingness to recommend Rapid City to older adults.

The table below shares the specific correlations we observed with the indexed satisfaction measure. We see that awareness of where to find senior resources, protections against victimization and the

proximity of services to a respondent’s home were the most highly correlated with overall satisfaction with Rapid City Services (See Table Four).

Table Four. Satisfaction Correlations

	Correlation with the Satisfaction Index	Significance of Correlation
Aware of services for seniors in Rapid City	.411**	.000
I feel safe from robbery or burglary	.326**	.000
Services close to home	.319**	.000
I feel protected against fraud	.293**	.000
I feel protected from physical abuse	.273**	.000
Plan to retire in Rapid City	.255**	.000
Gender	-.102*	.021
Saved money for retirement	-.101*	.026
Household income	.096*	.031
I am living on my own	.066	.139
Monthly housing cost	.061	.168
Age cohort	.054	.226
How many years I have lived in Rapid City	.050	.266
I am employed full or part-time	.028	.524
Race - White and Nonwhite	-.018	.682
Percent retirement from Social Security	-.082	.084

Another interesting correlation observed here was between a respondent’s satisfaction with Rapid City services and their plan to retire in Rapid City. Though this correlation was not the strongest of the group, it was in that set of top correlation performers, suggesting to us that satisfaction with services and retirement plans are indeed related. The correlation shows that as satisfaction with local services increases, so too does the likelihood of a decision to retire in that community. Of course, this is to be expected, and it was the case here.

It was not the case that a respondents age, employment, race or how many years they lived in Rapid City have much of a relationship with their level of satisfaction. In fact, most of these factors, other than income, were not statistically significant. We can use both the strength of the correlation, as noted in the first column of numbers, and the second column showing the significance of the correlation as indicators of how much of a relationship there is between factors being studied. The higher correlations at the top of the table, as well as the more statistically significant findings, suggest that these are important factors to consider.

In fact, when each of these factors were used as independent variables in a regression studying what contributes to a person’s decision to recommend living in Rapid City to older adults, we observed security-related factors to be some of the best predictors. To begin 86.6 percent reported that they would recommend living in Rapid City to older adults. Looking at the standardized coefficient values in Table Seven, we see that a person’s opinion of whether they are safe from burglary and robbery was the strongest of all variables in the model (See Table Five). As we saw in the correlation analysis, the more a person feels this way, the more they are likely to be satisfied. This safety consideration had the second largest correlation with a respondent’s satisfaction with Rapid City services and was the strongest regression predictor for a person’s willingness to recommend Rapid City to older adults, meaning that a one increment change in a person’s sense of safety from burglary and robbery caused the greatest rise in a person’s likelihood of recommending Rapid City.

Table Five. Multiple Regression

Dependent Variable = “I would recommend living in Rapid City to older adults.”

	Standardized Coefficients	t	Sig.
Feel safe from burglary and robbery	.380	7.432	.000
Overall satisfaction index	.160	3.389	.001
Feel protected against physical abuse	.140	2.917	.004
Aware of services in Rapid City	.089	1.975	.049
Employed full or part time	.082	1.750	.081
Feel protected against fraud	-.080	-1.704	.089
Gender	-.048	-1.168	.244
Monthly housing costs	-.042	-1.011	.312
Race	-.041	-1.047	.296
Services are close to where you live	.034	.761	.447
Total household income	-.029	-.659	.510
Living on your own	-.017	-.435	.664
Age Cohort	.013	.276	.783
How many years lived in Rapid City	-.009	-.227	.821

Adjusted R Square = .306, SE = .73
 F Score = 15.24, P < .001

Several of the factors that showed good performance in the correlation analysis had similarly strong performance in the regression equation. In this equation, we added the satisfaction index, which we used as the main focus of the correlation analysis. This measure of overall satisfaction turned out to be a very strong predictor of a person’s willingness to recommend Rapid City to older adults. The

fact that the standardized coefficient value was relatively strong and statistically significant was expected and confirmed here.

Though there were many similarities between the correlation and regression outcomes, one variable became more important in the regression equation. A respondent's employment status was a better performer in the regression model than in the correlation analysis. What this means is that although a person's employment status was only very weakly correlated with a respondent's overall satisfaction, it was a top performer in the effort to explain whether a person would recommend Rapid City. Of the top six variables in the regression equation, five of six were also top performers in the correlation analysis, with a respondent's employment status standing out as the only "new" factor in the group.

We see also that variation in a person's income, monthly living expenses, how many years they lived in Rapid City, or how old they are *does not* impact their willingness to recommend living in Rapid City to older adults. These factors played a relatively small and statistically insignificant role in the regression equation and correlation analysis. The far more important considerations were a person's feeling safe from different forms of victimization, knowledge of the services/resources available and, for those who are not retired, having a job.

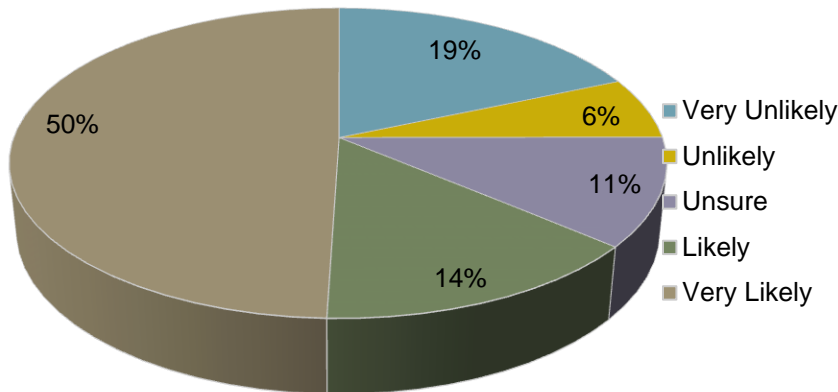
The model, overall, was statistically significant; making it a reliable guide to examine what contributes to the decision to recommend living in Rapid City. The moderate R Squared value, however, does not give us confidence that these variables are the only ones at issue. R Square measures the amount of variation in the dependent variable that is explained (or captured) by the independent variables included in the model. Given that it is not a particularly high (or low) R Square value, we expect that cultural, political or geographical factors are also at issue. Unfortunately, these additional factors were not available for this study.

The regression model evaluated here does give us a good look at what contributes to a person's willingness to recommend Rapid City to older adults. The person's comfort in the community, as represented by their perceptions of being protected against crime, their knowledge of what services are available and having financial means to meet their needs are the most important indicators.

The fact that 86.6 percent reported that they would recommend living in Rapid City to older adults is an indication that Rapid City is doing a nice job with its current residents. Of course, there is room to improve. We have already noted the low levels of respondent satisfaction in the quality and affordability of housing, availability of mental health resources, and the insufficient number of assisted living and nursing home facilities.

It was far more difficult to identify the correlates and causal influences for a respondent's interest in a new facility that provided many services in one location. This was one of the initial survey questions that asked about a respondent's likelihood of using the resources once they retire. Considering all responses, this seems to be a desirable community resource. Figure One below shows that a majority of respondents are either likely or very likely to use a community center that provides many services in one location. When we add those who were very likely and likely, that majority was 64 percent.

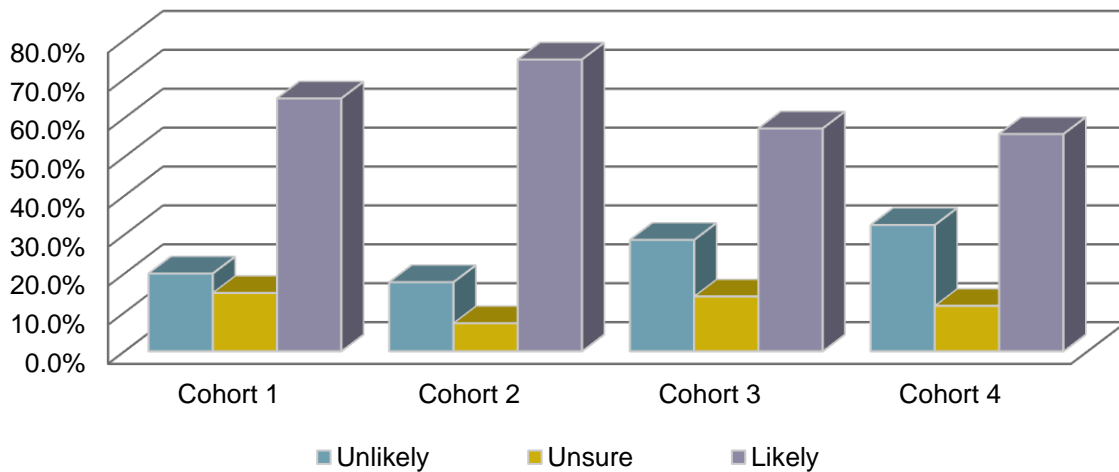
Figure One. Likelihood of using a single facility in Rapid City



The interest in a single facility for community resources can be compared with interest in other public resources. For instance, this option appears to be the preferred option to a senior center, a recreation and/or fitness center, or a special door-to-door transportation program. The closest second option to the single community center was the recreation or fitness center, which was likely to be used by 53.6 percent of respondents. The option of a senior center was either likely or very likely to be used by 43.2 percent of respondents and a special transportation program was likely or very likely to be used by 41.5 percent. When viewed at the most general level, the single community center options was most compelling.

If we recall from Table Four above, this option was preferred by a wide range of the age cohorts, with a slight bias toward cohorts 1 and 2. Younger respondents reported a higher likelihood of using the single community resource than older respondents. This was particularly the case for cohort two, those between 50 and 64 years of age. This cohort showed the strongest likelihood, though in each cohort there was a majority of respondents interested in using this facility (see Figure Two).

Figure Two. Respondents likely to use a single community center and age cohort



The nonlinear nature of this relationship makes for a low correlation (-.144) between the two variables, though the relationship was significant at the $p < .01$ level. In fact none of the other

variables we correlated with the likelihood to use a well-resourced community center showed much more of a relationship than age cohort.

Similarly, none of the independent variables we used to study whether a respondent would recommend living in Rapid City to older adults carried much weight in the likelihood of using this facility. Again, most respondents are interested in using such a facility, but it is unclear why. In particular, the community comfort variables that were important in the previous regression (e.g., safety from crime, knowledge of local services, etc.) had little if any impact on likelihood of using community center. Age cohort turned out to be the most influential variables, followed by how long a person had lived in Rapid City. These factors were the only ones statistically significant at the $p < .05$ level.

Table Six. Multiple Regression

Dependent Variable = “How likely are you to use a new facility in Rapid City that provided many services in one location?”

	Standardized Coefficients	t	Sig.
Age cohort	-.163	-2.875	.004
Years lived in Rapid City	-.133	-2.755	.006
Feel protected from fraud	-.109	-1.956	.051
Gender	.087	1.794	.074
Feel safe from burglary and robbery	.082	1.360	.175
Employed	-.058	-1.055	.292
Aware of services in Rapid City	-.049	-.922	.357
Live independently	-.046	-.978	.328
Monthly housing costs	.044	.903	.367
Race (white/nonwhite)	-.042	-.897	.370
Household income	-.041	-.816	.415
Services close	-.040	-.786	.432
Satisfaction index	-.024	-.429	.668
Feel protected from abuse	.006	.097	.923

Adjust R Square = .059
 F Score = 3.011, $p < .001$

Because of the poor performance of the model on whole, with an adjusted R Square of just .059, we are still not clear on what factors contribute most to a person’s likelihood of using the well-resources community center. It seems from our analysis here that we can continue to say this is a desirable public resource though we remain unclear as to why. This is another area that could use more attention in the upcoming focus group and elite interviewing stages of the research.

Currently, when survey respondents need to find services for themselves or loved one they are most likely to solicit friends and family (37.9%), health care providers (22.6%) and community organizations (10.8%). Some noted use of the 211 Helpline (7.5%) and the media (3.1%). These pathways to community information were largely the same for those who were currently employed and those who were either retired or unemployed. They were roughly the same for men and women. There was some difference, however, in how the different age cohorts acquire information. Here, the youngest respondents (cohort 1) were far less likely to acquire information from health care providers and to look to friends and family for information. Additionally, the oldest respondents (cohort 4) were less likely to use the 211 Helpline.

4.2 Qualitative Analysis

The survey offered three opportunities to share thoughts in response to open-ended questions. The three questions were designed to capture insights, thoughts and/or concerns that were not solicited as part of the other (closed-ended) questions on the survey. The first of the open-ended questions asked “(w)hat is the most beneficial improvement Rapid City could make to improve the lives of seniors over the next 5-10 years.” The second question was largely the same, with a focus on “the next 10-20 years.” The final open-ended question was included as the last question on the survey, asking “(d)o you have any additional concerns or comments that are important to your needs and/or care.”

Our analysis of responses to these open-ended questions led us to categories comments into ten different clusters of response types. These included the following response types:

Response Type Number	Response Type Label
1	Community / Economic Development
2	Personal Finance
3	Health Care
4	Housing
5	Public Spaces
6	Recreation and Fitness
7	Residential Facilities
8	Social and Emotional Support
9	Transportation
10	Improve Information Sharing

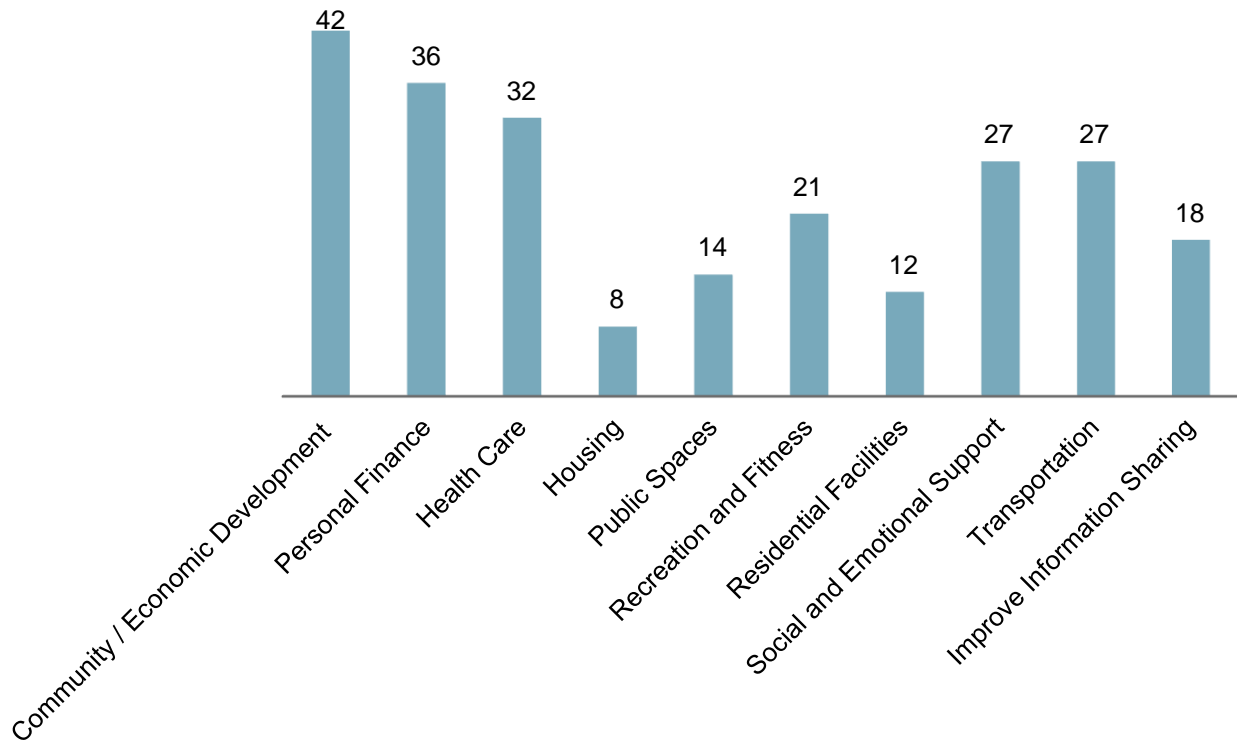
4.3 General Comments and Response Rates

In response to the general question, “(d)o you have any additional concerns or comments that are important to your needs and/or care,” respondents tended to focus on developing more job opportunities for seniors, encouraging new businesses in the city, further development of Main Street Square and, most often, the development of a new centralized senior center. There were

also responses indicating that the city needs to be kept clean and law enforcement should do more to enforce traffic laws in town.

The figure below shows that in addition to community and economic development, responses in areas of health care, social and emotional support and transportation were also common areas of concern.

Figure Three. Frequency of Comment Types



The responses concerning personal finance involved mainly the ability to afford health care along with a lack of opportunity to gain employment as a senior citizen. There was a small cluster of individuals who suggested that a tax break for seniors within the city would help with transportation costs. Many comments in this area overlapped with other response types, suggesting an elevated importance of health care and transportation.

Comments specifically about health care clustered around providing and improving the quality health care available to seniors in the community. Some comments asked for better availability of physicians who specialized in senior care. There was also a cluster of citizens who would like to see Obama Care repealed.

The main cluster of responses to housing issues was centered on making housing more affordable. One respondent did mention an interest in lowering property taxes and another comment was focused on discounted utility programs.

As far as public spaces were concerned, the finding included a request for enforcement of handicapped parking spaces around town and to have easier access to buildings for those who use wheel chairs.

The main cluster of responses to recreation and fitness issues was the lack of a quality hiking or biking trail. It seems senior citizens have a desire to use these types of facilities but are not satisfied with the current trails. There was also a concern for a health club specific for senior citizen use.

Residential facilities concerns tended to focus on the quality of current nursing homes in Rapid City. There were also concerns about the availability of nursing homes in the Rapid City area. It seems that there is dissatisfaction both the quality and quantity of skilled nursing facilities in Rapid City.

Comments about social or emotional support services focused on increasing companionship programs, making information about community events more accessible to seniors, and the desire to help seniors stay in their own homes as long as possible.

There was a great deal of concern when asked about transportation in and around Rapid City. While there was no central cluster of responses, citizens were concerned about ease of access by commuters to the southwest area of the city, working on improving city or public transportation, free or discounted fees for elderly who are using public transportation within the city, and an effort to decrease unnecessary tourist traffic through the town (the idea of moving unnecessary traffic on a route that goes around the outside of town).

There were many responses to the category of improving information sharing for senior citizens in Rapid City. The main concern in this area was with the sharing of information about services available to senior citizens in Rapid City. There was also a concern about how senior citizens were able to gain access to information concerning senior citizens, such as programs, employment, and volunteering. There were responses indicating that senior citizens did not know where or how to find services provided within the city and suggested the use of media to disseminate these types of announcements. There was also a need for information seminars for younger or newly retired senior citizens.

4.4 Future Preferences for 5-10 Year Period

When asked the question “what can Rapid City do to develop the community in order assist senior citizens in Rapid City in the next 5 to 10 years”, responses revealed a need for improvement in current services to include the possibility of another senior center or centralized senior center for services. There was a response indicating that there was a lack of available medical facilities to handle all of the seniors in Rapid City and suggested the possibility of a new or second hospital to help with this. It seems the southwest area of town wants more attention in areas of infrastructure and services for senior citizens. There were suggestions for additional services such as firearms ranges, education programs, volunteering activities, employment opportunities, and various recreational activities to be introduced to the Rapid City area.

The personal finance responses included a large cluster of concerns regarding the affordability of health care and insurance. Many respondents were concerned with city tax rates for seniors coupled with high prices of retail items and specialty services. There was a strong demand for a senior discount program regarding transportation, retail goods, and services. There was also a concern that there was a lack of job opportunities available to senior citizens in Rapid City.

When asked about health care in the next 5 to 10 years, the respondent’s main concerns was the lack of available day care or live in care for senior citizens who required these services. There was also a concern about improving health care services to meet the needs of a variety of special health care needs such as Alzheimer’s or cancer patients.

As noted in response to the general open-ended comments above, the main concern in the area of housing was that the respondents were concerned with the affordability of housing related issues. They seem to think that the current rates for housing are too expensive. When coupled with

comments about residential facilities in Rapid City, concerns clustered around the need for more facilities and greater affordability. In short, responses indicated that there were not enough residential facilities for senior citizens and that they were expensive.

As far as public spaces were concerned, the respondents indicated a concern in access spaces for those who were handicapped or required the use of a wheel chair. It seems that the current availability of wheel chair ramps is inadequate in Rapid City.

Recreation and fitness issues were varied by the respondents. There was concern in the lack of swimming areas in Rapid City. There was a strong cluster of respondents who desired an indoor recreation center that would include swimming, walking, and a variety of year round activities and programs designed to help keep senior citizens active.

The respondents also felt that there was not much availability of social or emotional support groups or activities in Rapid City. It appears there is a need for these services but is not as readily available as they should be.

Transportation in and around Rapid City was a crucial category and the respondents made a strong cluster around providing more efficient and available public transportation throughout all of Rapid City. There was a need for improvement of sidewalks, crossings, and streets for use by senior citizens. Responses also indicated that there was a need for enforcement at public handicap zones in traffic areas.

The overall trend in the category of improving information sharing was the lack of quality in dissemination of information related to senior citizens services and programs available in the Rapid City area. Many indicated that there was a lack of knowledge of the services and programs available in Rapid City even though the services and programs are implemented and working.

4.5 Future Preferences for 10-20 Year Period

The same question was asked concerning community development for senior citizens in the next 10 to 20 years and the responses were categorized in the same manner. Senior citizens, when asked about community and economic development, responded with a request for more senior centers with improved quality in atmosphere and services. There was a cluster of responses related to a need for more health care facilities such as clinics and hospitals. Some responses indicated that there was a need to centralize services overall and an increase in services availability to citizens in the southwest area of Rapid City. There was also a concern about the availability of educational services for senior citizens and the importance of having this type of service available.

Economically, the respondents feel there should be an increase in available job opportunities for senior citizens with better wages. A big issue was a desire to have lowered city taxes for senior citizens. There was also concern about having Rapid City lower living costs and medical costs for seniors through discounts or subsidization and financial aid programs that would assist with these costs. There was also a need for increased subsidization of the current senior citizens center for improvement in the quality and quantity of services for seniors.

When asked about health care issues in Rapid City, responses clustered mainly around working on making health care affordable to seniors. There was also a cluster of responses indicating that there was a desire for increased quality of health care. There was a request for improvement in the availability of specialized health and mental health care. Some respondents were concerned about Obama Care and would like to see it removed from legislature.

Responses to the questions concerning public spaces in Rapid City indicated an interest in stronger compliance of the Americans with Disabilities Act. In particular, respondents felt that providing more

access for wheelchairs and handicapped seniors, as well as more accessible parking for seniors and handicaps throughout the City's public spaces would make Rapid City more attractive to seniors.

Recreation and fitness and fitness comments for the future showed considerable interest in a new centralized facility with year round fitness programs such as swimming and indoor walking for seniors. From respondent comments, it is clear that interests exist for a larger variety of programs designed to help seniors stay active and healthy.

Future preferences for residential facilities focused on four main areas, including the need for transition activities and services for those who are going to be transitioning from independent living to assisted living, interests in using adult day care programs and the information and availability of this type of service, a need for a facility that would encourage and support the diversity of senior citizens in the Rapid City area, and a goal of improving the quality of nursing staff and nurses in the current facilities.

Social and emotional support responses indicated the need for assistance programs in support of independent living seniors. There was a cluster of responses requesting more clubs, groups and organizations to help seniors with social and emotional needs. There was also a response indicating a need for a senior companion service so seniors would have the opportunity to meet other people for companionship.

In reference to transportation issues in the next 10 to 20 years, respondents indicated a need for improvement in quantity and quality of sidewalks, crossings and vehicle traffic in Rapid City. There were also responses stating there should be improvement in transportation systems such as buses or senior citizen transportation services. There was also a response indicating that there should be better law enforcement services that would protect senior citizen drivers with improved city traffic laws geared towards elderly drivers.

There were many responses to the improvement of information sharing. The main cluster of responses was in the dissemination of information regarding available services and programs for seniors to use. There was also a cluster of responses indicating that there is a continued need for improvement to available resources to inform seniors about available services and to expand on current resources. There was an overall concern that there should be an increase in the dissemination of information via technology to seniors so they are aware of events, services, and programs in Rapid City.

4.6 Summary of Open-Ended Comments

On whole, it seems that several interests articulated by respondents could be satisfied by investments in a comprehensive and geographically central senior community resource center. Ideally, this new facility would include coordinated activities and fitness geared toward engaging seniors in healthy living practices, a city-wide information resource that indexed programs ranging from health care to companionship, and that would expand upon the current level of residential programs for people transitioning toward assisted living and skilled nursing contexts.

While it may be too simplistic or unrealistic to suggest that such a facility could alleviate some transportation needs, it is at least possible that expanded transportation resources aimed at delivering seniors to and from such a center could satisfy a full range of the interests or preferences noted in the open-ended comments of respondents to this survey.

While many of the contributions of respondents suggest the need for large capital investments, some ideas seem attainable on minimal budgets. These would include the development of new social networks to provide social and recreational opportunities for older seniors through the engagement of younger members of the community. Through expanded volunteer and social

networks, it seems possible for many of the interests in social and emotional support, health care, fitness and recreation, transportation and information sharing to be met through a relatively low cost volunteer program connecting seniors with needs in these areas to willing and able members of the community.

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5.0 FOCUS GROUP ANALYSIS

5.1 Major Findings

Focus groups were designed to gain insight into the preferences of individuals 50 and older who might want to choose Rapid City for retirement. Three individual focus groups, also referred to as “community groups” throughout this report, were conducted with a total of thirty-four participants across all groups. All groups were facilitated by Margaret J. Sumption, LPC, SPHR.

Table Seven. Focus group demographics

Group	Representation	Gender	Other Factors
1	3-Retired 3-Nonprofit 4-Business leaders 2-Government 1-Education	8 women 5 men Age range – 2-under 50 7-50 to 64 4-65 and over	Two city council persons
2	3-Retired 2-Nonprofit 2-Business leaders 1-Government	5 women 3 men Age range – 3-50 to 64 5-65 and over	One city council person came to the second group again after taking part in group 1.
3	7-Retired 4-Nonprofit 1-Business leaders 1-Government	7 women 6 men Age range – 1-under 50 3-50 to 64 9-65 and over	One city council person was present

The protocol for the focus groups included the following concepts:

- Current Community Qualities – Identifying what resource currently available that attract people 50 and over.
- Current Community Gaps – The most pressing needs that inhibit quality of life in the community for 50 and over.
- Identifying what unique health and wellness needs the community faces.
- Identifying what community design recommendations might encourage people 50 and over to stay or come to the community.
- Identifying what social, recreational, civic and quality of life resources would attract people 50 and older
- Allowing members additional time to identify other issues pertinent to the topic.

This report details the findings from the focus groups. The report first details characteristics of the community that could be leveraged to attract people 50 and over to be a part of the city and compiles the most common areas of identified opportunity across the three groups.

The report then details the impressions of the focus groups regarding their impressions of the unique development needs of the community necessary to attract and retain people 50 and over into the community. And, finally, the report details the most common recommendations of focus groups members on specifically what they would like to see. A detailed listing of response ideas is also provided in Appendix C to this document.

In general, we assess that the groups provided a series of compelling insights into the perceptions of community and what the community characteristics are on the minds of those 50 and older. Members expressed strong understanding of the community and a commitment to supporting ongoing initiatives to meet the community’s current and emerging opportunities.

Each of the three focus groups identified the areas of major opportunities they feel are affecting the decisions of people 50 and over to stay or choose to live in and around Rapid City. There was strong consistency among the three groups interviewed.

Appendix C of this report provides an expanded listing and raw data of all issues identified by all groups. A summary of the top seven strengths of the community in the focus groups is as follows:

5.2 Strengths

Small Town Feel

Overall, the focus groups identified the look and feel of Rapid City as a small, accessible community is a plus to attract people 50+. They report a strong affinity to this type of community “feel” and would not want it to be lost as new development is considered and/or new initiatives were put in place to attract any specific population.

Climate and the Black Hills

Focus group participants believe that the milder temperatures of the Black Hills area are conducive to attracting people 50+ to come to the community. They consider their weather and the beautiful scenery act as a key attraction for people within a 100-150 mile radius to want to move “this direction” to choose Rapid City for their later years.

Progressive Development Patterns

There was a strong acceptance that city government has done a good job in making the city more attractive culturally and visually. Resources like parks and recreation options, downtown development, sculpture series, Dahl, and other community resources were lifted up as key benefits to attract new people and keep people here.

Quality Health Care

There was strong consensus that quality health care is available in the region. A good hospital was most often identified as a quality resource. The availability of needed specialists to support the needs of older people was identified as an exception to this positive consideration.

Parks, Bike Trails, Recreation and Activities

The number, quality, accessibility, and beauty of the parks, trails, and other options for engagement in the community were identified as being plentiful and easy to get to and use. These were also identified as being safe for citizens to enjoy

Senior Centers

The availability of two senior centers was identified as a uniquely high quality resource for seniors. Access to recreation, education opportunities, and social events were specifically identified as a plus

uniquely for older citizens.

Safety

Focus group participants identified that they feel very safe in the city and believe this would act as a plus to encourage people to settle here. There was a key caveat to their discussion, however, noting that there are sections of the city where safety is a real issue and concern.

5.3 Challenges

Transportation Resources

Transportation resources for people who don't drive was the most often identified challenge of the focus groups. Even with the large number of older seniors in the groups, only one indicated he had ever used the available options of the transit system, and his use was due to an illness and was only for a six-week period. The discussion of transportation access, timeliness, cost, quality, and safety led participants to identify that the development of the city is changing the availability of shopping demanding even more need for transportation access. They also noted that the location of medical clinics scattered all over the city made anyone who is transportation dependent vulnerable.

Nursing Homes, Assisted Living, Respite Care for Ill Seniors, and End of Life Care

The needs for more nursing home beds came in second on the list of needed resources for seniors. Participants were quick to point out that, even when people moving here or staying here after 50 are not in current need of these services, they still look at these resources for when they might need them in the future.

Single-floor affordable housing

Focus group participants identify that the housing stock in Rapid City is skewed toward family type homes that are multi-level and not attractive to a 50+ buyer who is either wanting to downsize in the community or move to the community. It was emphasized by the groups that this housing has to be mid-range in pricing to attract middle-income type older people.

Healthcare Targeted to Seniors

Focus group participants were critical of the fact that we do not have easy access to care in the community, nor do we have the specialists more likely to be used by people 50 and over. Their criticism of the health care community is that clinics are scattered all over, it is uncomfortable to navigate between doctors and specialists to get needed care, and, specifically, that there is a shortage of specialist physicians seniors would often need to see. The focus group participants were critical of the health care community as well with concerns that the medical community has a lot of infighting which results in poor and uncoordinated care. The lack of comprehensive healthcare also included lack of access to dentists and doctors who accept Medicare/Medicaid and the lack of high quality mental health care resources.

In-Home Services

Participants were quick to identify that in-home services needs include and go beyond home health care, respite, and nursing care to include overall needs for seniors. Some examples identified by seniors included snow removal, lawn care, home maintenance services, and the like.

Low Income Housing	Focus group participants identified that in addition to housing for people 50+ , there is a need for more housing options for people 50+ who live on very modest fixed incomes. This housing should include access to rent subsidy.
Living Wage	Living wage was identified in two categories of concern for the focus group participants. They are concerned that, should people 50+ want to come to Rapid City, there are very few jobs for them and that these jobs would be high physical type service jobs with very low wages, probably deterring their choice of Rapid City. It was also identified that a lot of 50+ people leave the community to follow their children and grandchildren who have migrated away to get better paying jobs elsewhere. The also deters people from choosing Rapid City because it is unlikely their children and grandchildren would live in Rapid City due to lack of higher paying diverse job opportunities.
Wellness Resources	Focus groups consistently identified that the community could benefit from having more choices of and more affordability of health and wellness facilities

5.4 Specific recommendations to make Rapid City the choice for 50+

Focus group members were asked to narrow their thinking to specifically identify those areas they felt were critically important helping Rapid City to welcome people 50+. An expanded listing is identified in Appendix B of this report. The following three areas identify the key areas of priority the groups projected through this narrowed lens:

- **Make a Plan** – By far the most prevalent recommendation among focus groups is that the community leaders need to be intentional about building a plan and then working to implement that plan through zoning, community planning, partnering with developers, motivating community boosters, and engaging in strong leadership designed specifically to build community resources that entice people 50+ to stay and to come to the city. Many of the following recommendations, they believe, could be accomplished through strong community leadership.
- **Create Opportunities for Seniors to Voice Their Opinions and Assist with Community Planning** – Focus group participants felt that seniors have a lot to offer community planning and governmental leaders in defining what seniors need and want. Strategies to engage seniors as partners in development planning would assure that their views hears and would act to build champions across the community to support change efforts.
- **Increase the Depth and Quality of Senior Transportation** – There was strong empathy by focus group members that often ridership is low, causing leaders to not move toward more complex and higher quality ridership. Participant’s challenged the community to be creative in assuring transportation resources are available for people. They also reflected on the need for more “neighborhood shopping” and “village concept” development focus that would lessen the need for people to have to have high cost transportation services.
- **Downtown Development** – Dovetailing on other recommendations to make the city more enticing to 50+ people, creating more housing downtown that includes parking and other amenities could act to recruit 50+ individuals. Although the long-time citizens of Rapid City may not see condo living downtown as an option, if well done, it could encourage people to live, shop, and recreate in the newly developed social networking and arts spaces currently under development.

- **Neighborhood Shopping** – Focus groups were clear that we 1) do not have enough variety of shopping and virtually none that caters to 50+ buyers, 2) that shopping is moving to the fringes of town making it less accessible, and 3) that neighborhood development, especially on the west side, that includes shopping would be more enticing to citizens 50+. Their clear recommendation was to move toward a more neighborhood feel to community development to entice people to come.
- **Enhancing Safety** – Although focus groups lifted up safety as a strength of our community, the need for continued diligence to increase safety of citizens was very clear in their priorities. They did mention the need to look at neighborhoods where safety is a concern, but provided no direct recommendations for what to do to build a more safe community.

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6.0 ELITE INTERVIEW ANALYSIS

The elite interviews began by informing participants that a number of common responses were observed in the survey and focus group research. Participants were informed that jobs for seniors, transportation, improved access to health care and the need for more senior housing were mentioned in the responses of survey and focus group respondents. Elite participants were then asked if they felt any other needs or concerns should be elevated to the list of the most pressing senior community needs. They were then asked a follow-up question focused on what they felt Rapid City could do to make the city more attractive to seniors beyond these top-level needs.

6.1 Senior Community Housing and Health Care

Needs articulated include:

Expanded access to nursing home beds
State commitment to expanding Medicaid funding
Remedies for disparate impact on economically disadvantaged seniors
Enhanced medial reconciliation

Several of the elite respondents agreed that the items on the existing list were indeed top level needs. One respondent, with particular experience and interest in senior health care noted that senior housing was a pressing need in Rapid City and South Dakota as a whole. This respondent noted that the moratorium on nursing home beds in the state was a serious challenge to seniors in Rapid City, where extremely long waiting lists and biased treatment face seniors who need managed care housing.

This elite health care administrator stated that there is an acute shortage of nursing home care in Rapid City, but that there is little movement at the state level to expand the number of beds available. This respondent's advice for Rapid City administrators and advocates of improved senior care in Rapid City should work at the state level to advance changes in the way skilled care beds are regulated. It was suggested that Medicaid is sorely underfunded at the state level and this would take a considerable effort to change that. He also believed other federal matching fund programs have not been advanced by the state, leaving "10s of millions of health care resource dollars on the table from the feds" and that we have to realize that this has a spillover for the elderly and their families that have little or no viable options within the city.

While this respondent mentioned that the best that can be done for those in need of nursing home care can consider transfers to facilities in East River where nursing home beds are still available, he did not feel this was a valid approach for Rapid City families or the community. Another approach may be to exchange beds between Rapid City and East River facilities with lower census to bring more capacity to Rapid City.

Another housing concern the health care administrator articulated regarded the disparate impact the moratorium has on people of low income. This was a concern for the respondent because of knowledge that nursing home beds that do become available are distributed based on the "correct payer mix." According to this respondent, "(t)hose with the 'correct' payer mix will have the first dibs at a bed. People who take those beds will have those beds for years and this is a straight business model. If you have the right payer mix or financial resources there will be a bed open for you because beds are reserved for those with the payer mix that most benefits the facilities bottom line."

This has had an impact on the development of assisted living and transitional care facilities in Rapid City, and West River more generally, according to this respondent. The "delicate balance" of assist living and nursing home facilities is becoming out of balance. There is a trend toward overlapping

services, though access to facilities with more services is, again, biased toward those at the higher levels of economic capacity.

In the case where someone does not have adequate senior housing, it creates a strain on hospital capacity. According to this administrator, when an elderly patient no longer receives medical benefit of staying in the hospital, but has no other step down or skilled nursing options, they end up staying in the hospital unless the hospital can negotiate transportation to an East River facility. This is an untenable situation that needs to be addressed. Further, in the case where a senior does have a nursing home bed, this respondent pointed out that it is increasingly important to provide palliative care to avoid the need to bounce patients/residents back and forth between the hospital and nursing home. These are areas where lowering the demand for skilled nursing beds through increasing their supply seems an obvious area to address in the effort to improve the quality of life for seniors in Rapid City. Moreover, developing a reliable system for handling senior health and housing concerns at all levels is needed.

Medical reconciliation was another area this respondent focused on. Medical reconciliation was described as an effort to share information with all physicians, care providers and pharmacists involved in a senior's care. Because this does not exist in Rapid City, it is difficult to gain a clear picture of the medications a patient uses, which makes it extremely difficult to control the symptoms of additional medications and treatments that are introduced over time. According to this respondent, there should not be one pharmacy in the state that fills prescriptions without knowing what other medications the patient is prescribed, whether they are still on those medications and are they compatible with the new prescriptions that are being filled at the time.

This respondent believes that it gets extremely overwhelming very fast for seniors who are not getting the support from health care providers or pharmacies to overcome these challenges. The result is reduced quality of life for the senior and less demonstrated competence for the health care system.

6.2 Native Elders Housing Needs

Needs articulated include:

- Intergenerational Housing**
- Nursing home access**
- Assistance for Native seniors raising small children**
- Greater understanding of social justice concerns**

The last area the health care administrator commented on is the quality of our understanding the needs of American Indians. It was mentioned that not enough is known about how and where Native seniors are living, as well as the access Native seniors have to medical, recreational and educational community resources. In order to better serve Native elders, this respondent believed more information and appropriate resources are needed.

Another respondent, also a health care facility administrator, was able to comment on the needs and interests of Native elders. In addition to being Native themselves, this second respondent administers a health facility in Rapid City that focuses exclusively on Native patients.

This interviewee believed that to improve the lives of Native seniors in Rapid City intergenerational homes would need to be developed. They too commented that the wait-list is extremely long for senior housing, and in particular for Native seniors. According to the respondents, "(p)eople are told that their number is 1,000 on the waiting list. Seniors simply cannot wait this long. Needs are just not being met."

This respondent noted that successful models exist for intergenerational homes and, moreover, that Rapid City needs to pursue this model. According to the respondent, “(t)he harsh reality is that many Native families are already living this way, but without the many benefits of intentionally designed intergenerational homes. In Rapid City presently, less advantaged families have to go to slum lords who won’t cause a problem for tenants with multi-generational family members staying in their home without permission according to their lease. Seeking lower-end housing that is out of compliance with city regulations is often the only option for families who are out of compliance with leases because of the high number of family members living in one housing unit. Under this structure, adult children and grandchildren have to hide in their own homes and around the neighborhood to avoid harm to the family – to the seniors who often rent.”

A separate elite interviewee noted that a higher proportion of native grandparents are raising grandchildren. They estimated that the rate of Native seniors with responsibility for small children to be considerably higher than seniors in Rapid City generally. The respondent questioned whether native seniors could receive more support to enhance the lives of inter-generational residents. They stated that Title VII Indian Education Program gives resources to Rapid City to facilitate multi-generational interaction and support, but were unsure whether Rapid City had fully taken advantage of this and other funding opportunities to assist Native seniors and their families.

According to one elite respondent, the larger question of socioeconomic disparities in access to housing and health care brings to mind the needs for social justice in the community. There is simply an inadequate understanding among civic leaders on how much improvement would befall on Rapid City if the disparities were addressed and the lives of Natives were enhanced. According to one respondent, “the City could be the water that lifts all boats.”

6.3 Mental Health Needs

Needs articulated include:

- Expanded adult protective services**
- Dedicated housing facility for those with mental health disabilities**
- Remedies for disparate impact on economically disadvantaged seniors**

The need for seniors with mental health problems is particularly acute, according to one elite respondent. Here again, housing seemed to rise to the top of the needs for Rapid City seniors with mental health disabilities. Respondents shared stories that ranged from abuse and neglect of seniors by family members, to seniors dying along on the streets as evidence of the far-reaching needs seniors with mental health problems face in the City.

Stronger adult protective services are needed for seniors that are at home with family where there is abuse and/or neglect going on. According to one respondent, city government cannot effectively respond because the state has not provided the infrastructure to be proactive in this area and too many seniors are taken advantage of as a result. Beyond basic protections, seniors (and others) with mental illness need a facility that is a locked and safe environment. This population needs their own resources so (1) they will not self-medicate and (2) they would have a safe and appropriate place for them to live.

Without these resources, drug and alcohol have become a substantial challenge. Self-medicating approaches create co-occurring challenges for residential programs in the city because there are no direct resources for mental illness at these facilities. One respondent believed that Rapid City needs a long-term locked facility to serve the needs of this community of seniors who just end up wandering the community on the streets. We currently have no place for them in Rapid City. Many will die alone on the streets if something is not done.

6.4 Transportation Needs

Needs articulated include:

- Expanded bus routes**
- Increased frequency of service on current routes**
- Revised administration of dial-a-ride services**

According to many elite interviews, as well as some of the survey and focus group research, many feel transportation is the most pressing challenge to seniors in Rapid City. Restricted access to dial-a-ride and poor public bus service severely limits senior access to health care, social programs and participation in community-wide events.

An elite respondent shared the story of one senior with cancer who cannot transport herself and relies on public transportation to get her to chemotherapy appointments. It was reported that she is not eligible for dial-a-ride because she is in a wheel chair, but she cannot negotiate the options available to her after chemo. As a result, she is not receiving appropriate and necessary care because she does not have reliable transportation. The elite respondent relating this story concluded that “specialized health and medical care is not adequately provided in the context of poor transportation capacity.”

Another elite respondents who administers a health care facility in the city reported that there is not sufficient frequency on bus routes, people waiting often give up, and what is offered and available is limited to pre-determined stops rather than allowing riders to “pull the chord” to get off the bus nearest to their destination.

The health care administrator pointed out that the combination of poor bus service and hard weather is a challenge for seniors. For those in poor health, waiting for busses and not being nearest their destinations is “an unreliable infrastructure for seniors, for health care patients, for health care employees and more. It is a drain on the capacity of RC to grow and to be more attractive to seniors.”

This acutely impacts American Indians in “North Pine Ridge” neighborhoods of Rapid City. According to one elite interview, “seniors in North Rapid cannot use public transportation to get to Sioux San, which leads to extremely high no show and cancelation rates. They simply do not get the health care they need. One of the elite health care administrators shared data on the productivity of a health facility that serves Native Elders. They reported that each month approximately 195 patients with appointments do not show, another 165 cancel, and 535 completed visits under the current system. In all, that is a completion rate of approximately 60 percent, with the remaining 40 percent representing lost capacity each month. They attributed a majority of these “did not show” appointments to transportation deficits for their client base. They maintained that more patients and employees would be likely with a reliable transportation system and that the clinic and its patients would be more health, as would the city as a result of more economic activity generally.

It was reported that seniors with Diabetes are at the greatest risk of not receiving adequate health care. This is particularly acute in the American Indian senior population. One respondent proposed that a tribal liaison should be added to the department of transportation should access to reliable transportation can be created for tribal Elders and native health care more generally. According to one respondent, a clear need exists for a broadened route map to include more native seniors given the shortage of private transportation. Example includes the inclusion of Lakota Homes and other areas of concentrated Native families in North Rapid and other areas of the city.

Beyond specific concerns of Native seniors, it was noted that the public transportation system simply cannot be relied upon by residents in the colder months of the year. Because of the low frequency

and reliability of public busing in the city, it was reported that seniors have a terrible time waiting for buses in late fall through spring months.

A secondary implication of transportation concerns was the isolation some seniors experience as a result of an unreliable busing system. While it was noted that those involved in the community through education and service projects tend to live longer and have higher levels of personal satisfaction, it is not the fact that Rapid City facilitates healthy levels of engagement with a sub-par transportation system. The concern articulated by more than one elite respondent was that the community-wide support of elders is missing in Rapid City. One respondent noted that a structural remedy is needed.

6.5 Senior Engagement and Isolation

Needs articulated include:

- Expanded transportation infrastructure**
- Expanded service and educational opportunities**
- Facilitated information and engagement campaigns**

One elite respondent who holds a high-level public administration position felt that a senior service program was essential for the health and wellbeing of Rapid City seniors. It is believed that a city-wide mechanism for volunteers to support the coordination for senior activities, including job placement, food independence and transportation assistance programs, would greatly benefit the City's senior community. Each of these efforts, according to this elite respondent, would help community overcome the isolation that too often impacts elder community members.

A program focused on getting seniors to volunteer, rather than one focused on delivering services to seniors is needed. This is consistent with rural community efforts to support elders. This has been lost in Rapid City and needs to be reintroduced at a structural level. It was noted that federal funding is available for the development and administration of senior volunteer programs and that there ought to be a supporting commitment to overcoming transportation barriers to this and similarly designed engagement programs.

6.6 General Dialogue and Planning Needs

Needs articulated include:

- Expanded information sharing**
- Openness to all options**
- Expanded constituent model.**

According to one elite respondent, there is a parochialism issue in the city. This has led to infighting between the two main senior centers and, more generally between those who have economic resources and those who do not. It was stated that Rapid City needs to find a way to address these issues as an entire community.

One respondent suggested that it sometimes seems that Rapid City is stuck in current conditions because of a narrow vision of how to improve. They suggested that many benefits would flow from a broader vision of city needs and vision for the City's future. It was suggested that a "big picture view" would likely to impact current community in terms of improving resources and quality of life AND attract new residents to the community.

Another respondent felt that a new senior center, with a "drop in" design would be a great benefit to the community. It was stated that many seniors will not go to the current senior centers because they do not feel welcome. The segment of the population who are not comfortable and do not feel

they belong need a place as well. In a newly designed center, with a highly visible and accessible reputation, it would be possible to assist low income community member needs for the basics (e.g., food and clothing, heating assistance, utility assistance, dental and health care). Such a program would also assist senior community members with safety concerns, organizing community watches in neighborhoods that are not senior friendly, mitigate against loneliness and isolation, and give seniors aging in place options for home repair assistance.

We also learned that Rapid City might do more to attract retired military to the community. In order to bring military families, particularly those who had careers at Ellsworth Air Force Base, there will have to be more support for clinics and pharmacies that are friendly to retired military. It was pointed out in this interview that there are other communities that have made good progress in this area and that there are successful models out there for Rapid City to draw on in their own plans in this area.

For members of lower socioeconomic status, such a center could be relied upon to provide access to details on health care, from appeals to bill-pay assist and other discretionary elements in the system, as well as educational and recreation programs. According to one respondent, not having a more accessible community resource harms the vitality of community members and reduces their life expectancy. For Native seniors the proof is in the statistics. They do not live as long as more affluent Whites in Rapid City and much of it is a sense of exclusion. Creating more access and information/guidance will help them secure better health care in senior years and throughout life, as well as being better contributors while they are alive.

Another respondent believed that the plight of many seniors in Rapid City is not even on the map. We need to develop a consensus that all seniors ought to be a part of this conversation and that their input is being sown into the fabric of any plans moving forward.

7.0 RESOURCE INVENTORY

7.1 Summary

A community resource inventory is a categorical listing of a services or physical resources, and can be used to obtain an objective baseline assessment of resources within a community. For Rapid City, this inventory was conducted in the areas of a) health and wellness, b) community design, and c) active lifestyle so as to provide comparison to the identified needs that resulted from the mixed method research study conducted by the consultants.

For the purposes of this assessment the consultants developed an atlas of the natural, cultural, and economic resources presently available to citizens of Rapid City. This is simply the first step in the planning process and was performed with distinct focus of contributing to the identification of gaps within the Rapid City community as they pertain to senior residents.

Of further note, community resource inventories often are conducted to support broad development activities for a city or town, and thus may or may not include community facilities (e.g. water treatment, fire, police). Due to the fact that this project had a defined scope (citizens 50+ in age) and areas of interest (Health & Wellness, Community Design, and Active Lifestyle) the consultants only collected inventory information for relevant resources.

In addition to the full resource inventory, the reader may also find Appendix D helpful, which features a jobs report from the South Dakota Labor Market Information Center (LMIC) dated October 29, 2012. This report discusses older worker information for the Rapid City Metropolitan Statistical Area (MSA), with older workers defined as those aged 55 to 99.

The full community resource inventory is featured in Appendix D.

7.2 Scoring Criteria

As detailed within the methodology section a series of quality indicator scores were assessed to each quality metric for the community standards. These scores were then averaged to represent an indexed overall score for each standard and are featured below.

Additional information specific to the ranking is featured in the gaps analysis discussion.

The higher the quality indicator score, the higher the perceived availability of resources within the Rapid City community. Lower scores demonstrate a perceived lack of available resources within the community.

7.3 Summary of Indexed Quality Indicator Scores

Standards	Indexed Quality Indicator Score
Fitness Opportunities	3.5
Mental health care	4.3
Physical health care	3.5
Independent living	3.5
Mobility, Transportation, and Accessibility	6.2
Housing	4.0
Civic and social engagement	4.9
Employment and education	3.6
Recreation, arts and culture	6.8

8.0 GAPS ANALYSIS

8.1 Framework for Analysis

The consultants and project team took every step to ensure diverse representation from community members within the City of Rapid City. The methods employed consisted of a community survey, focus group community dialogues, elite interviews, and finally an inventory of senior community resources. Collectively, this data was analyzed to provide a comprehensive assessment of available local services and interest level in using those services. Gaps were observed where the interest in services outpaced access.

The research looked for gaps in the categories focused on throughout the research. These included 17 different areas.

- Health & Wellness
 - Access to health care (including specialists)
 - Mental health care
 - Fitness opportunities
 - Independent living
 - Assisted living and skilled care
 - Access to services
- Community Design
 - Safety
 - Development
 - Sense of Community
 - Shopping
 - Housing
 - Transportation, mobility, and ADA-accessibility
- Active Lifestyle
 - Civic & social engagement
 - Volunteer opportunities
 - Employment opportunities
 - Recreation opportunities
 - Religious and spiritual activities

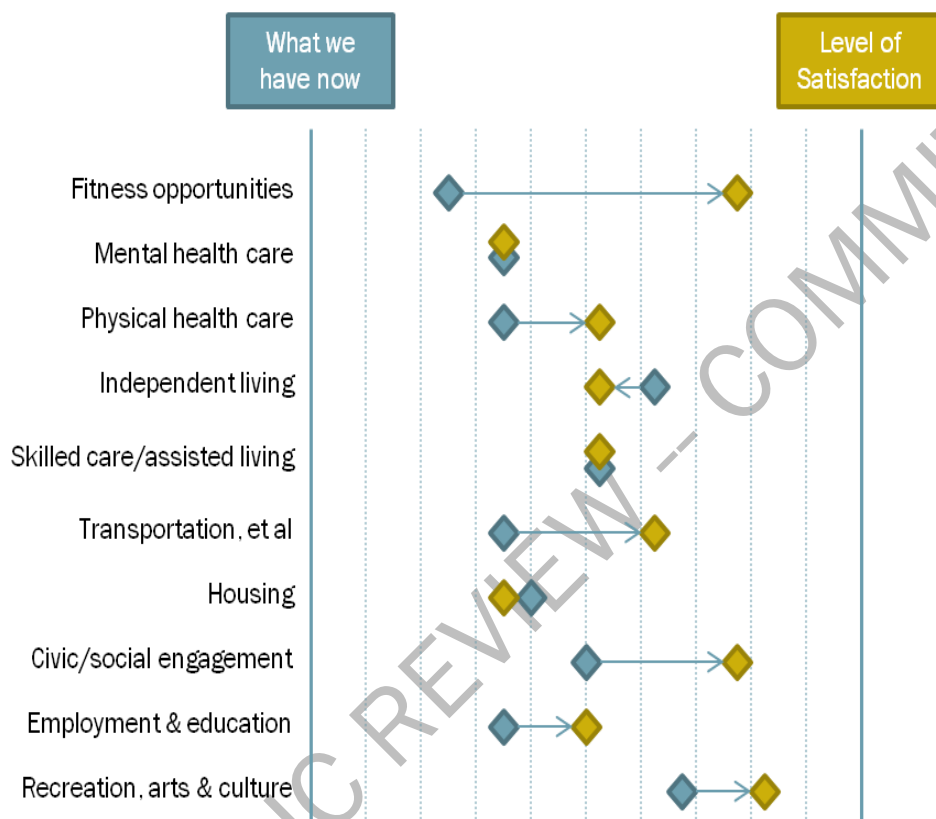
In order to apply metrics to the analysis, the sum of averages were obtained from the Senior Community Resource Inventory, which were then compared to satisfaction scores resulting from the community survey. In some categories (e.g. mental health services) the resource inventory score reflects the number of relevant resources identified divided by the number of total resources in the community. This method varied across standards given the unlikelihood that the inventory is all-encompassing, and that in some situations (e.g. housing) it was not possible to list all resources that may be available to individuals 50+. It was not possible for this research to delineate how many housing resources are appropriate for individuals 50+ as compared to other individuals in the community, as numerous factors (e.g. ADA accessibility, congregate living, size of home, price of home, apartment versus single-family) weigh in to this determination.

Where deviation from the standard formula was necessary, foot notes and table notes were provided in the following discussion to qualify or provide additional information.

8.2 “What we have now” compared to desired level of services in Rapid City

The Figure 4 below represents the net difference between the quantifiable elements of this research. The figure provides a visual graphic of the gaps observed in this analysis. Greater distance between the services we have now and respondent satisfaction with those services shows a pressing need for Rapid City to address. Areas where current services and satisfaction are close, reflects low future need to additional services.

Figure 4. Differences between what we have now and desired level of services in Rapid City



Out of 17 areas, ranging from access to health care to civic and social engagement, 3 categories were rated at “above expectations”, implying that the surveyed community members feel that these areas are not only meeting but exceeding their current need level. These areas included community development, civic and social engagement, and volunteer opportunities.

Five of the 17 categories were categorized as presently “meeting the need” expressed by the community. These categories included community safety, sense of community (small town feel), employment opportunities, recreation opportunities, and religious and spiritual activities.

Finally, nine of 17 categories were rated “below” the expressed needs of the community. These areas included access to health care (including specialist care); mental health care resources; fitness opportunities; independent living; assisted living and skilled care; access to services; shopping; housing; and transportation, mobility, and accessibility.

8.3 Gaps Analysis Results

Using the data obtained in the community survey, focus group discussions and elite interviews each of the identified community standards for seniors in Rapid City have been rated according to the perceived need expressed by the respondents of each method.

The ratings (below, at, or above expressed need) were assigned based on the differential between baseline and need assessment scores. The quality indicator scores for both the baseline assessment (provided by the senior community resource inventory indexed scores) and the satisfaction scores (provided by the community survey) are included in the second, larger table, that comes complete with several footnotes and table notes to provide a stronger context for understanding these ratings.

Table 10 below provides summary ratings to share a simple view of how the subcategories rates. Table 11 below provides the details and discussion necessary to understand how these rankings were derived. Because of the large amount of content at issue, Table 11 uses a landscape format to provide more space for discussion. Again, keep in mind that the table notes are important to read for additional context.

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Table 10. Gaps Rating

Category	GAP Score & Rating
Access to health care (including specialists)	Below
Mental health	Below
Fitness opportunities	Below
Independent living	Below
Assisted living & skilled care	Below
Access to services	Below
Safety	At
Development	Above
Sense of community	At
Shopping	Below
Housing	Below
Transportation, mobility and ADA-accessibility	Below
Civic & social engagement	Above
Volunteer opportunities	Above
Employment opportunities ⁵	At
Recreation opportunities	At
Religious and spiritual opportunities	At

⁵ Refer to attached report from the South Dakota Labor Market Information Center re: Rapid City workers, worker levels, industry focus and supporting statistics. Report dated 10/29/2012.

Table 11. Details

GAPS Analysis Category	Resource Inventory Score ⁶	Satisfaction Score	GAP Score & Rating	Discussion
Health & Wellness				
Access to health care (including specialists)	4.5	5.2	Below	<ul style="list-style-type: none"> - Availability of specialists to support the needs of older people is lacking. - Residents feel care is not easy to access in Rapid City; clinics are scattered across the city, and it is uncomfortable to navigate between doctors and specialists for care. - Lack of access to dentists and doctors that will accept Medicare/Medicaid.
Mental health	4.3	4.1	Below	<ul style="list-style-type: none"> - Out of 39 identified mental health resources, 4 (10%) offer inpatient services. - 45 total mental health resources are available in the Rapid City area; the 39 resources listed in this report address adult and/or senior needs (86%). - Residents feel there is a lack of high quality mental health care resources.
Fitness opportunities	3.5	7.8 _i	Below	<ul style="list-style-type: none"> - Out of 13 identified wellness centers just under half (46%) offer group programming; of that only 3 advertise group fitness that caters to seniors. Only 1 was noted as “public” (Roosevelt Swim Center) and did not require an ongoing membership fee for use. - While numerous wellness centers were identified in the resource inventory, very few offer programming specifically designed for seniors.
Independent living	6.2	5.4 _{ii}	Below	<ul style="list-style-type: none"> - Out of 19 identified independent living resources, 8 (42%) represent facilities (e.g. age-restricted communities); 8 (42%) offer home-based personal care services; 9 (47%) offer home-delivered meal services; and 1 advertised adult daycare services. - 5 of the 8 independent living facilities have co-located assisted living. - In-home service needs go well beyond home health care; help with snow removal, lawn care, home maintenance and the like would enhance independent living.
Assisted living & skilled care	5.3	5.2	Below	<ul style="list-style-type: none"> - 15 total resources identified; 7 are skilled care, 8 are assisted living. - The needs for more nursing home beds came in second on the list of needed resources for seniors in the focus groups. Even if these resources are not immediately needed, seniors do consider this important for when they might need them.

⁶ The Resource Inventory Score reflects a) a count of identified resources within the community that advertise or promote direct services to adults, or seniors, specifically (noted as N= in the chart) and b) an applied percentage score that weighs available senior resources against total available community resources when known. Some exceptions to this apply and are noted accordingly.

Access to services	Not Scored ⁱⁱⁱ	NR ^{iv}	Below	<ul style="list-style-type: none"> - Desire for a centralized facility that provides many services in one location. - Need for more in-home based services, including repairs and maintenance as well as general housekeeping.
Community Design				
Safety	Not Scored ⁱⁱⁱ	NR ^{iv}	At	<ul style="list-style-type: none"> - Residents feel safe in the city and believe that can act as a factor in recruiting new residents; however, they clearly noted that there are sections in the city where safety is a real issue and concern.
Development	Not Scored ⁱⁱⁱ	NR ^{iv}	Above	<ul style="list-style-type: none"> - Progressive development patterns have been demonstrated by city planning, particularly with recent enhancements to the downtown district. - Community members appreciate the small town feel of Rapid City, and feel its accessibility will attract people 50+.
Sense of community	Not Scored ⁱⁱⁱ	6.5	At	<ul style="list-style-type: none"> - Residents report a strong affinity to the small town feel and do not want that compromised in the interest of new development.
Shopping	Not Scored ⁱⁱⁱ	8.5	Below	<ul style="list-style-type: none"> - The current shopping areas being developed are located on the edges of the city, making them difficult to access for those with any kind of mobility concerns. - Shopping that is neighborhood based (e.g. Baken Park) continues to diminish.
Housing	4.0	3.6	Below	<ul style="list-style-type: none"> - 12 of 21 (57%) multi-family housing units offer community living, most often including congregate meals. 11 of 21 (52%) are income-based per USDA/HUD. - Need for more quality, affordable, and single-floor housing; housing development is skewed towards single-family, multi-level homes which are not attractive to 50+ aged buyers.
Transportation, mobility and ADA-accessibility	3.5	6.3	Below	<ul style="list-style-type: none"> - In general, the community needs more accessibility in public spaces. - Sidewalks, streets and crossings are not easy to use if mobility assistance (e.g. wheelchairs) is required. - Current public transit is perceived to be hard to access, expensive, and less than optimally responsive. The community indicated that transportation options need to be good and affordable in the event they are needed. - Current development patterns place resources at the edges of the city, making the need for a well-designed transit system all the more necessary.
Active Lifestyle				
Civic & social engagement	4.9	7.7 ^v	Above	<ul style="list-style-type: none"> - Voting access - Access to senior centers was identified as a uniquely high quality resource. - Access to recreation, educational opportunities, and social events specifically identified as a plus. - Availability of info about resources for older adults.
Volunteer opportunities	Not Scored ⁱⁱⁱ	8.4	Above	<ul style="list-style-type: none"> - Community-wide opportunities exist. - Opportunities are sometimes decentralized and challenging to engage.

Employment opportunities ⁷	3.6	5.1 ^{vi}	At	<ul style="list-style-type: none"> - Elites in the community believe a public/private partnership could increase engagement and volunteerism in the city. - Living wage is an issue for residents; very few jobs are available in their opinion, and those that are available are high physical labor with low wage. - Residents readily admit they leave the City to follow their families when their sons, daughters, or grandchildren obtain employment elsewhere. This deters people to chose Rapid City as a retirement destination as it is unlikely their children or grandchildren would live there as well due to higher paying diverse job opportunities. - Of more than 56,900 workers in Rapid City, 21.1% were 55 years or older.vii - The top 3 industries for older workers by job count in Rapid City included Health care and Social Assistance (20.6%), Retail Trade (14.7%), and Educational Services (13.0%). vii
Recreation opportunities	6.8	8.1	At	<ul style="list-style-type: none"> - The number, quality, accessibility, and beauty of the parks, trails, and other resources was identified as plentiful, safe, easy to get to, and easy to use. - Expressed a need year-round, indoor opportunities.
Religious & spiritual activities	Not Scored ⁱⁱⁱ	8.8	At	<ul style="list-style-type: none"> - Large diversity of opportunities for religious and spiritual activities exist community-wide.

i Only fitness centers, gyms, and recreation centers were used for this calculation. 13 total resources were identified in this category; of these, 3 resources had programming specific to seniors (e.g. Silver Sneakers) or included indoor swimming and/or walking tracks. As this standard represents many variables, a score could not be assessed.

ii A sum of averages of the major indicators – independent living facilities (53%), personal care at home (46%), and home-delivered meals (53%) – was used to calculate the inventory score.

iii Standard not scored as obtaining a baseline assessment of resources for these particular components presented too high of a margin of error to be effective for comparison.

iv No response collected for this standard.

v Average of “access to voting” and “opportunities to participate/attend in meetings about local government or community matters” and “social engagement” satisfaction scores.

vi Average of “skill-building/lifelong learning” and “employment opportunities” satisfaction scores.

vii See attached report from the S.D. Dept. of Labor and Regulation, attached in Appendix C/

⁷ Refer to attached report from the South Dakota Labor Market Information Center re: Rapid City workers, worker levels, industry focus and supporting statistics. Report dated 10/29/2012.

9.0 Conclusions

Using the data obtained in the community survey, focus group discussions and elite interviews each of the identified community standards for seniors in Rapid City have been rated according to the perceived need expressed by the respondents of each method.

The gaps analysis findings highlight a number of unmet needs that present a point of departure for the Committee to discuss as it moves forward with master planning efforts. As a whole, the unmet needs create both an opportunity to develop the Rapid City community as an attractive place for seniors over the next 10-20 years and a threat to the community if not addressed in the near future. Moreover, the findings reflect a clear sense of how senior needs have shifted, what respondents to the research have articulated as their current/future needs, and what the city can do to stay ahead of the demand curve.

The list of services that top the list of concerns for the Committee going forward include the availability of quality, affordable, and single-floor senior housing, accessibility to adequate assisted living and nursing home facilities, opportunities to enroll in skill-building or personal enrichment classes, access to an improved public transportation system (e.g., from bussing to sidewalk crossings) designed to serve the needs of seniors of varied socioeconomic status, access to affordable, quality health care targeted to seniors, and available of modern senior center facilities centralized within the community and welcoming to all.

Services that enjoy high satisfaction levels, representing the need to continue investment and attention include volunteer opportunities, recreation opportunities, cultural and social activities, access to senior centers, religious/spiritual activities, shopping, access to voting, and community safety and comfort level for some (but not all) residents.

The current research offers the committee a summary perspective on the distance between satisfaction with existing community resources and the desire for future resources in Rapid City. The research also affords committee members, and readers generally, detailed observations on individual ideas and concerns. For instance, the elite interviews were used to provide data for the aggregate analysis of gaps in community services, but there are also numerous individual observations shared in the elite interview research that offer perspective to the Committee's when engaging in planning efforts. The same is true of survey and focus group findings. Taken together, these research methods provide a reliable sense of where the Committee ought to turn its attention going forward. Individually, however, each method allows the committee to consider the specifics of what is thought about and desired for individual service areas. It is recommended that the Committee use the current research for both purposes. First, when trying to identify general areas of satisfaction and concern and, second, for drilling down into the details of needs/desires for the community resources and needs including in surveys, focus groups and elite interviews.

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Appendix A – Telephone Survey Instrument

I. Introduction

1	The Rapid City City Council would like to ask community members about their interests and needs for senior resources in Rapid City. This survey will take approximately 15 minutes and will help city planners develop a master plan for Rapid City’s senior community. May we proceed?	[1] Yes [2] No
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If response is [2] thank respondent for their time and drop survey.

2	How old are you?	[1] Under age 50 [2] 50-64 years of age [3] 65-79 years of age [4] 80 plus years of age
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Respondent must answer this question to proceed with the survey because each age group gets a different set of questions. If [2], [3] or [4] proceed to Section II, Q1. If [1], proceed to Q4. If [2] or [3] proceed to Q4 but if both answers are no, drop from survey.

3	Is another member of your household older than 50 years?	[1] Yes [2] No [3] Refused
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4	Do you have a close family member or friend who is now a senior, or who will be in the next few years?	[1] Yes [2] No [3] Refused
---	--	----------------------------------

II. Supportive Services

5	<p>I am going to read a list of various services or facilities for older adults that are available in some communities. For each one, please rank how likely you are to use these services or facilities now or when you retire.</p> <ul style="list-style-type: none"> Senior Center Adult day care program Special service that helps with chores around the house, such as light housekeeping or cleaning Meals-on-wheels, home delivered meals, or other senior lunch programs Telephone helpline for information or referrals A special program that provides help with home repairs, like the roof or windows A special door to door transportation program Support for caregivers, such as support groups or respite care Financial planning and counseling Help with personal care at home, such as help with bathing or dressing Mental health counseling Nutrition education Recreation and/or fitness center A new facility in Rapid city that provided many of the above services in one location 	[1] Very likely ... [5] Very unlikely [6] Don't know [7] Refused
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6	Thinking about the services we just discussed, if you or a loved one needed help finding a new service other than personal care where would you turn for information?	[1] Friends and family [2] Health care providers [3] Community organizations [4] Media
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		[5] 211 Helpline [6] Other [7] Don't Know [8] Refused
If response is [6] go to Q6a.		
6a	Where would you turn to for information?	Open ended question
III. Community of Rapid City		
7	<p>Please state how much you agree or disagree with the availability of services or opportunities to meet the needs of adults of 50 years plus of age. Rapid City has...</p> <p>Employment opportunities</p> <p>Volunteer opportunities</p> <p>Opportunities to enroll in skill-building or personal enrichment classes</p> <p>Recreation opportunities (including sports, arts, library services, etc)</p> <p>Fitness opportunities (including exercise classes and paths or trails, etc)</p> <p>Opportunities to attend cultural or social activities</p> <p>Opportunities to attend religious or spiritual activities</p> <p>Opportunities to attend or participate in meetings about local government or community matters</p> <p>Shopping opportunities</p> <p>Affordable quality housing</p> <p>Availability of information about resources for older adults</p> <p>Availability of affordable quality health care</p> <p>An openness and acceptance of the community towards older residents of diverse backgrounds</p> <p>Availability of affordable quality mental health care</p> <p>User friendly public transportation</p> <p>Adequate assisted living and nursing home facilities</p> <p>Available services to help with personal care at home, such as bathing, dressing, etc</p> <p>Convenient access to voting</p>	<p>[1] Strongly disagree</p> <p>[2] Disagree</p> <p>[3] Neither agree nor disagree</p> <p>[4] Agree</p> <p>[5] Strongly agree</p> <p>[6] Don't Know</p> <p>[7] Refused</p>
8	<p>Please state how much you agree or disagree with the following statements.</p> <p>I would recommend living in Rapid City to older adults.</p> <p>I will remain in Rapid City throughout my retirement.</p> <p>I feel protected safe from robbery or burglary.</p> <p>I feel safe from frauds or scams.</p> <p>I feel safe from physical and emotional abuse.</p> <p>I am aware of services to older adults in the Rapid City area.</p> <p>Most services and activities I need are close to where I live.</p>	<p>[1] Strongly disagree</p> <p>[2] Disagree</p> <p>[3] Neither agree nor disagree</p> <p>[4] Agree</p> <p>[5] Strongly agree</p> <p>[6] Don't Know</p> <p>[7] Refused</p>
9	What is the most beneficial improvement Rapid City could make to improve the lives of seniors over the next 5-10 years?	Open ended question

10	What is the most beneficial improvement Rapid City could make to improve the lives of seniors over the next 10-20 years?	Open ended question
IV. Financial Security		
11	Have you calculated how much money you will need to save in order to maintain your current lifestyle during retirement?	[1] Yes [2] No [3] Don't know/not sure [4] Refused
12	Have you saved or are saving money for retirement. For example, a 401K plan at work, a personal bank account, or an IRA fund.	[1] Yes [2] No [3] Don't know/not sure [4] Refused
13	What percentage of your total retirement and health care funds do you anticipate will come from social security?	[1] Less than 40% [2] Between 20 and 40% [3] Between 40 and 60% [4] Between 60 and 80% [5] Greater than 80% [6] Don't know [7] Refused
14	About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association fees)?	Open ended question
15	How much do you anticipate your total household income before taxes will be for the current year? Please include in your total income money from all sources for all persons living in your household.	Open ended question
V. Demographics		
16	Are you...	[1] male [2] female
17	What is your race?	[1] White [2] Black [3] Hispanic [4] Asian [5] American Indian [6] Other [7] Don't Know [8] Refused
If response is [6] Other then move to Q17a.		
17a	Identify other race.	Open ended question
18	How many years have you lived in Rapid City?	Open integer
19	Which of the following best describes your living situation. Do you live...	[1] In a home that you own [2] in an apartment or house that you rent [3] with a relative in their home [4] in a nursing home [5] in an independent living unit other than senior housing or an age restricted community [6] in an assisted living facility [7] Other [8] Don't know

		[9] Refused
	If response is [6] Other then move to Q19a.	
19a	Please identify.	Open ended question
20	Are you employed full-time, part-time, or are you not employed for pay?	[1] Yes, full-time [2] Yes, part-time [3] No, not employed [4] Fully retired [5] Retired but continuing to work for pay [6] Homemaker [7] Disabled [8] Don't know [9] Refused
21	Do you have an additional concerns or comments that are important to your needs and/or care?	Open ended question

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Appendix B – Focus Group Analysis Incidence Findings

What does the Community have going for it ... that sets the stage to attract 50+ people

Climate	XXXXXXXXXX
Clean air	XX
Small town feel // friendly people	XXXXXXXXXXXXXXXXXX
Black Hills	XXXXXXXXXX
A progressive development pattern (civic center, new pool, parks, Journey, Dahl, Ice Arena, downtown development)	XXXXXXXXXX
Events in the area including cultural activities – close to everything	XXXXXXXXXX
Safe	XXXXXXXXXX
Good health services	XXXXXXXXXX
Enough shopping and restaurants	XXXXXX
Good quality of life including parks, recreation and other amenities	XXXXXXXXXX
Senior centers that cater to older people’s recreation, interests, and needs	XXXXXXXXXX
Other resources that have senior resources like YMCA and parks and rec.	XX
Good church resources	XX
Park system	XXX
Low cost of living	XX
Employment opportunities	XX
Educational opportunities	XXX
Public transportation	XXX
Retirement and nursing facilities	XX

What is Missing in Rapid City Things we need to have a “better community”

Nursing Home Beds/Assisted living Beds/respice care/ end of life care	XXXXXXXXXXXXXXXXXXXX XXXXXX
One-Level Homes (Also affordable for moderate income)	XXXXXXXXXXXXXXXXXXXX
Transportation Resources	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX
Safety	XXXX
Lower property taxes	XXXXX
Low Income Housing	XXXXXXXXXXXX
Beutification of entrances to our city	X
Health and wellness resources including affordable wellness facilities	XXXXXXXXXXXX
Jobs	XXXXXX
Services to support the needs of homeless individuals and families	X
Handicapped Accessibility – City wide mobility friendly	XXXXX
In home services Home health, care for houses, snow removal, etc	XXXXXXXXXXXX
Health care services targeted to seniors (specialists)	XXXXXXXXXXXXXXXX
Mental health services	XXXXX
Reasonable airline rates and access	XXXXXXXXXX

Safe streets	X
Perception problems our image	X
Cost of living for people on fixed income	XX
Jobs for young working families ... jobs for my children and grandchildren to allow them to live/stay here	XXXX
Downtown housing with parking and other amenities	X
Better shopping resources	XX
Nutrition education	X
Addressing race relations	XXXXX
Grandparent friendly parks and trails	X
Medicare and Medicaid openings for dentists and doctors	XXXX
Centralized wellness center	XX
Marketing of our city focused at senior-friendly resources	X
Greater access to city officials by older population ... chance to be heard	X
Living level wages	XXXXXXXX
Ideas: consider a "senior friendly" certification for businesses	

How should our community be designed to make it more welcoming and accessible

Science Museum	X
More health care resources	X
Increase safety	XXXXX
More resources for arts and recreation	XXX
Single level == senior friendly housing	XX
Government accessibility for seniors... a chance to voice opinion	XXXXXXXX
Residence hotels/motels	X
Zoning and other governmental leadership to more effectively design communities with full service configuration	XXXXXXXXXXXXXXXXXX
Expanded senior centers	XX
Increasing the depth and quality of transportation	XXXXXXXXXXXX
Remove billboards	X
Curb appeal == city-wide	XX
Access to care for families	X
Consider professional development in cultural sensitivity	XXX
Neighborhood based shopping resources	XXXXXX
Neighborhood medical care clinics	X
Food delivery service for seniors	X
More parks	XX
More fine arts events and structures	XXXXXX
Bike path through downtown	XXXX
More downtown development	XXXXXX
Enhance the west side of the city with shopping and services	XXXXX
Encourage cleanliness of the city	XXX

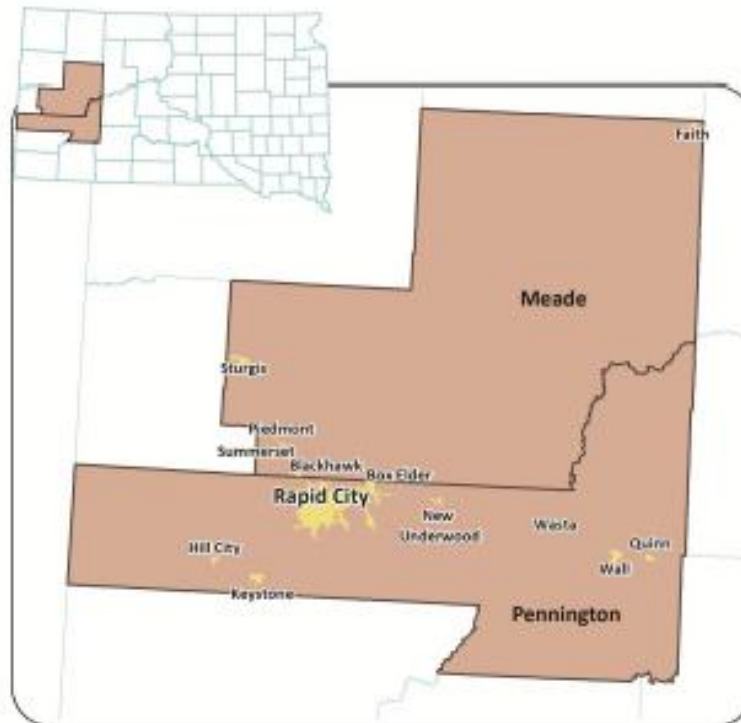
Make all the major points of entry to the city pleasing	xx
Notation: Residence hotels/motels on East North are too scary	

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Appendix C – S.D. Labor Market Information Center Report

The Rapid City Metropolitan Statistical Area's Older Workers (ages 55 to 99)

This report covers older worker information for the **Rapid City Metropolitan Statistical Area (MSA)**. To qualify as an MSA, an area must have at least one urbanized area with a population of 50,000 or more, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. The Rapid City MSA consists of Pennington and Meade counties.



Map created by the Labor Market Information Center,
South Dakota Department of Labor and Regulation, October 2012

South Dakota's Labor Market Information Center (LMIC) compiled this report with data from the U.S. Census Bureau's Local Employment Dynamics (LED) application. This partnership between state labor market information agencies and the U.S. Census Bureau supplies measures called Quarterly Workforce Indicators (QWI). The LED data compiled throughout this report by the U.S. Census Bureau is not reflective of labor market reports from other Bureau of Labor Statistics (BLS) programs.

Older workers: This report defines older workers as those who are 55 to 99 years old. In most instances, this broad age range is split into two subcategories, 55 to 64 years and 65 to 99 years. Unless otherwise noted, worker counts/total employment figures for the Rapid City MSA are an average of the third quarter of 2011 plus the three prior quarters.

General Worker Levels

Age Composition of the Rapid City MSA Workforce

Of the more than 56,900 of workers in the Rapid City MSA, 21.1 percent were 55 years and older.

Rapid City MSA
Total Employment by Age

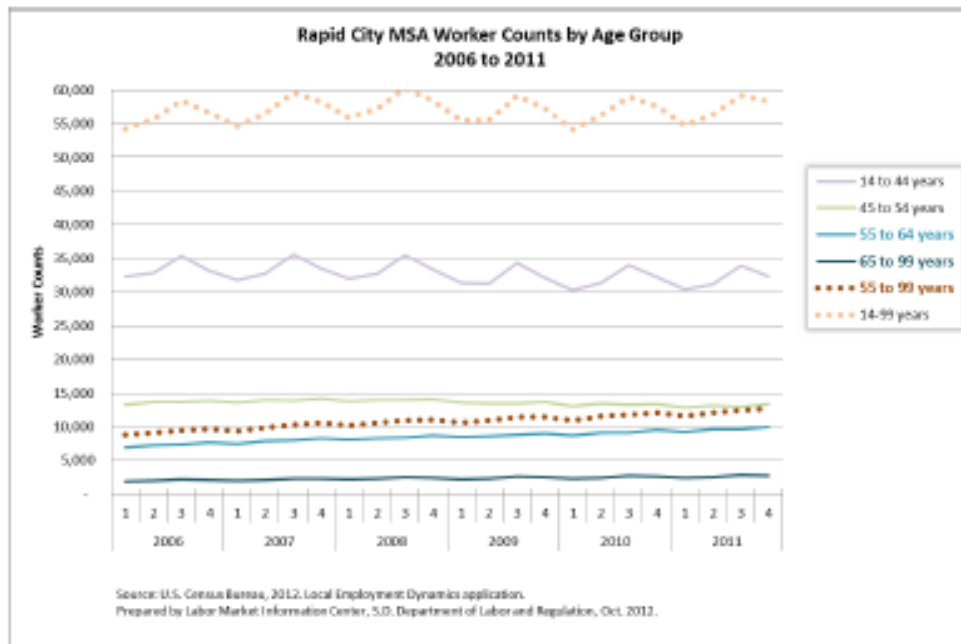
Age	Total Employment	Percent of Rapid City MSA Workforce
14-18	1,986	3.5%
19-21	3,011	5.3%
22-24	3,668	6.4%
25-34	12,438	21.8%
35-44	10,766	18.9%
45-54	13,039	22.9%
55-64	9,501	16.7%
65-99	2,521	4.4%
14-99	56,930	100.0%

Numbers may not sum due to rounding.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, S.D. Department of Labor and Regulation, Oct. 2012.

The chart below shows worker levels by age group from 2006 to 2011 in the Rapid City MSA. In the older worker groups, the worker counts generally have been on a steady increase.



South Dakota Area Older Worker Count Comparison

When looking at all the MSAs and Micropolitan Statistical Areas (MSAs) in South Dakota, the Rapid City MSA ranked second in the number and percentage of workers in both older age groups. If you include the non-MSAs/non-MISA areas, the Rapid City MSA slid to third.

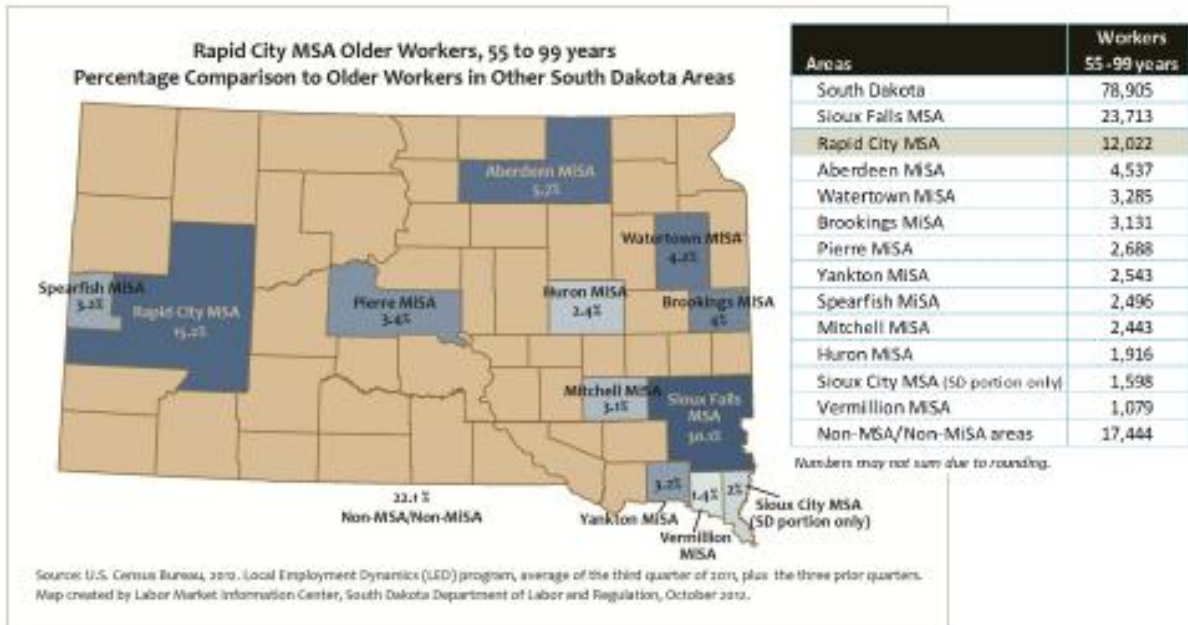
Comparison of Rapid City MSA Worker Levels to Other MSAs and MISAs in South Dakota

Areas	Workers 55-64 years	Percent of Workforce 55-64 years	Areas	Workers 65-99 years	Percent of Workforce 65-99 years
South Dakota	60,621	100.0%	South Dakota	18,284	100.0%
Sioux Falls MSA	18,525	30.6%	Sioux Falls MSA	5,188	28.4%
Rapid City MSA	9,501	15.7%	Rapid City MSA	2,521	13.8%
Aberdeen MISA	3,460	5.7%	Aberdeen MISA	1,077	5.9%
Watertown MISA	2,550	4.2%	Watertown MISA	735	4.0%
Brookings MISA	2,511	4.1%	Mitchell MISA	620	3.4%
Pierre MISA	2,077	3.4%	Brookings MISA	611	3.3%
Yankton MISA	1,950	3.2%	Pierre MISA	593	3.2%
Spearfish MISA	1,930	3.2%	Yankton MISA	566	3.1%
Mitchell MISA	1,913	3.2%	Spearfish MISA	530	2.9%
Huron MISA	1,442	2.4%	Huron MISA	474	2.6%
Sioux City MSA (SD portion only)	1,266	2.1%	Sioux City MSA (SD portion only)	332	1.8%
Vermillion MISA	873	1.4%	Vermillion MISA	206	1.1%
Non-MSA/Non-MISA areas	12,619	20.8%	Non-MSA/ Non-MISA areas	4,825	26.4%

Figures may not sum due to rounding.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, South Dakota Department of Labor and Regulation, October 2012



Industry Focus

Rapid City MSA's Older Worker Count by Industry Sector

Industries are classified according to the North American Industry Classification system (NAICS).

The top three industries for older workers by job count included Health Care and Social Assistance, Retail Trade and Educational Services for both older worker groups.

Older Worker Count by Industry Sector in the Rapid City MSA

Workers by Industry in the Rapid City MSA, Age 55 to 64 years		Workers by Industry in the Rapid City MSA, Age 65 to 99 years	
Industry Sector	Total Employment, 55-64	Industry Sector	Total Employment, 65-99
Health Care and Social Assistance	1,956	Retail Trade	527
Retail Trade	1,392	Health Care and Social Assistance	357
Educational Services	1,238	Educational Services	246
Construction	620	Accommodation and Food Services	227
Accommodation and Food Services	564	Construction	142
Public Administration	500	Public Administration	118
Manufacturing	482	Wholesale Trade	113
Finance and Insurance	422	Other Services (except Public Administration)	109
Wholesale Trade	420	Transportation and Warehousing	105
Professional, Scientific and Technical Services	419	Professional, Scientific and Technical Services	102
Administrative and Support and Waste Management and Remediation Services	321	Administrative and Support and Waste Management and Remediation Services	96
Other Services (except Public Administration)	295	Manufacturing	87
Transportation and Warehousing	239	Arts, Entertainment and Recreation	79
Information	138	Finance and Insurance	73
Real Estate and Rental and Leasing	133	Real Estate and Rental and Leasing	57
Arts, Entertainment and Recreation	120	Information	30
Management of Companies and Enterprises	116	Management of Companies and Enterprises	25
Utilities	89	Agriculture, Forestry, Fishing and Hunting	15
Agriculture, Forestry, Fishing and Hunting	27	Utilities	6
Mining, Quarrying, and Oil and Gas Extraction	5	Mining, Quarrying, and Oil and Gas Extraction	1
Other	N/A	Other	N/A
All NAICS Sectors	9,501	All NAICS Sectors	2,521

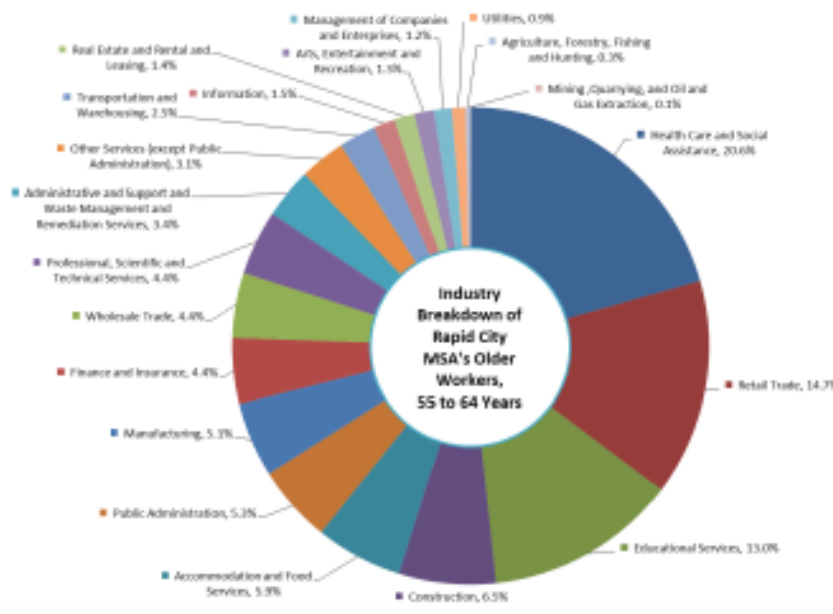
Figures may not sum due to rounding.

"N/A" indicates the data is inadequate or incomplete for the period, or that disclosure measures might prevent publication of the data.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, South Dakota Department of Labor and Regulation, October 2012.

The corresponding pie charts illustrate each industry sector percentage in the older worker age groups for the Rapid City MSA.



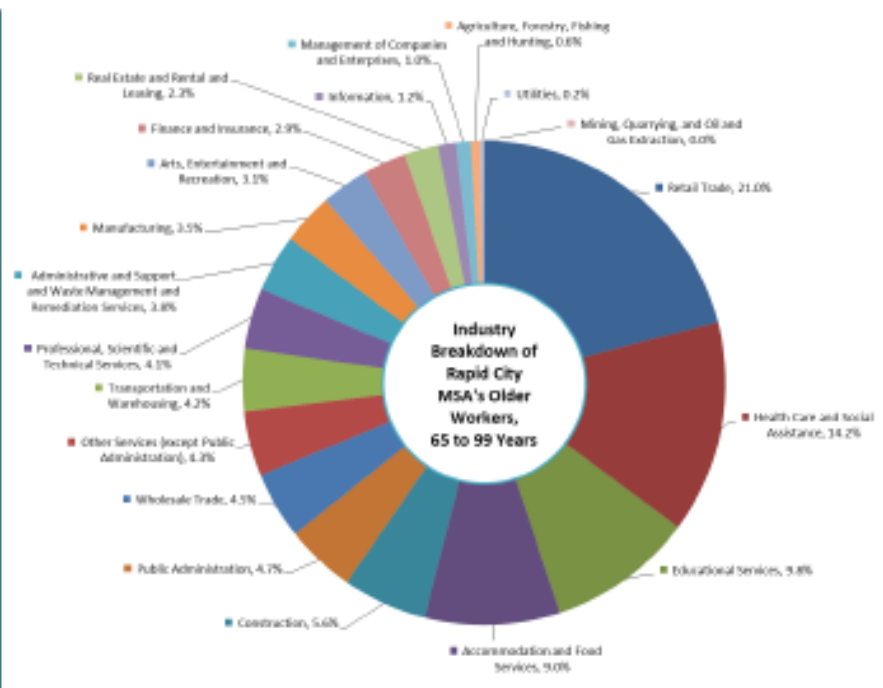
Almost half of the 55- to 64-year-old workers in the Rapid City MSA were employed in three industry sectors, with Health Care and Social Assistance at the top:

- Health Care and Social Assistance, 20.6 percent
- Retail Trade, 14.7 percent
- Educational Services, 13 percent

55 to 64

These industries also placed in the top three for 65- to 99-year-old workers in the Rapid City MSA. Retail Trade took the top spot and Health Care and Social Services dropped to second. Accommodation and Food Services ranked a close fourth. More than half the jobs held by those 65 and older were in these four industry sectors:

- Retail Trade, 21 percent
- Health Care and Social Assistance, 14.2 percent
- Educational Services, 9.8 percent
- Accommodation and Food Services, 9 percent



65 to 99

Rapid City MSA's Older Workers by Industry Sector, Comparison to Total Workforce (14 to 99 years)

The next two tables highlight the industries that employed the greatest percentage of older workers compared to all workers in an industry sector.

Workers by Industry in the Rapid City MSA Ages 55 to 64 Compared to All Workers			
Industry Sector	Total Employment, Age 55-64	Total Employment, Age 14-99	Percentage of Total Employment Age 55-64
Educational Services	1,238	4,688	26.4%
Utilities	89	357	24.9%
Health Care and Social Assistance	1,956	9,985	19.6%
Manufacturing	482	2,465	19.6%
Wholesale Trade	420	2,153	19.5%
Transportation and Warehousing	239	1,243	19.2%
Public Administration	500	2,614	19.1%
Professional, Scientific and Technical Services	419	2,220	18.9%
Real Estate and Rental and Leasing	133	711	18.7%
Mining, Quarrying, and Oil and Gas Extraction	5	27	18.5%
Management of Companies and Enterprises	116	642	18.1%
Agriculture, Forestry, Fishing and Hunting	27	150	18.0%
Administrative and Support and Waste Management and Remediation Services	321	1,957	16.4%
Retail Trade	1,392	8,891	15.7%
Information	138	925	14.9%
Finance and Insurance	422	2,883	14.6%
Other Services (except Public Administration)	295	2,098	14.1%
Construction	620	4,525	13.7%
Arts, Entertainment and Recreation	120	923	13.0%
Accommodation and Food Services	564	7,463	7.6%
Other	N/A	N/A	N/A
All NAICS Sectors	9,501	56,930	16.7%

Rapid City MSA top five industry sectors for workers 55 to 64 years as percentage of workforce across all age groups

Figures may not sum due to rounding.

"N/A" indicates the data is inadequate or incomplete for the period, or that disclosure measures might prevent publication of the data.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, S.D. Department of Labor and Regulation, October 2012

NOT

Workers by Industry in the Rapid City MSA Ages 65 to 99 Compared to All Workers			
Industry Sector	Total Employment, Age 65-99	Total Employment, Age 14-99	Percentage of Total Employment Age 65-99
Agriculture, Forestry, Fishing and Hunting	15	150	10.0%
Arts Entertainment and Recreation	79	923	8.6%
Transportation and Warehousing	105	1,243	8.4%
Real Estate and Rental and Leasing	57	711	8.0%
Retail Trade	527	8,891	5.9%
Wholesale Trade	113	2,153	5.2%
Educational Services	246	4,688	5.2%
Other Services (except Public Administration)	109	2,098	5.2%
Administrative and Support and Waste Management and Remediation Services	96	1,957	4.9%
Professional, Scientific and Technical Services	102	2,220	4.6%
Public Administration	118	2,614	4.5%
Management of Companies and Enterprises	25	642	3.9%
Mining, Quarrying, and Oil and Gas Extraction	1	27	3.7%
Health Care and Social Assistance	357	9,985	3.6%
Manufacturing	87	2,465	3.5%
Information	30	925	3.2%
Construction	142	4,525	3.1%
Accommodation and Food Services	227	7,463	3.0%
Finance and Insurance	73	2,883	2.5%
Utilities	6	357	1.7%
Other	N/A	N/A	N/A
All NAICS Sectors	2,521	56,930	4.4%

Rapid City MSA top five industry sectors for workers 65 to 99 years as percentage of workforce across all age groups

Figures may not sum due to rounding.

"N/A" indicates the data is inadequate or incomplete for the period, or that disclosure measures might prevent publication of the data.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, S.D. Department of Labor and Regulation, October 2012

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Average Earnings of Older Workers by Industry Sector

Overall, Rapid City MSA older workers 55 to 64 years earned an average of \$3,515 per month, while those 65 to 99 years earned an average of \$2,373 per month. When excluding industry sectors that employed fewer than 100 workers ages 55 and older, Management of Companies and Enterprises topped the earning category for workers 55 to 64; Professional, Scientific and Technical Services was the industry with highest average earnings for those 65 to 99.

Older Workers' Earnings by Industry in the Rapid City MSA

Older Workers' Earnings by Industry Rapid City MSA, Age 55 to 64 years	
Industry	Avg. Monthly Earnings
Mining, Quarrying, and Oil and Gas Extraction	\$10,863
Management of Companies and Enterprises	\$6,791
Utilities	\$6,035
Finance and Insurance	\$4,610
Health Care and Social Assistance	\$4,289
Wholesale Trade	\$4,187
Professional, Scientific and Technical Services	\$4,097
Construction	\$3,962
Information	\$3,707
Educational Services	\$3,485
Manufacturing	\$3,342
Transportation and Warehousing	\$3,054
Public Administration	\$3,008
Other Services (except Public Administration)	\$2,958
Agriculture, Forestry, Fishing and Hunting	\$2,740
Administrative and Support and Waste Management and Remediation Services	\$2,680
Retail Trade	\$2,567
Arts, Entertainment and Recreation	\$2,196
Real Estate and Rental and Leasing	\$2,174
Accommodation and Food Services	\$1,586
Other	N/A
All NAICS Sectors	\$3,515

Older Workers' Earnings by Industry Rapid City MSA, Age 65 to 99 years	
Industry	Avg. Monthly Earnings
Utilities	\$7,613
Manufacturing	\$4,323
Management of Companies and Enterprises	\$4,281
Professional, Scientific and Technical Services	\$3,641
Health Care and Social Assistance	\$3,124
Wholesale Trade	\$3,263
Finance and Insurance	\$3,088
Educational Services	\$3,006
Construction	\$2,756
Information	\$2,335
Transportation and Warehousing	\$1,900
Mining, Quarrying, and Oil and Gas Extraction	\$1,846
Retail Trade	\$1,777
Other Services (except Public Administration)	\$1,652
Real Estate and Rental and Leasing	\$1,446
Arts, Entertainment and Recreation	\$1,373
Public Administration	\$1,371
Accommodation and Food Services	\$1,293
Agriculture, Forestry, Fishing and Hunting	\$1,221
Administrative and Support and Waste Management and Remediation Services	\$1,172
Other	N/A
All NAICS Sectors	\$2,373

Figures may not sum due to rounding.

"N/A" indicates the data is inadequate or incomplete for the period, or that disclosure measures might prevent publication of the data.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, S.D. Department of Labor and Regulation, October 2012.

New Hires by Industry Sector and Age Group

New hires are the estimated number of workers who started a new job. It's the number of hires who worked for an employer in the specified quarter and were not employed by that employer in any of the previous four quarters.

New hires 55 to 99 years in the Rapid City MSA comprised 1.5 percent of South Dakota's new hires (all ages). The Rapid City MSA comprised 17.3 percent of the 55- to 99-year-old new hires statewide. Of the 9,985 new hires in the Rapid City MSA, 8.1 percent were between 55 and 99 years old.

The shaded cells denote the top five industries for these new hires. In both age groups, the Accommodation and Food Services and Retail Trade industries employed the most new hires in the older worker groups.

New Hires by Industry in the Rapid City MSA Age 55 to 64 years		New Hires by Industry in the Rapid City MSA Age 65 to 99 years	
Industry by NAICS Code	New Hires	Industry by NAICS Code	New Hires
Accommodation and Food Services	107	Accommodation and Food Services	52
Retail Trade	101	Retail Trade	27
Construction	62	Administrative and Support and Waste Management and Remediation Services	16
Health Care and Social Assistance	62	Health Care and Social Assistance	15
Administrative and Support and Waste Management and Remediation Services	59	Construction	13
Educational Services	26	Educational Services	9
Manufacturing	24	Arts, Entertainment and Recreation	8
Professional, Scientific and Technical Services	24	Public Administration	8
Other Services (except Public Administration)	24	Wholesale Trade	6
Transportation and Warehousing	23	Transportation and Warehousing	6
Public Administration	21	Professional, Scientific and Technical Services	6
Wholesale Trade	20	Other Services (except Public Administration)	6
Finance and Insurance	17	Agriculture, Forestry, Fishing and Hunting	N/A
Arts, Entertainment and Recreation	16	Finance and Insurance	N/A
Real Estate and Rental and Leasing	11	Information	N/A
Management of Companies and Enterprises	5	Management of Companies and Enterprises	N/A
Information	3	Manufacturing	N/A
Agriculture, Forestry, Fishing and Hunting	N/A	Mining, Quarrying, and Oil and Gas Extraction	N/A
Mining, Quarrying, and Oil and Gas Extraction	N/A	Other	N/A
Utilities	N/A	Real Estate and Rental and Leasing	N/A
Other	N/A	Utilities	N/A
All NAICS Sectors	612	All NAICS Sectors	192

Figures may not sum due to rounding.

"N/A" indicates the data is inadequate or incomplete for the period, or that disclosure measures might prevent publication of the data.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, S.D. Department of Labor and Regulation, October 2012.

Average Monthly New Hire Earnings by Industry Sector and Age Group

On average, new hires ages 55 to 64 earned \$2,185 per month. New hires in Management of Companies and Enterprises earned the most at \$4,089.

New hires in the 65 to 99 age group earned \$1,518 per month on average. Those in Professional, Scientific and Technical Services earned the most at \$4,700.

New Hire Earnings for Older Workers by Industry in the Rapid City MSA Age 55 to 64 years	
Industry	Avg. New Hire Earnings
Management of Companies and Enterprises	\$4,089
Finance and Insurance	\$3,453
Health Care and Social Assistance	\$3,234
Professional, Scientific and Technical Services	\$3,185
Construction	\$2,991
Information	\$2,567
Other Services (except Public Administration)	\$2,490
Transportation and Warehousing	\$2,192
Manufacturing	\$2,124
Educational Services	\$2,057
Wholesale Trade	\$1,995
Administrative and Support and Waste Management and Remediation Services	\$1,949
Retail Trade	\$1,506
Public Administration	\$1,462
Real Estate and Rental and Leasing	\$1,168
Agriculture, Forestry, Fishing and Hunting	\$1,033
Accommodation and Food Services	\$1,014
Arts, Entertainment and Recreation	\$952
Mining, Quarrying, and Oil and Gas Extraction	N/A
Utilities	N/A
Other	N/A
All NAICS Sectors	\$2,185

New Hire Earnings for Older Workers by Industry in the Rapid City MSA Age 65 to 99 years	
Industry	Avg. New Hire Earnings
Professional, Scientific and Technical Services	\$4,700
Health Care and Social Assistance	\$3,084
Wholesale Trade	\$1,818
Manufacturing	\$1,744
Construction	\$1,577
Administrative and Support and Waste Management and Remediation Services	\$1,178
Arts, Entertainment and Recreation	\$1,142
Transportation and Warehousing	\$1,131
Educational Services	\$1,022
Retail Trade	\$981
Public Administration	\$861
Accommodation and Food Services	\$778
Other Services (except Public Administration)	\$732
Finance and Insurance	\$602
Agriculture, Forestry, Fishing and Hunting	\$530
Real Estate and Rental and Leasing	\$457
Management of Companies and Enterprises	\$453
Information	N/A
Mining, Quarrying, and Oil and Gas Extraction	N/A
Utilities	N/A
Other	N/A
All NAICS Sectors	\$1,518

Figures may not sum due to rounding.

N/A indicates the data is inadequate or incomplete for the period, or that disclosure measures might prevent publication of the data.

Source: U.S. Census Bureau, 2012. Local Employment Dynamics (LED) program, average of the third quarter of 2011, plus the three prior quarters.

Prepared by the Labor Market Information Center, S.D. Department of Labor and Regulation, October 2012.

Appendix D – Senior Community Resource Inventory

D.1 Health Care

Fitness opportunities

	Walking / Bicycle Trails	Multi-use courts/rinks (Indoor and Outdoor)	Swimming (Indoor and Outdoor)	Exercise equipment	Fitness classes, all ages	Fitness classes, seniors	Group programming	Public (+) or Private (-)	Requires fee (\$) to use
Anytime Fitness 1624 E. St. Patrick Street, Ste 106				X	X			-	X
Athletic Club 7800 Alberta Dr.				X	X	X ⁸	X	-	X
Curves 1301 W Omaha St				X			X	-	X
Fitness Plus 665 Mountain View Rd				X	X			-	X
Koko FitClub of Rapid City 5312 Sheridan Lake Road, Suite 105					X			-	X
Lady Physique 301 Main Street				X				-	X
Rapid City YMCA 815 Kansas City Street		X	X (In)	X	X	X	X	-	X
Roosevelt Swim Center 125 Waterloo Street	X ⁹	X	X (In)		X	X ¹		+	X
Snap Fitness 5622 Sheridan Lake Road #106		X		X			X	-	X
Snap Fitness				X				-	X

⁸ Features the SilverSneakers Fitness Program, exclusive for Medicare-eligible seniors. Free basic membership.

⁹ Features water walking in a lap lane.

1565 Haines Ave										
Spa '80' for Women 512 Main St, Ste 5				X	X			-	X	
The Weight Room & Cardio Fitness 601 12 th Street, Suite #4				X	X			-	X	
The Yoga Studio 2050 West Main #3					X			-	X	
Quality indicator score	0.8	2.3	1.5	7.7	6.9	2.3	3.1	-/-	-/-	3.5

Mental health care

	Outpatient services	Inpatient /hospital services	Group therapies	Individual therapies	Family therapies	General counseling	Case management
Regional Behavioral Health Center 915 Mountain View Road 211 HELPLINE ¹⁰ PO Box 1215	X	X	X	X	X		
Awareness Counseling, Inc. 809 South Street, Suite 206	X		X	X	X	X	
Behavior Management Systems 3 Rapid City locations ¹¹	X		X	X	X	X	
Black Hills Psychiatry Assoc	X			X	X	X	

¹⁰ 24-hour community crisis, information and listening/support telephone line. No direct services offered, but provides referrals.

¹¹ "Mainstream Division" of Behavior Management Systems (111 North Street) clients are those with severe/chronic mental illness. Clients must be the State of SD's severe and persistent mental illness (SPMI) eligibility requirements. "Full Circle" of Behavior Management Systems (350 Elk Street) offers residential substance abuse treatment and prevention for pregnant women and mothers with young children.

Mental health care

	Outpatient services	Inpatient / hospital services	Group therapies	Individual therapies	Family therapies	General counseling	Case management
528 Quincy St Bosworth Therapy & Consultation Services, Inc 2650 Jackson Blvd			X	X	X		
Catholic Social Services 918 5 th Street				X	X	X	X
Clinical Psychology Services, LLC 550 N 5 th Street	X		X	X	X	X	
Choices Counseling 703 4 th Street			X	X	X	X	
Christian Life Ministries 1948 N Plaza Blvd				X	X	X	
Community Health Center 504 E Monroe Street	X						X
Community Transitions 803 Soo San Drive			X	X	X	X	
Crisis Care Center 915 Mountain View Rd						X	X
Curt Hill, PhD, Ltd 1301 W Omaha St				X	X	X	
Dakota Hills Counseling, Inc. 24 E New York Street						X	
Dakota Psychiatry Clinic 419 Quincy Street	X		X	X	X	X	
Dan Wiebe Counseling, Inc. 1107 Mount Rushmore Rd, Suite 2			X	X	X	X	
Dave Jetson, MS, LPC-MH, QMHP (private practice)			X	X	X	X	

Mental health care

	Outpatient services	Inpatient / hospital services	Group therapies	Individual therapies	Family therapies	General counseling	Case management
636 St. Anne St. Debra Kelley, MS, LPC (private practice) 1719 West Main						X	
Dr. Leslie A. Fiferman, PhD 1501 E Centre Street, Suite 200	X		X	X	X	X	
Four C's Counseling, LLC 2218 Jackson Blvd, Suite 12	X		X	X	X	X	
Heynen-Cronin Mental Health & Wellness Services, LLC 703 4 th Street	X		X	X	X	X	
Horseplay Productions Healing Center 1101 E Philadelphia St						X	
Individual and Family Counseling 1107 Mt Rushmore Road, Suite 2					X		
Insight 518 6 th Street, Suite 6			X	X	X	X	
Lutheran Social Services 2920 Sheridan Lake Rd				X	X	X	X
Manlove Psychiatric Group, P.C. 636 Saint Anne Street, Suite 100	X						
Outreach Site - Women's Mission 527 Quincy Street						X ¹²	
Paws for Therapy 624 6 th Street, Suite 208						X	

¹² Largely accomplished via referral to health center or oral health center.

Mental health care

	Outpatient services	Inpatient / hospital services	Group therapies	Individual therapies	Family therapies	General counseling	Case management	
Psychological Associates of the Black Hills, LLC 1818 W Fulton St	X	X				X		
Rapid City VA Clinic 3625 5 th St	X					X		
VA Black Hills Health Care System 500 N 5 th Street ¹³	X	X	X	X	X	X	X	
Regional West Center for Behavioral Health 915 Mountain View Road		X						
Restored Life Outreach 2620 Jackson Blvd	X		X	X	X	X		
Rex Briggs, MSW (<i>anxiety only</i>) 811 Columbus						X		
Scovel Psychological and Counseling 636 Saint Anne Street						X		
Sioux San Hospital Behavioral Health – Indian Health Services ¹⁴ 3200 Canyon Lake Drive	X							
Torpey Mental Health Svc 809 South St	x			X	X	X		
Youth and Family Services 202 E Adams St				X	X	X		
Quality indicator score	3.6	1.0	4.1	5.9	6.2	7.9	1.3	4.3

¹³ Located in Hot Springs, SD, but listed here as the VA presence is in Hot Springs and in Sturgis.

¹⁴ IHS patients only.

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
EYE CARE														
Slingsby and Wright Eye Surgery 240 Minnesota St 3 ophthalmologists, 2 optometrist, 1 P.A.-C	X												X	
Budget Optical 1601 Mount Rushmore Rd Suite 5 3 optometrists	X												X	
Pillen Optical 501 Kansas City St 2 optometrists	X													
Premier Eyecare 808 Mount Rushmore Rd 2 optometrists	X													
Drs. Tucker-Kurdrna-Holec-Young Eye Care Centre 810 Mountain View Rd 4 optometrists	X													
Dawn Wattenhofer, OD 2200 N Maple Ave Suite D	X													
Dr. Bert C. Corwin, DO 2800 3 rd St	X													
Eric D. Porisch, OD 605 Saint Joseph St	X													

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
Paula Sorensen, OD 2626 W Main St Suite 4	X													
Pauline S. Weichler, OD 685 Mountain View Rd	X													
Anne Britton, OD 2118 N Maple Ave	X													
Derek M. Allmer, OD 2200 N Maple Ave	X													
John B. Jarding, OD 825 Columbus St	X													
Falon S. Young, OD 2800 3 rd St	X												X	
Karla E. Bucknall, OD 3200 Canyon Lake Dr	X													
Robert B. Wilson, OD 1200 N Lacrosse St Suite 105	X													
Patrick Britton, OD 3200 Canyon Lake Dr	X													
James King, OD 401 3 rd St Suite 1	X													
Scott Schirber, OD 2800 3 rd St	X													
Greg Sorensen, OD 1845 Haines Ave	X													

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
Joseph Hartford 2820 Mount Rushmore Rd	X													
Dwayne R. Ice, OD 825 Columbus St	X													
Wayne D. Jones, OD 925 Eglin St	X													
Community Health Center 504 E Monroe Street Specialties include: mental health, dermatology, podiatry, ENT, rheumatology	X		X		X			X			X		X	X
Pennington County Office – SD Department of Health 909 E St. Patrick Street	X		X					X			X		X	X
Oral Health Center 685 N. LaCrosse Street			X											
School Based Clinic – Community Health Center of the Black Hills, Inc. 10 Van Buren Street	X										X			X
Outreach Site – Cornerstone Rescue Mission 30 Main Street	X ¹⁵										X			X
Outreach Site – Salvation Army 405 N Cherry Ave	X ¹⁶										X			X

¹⁵ Largely accomplished via referral to health center or oral health center.

¹⁶ Largely accomplished via referral to health center or oral health center.

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
DENTAL CARE														
Advanced Dental Professionals 333 West Blvd., Suite 300-A			X											
Advanced Family Dental 1801 Mt. Rushmore Rd			X											
All About Smiles Family Dentistry 2805 5 th St Suite 200			X											
Anderson Dental 1219 St. Joseph Street			X											
Black Hills Area Dental 200 Federal Avenue			X											
Boulevard Dental 801 Mount Rushmore Rd			X											
Brian Criss, D.D.S. 720 Sheridan Lake Rd			X											
Carl R. Stonecipher, D.D.S. 2800 Jackson Blvd, Suite 9			X											
Carpenter Dental 5610 Bendt Drive			X											
Christensen Gary 429 Kansas City St			X											
Cooley Prosthetics 2525 West Main St, Suite 205			X											

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
Creative Smile Designs 2220 Fifth Street			X											
Dakota Regional Periodontics 2800 Jackson Boulevard, Suite 6			X											
Dakota Smiles and Wellness Solutions 3312 Jackson Blvd			X											
David A Rempel PC 717 Meade St #400			X											
Denture Clinic 720 N Maple Ave			X											
Family Dental Assoc 3820 Jackson Blvd #2			X											
Family Dental Care PC 1301 W Omaha St #228			X											
Haave Kate D.D.S. 807 Saint Andrew St.			X											
James S. Nelson D.D.S., P.C. 1611 Sheridan Lake Rd.			X											
Jennifer L.H. Friedman, DDS, PC			X											
Jean Hohm 211 Founders Park Dr #2			X											
Kieffer Family Dental, P.C. 5816 Sheridan Lake Road			X											

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
Loftus Dental/Amazing Smiles Dentistry 4004 Jackson Blvd.			X											
Oral Health Center – Community Health Center of the Black Hills 685 N. LaCrosse Street, Suite 5			X										X	
Paul M Rezich PC 503 E North St			X											
Pine Peaks Dental 717 Meade St. Suite 200			X											
Ray Dental Group 110 Minnesota Street			X											
Richard Mounce, DDS 211 Founders Park Dr #2			X											
Roth, Mary K. D.D.S. 807 Saint Andrew St			X											
Swanson Dental Group 3820 Jackson Blvd			X											
Unkenholz Eric DDS 717 Meade St Ste 200			X											
Unparalleled Dental Care 1814 5 th St			X											
Wilson Park Dental 807 Saint Andrew St.			X											

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
MEDICAL SERVICES														
Clarkson Health Care Facility				X						X		X		
Black Hills Center for American Indian Health 701 St. Joseph Street, Suite 204											X			
Department of Social Services – Rapid City Office ¹⁷ 510 N Campbell Street											X			
Emergiclinic – Rapid City Medical Center 2201 Jackson Blvd, Suite 102	X												X	
Family Medicine Residency Clinic – Rapid City Regional Hospital 502 E Monroe	X				X			X			X		X	X
Fountain Springs Community 2000 Wesleyan Blvd	X			X						X			X	
Golden Living Centers – Prairie Hills 916 Mountain View Rd				X						X			X	
Golden Living Centers – Black Hills 1620 N 7 th St				X						X			X	
Golden Living Centers – Bella Vista 302 St Cloud St				X						X			X	

¹⁷ Offers information/services related to: medical care expense assistance, Medicaid, health insurance/dental coverage, personal care, nursing facilities, independent living communities/complexes for older adults, adult respite care, elder abuse prevention, caregiver training, assisted living facilities, geriatric assessment.

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
Golden Living Centers – Meadowbrook 2500 Arrowhead Dr				X						X			X	
Home Health Services, Regional Health 224 Elk Street									X				X	
Hospice House, Regional Health 224 Elk Street							X						X	
Hospice of the Hills, Regional Health 224 Elk Street							X						X	
John T. Vucurevich Reg. Cancer Care Institute 353 Fairmont Blvd.	X				X	X		X	X	X	X		X	
Native Women’s Health Care 640 Flormann Street	X							X					X	
Rapid City Medical Center, LLP 2820 Mount Rushmore Road Audiology, Dermatology, ENT, Facial Plastic Surgery, Family Medicine, Gastroenterology, Internal Medicine, OB/GYN, Ophthalmology, Optometry, Plastic Surgery, Podiatry, Rheumatology, Surgery, Urgent Care, Urology	X				X			X			X		X	X
Urgent Care – Rapid City Medical Center 2820 Mount Rushmore Road	X												X	
Mid-Town Family Medicine 2006 Mt Rushmore Rd	X										X		X	X
Westside Family Medicine	X										X		X	X

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services
3810 Jackson Blvd														
Black Hills Plastic Surgery 3615 5 th St, Suite 101	X				X									
Rapid City Medical Center South 101 East Minnesota St., Suite 210	X				X						X		X	
ENT, Facial Plastic Surgery, Allergy & Audiology Primary Medical Clinic – Community Health Center of Black Hills	X				X			X			X		X	X
Rapid Care Medical Center 408 Knollwood Drive	X												X	
Rapid City Regional Hospital 353 Fairmont Blvd	X	X			X	X	X	X	X	X	X		X	
Regional Medical Clinic – Aspen Centre 640 Flormann Street	X				X			X			X		X	
Regional Medical Clinic – Western Hills Professional Building 2805 5 th Street, Suite 100	X				X								X	
Audiology, General Surgery, Neurosurgery, Otolaryngology (ENT), Podiatry, Pulmonology and Sleep Medicine, Urology														
Regional Rehabilitation Institute	X	X			X					X				

Physical health care

	Outpatient services	Inpatient/hospital services	Dental services	Skilled care facility	Specialist services (e.g. cancer care)	Support/respite care	Hospice services	Screening services	Home care	Rehabilitation services	Education resources (e.g. diabetes, nutrition)	Parking assistance/valet	Accepts Medicare/Medicaid	Immunization services	
2908 Fifth Street Sioux San Indian Health Services 3200 Canyon Lake Drive	X	X ¹⁸	X					X			X				
Westhills Village Home Health Agency 255 Texas St						X			X	X	X		X		
Westhills Village Retirement Community 255 Texas St				X						X			X		
Quality indicator score (medical services)	7.8	1.3	-/-	-/-	4.3	1.3	1.3	3.5	1.7	4.8	5.6	-/-	-/-	-/-	3.5

¹⁸ Mental health only.

D.2 Community Design

Independent living

	Independent living facility	Assisted living	Adult daycare	Respite/Caregiver Care	Personal care , at home (e.g. bathing, dressing)	Offers meal service(s) (home-delivered)	Source of information (referrals, helpline)	Offers financial counseling	Offers special services (e.g. housekeeping, repairs)
Comfort Keepers					X	X	X		X
Fairmont Grand Regional Senior Care 409 East Fairlane Drive	X	X	X	X					
Fountain Springs Community	X	X							
Fountain Springs Town Home Community	X				X	X	X		X
Holiday Hills Estates 2620 Holiday Lane	X					X	X		X
Loving Hands Home Care - South Dakota CARES 2620 Holiday Lane					X				X
Maplewood 5 E Knollwood Dr	X				X	X			
Morningstar Assisted Living 4120 Winfield Ct		X							
Norton Guest Home 102 Texas St		X							
Pennington County Health & Human Services 725 N LaCrosse, Suite 200							X	X	X
Primrose Retirement Community 224 E Minnesota Street	X	X				X	X		X
Rapid City - River Ridge High Rise - Western SD Senior Services 330 Philadelphia						X			

Independent living

	Independent living facility	Assisted living	Adult daycare	Respite/Caregiver Care	Personal care , at home (e.g. bathing, dressing)	Offers meal service(s) (home-delivered)	Source of information (referrals, helpline)	Offers financial counseling	Offers special services (e.g. housekeeping, repairs)	
Senior Companions Program of SD – Black Hills 2040 W Main, Suite 213					X				X	
Somerset Court 4001 Derby Lane	X	X			X	X	X		X	
The Victorian Columbus St		X		X						
Western South Dakota Community Action 1844 Lombardy Dr						X	X		X	
Westhills Village Home Health Agency 255 Texas St				X	X		X		X	
Westhills Village Retirement Community 255 Texas St	X	X			X	X	X	X	X	
United Way of the Black Hills 621 6 th Street, Suite 100									X	
Quality indicator score	4.2	4.2	0.5	1.6	4.2	4.7	4.7	1.1	6.3	3.5

Mobility, Transportation & Accessibility

	Public transit	Paratransit	Daytime transportation	Evening transportation	Weekend transportation	Door- to-door program	Requires fee (\$) to use	
Community Health Representative - Oglala Sioux Tribe 3200 Canyon Lake Drive, Building 22	X		X			X		
Prairie Hills Transit Spearfish, SD (broad service area, including Rapid City)	X	X	X	X	X	X	¹⁹	
Rapid Transit System 333 6 th Street	X		X				X	
Quality indicator score	10	3.3	10	3.3	3.3	3.3	6.6	6.2

¹⁹ Transit funding comes from federal, state, county, city, and local sources as well as rider donations and fares. No one over the age of 60 will be denied trips to medical service if they cannot afford to contribute.

Housing

Note that research into single-family homes in the Rapid City community was not included in this listing.

	Income-based (USDA/HUD)	Age-restricted	Community living	Single-family	Apartments/multi-family
Maplewood – Western SD Senior Services 5 Knollwood Dr		X	X		X
Cornerstone Apartments 1220 East Boulevard	X				X
Memorial Park Apartments – Western SD Senior Services 420 East Philadelphia		X	X		X
Fountain Springs Senior Apartments		X	X		X
Fountain Springs Town Home Community		X	X	X	
Prairie Tree 4010 Elm Ave #105		X			X
Minnesota Estates 809 E Minnesota	X				X
South Creek Village 3142 Outlook Circle	X				X
Estes Park 1230 Estes Park Court	X				X
Northern Heights 914 Explorer	X				X
Driftwood Estates 428 E Fairlane	X		X		X
Eagle Ridge 121 Stumer Rd	X				X
Edgewood Estates 721 Eldene Lane	X				X

Housing

Note that research into single-family homes in the Rapid City community was not included in this listing.

	Income-based (USDA/HUD)	Age-restricted	Community living	Single-family	Apartments/multi-family	
Pine Crest Village 721 Eldene Lane	X		X		X	
Knollwood Heights 100 Surfwood #13	X				X	
Rapid Creek Apartments 1158 Anamosa	X		X		X	
Daisy House – Western SD Senior Services, Inc. 303 N Maple Ave		X	X		X	
River Ridge High Rise – Western SD Senior Services, Inc. 330 Philadelphia		X	X		X	
West Park Apartments – Western SD Senior Services, Inc 1-18 11 th Street		X	X		X	
Jackson Heights High Rise – Western SD Senior Services, Inc 1805 W Fulton St		X	X		X	
Valley View High Rise – Western SD Senior Services, Inc 636 Cathedral Drive		X	X		X	
Quality indicator score	5.2	4.7	5.7	0.5	-/-	4.0

D.3 Active Lifestyle

Civic and social engagement

	Volunteer opportunities	Congregate Meals	
Rapid City Regional Hospital	X		
Black Hills Works 3650 Range Road	X		
RSVP – Retired & Senior Volunteer Program (Senior Corps)	X		
Canyon Lake Senior Center – Western SD Senior Services, Inc 2900 Canyon Lake Drive			X
Minneluzahan Senior Center – Western SD Senior Services, Inc 315 N 4 th Street			X
St. Isaac Jogues – Western SD Senior Services, Inc			X
Senior Companions Program of SD – Black Hills 2040 W Main, Suite 213	X		
South Community Center 2 Indiana Street			X
West Community Center 1003 Soo San Drive			X
Quality indicator score	4.4	5.5	4.9

Employment and education

	Classes, active living	Classes, body & mind	Classes, computers	Post-secondary classes	Classes, skill-building	Self-help/general living	
Community Education of the Black Hills	X	X	X				
Career Learning Center of the Black Hills 730 E Watertown Street					X		
Senior Health Information & Insurance Education – Western SD 3022 West St Louis						X	
Western Dakota Technical Institute 800 Mickelson Drive				X	X		
Westhills Village Retirement Community	X	X	X	X	X		
University Center Rapid City				X			
Quality indicator score	3.3	3.3	3.3	5.0	5.0	1.6	3.6

NOT FOR PUBLIC REVIEW COMMENT ONLY

Recreation, Arts & Culture

	Library services / access to	Walking / Bicycle Trails*	Multi-use courts/rinks (Indoor and Outdoor)	Swimming (Indoor and Outdoor)	Amphitheater, band shell	Attractions/Museums	Golf course	Theatre/performing stage	Public (+) or Private (-)	Requires fee (\$) to use
Apex Gallery						X			+	
Arrowhead Country Club 3675 Sheridan Lake Rd							X		-	\$
Black Hills Symphony Orchestra						X			+	\$
City of Presidents Downtown Rapid City						X			+	
South Community Center ²⁰ 2 Indiana Street		X	X						+	\$
West Community Center 1003 Soo San Drive									+	
Dahl Arts Center						X			+	\$ ²¹
Elks Theatre						X		X	+	\$
Fountain Springs Golf Club 1750 Fountain Plaza Dr							X		+	\$
Hart Ranch Golf Course 23645 Clubhouse Drive							X		+	\$
Library – Rapid City Public Library Downtown 610 Quincy St.	X								+	

²⁰ Open gym every Friday evening and Sunday afternoon

²¹ Admission to the Dahl is by donation.

Recreation, Arts & Culture

	Library services / access to	Walking / Bicycle Trails*	Multi-use courts/rinks (Indoor and Outdoor)	Swimming (Indoor and Outdoor)	Amphitheater, band shell	Attractions/Museums	Golf course	Theatre/performing stage	Public (+) or Private (-)	Requires fee (\$) to use
Library – Rapid City Public Library North 10 Van Buren St.	X								+	
Library – County/City Public Library East Western Dakota Tech – 800 Mickelson Dr.	X								+	
Main Street Square 606 Main Street						X			+	
Meadowbrook Golf Course 3625 Jackson Blvd							X		+	\$
Municipal Park – Braeburn Park* 3350 Idlehurst Lane		X							+	
Municipal Park – Canyon Lake Park* 4181 Jackson Boulevard									+	
Municipal Park – Centennial Parkway* 800 East Centennial									+	
Municipal Park – Chuck Lien Family Park* Behind Founder’s Park along Omaha Street		X							+	
Municipal Park – Cliffside Park* West Hwy. 44 & Dark Canyon Road									+	
Municipal Park – College Park* 224 College Street		X							+	
Municipal Park – Dinosaur Park 940 Skyline Drive						X			+	
Municipal Park – Founders Park* West Omaha Street		X	X						+	
Municipal Park – Halley Park* 1515 West Boulevard						X			+	

Recreation, Arts & Culture

	Library services / access to	Walking / Bicycle Trails*	Multi-use courts/rinks (Indoor and Outdoor)	Swimming (Indoor and Outdoor)	Amphitheater, band shell	Attractions/Museums	Golf course	Theatre/performing stage	Public (+) or Private (-)	Requires fee (\$) to use
Municipal Park - Hanson-Larson Memorial Park* Adjacent to Chuck Lien Family Park		X							+	
Municipal Park - Horace Mann Park* 818 Anamosa			X	X (O)					+	
Municipal Park - Jackson Park* 2040 Jackson Boulevard			X						+	
Municipal Park - Knollwood Drainage/Off Leash Area End of Racine Street									+	
Municipal Park - Legion Park* 900 Van Buren Street			X						+	
Municipal Park - Mary Hall Park* 3220 W. South Street									+	
Municipal Park - Memorial Park* 8 th & Omaha Street		X	X		X	X			+	
Municipal Park - Parkview Recreation Complex* 4221 Parkview Drive			X	X (O)					+	
Municipal Park - Quarry Park* City Springs Road		X	X						+	
Municipal Park - Red Rock Meadows Park* 6606 Sahalee Drive			X						+	
Municipal Park - Robbinsdale Park* 631 East Oakland		X	X						+	
Municipal Park - Roosevelt Park* 300 East Omaha			X			X			+	
Municipal Park - Scott Mallow Park* 1100 Custer Street			X							

Recreation, Arts & Culture

	Library services / access to	Walking / Bicycle Trails*	Multi-use courts/rinks (Indoor and Outdoor)	Swimming (Indoor and Outdoor)	Amphitheater, band shell	Attractions/Museums	Golf course	Theatre/performing stage	Public (+) or Private (-)	Requires fee (\$) to use
Municipal Park – Sioux Park* 1000 Sheridan Lake Road			X	X (O)		X			+	
Municipal Park – Skyline Wilderness Area* Skyline Drive		X							+	
Municipal Park – Star of the West Sports Complex 1615 Sedivy Lane			X						+	
Municipal Park – Steele Avenue Park* 260 East Main			X						+	
Municipal Park – Storybook Island* 1301 Sheridan Lake Road						X			+	
Municipal Park – Vickie Powers Memorial Park* 940 Kathryn Avenue		X							+	
Municipal Park – Thomson Park* 880 East Meadowlark Drive			X						+	
Municipal Park – Wilderness Park* 514 City Springs Road		X							+	
Municipal Park – Wilson Park* 1701 Mt. Rushmore Road			X			X			+	
Prairie Edge Trading Co. & Galleries						X			+	
Prairie Ridge Golf Course 239 N Ellsworth Rd (Ellsworth AFB)							X		+	\$
Rapid City Elks Golf Course 3333 Jolly Ln							X		+	\$
Rapid City Exec. Golf Course 12 th & Omaha Streets							X		+	\$

Recreation, Arts & Culture

	Library services / access to	Walking / Bicycle Trails*	Multi-use courts/rinks (Indoor and Outdoor)	Swimming (Indoor and Outdoor)	Amphitheater, band shell	Attractions/Museums	Golf course	Theatre/performing stage	Public (+) or Private (-)	Requires fee (\$) to use	
Roosevelt Swim Center* 125 Waterloo Street		X		X (I)					+	\$	
Roosevelt Park Ice Arena 235 Waterloo Street			X						+	\$	
The Golf Club at Red Rock 6520 Birkdale Dr.							X		-	\$	
The Journey Museum 222 New York Street						X			+	\$	
Quality indicator score	10	4.5	-/-	-/-	-/-	2.7	-/-	-/-	9.6	7.2	6.8

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