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### Town of Needham: Center at the Heights Planning Study

Caitlin Coyle

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# **Town of Needham**

## **Center at the Heights Planning Study**

June, 2020

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Commissioned by The Town of Needham & the  
Department of Health & Human Services

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Center for Social and Demographic Research on Aging  
Gerontology Institute  
John W. McCormack Graduate School of Policy & Global Studies  
University of Massachusetts Boston

## Contributors and Acknowledgements

This report was produced by the Center for Social and Demographic Research on Aging (CSDRA), a research unit within the Gerontology Institute at UMass Boston's McCormack School. The CSDRA provides resources and research expertise to communities, non-governmental organizations, and other agencies through the Commonwealth.

Caitlin Coyle, PhD is primarily responsible for the contents of this report. Other UMass Boston researchers contributing to the project include Jan Mutchler, PhD, Beth Rouleau, Nidya Velasco Roldan and Ceara Somerville. We gratefully recognize our partners in this effort, Ana Julien and Valerie Fletcher from the Institute for Human Centered Design.<sup>1</sup>

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<sup>1</sup> [www.HumanCenteredDesign.org](http://www.HumanCenteredDesign.org)

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## Executive Summary

This report describes research undertaken by the Center for Social & Demographic Research on Aging within the Gerontology Institute at the University of Massachusetts Boston and the Institute for Human Centered Design (IHCD), on behalf of the Town of Needham's Department of Health & Human Services. The purpose of this study is to identify the aspects of the programming and environment that can be adjusted to ensure that, according to the Mission of the Needham Council on Aging, a "welcoming, inclusive, and secure" environment is maintained for Needham residents.

This study was conducted over the course of 10 weeks (April 2020-June 2020). At this time, the world was responding to the global COVID-19 pandemic; as a result, nearly all activities associated with this project were done remotely. A demographic profile was completed, based on existing, publicly available data about Needham from the US Census Bureau and projections from the Donahue Institute at the University of Massachusetts and the Metropolitan Area Planning Council (MAPC). Two tours of the Center at the Heights (CATH) were completed—one via video conferencing and one building survey that was conducted in-person by partners from IHCD. The project included a web-based survey of residents age 60 and older. In May of 2020, all residents age 60 or older received a postcard inviting them to participate in the online survey. The survey generated a total of 679 responses from residents in this age category (18 responses came from residents younger than 60). Two focus groups were conducted via video conferencing with staff of the CATH and board members from the Council on Aging. These conversations provided first-hand accounts of the ways in which the spaces are used. Finally, peer community interviews were conducted with directors of five senior centers that have recently undergone a building design process and could provide their experiences and suggestions for how to capitalize the use and benefit of newly constructed space.

### Key Findings in Brief:

- It is clear that the CATH is an important resource to the Town of Needham. In fact, 75% of survey respondents reported that the CATH plays an important role in their lives or the lives of their loved ones.
- Population projections suggest steady increases in the number of older residents between 2010 and 2030, resulting in an age 60+ population numbering between 8,000 and 10,000 by 2030.
- 33% of survey respondents reported that finding parking has been a challenge to accessing the CATH and 15% of respondents that they have not been able to participate because programming is offered at an inconvenient time.

- When asked about which existing programs or services are most important to them or members of their family, respondents across age groups were consistent with their number one choice—fitness activities (e.g., yoga, Zumba). Other highly valued programs include professional services; information and referral; educational opportunities; physical health and wellness programs; and assistance with state or local programs (e.g., fuel assistance).
- Half of survey respondents have visited the CATH within the past year. Among them, 32% report attending on at least a weekly basis.
- When asked about priorities for expanding the programs available at the CATH, those who have not visited the CATH within the past year offered the same top priorities as those who had participated in the previous year, each group listing educational programs, fitness opportunities, and performances and presentations most frequently.
- Key informants described ways in which the physical space of the Center could be used differently to accommodate more or different types of programming.
  - Outdoor patio space is underutilized as is the kitchen space.
  - Fitness programming is currently very full and in high-demand for additional space.
- Needs of staff and other administrative functions of the space were highlighted.
  - Currently, the two social workers on staff share an office space. When seeing clients, they are required to find additional meeting space to ensure privacy of the residents.
  - Two members of the programming staff currently have no desk or office space.

## Recommendations for the Town of Needham Center at the Heights

In addition to the recommendations for safety and accessibility outlined in the IHCD report (**Appendix D**). We make the following recommendations to the Town of Needham's Department of Health & Human Services. These recommendations are for the consideration of the Town and the staff of the CATH. These recommendations are listed in no particular order and some will be attainable in the short-term while others may take longer range planning.

### Programming and Social Engagement Space

- Increase opportunities for access to fitness equipment and classes. Physical activity came through as an interest, valued activity, priority for expansion, observation by staff, COA board, other COA directors—it was a very clear message that additional space and capacity is needed to meet the demands of the community.

- Consider swapping the fitness room (Room 123) with the larger sized game room (Room 118).
- \*Consider increasing the square footage of the existing fitness room by reducing hallway access and incorporating all of the square footage from Room 125 and partial square footage from the pantry. (Break room access would shift to the hallway).<sup>2</sup>
- \*Consider merging two of the second-floor programming rooms (room 216 and 217) for secondary, non-equipment, fitness space. This space would increase opportunities for larger classes including yoga.
- Consider replacing the desktop computers in the computer lab (room 212) with laptops that can be checked-out and used around the CATH. This would still allow for tax preparation and SHINE counseling to take place in the computer lab room, but would open space for additional programming space needs.
  - Further, a dividing wall could be purchased to create two smaller spaces for meeting or programs.
- Ensure that all programming space and group meeting space is equipped with the ability to have residents join by video conference. In addition, complete the process of making the Great Room accessible for those who are deaf or hard of hearing.
- Enlist volunteers to generate ideas for patio programming. See additional detail for outdoor space opportunities below.
- Consider increasing the frequency of the hot breakfast program to promote use of the kitchen space. In addition, revise rental policies to encourage other community partners to host fundraisers or events using the kitchen and dining area.
  - Encourage private residents or businesses to use the space on evenings or weekends for a small fee. Revenue from these events could be used to expand the building monitor position or other fees associated with keeping the building open after operating hours.
- Expand areas for small social gathering and seating. Consider space in oversized hallway 215 for additional social engagement seating. For example, install a small comfortable couch with reading light.
- \*Consider reducing two story lobby to expand programming and social engagement space at the 2<sup>nd</sup> level reading landing (220) adjacent to the deck.

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<sup>2</sup> \**Suggestions for re-purposed space that involve minor structural changes are conceptual and an architect should be consulted to evaluate proposed revisions.*

## **Programming Storage Space**

- Increase interior wall storage in programming rooms. Convenient in-room storage reduces the need to move equipment and tables among room and increases opportunities to repurpose existing standalone closet storage.
- Identify conditions that would make the basement space adequate for additional storage use. Consider using this space for seasonal items or extra tables and chairs used for large events.
- Install storage shelving or cabinetry inside of the coat room (room 102).

## **Business Administration Schedule and Space**

### **• Schedule**

- Consider the expansion of evening and weekend hours to maximize opportunities for programming during less crowded hours and to meet the needs of residents with schedules that are restricted on weekdays. Consider use of volunteers to staff these piloted hours.
- Consider online registration for programming to decrease traffic at front lobby reception area during high volume attendance.
- Install a secondary *MySeniorCenter* kiosk in the receiving area (room 127) to ensure that all participants are being counted.

### **• Office Space**

- Modify the health clinic room (221) to include a small meeting area and/or multiple workstation spaces. Consider removing the exam table.
- Create an additional workstation adjacent to the current administration area (225) outside of the health clinic room. Consider a portable divider to create a desk space.
- Consider relocating the copier (Room 111) to an alternate space to create a workspace adjacent to the smaller transportation office.
- Consider re-purposing storage areas for office space (Rooms 102, 125, 130, 218 and 220). This possibility is contingent on creating additional storage along interior walls of programming rooms. Room 102 offers potential for a secondary reception area.

## **Outdoor Space**

### **• Outdoor Patio**

- Revise building policies to allow for food and beverage consumption on the outdoor deck. A small food service area in adjacent space or a mobile food cart could offer snacks and beverages.



- Increase programming that is suitable for outdoor space including chair exercise, gardening classes, and outdoor dining. Enlist participants, board members, or volunteers to generate a list of possible programs to be held on the patio, pilot-test these ideas.
- Consider an awning or shade structure such as a pergola or trellis to offer protection from sunlight, rain, and wind.
- Provide “age-friendly” seating (e.g., with arms, backs and weather resistant cushion) with access to tables for programming and potential dining.
- Improve acoustics to reduce undesirable sounds and incorporate appealing soundscape elements. Consider the use of dense plants or faux planters for noise reduction purposes; these could take the shape of dividers to increase the number of seating areas on the patio and also offer audio support for those with trouble hearing while outdoors.
- Explore the opportunity to create an outdoor fireplace at the location of existing library fireplace. Alternatively, purchase outdoor heat lamps to provide some heat in cooler months. This could extend the seasonality of the space.
- **Parking**
  - Identify on-street parking spots and designate them as giving priority to CATH participants.
  - Explore opportunities to create a satellite lot that is within walking distance or provides opportunity for pickup coordinated with existing CATH transportation services.
  - Create incentives for car-pooling (e.g., program discounts, gift cards to local businesses, or gift shop credit).

## Introduction

The Town of Needham is approximately 12.75 square miles in area and is home to a population of just over 30,000 residents. As a suburb of Boston, it falls in close proximity to major thoroughfares like the Massachusetts Turnpike and Interstate 95. Train and bus service to Boston and surrounding towns is available in Needham via the Massachusetts Bay Transportation Authority (MBTA). As a community that strives for excellence, it is not surprising that Needham consistently receives the highest bond rating for its fiscal responsibility, and in 2015 the Town of Needham opened a newly constructed, state of the art senior center. Referred to as the Center at the Heights (CATH), this 20,000 square foot building is home to social, recreational, professional, health, and social service programs serving the Town of Needham.

Establishment of the CATH represents fulfillment of a promise following 20 years of planning and substantial input from the community, architects, and aging service professionals. The design focused on the Council on Aging's mission to serve the community. The building has several "multipurpose" rooms that can host a variety of programs ranging from a movie night to fitness classes, art classes or bridge. Most rooms in the CATH are equipped with a television screen that is capable of meeting basic audio visual needs. Natural light abounds in the space and there are several areas for sitting and visiting (e.g., the café and the lobby).

According to annual reports from Fiscal Year (FY) 2019, on any given day the CATH welcomes approximately 200 visitors for programs and services. Over the course of the year, nearly 2,000 individuals visit the center for a total of nearly 70,000 visits. According to attendance records from FY 2019, popular programs include social events like luncheons or parties, educational programming and fitness offerings. In addition, crucial social services are administered through the CATH, with staff offering assistance for like MassHealth applications, fuel assistance, tax preparation, transportation services, and other programs and services.

Having been open to the public for 5 years, the Town decided to review the utilization of the CATH space and its alignment with the needs of the community as well as to identify any areas where accessibility and safety could be improved for the benefit of the public. Thus, a two-part study was commissioned by the Town to address possible adjustments meant to ensure that the CATH space remains a point of pride for the Town of Needham. To accomplish this task, two expert partners were enlisted by the Town of Needham.

The Institute for Human Centered Design<sup>3</sup> (IHCD) was hired to conduct a comprehensive accessibility and inclusive design assessment of the Center at the Heights (CATH). In addition to

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<sup>3</sup> <https://www.humancentereddesign.org/>

being home to the New England Americans with Disabilities Act (ADA) Center, which provides access to information and guidance on disability rights laws and codes, IHCD provides education and consultation about best practices that go beyond legal requirements to design places, things, communication and policy that promote design that works for everyone across the spectrum of ability and age and enhances human experience.

To assess the use of space in meeting the needs and preferences of the aging population of Needham, the Center for Social & Demographic Research on Aging<sup>4</sup> (CSDRA) within the Gerontology Institute at the University of Massachusetts was included to gather data about the needs and preferences of residents and to draw on the existing knowledge about high-quality senior center spaces.

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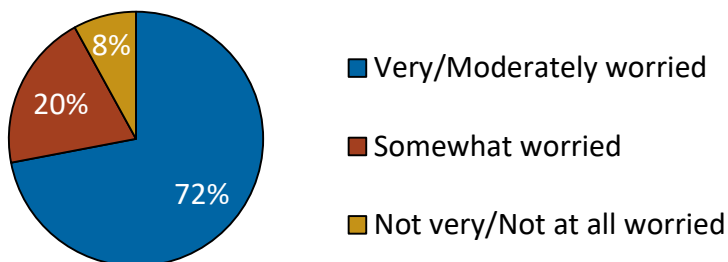
<sup>4</sup> [www.umb.edu/demographyofaging](http://www.umb.edu/demographyofaging)

### Important Context: responding to the COVID-19 pandemic

This project was commissioned in the Spring of 2020, at the same time as the world was responding to the COVID-19 pandemic. Residents of Needham were asked to remain at home, wear face coverings when in public, and the CATH (like many other public spaces) was closed to the public in response to public health guidelines. The components of this project were largely carried out remotely using electronic mechanisms. Although learning about the impact of the pandemic was not the stated purpose of this report, it is important to recognize the impact of this unprecedented crisis on the data collected.

A small number of questions were included regarding how residents are experiencing the COVID-19 pandemic. To illustrate, we are including results from the community survey (N=679 residents age 60 and older). One-third of survey respondents reported being “very worried” about the pandemic and 42% reported being “moderately worried” (see **Figure 1**). This highlights the impact of the pandemic on the lives of Needham residents age 60 or older.

**Figure 1.** How worried are you about the COVID-19 pandemic?



About 18% of survey respondents took the time to write in other concerns they had about the weeks and months. Themes and verbatim responses are shown in **Table 1**.

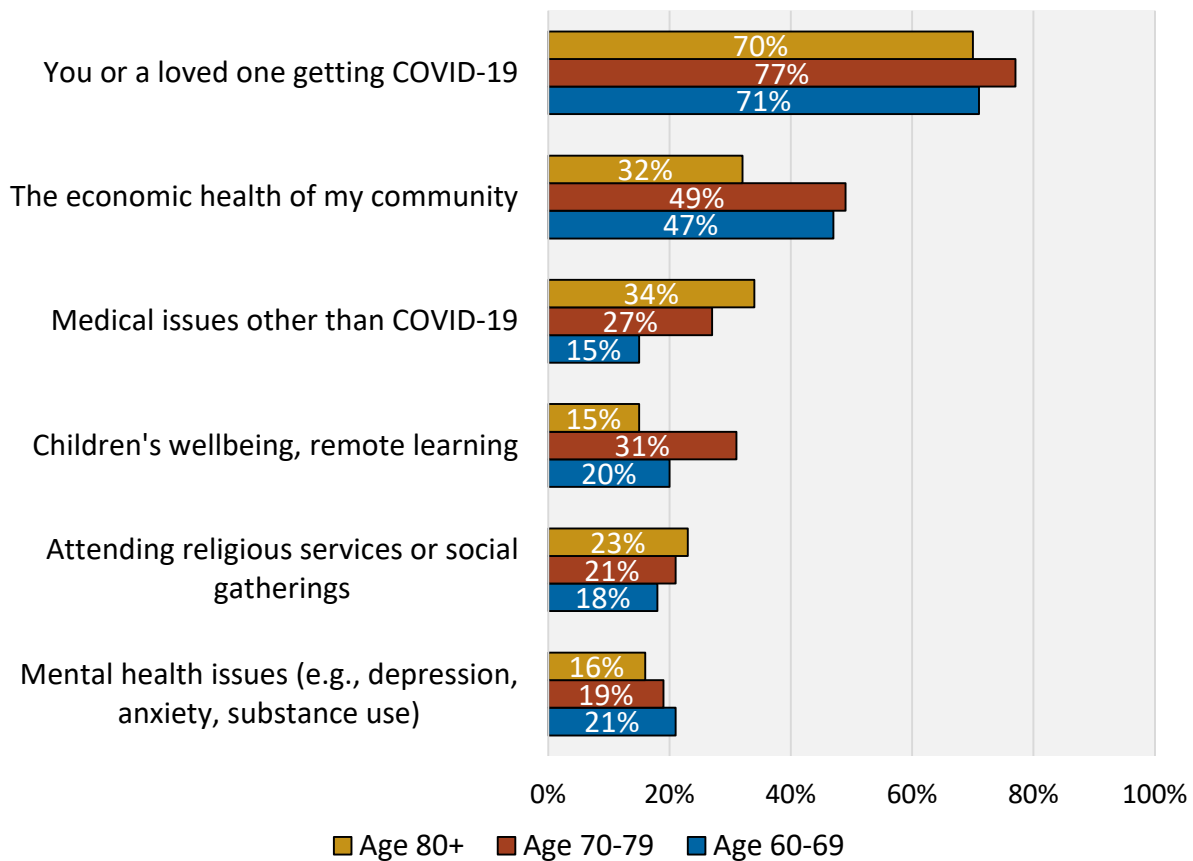
**Table 1. Write-in responses about other concerns about the weeks and months ahead.**

Inability to be with family, friends, and neighbors during difficult times.
(I'm concerned about...) not being able to be with our loved ones not being able to hold our grandchild.
We decided not to care for our 3 grandchildren age 5, 8 & 11 every Tuesday as we had been doing - we miss them so much!
(I'm concerned about) loneliness.
My 89-year-old mother has it (COVID-19). I am concerned about losing her.
(I'm concerned about) coordinating family matters to support my mother who is 97.
Limitations on engaging with the community.
(I'm concerned about...) how to be confident that it is safe to attend a meeting or concert.
(I'm concerned about...) having so many things unavailable like the senior center, the library, the gym etc. etc. I understand it was necessary but it was and continues to be very hard.
Concerned about not attending religious services or social gatherings.
Economic impact on individuals and family/friends.
I fear for my adult children's job security, now that they are starting families.
My adult children's careers and mental health and child care for our grandchildren in another state.
General financial health as I approach retirement....including real estate taxes that are quite high.
(I'm concerned about...) my business, having to declare bankruptcy.

Important Context: responding to the COVID-19 pandemic CONT...

Across age groups, respondents reported being most concerned about themselves or their loved ones getting the virus (73%). Additionally, respondents reported concerns about the economic health of their community (45%), medical issues other than COVID-19 (23%), and children's wellbeing, including remote learning (23%) (see **Figure 2**). Additional concerns were rated by fewer respondents, these are listed in **Appendix A**.

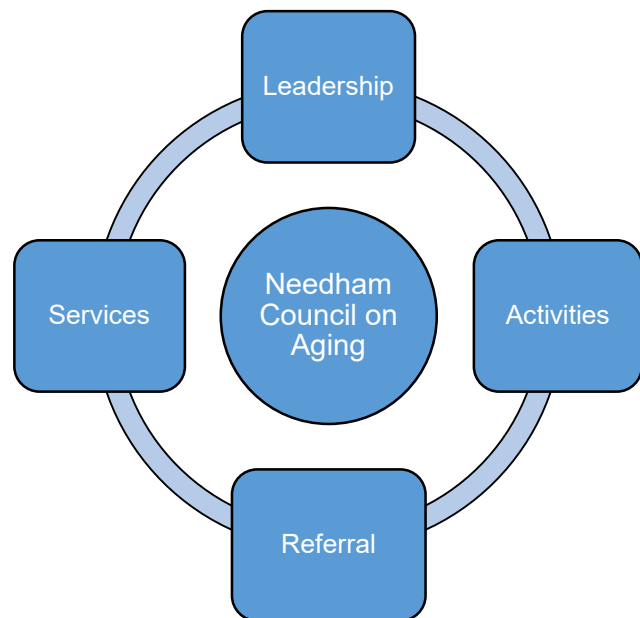
**Figure 2.** What are you concerned about in the weeks and months ahead?  
(Check all that apply)



## The Needham Council on Aging & the CATH

In Massachusetts, Councils on Aging (COAs) are municipally-appointed agencies meant to link older residents to needed resources. Virtually every city and town in Massachusetts has a COA, and in most communities they serve as the only public social service agency. Each COA is expected to establish its own priorities based on local needs and resources. Many COAs are responsible for operating a Senior Center, a community facility housing senior services and programs, along with the staff and volunteers offering them. The Needham COA is tasked with providing information and some direct services to Needham residents age 60 and older. The Needham COA's mission includes "to respond to its older residents' needs by providing a welcoming, inclusive, and secure environment where individuals and families benefit from programs, services, and resources that enhance their quality of life, and provide opportunities for growth and knowledge."<sup>5</sup> The purpose of this study is to identify the aspects of the environment that can be adjusted to ensure that a "welcoming, inclusive, and secure" environment is maintained for Needham residents.

In general, when considering the mission of COAs, observers commonly think of two sets of responsibilities. First, COAs promote well-being among older residents by offering activities that appeal specifically to older adults and that promote personal growth and social engagement. Exercise classes, late-life learning programs, and informational programs are good examples. Second, COAs provide services to older residents and their families that promote physical and emotional wellness. Blood pressure clinics and transportation services are common examples of such services. Many observers are not aware of two additional important responsibilities of COAs. COA staff members link older residents in the community to existing programs for which they may be eligible by providing needed information and referring residents to appropriate programs and services. For example, staff may help residents apply for income support programs or health insurance made available through



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<sup>5</sup> Retrieved from <https://www.needhamma.gov/525/Who-We-Are>

the state or federal government. Finally, COAs provide leadership within the community around issues faced by older adults, by serving on municipal boards, interacting with other municipal offices, and serving as resources to residents and organizations.

The Needham COA offers programs and services at the CATH and also serves as the regional hub for the SHINE program. The Needham COA is supported with support from the Town, funds from the State's Executive Office of Elder Affairs and other grants.

The CATH operates Monday through Friday from 8:30am-5p. There are 16 staff members and many volunteers. The CATH Board of Directors is made up of 12 resident members, acting as an advisory committee to the COA Director.

## Methods

Methods used in compiling this report include analysis of existing data as well as developing data specifically for this project. Demographic material used in this report was drawn from the U.S. Census Bureau (the decennial censuses and the American Community Survey), from projections generated by the Donahue Institute at the University of Massachusetts and the Metropolitan Area Planning Council, and from the Healthy Aging Data Report for Needham (Massachusetts Healthy Aging Collaborative, n.d.). Additional information about the Needham COA was retrieved from material drawn from the COA's 2019 Annual Report as well as several types of original data collected for this study. Given that this study took place in the Spring of 2020 during the height of the COVID-19 pandemic, all data collection was carried out remotely. These methods are described in detail in this section.

## Demographic Profile

As an initial step toward understanding characteristics of the Town of Needham's older population through quantitative data, we generated a demographic profile of the Town using data from the decennial U.S. Census and the American Community Survey (ACS)—a large, annual survey conducted by the U.S. Census Bureau. For purposes of this assessment, we primarily used information drawn from the most current 5-year ACS files (2014-2018), along with U.S. Census data for the Town of Needham to summarize demographic characteristics including growth of the older population, shifts in the age distribution, gender, race and education distributions, householder status, living arrangements, household income, and disability status.

## Community Survey

In collaboration with the Town of Needham, a community survey was developed for this study and made available online and over the telephone for Needham residents age 60 and older. A mailing list was obtained from the Needham Town Clerk, based on the most current municipal census and omitting residents of nursing homes and those who had recently moved (N=8,288).

Postcards were mailed to participants alerting them about the survey and providing details to access the survey online and by telephone. The survey was provided through the *SurveyMonkey* website. A total of 679 responses to the survey were obtained, representing a return rate of 8%. In **Appendix A**, response distributions are shown by age group.

### Peer Community Comparison

We conducted interviews with directors of senior centers in Marshfield, Lexington, Natick, Newton, and the former director of the Needham Council on Aging. The directors were chosen due to their professional experiences and/or their town having built a new senior center building in the previous 10 years. Directors were asked about features of the senior centers they operate, including programming and staffing. Requests for information were issued by email, and a designated time to talk by telephone was determined. Additional information on selected COAs was retrieved from their websites.

### IHCD Building Assessment

Staff from IHCD reviewed architectural plans for the CATH for accessibility compliance and overall safety. In May 2020, a virtual “walk-through” of the space was facilitated by the Town of Needham for project team members from both IHCD and UMass Boston Gerontology. This video tour of the building was done via Zoom. An in-person survey of the space was completed by IHCD in June 2020. The survey concentrated on all public entrances, emergency exits, accessible routes to elements, areas used by members of the public such as the community room, the café, the art room, etc. Also included in the IHCD survey were the toilet rooms and the parking area.

### Focus Groups

In order to understand the current utilization of the space, two focus groups were conducted via Zoom in June 2020. One of the focus groups included 6 members of the Needham Council on Aging board and the second included 7 members of the staff from the Center at the Heights. Both conversations centered around features of the building that facilitated participation or created challenges for patrons. Discussion sparked conversations about ideas for maximizing the space moving forward. Both focus groups were recorded and notes were taken by members of the UMB research team.

### Data Analysis

Data collected for the resident survey were analyzed using simple descriptive statistics, including frequencies and cross-tabulations, and are reported in full in tables contained in **Appendix A** and throughout the results section of this report. Some responses elicited through open-ended questions were extracted and cited verbatim within this report (e.g., “From your perspective, how could the space at the Center at the Heights (CATH) be better utilized?”). Notes taken during the study’s qualitative components (e.g., focus group, peer community interviews) were



reviewed by project staff and used to characterize and categorize salient ways in which aging issues are impacting older adults and individuals who work with older adults in Needham. Information collected about the selected peer community COAs was used to inform recommendations made to the Town of Needham. We used information from all sources of data to develop recommendations reported in the final section of this report.

## Results

### Demographic Profile of Needham

#### Age Structure and Population Growth

According to American Community Survey (ACS), there were about 30,735 residents living in the town of Needham in 2018. About 40% of the population (12,426) were age 50 and older (See **Table 1**). Residents who were age 50 to 59 made up 16% of the population; residents age 60 to 79 comprised around 18%, and another 6% were age 80 and older.

**Table 1.** Number and percentage distribution of Needham’s population by age category, 2018

Age Category	Number	Percentage
Under age 18	8,231	27%
Age 18 to 49	10,078	33%
Age 50 to 59	4,930	16%
Age 60 to 79	5,744	18%
Age 80 and older	1,752	6%
<b>Total</b>	<b>30,735</b>	<b>100%</b>

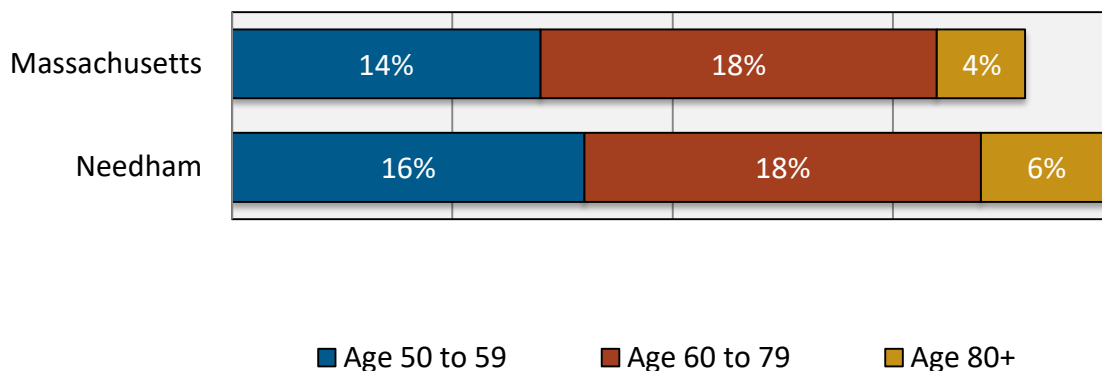
*Source: American Community Survey, 2014-2018, Table B01001. Numbers are calculated from 5-year survey estimates.*

Across all age groups, women make up a majority of Needham’s population (52%) (ACS, 2014–2018, Table B01001). However, the percentage female differs across age groups. For instance, among people under 18 in Needham, 48% are female; in contrast, among Needham’s population age 80 and over 65% are female. The greater number of older women is due in large part to longer life expectancies of women compared to men—a demographic disparity that is widely observed in older populations globally.

The share of the population age 50 and older is larger in Needham than in the state of Massachusetts overall (**Figure 1**). About 36% of the Massachusetts population was in the 50+ age group in 2018, compared to 40% of the Needham population. Compared to the Commonwealth, Needham had also a higher proportion of residents age 60 and older. In 2018, Massachusetts

residents age 60 and over comprised about 22% of the population, including 4% age 80 and over. In Needham, about 24% of the population was 60 or older, including 6% who were 80 years or older.

**Figure 1.** Age distribution in Needham and Massachusetts



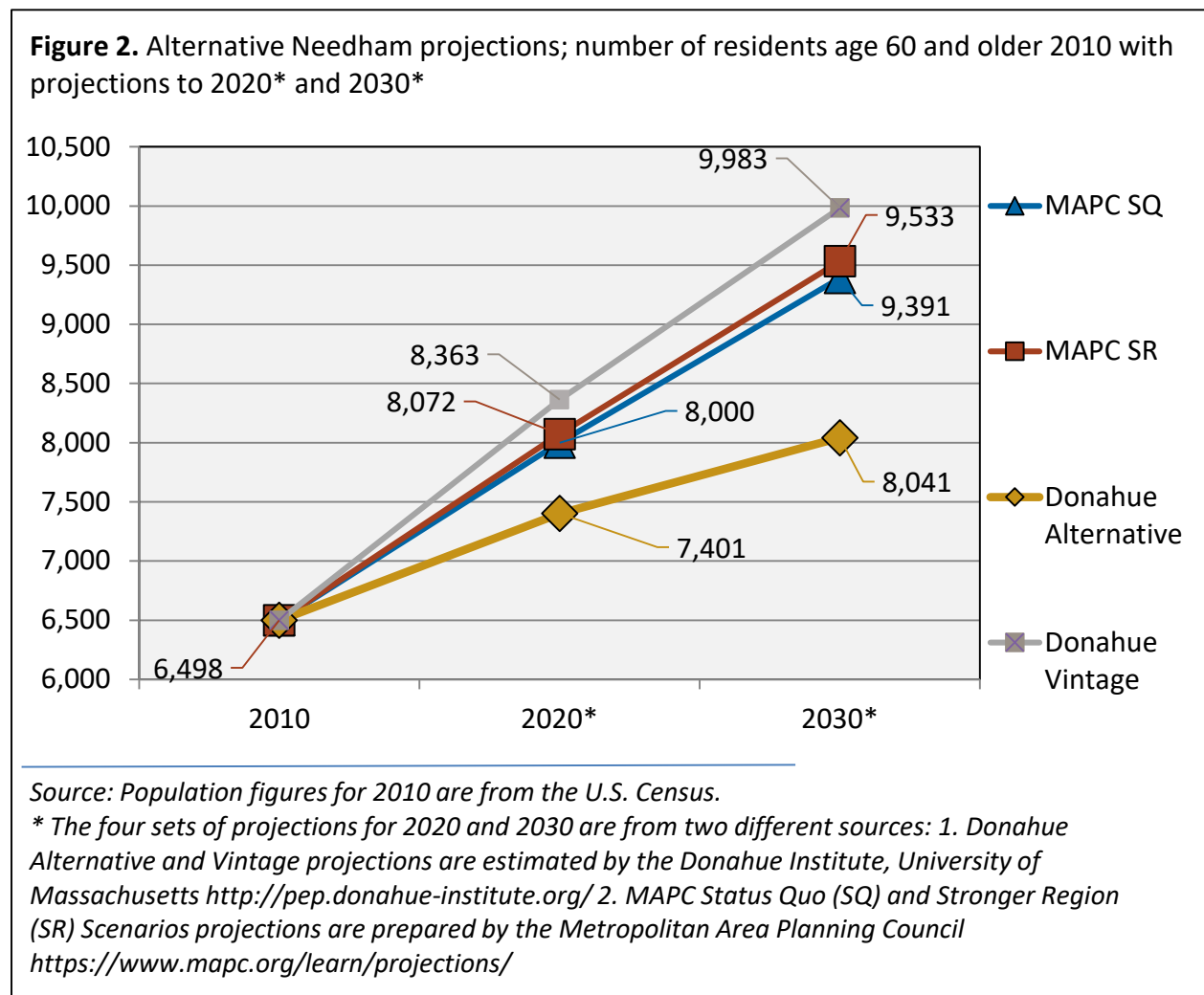
*Source: American Community Survey, 2014–2018, Table B01001. Numbers are calculated from 5-year survey estimates*

Population growth in both Massachusetts and the town of Needham has been concentrated in older age groups. Between the decennial censuses of 2000 and 2010, the all-age population increased by 3% in the state as a whole but had virtually no change in Needham (*US Census for 2000 and 2010, Table QT-P1*). For the age 60 and older group, Needham’s growth represents a sharp contrast from the state. Between the 2000 and 2010 decennial censuses, the population of residents who are age 60 and older increased by 16% for the state, but just 2% for Needham. However, the number of residents age 50-59 increased by 24% in Needham, and it is likely that many of these individuals stayed in Needham as they “aged in place.” Indeed, if the 2018 population estimate from the ACS for 2018 is correct, the population of residents age 60 and older represents an increase of 18% over what was counted in the 2010 Census.<sup>6</sup> Projections suggest that the number of older residents will grow in the coming decade. **Figure 2** shows four sets of projections for Needham’s population age 60 and over. Two sets are generated by the Donahue Institute at the University of Massachusetts, and two by the Metropolitan Area Planning Council (MAPC). All of them suggest steady increases in the number of older residents between

<sup>6</sup> Similarly, the Town Census for Needham, dated March 3, 2020, shows 8,179 residents age 60+ as of that date, which reflects 26% growth in the population age 60 and older following the 2010 US Census.

2010 and 2030, resulting in an age 60+ population numbering between 8,000 and 10,000 by 2030.<sup>7</sup>

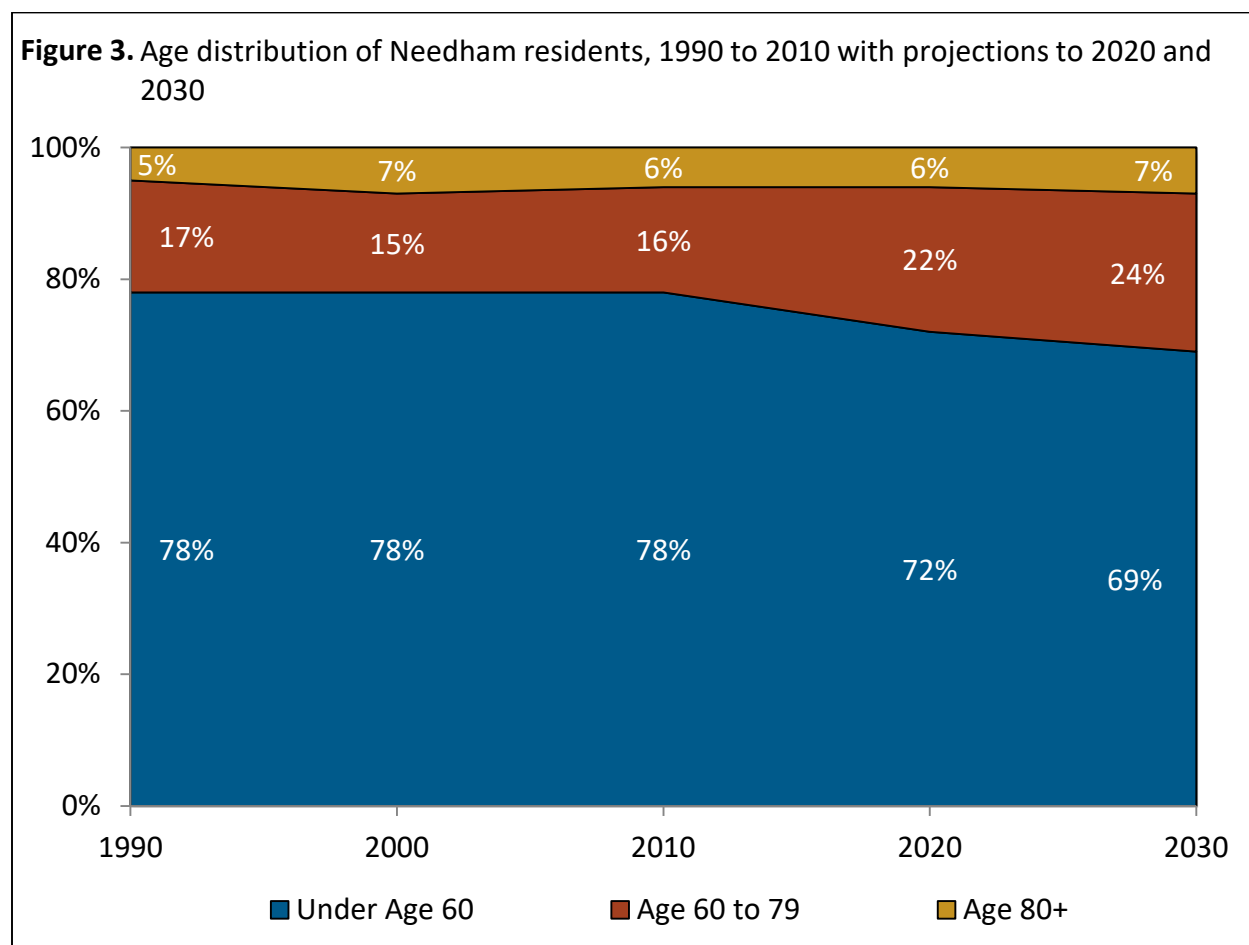
**Figure 3** shows the age distribution of Needham’s population from 1990 to 2010, and population projections for 2020 and 2030<sup>8</sup>. In 1990, about 22% of the town’s population was age 60 and older; this percentage stayed the same in 2000 and 2010.



<sup>7</sup> The most recent data from the American Community Survey offers an estimate of about 7,500 Needham residents age 60 or older as of 2018, suggesting that the MAPC projections may be tracking the best with available. Moreover, as noted, the Town Census for Needham has the age 60+ population at just over 8,100 in March 2020. Together, these observations suggest that the Donahue Alternative projections are probably too low, and Needham appears to be on track to have between 9,400 and 10,000 residents age 60+ in 2030.

<sup>8</sup> Population projections are shaped by assumptions about birth rates and death rates, as well as domestic and international in-migration and out-migration. The projections used here also account for population change associated with aging of the population, which is a strong predictor of future growth and decline of populations.

According to projections created by the Metropolitan Area Planning Council (MAPC) (Stronger Region Scenario), a trend toward an older population is expected in future decades. Projections suggest that by 2030, more than three out of ten Needham residents will be age 60 or older—24% of the Town’s population will be between the ages of 60 and 79, with an additional 7% age 80 and older.



Source: Population figures for 1990 thru 2010 are from the U.S. Census. Figures for 2020 and 2030 are from MAPC Stronger Region (SR) Scenarios prepared by the Metropolitan Area Planning Council <https://www.mapc.org/learn/projections/>

### Socio-Demographic Composition of Needham’s Older Population

Needham’s population is less diverse than the state with respect to race. For all ages combined, about 83% of Needham residents are White race and not Hispanic, compared to 72% in Massachusetts (ACS, 2014–2018, Table B01001). Among older adults, Needham is less diverse. **Table 2** displays the race and ethnicity of Needham residents age 65 and older. The large majority of older residents report their race as White (94%). The remaining percentage of the population

age 65 and older reported their race as Asian (4%) or Black (2%). Fewer than 1% report Hispanic ethnicity (not shown).

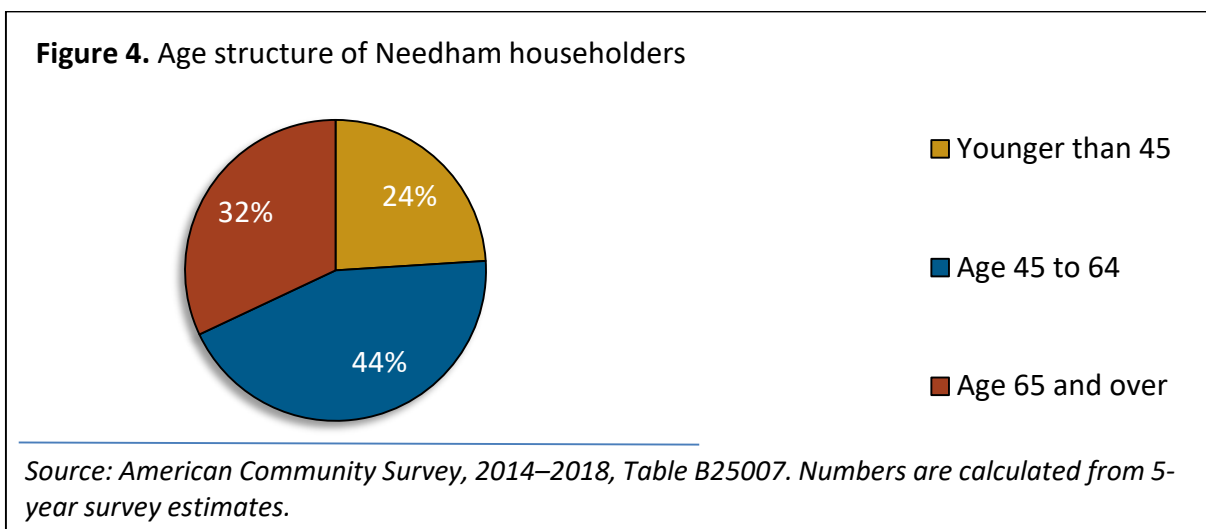
**Table 2.** Race distribution of residents who are age 65 and older in Needham

Race	Number	Percent
White	5246	94%
Asian	198	4%
Black	116	2%
<b>Total</b>	<b>5,560</b>	<b>100%</b>

*Source: American Community Survey, 2014–2018, Tables B01001A-I. Numbers are calculated from 5-year survey estimates.*

Additionally, almost 13% of older Needham residents speak a language other than English at home (ACS, 2014–2018, Table B16004), including 8% who speak an Indo-European language, 3% who speak an Asian or Pacific Island language, and an additional 1% who speak another language.

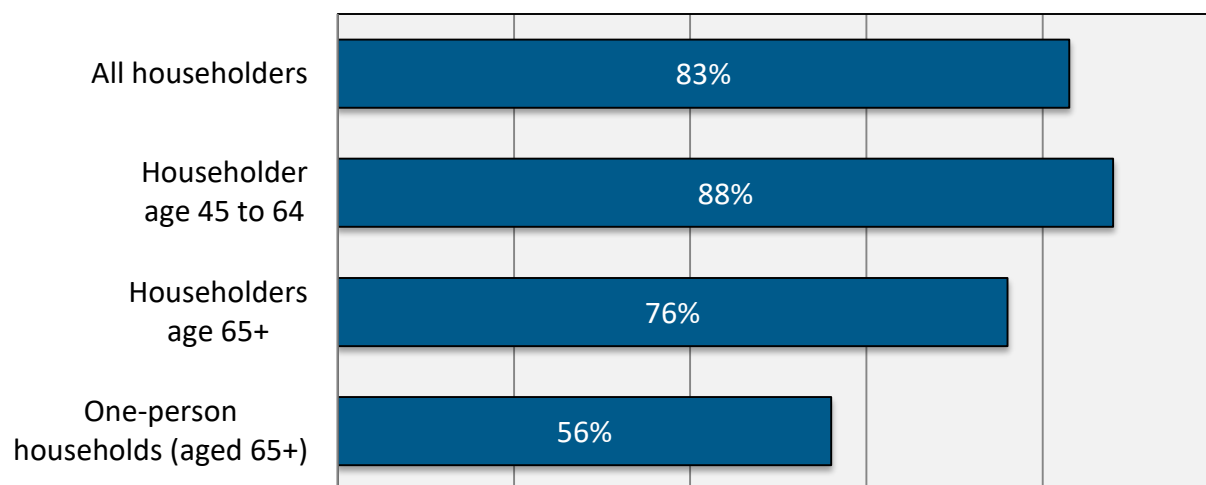
A majority of Needham’s households have householders who are middle-aged or older. According to the U.S. Census Bureau, a “householder” is the person reported as the head of household, typically the person in whose name the home is owned or rented. Residents age 45 and older are householders of 76% of all households in Needham including 32% who are age 65 and over (**Figure 4**).



A large share of Needham residents lives in homes that they own or are purchasing (83%; **Figure 5**). Eighty-eight percent of residents age 45 to 64 and 76% of householders 65 and older own their homes. More than half of Needham’s residents who are 65 and older and live alone, also

own their home (56%). Home maintenance and supports are often necessary for older homeowners—especially those who live alone—in order to maintain comfort and safety in their homes.

**Figure 5.** Percent of Needham householders who are homeowners by age category

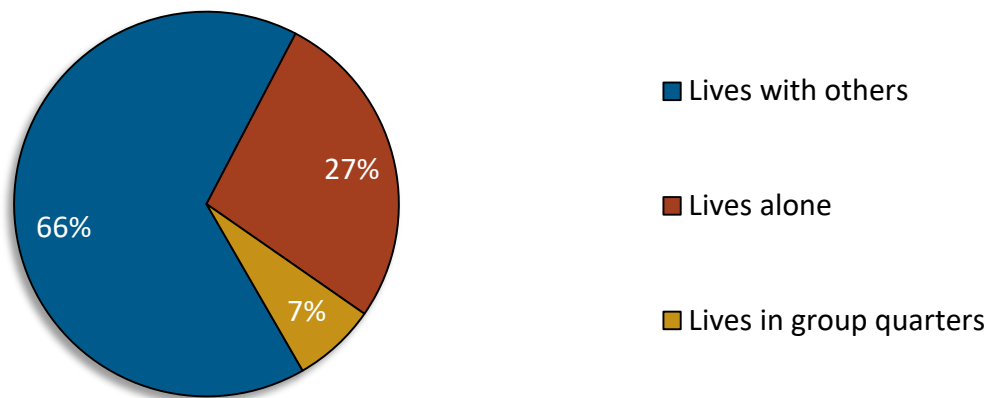


*Source: American Community Survey, 2014–2018, Tables B25007 and B25011. Numbers are calculated from 5-year survey estimates.*

Additionally, 45% of Needham’s households have at least one individual who is age 60 or older (ACS 2014–2018, Table B11006). This high proportion— which is likely to increase in the future— generally reflects the widespread demand for programs, services, and other considerations that address aging-related concerns, including health and caregiving needs, transportation options, and safe home environments.

About 27% of Needham residents who are age 65 and older live alone in their household whereas two-thirds (66%) live in households that include other people, such as a spouse, parents, children, or grandchildren (**Figure 7**). Additionally, around 7% of older Needham residents live within group quarters.

**Figure 7.** Living arrangements of Needham residents, age 65 and older



*Source: American Community Survey, 2014–2018, Table B09020. Numbers are calculated from 5-year survey estimates.*

American Community Survey estimates on education suggest that Needham residents are well educated on average. About 63% of persons 65 and older have obtained at least a bachelor's degree (ACS, 2014–2018, Table B15001). This educational profile contributes to the vitality and character of the community, which depends on older adults who value opportunities to be involved through volunteer and civic engagement activities, as well as late-life learning opportunities— activities that are often present in highly educated communities (Fitzgerald & Caro, 2014).

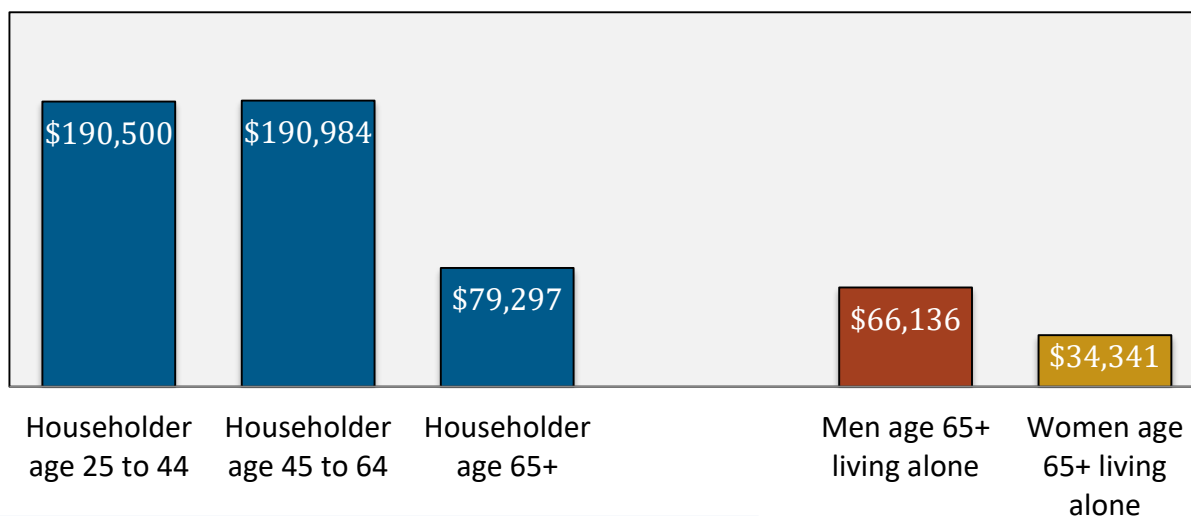
Similar to older adults living in communities throughout the U.S., a sizable proportion of Needham residents aged 65 and over remain in the workforce. Almost 43% of adults age 64 to 74 are participating in the labor force. Of those age 75 and older, nearly 10% remain in the workforce (ACS, 2014–2018, Table S2301).

More than 30% of men age 65 and older report veteran status, along with a small number of older women (ACS, 2014–2018, Table B21001). As a result, many of the Town's older residents may be eligible to receive some benefits and program services based on their military service or that of their spouses.

Needham residents' median household income is nearly twice as high as that estimated for Massachusetts as a whole, \$153,032 compared to \$77,378. Needham's householders age 45 to 64 have the highest median income at \$190,984 (see **Figure 8**)—which is also greater than the statewide median for this age group (\$96,031). Among Needham householders 65 and older, the median income is \$79,297, also higher than the statewide median for this age group (\$47,486).

Older residents living alone have lower incomes, particularly women living alone. Older men age 65 and over living alone have higher median income compared to older women living alone in Needham.

**Figure 8.** Median household income in Needham by age and living situation of householder (in 2018 inflation-adjusted dollars)



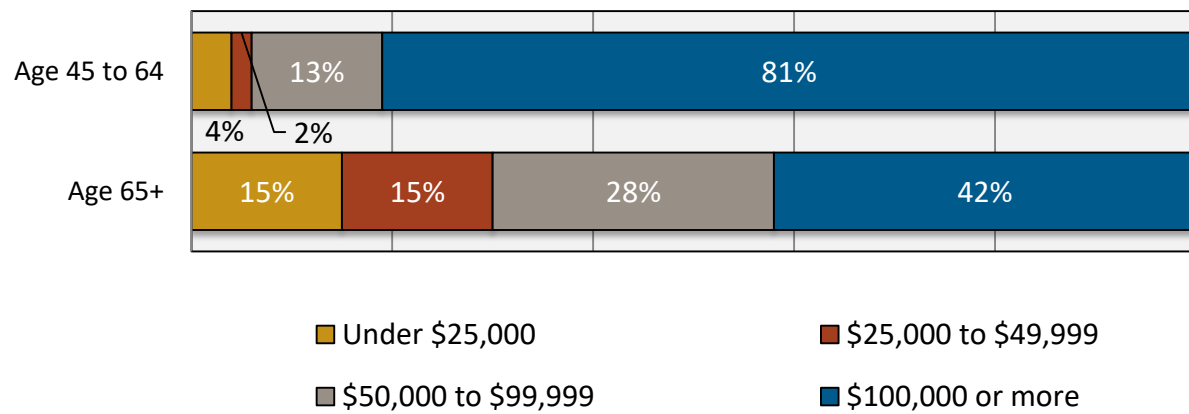
Source: American Community Survey, 2014–2018, Tables B19049 and B19215. Numbers are calculated from 5-year survey estimates.

Note: Includes only community households, not group quarters such as nursing homes.

The economic profile of older Needham residents relative to younger residents is further illustrated in **Figure 9**, which shows that a share of the older adult population lives on a modest income. Although about 42% of Needham residents age 65 and older report incomes of \$100,000 or more, 15% report annual incomes under \$25,000 in comparison to 4% of households headed by individuals age 45 to 64 reporting the same household income. These figures make clear that a large share of Needham residents have adequate incomes, although some segments may be struggling financially.



**Figure 9.** Household income distribution in Needham by age of householder (in 2018)

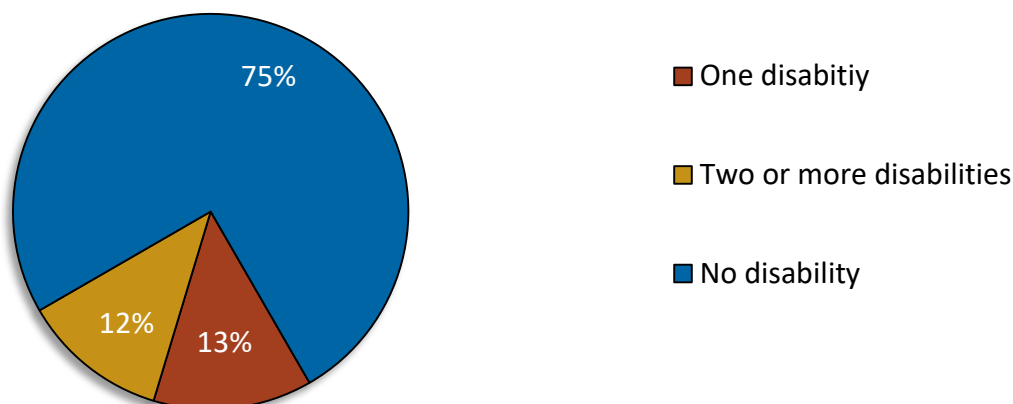


Source: American Community Survey, 2014–2018, Table B19037. Numbers are calculated from 5-year survey estimates.

Note: Includes only community households, not group quarters such as nursing homes.

Many Needham residents age 65 and older experience some level of disability that could impact their ability to function independently in the community. About 13% of Needham’s residents age 65 and older have one disability, and nearly 12% report two or more disabilities (**Figure 10**). Among the different types of disability that are assessed in the ACS, the most commonly cited by older Needham residents age 65 and older were ambulatory difficulties (difficulty walking or climbing stairs; 16%), hearing problems (12%), and independent living limitations (difficulty doing errands alone, such as visiting a doctor’s office or shopping; 10%). Other disabilities experienced by older Needham residents include self-care difficulties (6%), cognitive difficulty (6%), and vision difficulty (4%) (ACS 2014–2018, Table S1810).

**Figure 10.** Disability among Needham residents age 65+



*Source: U.S. Census Bureau; American Community Survey, 2014–2018, Table C18108. Percentages by age group do not sum to 100% because people may report multiple difficulties and*

According to data from the Massachusetts Healthy Aging Collaborative<sup>9</sup>, an estimated 15% of Needham residents age 65 and older have Alzheimer’s disease or a related dementia and 56% have four or more chronic conditions. Considering a large number of health dimensions, Needham’s health profile is similar to the Massachusetts average along most, although better on some and worse on others compared to Massachusetts as a whole. These health indicators suggest that the physical needs among Needham older adults are quite varied across residents.

### Hearing from Focus Group Participants

Two focus groups were facilitated via video conferencing in June 2020. One group included 6 members of the Needham Council on Aging Board and the second included 7 members of the staff of the Needham Center at the Heights. Conversations focused on the ways that the current space is being utilized and identifying opportunities to make more efficient and effective use of the space to meet the needs and preferences of older residents. Participants shared many challenges associated with the building’s design and offered some solutions. Themes from these two conversations are summarized in this section.

A few overarching challenges were identified by participants in these groups. These challenges warrant consideration as the CATH moves forward with planning for the future. Participants

<sup>9</sup>[https://mahealthyagingcollaborative.org/wpcontent/themes/mhac/pdf/community\\_profiles/MA\\_Towncode199\\_Needham.pdf](https://mahealthyagingcollaborative.org/wpcontent/themes/mhac/pdf/community_profiles/MA_Towncode199_Needham.pdf)

agree that the CATH is a great asset to the community of residents who cross its threshold. However, focus group participants believe that a sizable segment of the community has not been reached and could potentially benefit from participation. Another major challenge identified by focus group participants is the lack of accessible and convenient parking. Out-of-town guests are drawn to the CATH because of its beautiful space and welcoming staff; but they also take up parking spots that could be used by Needham residents. With nearly 200 visitors daily, and only 83 parking spots, the remaining alternatives for getting to the CATH include utilizing the shuttle service, carpooling, or parking on the side-streets and walking over to the Center. An additional theme from these conversations is the agreement that the CATH is currently operating at capacity, and any additions to programming or services would need to be accompanied by expanded staffing and space. Finally, lack of storage and staff to take-down and re-assemble tables and chairs were identified by CATH center staff as being a barrier to multipurpose use of rooms (e.g., there is nowhere to store equipment when room is being used for another purpose). The coat room was identified as possibly being re-purposed as a storage space. A position is currently open for a building monitor staff person, who could take responsibility for the physical tasks associated with moving equipment and furniture as spaces are converted to multiple uses during the day. However, that position is planned for just 10 hours per week, or less than one-third of the total programming time each week. In both focus group conversations, specific spaces were named as places that could be possibly repurposed or improved upon. As well, suggestions were made as to how to accomplish these goals. Spaces identified for re-purposing or expanded use are described below:

**Outdoor Patio:** According to focus group participants, the second-floor outdoor deck and outdoor seating areas are valuable but underutilized. Efforts to make the space more accessible may include the installation of an awning to block sunlight and noise cancelling planters or dividers to create smaller spaces to gather with better acoustics. Additionally, a focused effort to develop programming specifically for this outdoor space is needed to maximize its use. It could be possible to enlist current participants or volunteers to generate ideas for programming to be pilot-tested. Finally, relaxing the policy of “no food or beverage” in this outdoor space could attract participants to use the space for gathering informally, weather permitting.

**Office spaces:** Currently, the two social workers on staff share an office space (room 206, see **Appendix B**). This means that if someone is seeing a client, the other has to leave the room and find another place to work. Similarly, if they both have client meetings, one has to find private meeting space to conduct this confidential business. While this is usually successful, it is not always reliable. Two members of the programming team do not have office or desk space of their own.

**Fitness Room:** In response to increasing demand, and now the need for “social distancing” due to the COVID-19 pandemic, additional space for fitness and exercise is paramount. Given that the game room (room 118, see **Appendix B**) is 300 square feet larger than the fitness room (room 123, see **Appendix B**), one option would be to switch the use of the two rooms. This change would also align with the growing trend in senior centers for expanding fitness resources for participants.

**Game Room:** Currently, the game room (room 123, see **Appendix B**) contains two billiards tables and one ping-pong table. In addition, a computer station and a storage closet are included in this space. Given that the tables and computers cannot be moved easily, when games are not underway, this sizeable space is left unused for segments of the day. If the fitness room and the game room were switched, it would be necessary (due to space constraints) to reduce the number of tables in use at a given time. For example, purchasing a folding ping-pong table that could be stored when not in use or obtaining a ping-pong “conversion top” to be used on top of a billiards table could accommodate both pool players and ping-pong players alike.

**Computer Lab:** During open enrollment for Medicare (12 weeks) and tax preparation season (10 weeks), the computer lab is used at full capacity. In the remaining weeks of the year, it is less utilized.

**Kitchen:** Aside from a monthly hot breakfast, prepared by staff of the CATH, no on-site meal preparation occurs. The daily lunches and home-delivered meals are prepared off-site by Springwell<sup>10</sup> and delivered to the CATH for warming and distribution. This 540 square foot commercial kitchen space is also used for cooking demonstrations and food-related programs. According to the current rental policy<sup>11</sup>, the kitchen can be used by outside organizations to prepare meals if they obtain a permit from the Board of Health and retain a custodian for use of this area; but focus groups participants stated that it is infrequently rented by outside entities.

Ideas about the expansion of hours and off-site programming were discussed as a potential mechanism for attracting new patrons and alleviating parking concerns; but it was made clear by focus group participants that additional staffing would be required to cover those additional hours of operation. Although other spaces in town exist, it would require additional staff time to operate at those locations as well as additional building management responsibilities. Finally, it was discussed that when registration for programs begin, the front desk/lobby space becomes very crowded with long lines.

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<sup>10</sup> <https://springwell.com/>

<sup>11</sup> <https://www.needhamma.gov/3728/Renting-the-Center-at-the-Heights>

## Hearing from Peer Communities

In an additional step to obtain insight about the use of senior center space, five directors (or former directors) of Massachusetts senior centers were interviewed. The communities chosen for this comparison were selected jointly by the Director of Needham's Health and Human Services Division and research staff at UMass Boston. In June 2020, interviews were conducted by phone with Council on Aging Directors in Marshfield, Lexington, Natick, and Newton, and the former director of the Needham Senior Center, to learn about their experiences adapting to new space and considerations for space utilization moving into the future. A summary of analogous characteristics, peer highlights and dissimilarities are detailed below.

Needham has the smallest amount of physical space compared to its peers (see **Table 3**). Both Lexington and Natick operate as community centers that also house the senior center activities and programs. Common challenges faced by nearly all of the peer communities included a need for additional storage and lack of parking (except for Lexington). As well, gift shops were present in each of the peer communities and served as a revenue generator for senior center programming. A final similarity across peer communities was the recognition of increasing programming schedules to evenings and weekends.

**Table 3.** Summary of Peer Communities

Town	Population Age 60+*	Size of Space	Year Built
<b>Needham</b>	<b>7,496</b>	<b>20,000 square feet</b>	<b>2015</b>
Natick	7,791	36,000 square feet	2012
Marshfield	6,264	12,600 square feet, 11,200 square foot expansion	2003, 2020 expansion
Lexington	8,435	32,000 square feet	2015
Newton	21,039	Proposed 36,888 square feet	Expected 2022

*\*Sources: American Community Survey, 2014–2018, Table B01001. Numbers are calculated from 5-year survey estimates. Size of space and year built obtained from COA Directors.*

In conversation with Directors of other newly built senior centers, there was universal acknowledgement that the growing level of participation at the centers has driven programming growth and required shifts in planned use of originally designed space. Directors shared with us the following types of adjustments that have been required to accommodate these changes and they highlighted some of the challenges that still remain.

**There is increasing need for multi-purpose space; and yet multipurpose space creates challenges for schedules, turnover, and storage.**

- Multipurpose space requires staffing to switch over space (move tables, chairs etc.). In one case, a peer community reports having at least 3 programs in their multipurpose room per day, meaning that multiple times per day there is need for re-arranging tables, chairs, equipment and getting any necessary technology set up. These transitions require staff support, which may take them away from other duties. Alternatively, hiring additional staff for this particular position can be a useful way to address the challenge, recognizing that a sufficient amount of time is needed for this person to contribute significantly to reducing the burden of these transitions on existing professional staff.
- Occasionally, space needs drive use of multi-purpose rooms. For example, if a knitting group needs space and the only available room is the computer lab, then that computer lab becomes “multi-purpose” unintentionally. Alternatively, assessing how each of the existing spaces can be used for multiple programming allows for more flexibility in scheduling.

**Fitness space is a highly used focal point in all peer towns. Reducing multi-purpose use is important for highly used and in-demand spaces, especially fitness space.**

- With dedicated fitness space, Natick and Lexington reported that needs are generally met and fitness space is available. Typically, there is no wait time and scheduling tends to attract older adults during mid-day hours. In Lexington, their fitness space is in the basement and open to residents of all ages. In Natick, an annual fee of \$50 (or \$25 for 6 months) covers the costs of equipment maintenance and new purchases. Marshfield outgrew their fitness space and is incorporating dedicated space for fitness through expansion project

**Competing needs for space create challenges in balancing different interests.**

- In most peer communities, it was discussed that a balance is required between programs that bring in large, consistent attendance and those that provide a meaningful experience for fewer participants. One director said, *“Success is not defined by numbers but quality of experience.”* As an example, she noted that the space used for showing movies is underutilized with only a few people attending movies. However, people meet friends while attending, and the space offers an informal social outlet. The movie room also draws people in the evenings who do not attend during the day. Thus, a low-attendance program yields meaningful experiences and opportunity for exposure to new participants.
- As peer community directors discussed efforts to balance multiple interests, it became clear that participants’ becoming proprietary over particular spaces was problematic. For example, card players only willing to use one particular room for their games. It cannot be assumed

that one particular space is always used for cards. To address this issue, one director described changing policy to require that each and every use of a room be reserved in advance of its planned use. In other words, space that is used for scheduled programming is reserved by the staff and if patrons would like to use the space to meet with friends or have impromptu meetings, that space must also be reserved prior to its use.

## Hearing from Residents: Results from the Community Survey

In this section we report key findings from each section of the survey. Tables illustrating results in detail are included in **Appendix A**.

Respondents to the community survey included 679 individuals age 60 and older<sup>12</sup>, representing a response rate of 8% (see **Table 4**). To facilitate comparison of younger and older segments of the population with respect to needs and interests, we often present results grouped into three age groups; age group 60-69, age group 70-79 and age group 80 and older.

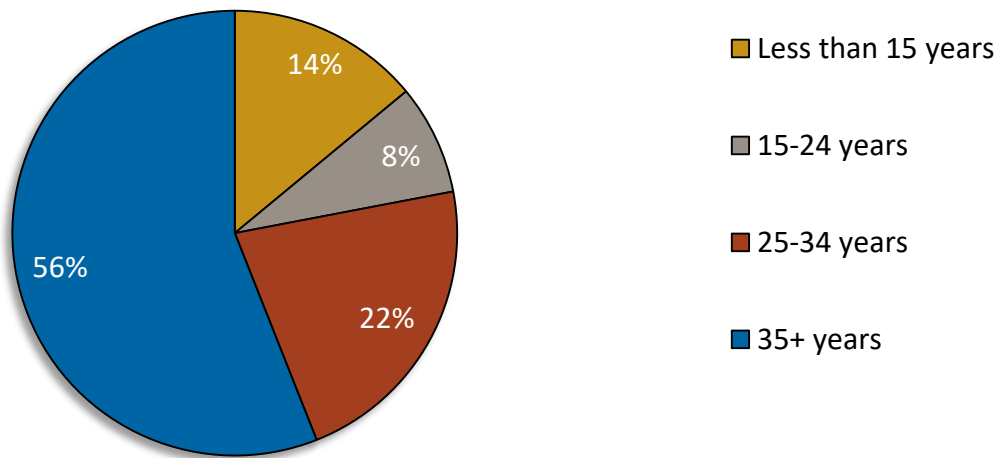
**Table 4.** Age Distribution of Survey Respondents

Age	Number of Responses	Percentage
Under Age 60	18	2%
Age 60-69	286	42%
Age 70-79	266	38%
Age 80+	127	18%
<b>Total</b>	<b>697</b>	<b>100%</b>

Among survey respondents, 22% reported living alone and 7% reported some level of economic insecurity (see Appendix A). In addition, the majority of respondents were female (59%) and 11% of survey respondents reported having a condition that limits their ability to participate in the community as they would like to. Less than 3% of respondents reported speaking a language other than English at home (results not shown). Most survey respondents are long-time residents of Needham, with 56% indicating they have lived in Needham for at least 35 years (see **Figure 11**).

<sup>12</sup> An additional 18 respondents were younger than age 60, too few to support separate analysis of this age group. As a result, those responses were omitted from the analysis—limiting it to those age 60 and older.

**Figure 11.** “How long have you lived in Needham?”



### Experience with the Center at the Heights

Needham is a community with many assets, including the CATH. Survey respondents were asked about where in Needham they go to socialize with others and/or where they go for leisure<sup>13</sup>. Across all age groups, going to restaurants or cafes (66-89%%) as well as spending time at parks and outdoor spaces (40-73%) and the library (45-54%) were most commonly reported (see **Figure 12**).

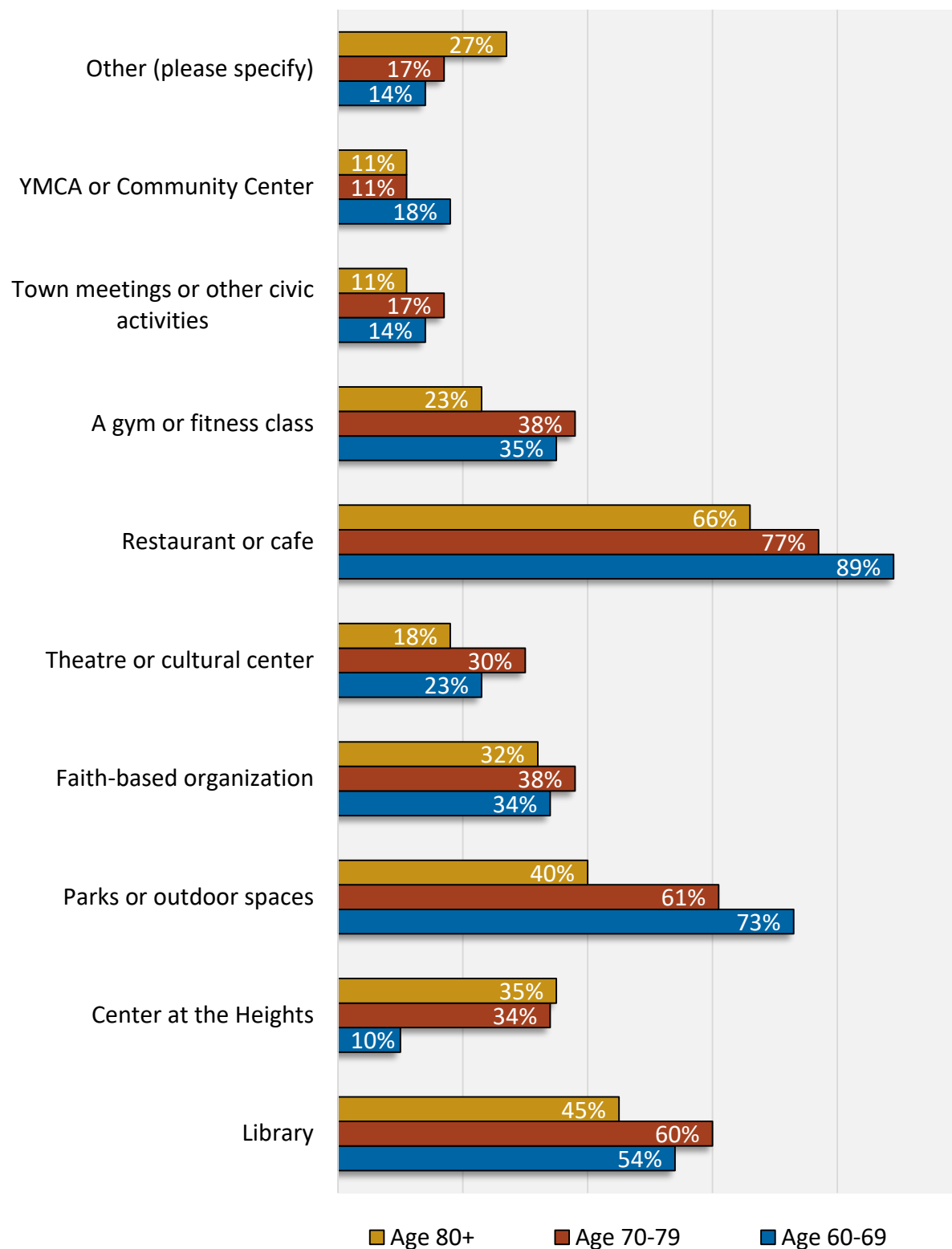
Older survey respondents were more likely to report spending time at the CATH for socialization or leisure. Alternatively, only 10% of respondents in their 60s reported spending time at the Center (see **Figure 12**).

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<sup>13</sup> Here I would put a footnote making clear that respondents were directed to answer most questions based on their “usual life” before the COVID-19 pandemic.

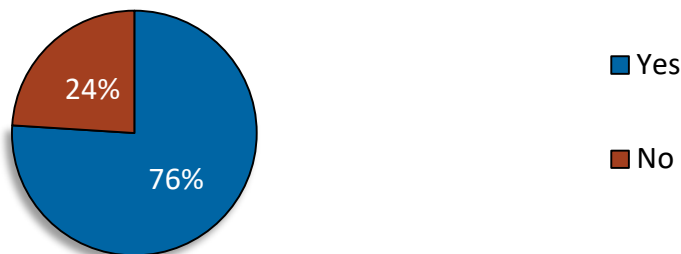


**Figure 12.** “Thinking about your usual life (before COVID-19 pandemic), where in Needham do you go to socialize or go for leisure? (check all that apply).”



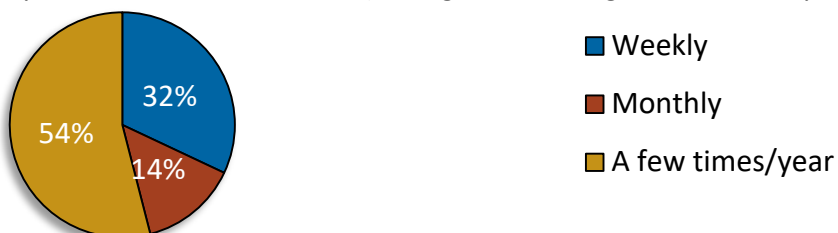
More than three-quarters of survey respondents reported that the CATH plays a role in the lives of themselves and people they know (see **Figure 13**). This positive assessment of the CATH was consistently offered across age groups (see **Appendix A**). This finding highlights that the CATH is widely considered as a community asset and a piece of what makes Needham a good place to age.

**Figure 13.** “Do you see the Center at the Heights as playing a role in the lives of yourself, loved ones, friends, or neighbors?”

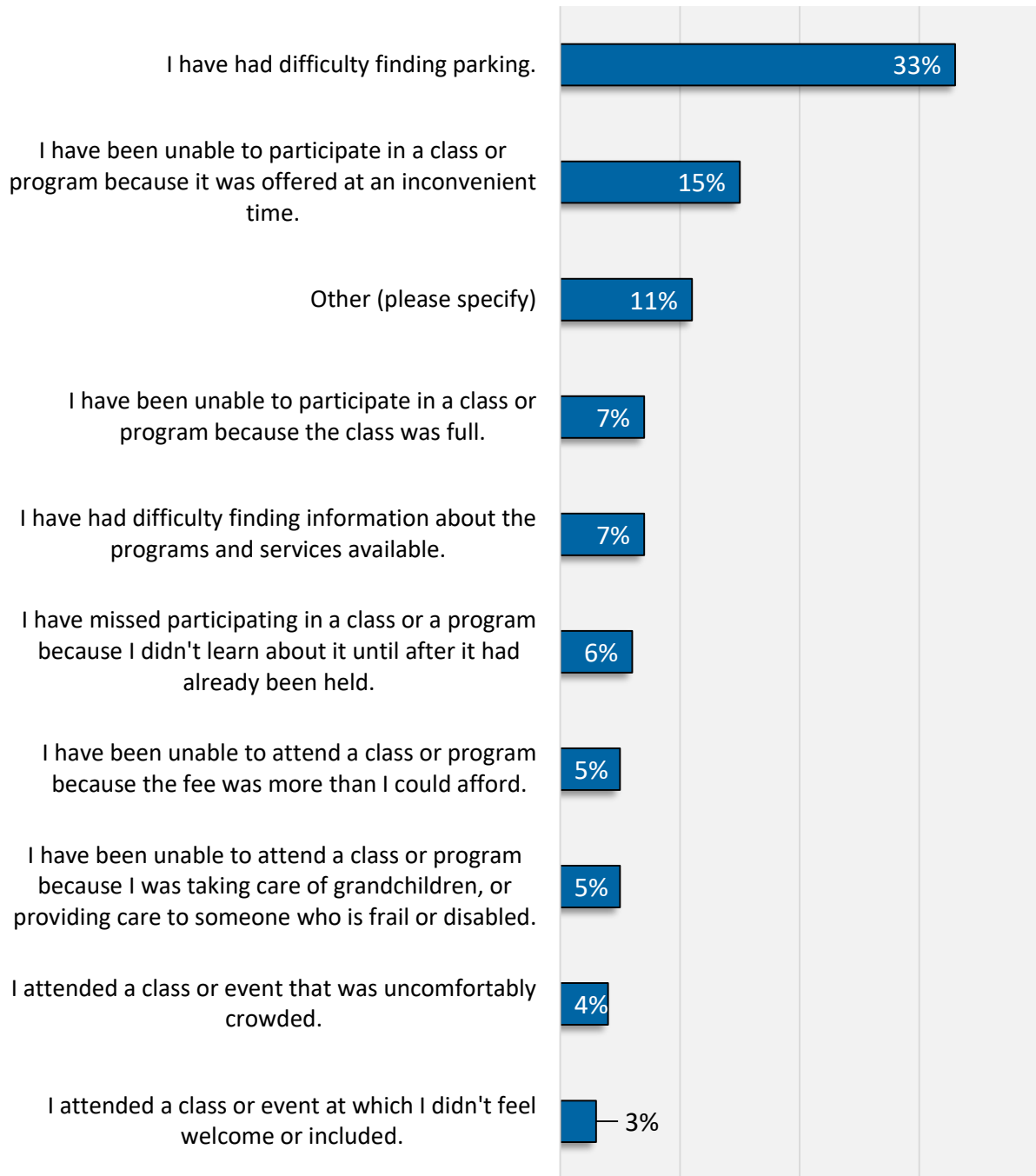


Half of survey respondents have visited the CATH within the past year. Participation rates are highest among the respondents age 70-79 (66%) and age 80 or older (61%), and lower among those age 60-69 (31%). Among those who have visited the CATH, 32% report attending on at least a weekly basis (see **Figure 14**). Among those 80 and older, 47% reported attending on at least a weekly basis (see **Appendix A**). More than half of CATH visitors report attending a few times a year for events. These results highlight the varied relationships that residents have with the center. Among those who reported having visited the CATH in the previous year, 74% of respondents reported being satisfied or completely satisfied with the programs and services offered (see **Appendix A**), and this proportion was slightly higher among the older age groups. That being said, 23% of those who reported having been to the center in the previous year reported that they were not familiar enough to judge their satisfaction (see **Appendix A**). One assumption that could be made is that those who are actively connected to the CATH are highly satisfied, and others that may have only dropped in for a particular event or class may not be as aware of the full breadth of what is offered.

**Figure 14.** Frequency of attendance at the CATH (among those visiting within the last year)



**Figure 15.** Challenges encountered when accessing the CATH, among those who have visited



An important aspect of this study was to understand the accessibility issues with the CATH. We asked about challenges that have been faced when attending the CATH. Half of the respondents who had used the CATH in the prior year indicated that they had experienced no issues when

accessing the CATH or its programs. However, one-third reported that finding parking was a barrier to accessing the building and its services (see **Figure 15**). There are approximately 83 parking spots in the building parking lot and as previously mentioned, nearly 200 residents come to the center on a daily basis. While some use the provided transportation services, others have to park on the streets surrounding the building and walk to the entrance. In inclement weather, or for those with mobility impairments, this can become a barrier to accessing the programs and services that the CATH provides. One survey respondent wrote, *“the parking is a real issue or I would go more (often)”*. The second most frequently reported (15%) challenge to accessing the CATH was the timing of the programs. According the American Community Survey (Table S2301), 71% of Needham residents age 60-64 and 43% of those age 65-74 report still working. Taken together, these two findings could mean that additional evening or weekend programming would increase accessibility to residents in younger age groups. Of course, these expansions of operating hours would also have implications for staff needs. Finally, 107 respondents took the time to write-in an “other” challenge they have faced when accessing the CATH. About half of these comments described the individual having never been to the CATH or being unaware of the programs or services offered there. Other comments described challenges to participation because of employment. For example, one participant wrote, *“I am still working full time. Nothing is open at night or on the weekends.”* Others described physical mobility impairments that prohibited them from getting to the CATH or the cost of programs keeping them from being able to participate.

When asked how the space could be better used, 124 of those respondents who have been to the CATH took the time to write in an answer. These responses are summarized in **Table 4**. Respondents identified the need for more flexibility with current space, citing the need for increased capacity to meet demand for fitness and exercise classes and expanded hours. As well, comments were made about the “institutional” or “cold” feeling of the space and ways that it could be more inviting.

**Table 4.** Summary of respondents’ comments about ways that the CATH space could be better utilized.

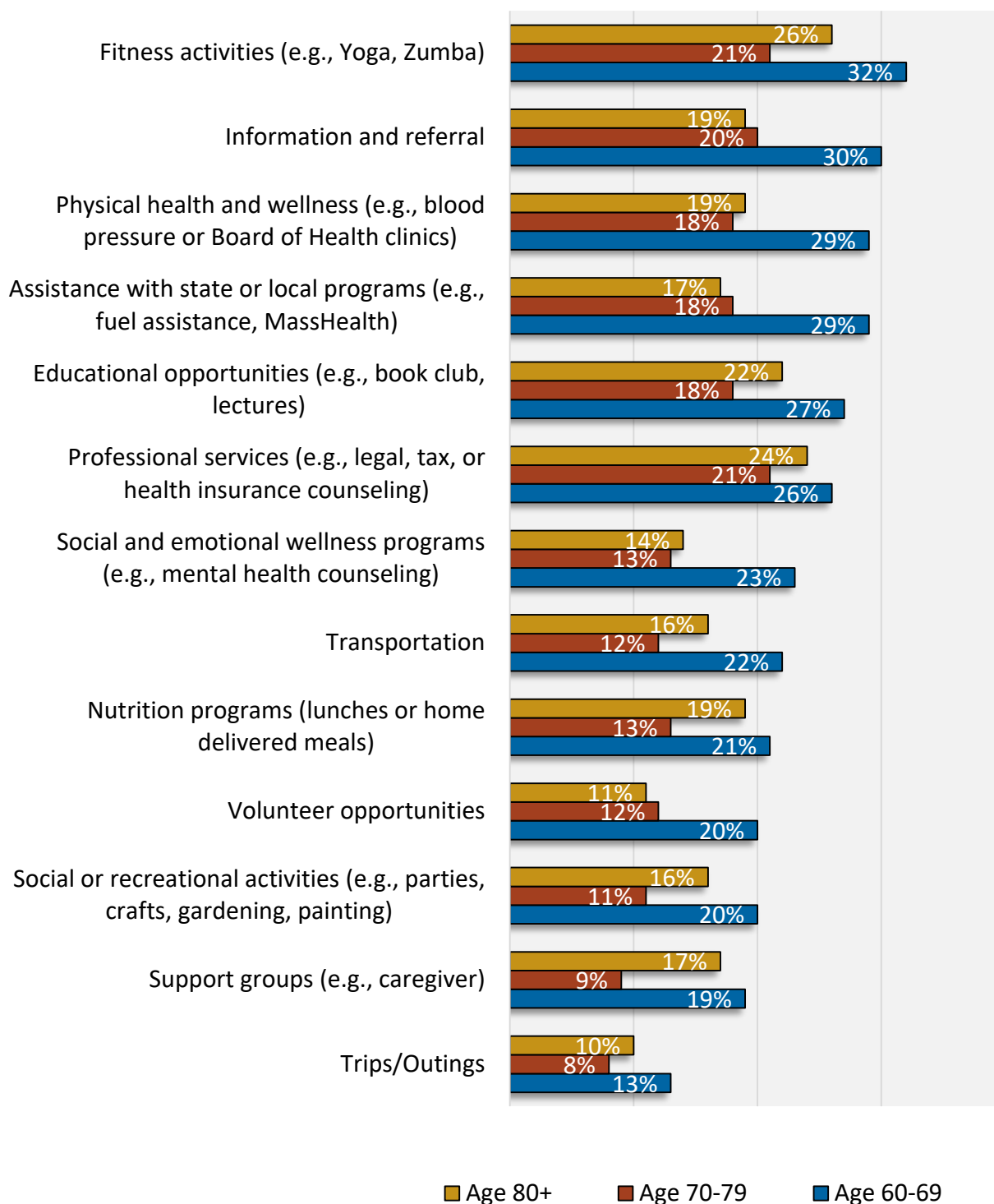
Expanded hours would draw in different segments of the older adult population and make the space available to the community more widely.
Since the space isn't used weekends and very little in the evening, members - or any Needham residents - should be able to rent a room for private or family events.
Even more evening/weekend hours. Community activities with different age groups.
Additional space for exercise classes is needed to meet demand by expanding the number of people able to be in the gym.
For seniors like myself who are still working, and my husband works part-time, we would like to see physical fitness classes offered in the evening
Bigger gym area and more bikes to use.
A yoga class that I like is way too crowded.
Create a more inviting environment by improving signage and creating spaces for people to gather informally.
Redecorate/restyle it so it's pleasant to spend time there. The place looks so cold and uninviting.
Relaxing lounges, perhaps spaces where small groups could gather
Better signage for specific areas/departments and signage info for specific classes/programs.

Respondents were asked to rate the importance to themselves or members of their families of the CATH’s existing programs and services. In their ratings, respondents across age groups were consistent with their number one choice: fitness activities (e.g., yoga, Zumba) (see **Figure 16**). This result, coupled with the report that most existing fitness classes and sessions are filled regularly, suggests that an increase in space for exercise opportunities would be welcomed.

When it came to the second most valued service, those age 70 and older reported that professional services (e.g., legal, tax, or health insurance counseling) was very important to them. Among those in their 60s, information and referral was named as the second most valued service offered by the CATH. As those embarking on older age or possibly caring for loved ones, it is logical that having a local hub of information and resources to navigate this next part of life is valuable. Educational opportunities were named as a valuable for those age 80 and older—suggesting the importance of lifelong learning opportunities.

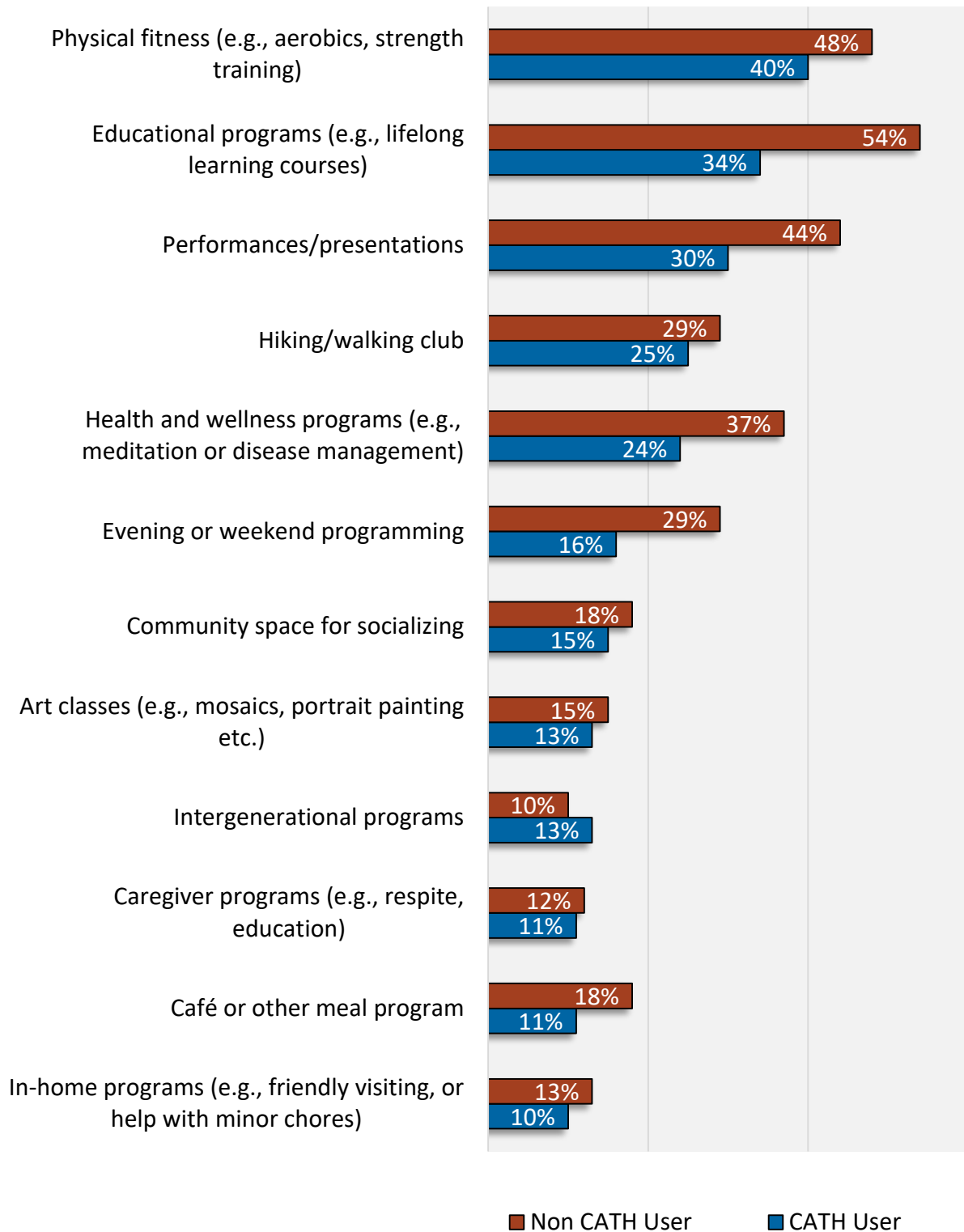
In summary, these findings tell us that when it comes to the kinds of programming that are most important to survey respondents are related to **help** (information and referral, assistance with professional services) and **health** (fitness, wellness, and education).

**Figure 16.** “Please rate the importance of each type of program/service to you or a member of your family.” (% reporting very important, by age category)



In a similar vein, respondents were asked about their future needs and interests with respect to programs and services offered by the CATH. Overall, fitness opportunities (44%), educational opportunities (44%), and performances/presentations (37%) were most commonly reported preferences for future programming (see Appendix A). **Figure 17** shows responses among those who reported having been to the CATH in the previous year and those who had not. This comparison could be useful in considering how to reach out to those residents who are not already active users. Interestingly, the priorities among non-participants are very similar to those reported by those who have been to the CATH during the previous year. Both groups rated educational programs and physical fitness as the top two priorities. Among both groups, performances and presentations were identified third most frequently, with health and wellness programs and a hiking/walking club receiving the fourth and fifth most frequent listing as priorities. Age comparisons on this question reinforce the desire for physical fitness and educational opportunities—regardless of age (see Appendix A). For those in their 60s, a hiking or walking club was selected as an area of interest (38%) and for those in their 70s or over age 80, performances and presentations were a highly prioritized set of programs (42% and 25% respectively). These findings suggest that strengthening programming to align more closely with the interests and priorities of people who do not currently attend the CATH, and younger residents, can be accomplished while simultaneously benefitting current participants and residents who are older.

**Figure 17.** “Thinking about your possible future needs and interests, which of the following areas would you prioritize in expanding the programs available at the CATH?”, by user status





Some write-in responses suggested additional educational opportunities or performances. For example, one respondent wrote, “*perhaps taking in plays and concerts would encourage more attendance*”. Other priorities named in these comments included continuation of fitness programs, movies, trips, and table games (e.g., bridge and mahjong).

## Conclusion and Recommendations

Needham’s population of older residents is large and growing. Since 2012, the CATH has provided a strong foundation through which staff expertise, programming, and resources are offered to the community. The Center continues to evolve while recognizing the needs of a growing population of older adults with a wide spectrum of needs and interests. The following recommendations highlight opportunities to maximize space and build upon resources to support aging in place and promote physical, social, and emotional wellbeing among residents.

### Recommendations for the Town of Needham Center at the Heights

The report completed by IHCD (see **Appendix D**) includes a number of important recommendations to creating more accessible and safe space for CATH patrons. In addition to these technical changes, this report supports a number of recommendations about how the space is used and what types of programs are provided.

We make the following recommendations to the Town of Needham’s Department of Health & Human Services. These recommendations are for the consideration of the Town and the staff of the CATH. These recommendations are listed in no particular order and some will be attainable in the short-term while others may take longer range planning.

#### **Programming and Social Engagement Space**

- Increase opportunities for access to fitness equipment and classes. Physical activity came through as an interest, valued activity, priority for expansion, observation by staff, COA board, other COA directors—it was a very clear message that additional space and capacity is needed to meet the demands of the community.
- Consider swapping the fitness room (Room 123) with the larger sized game room (Room 118).
- \*Consider increasing the square footage of the existing fitness room by reducing hallway access and incorporating all of the square footage from Room 125 and

partial square footage from the pantry. (Break room access would shift to the hallway).<sup>14</sup>

- \*Consider merging two of the second-floor programming rooms (room 216 and 217) for secondary, non-equipment, fitness space. This space would increase opportunities for larger classes including yoga.
- Consider replacing the desktop computers in the computer lab (room 212) with laptops that can be checked-out and used around the CATH. This would still allow for tax preparation and SHINE counseling to take place in the computer lab room, but would open space for additional programming space needs.
  - Further, a dividing wall could be purchased to create two smaller spaces for meeting or programs.
- Ensure that all programming space and group meeting space is equipped with the ability to have residents join by video conference. In addition, complete the process of making the Great Room accessible for those who are deaf or hard of hearing.
- Enlist volunteers to generate ideas for patio programming. See additional detail for outdoor space opportunities below.
- Consider increasing the frequency of the hot breakfast program to promote use of the kitchen space. In addition, revise rental policies to encourage other community partners to host fundraisers or events using the kitchen and dining area.
  - Encourage private residents or businesses to use the space on evenings or weekends for a small fee. Revenue from these events could be used to expand the building monitor position or other fees associated with keeping the building open after operating hours.
- Expand areas for small social gathering and seating. Consider space in oversized hallway 215 for additional social engagement seating. For example, install a small comfortable couch with reading light.
- \*Consider reducing two story lobby to expand programming and social engagement space at the 2<sup>nd</sup> level reading landing (220) adjacent to the deck.

### **Programming Storage Space**

- Increase interior wall storage in programming rooms. Convenient in-room storage reduces the need to move equipment and tables among room and increases opportunities to repurpose existing standalone closet storage.

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<sup>14</sup> \**Suggestions for re-purposed space that involve minor structural changes are conceptual and an architect should be consulted to evaluate proposed revisions.*

- Identify conditions that would make the basement space adequate for additional storage use. Consider using this space for seasonal items or extra tables and chairs used for large events.
- Install storage shelving or cabinetry inside of the coat room (room 102).

## **Business Administration Schedule and Space**

### **• Schedule**

- Consider the expansion of evening and weekend hours to maximize opportunities for programming during less crowded hours and to meet the needs of residents with schedules that are restricted on weekdays. Consider use of volunteers to staff these piloted hours.
- Consider online registration for programming to decrease traffic at front lobby reception area during high volume attendance.
- Install a secondary *MySeniorCenter* kiosk in the receiving area (room 127) to ensure that all participants are being counted.

### **• Office Space**

- Modify the health clinic room (221) to include a small meeting area and/or multiple workstation spaces. Consider removing the exam table.
- Create an additional workstation adjacent to the current administration area (225) outside of the health clinic room. Consider a portable divider to create a desk space.
- Consider relocating the copier (Room 111) to an alternate space to create a workspace adjacent to the smaller transportation office.
- Consider re-purposing storage areas for office space (Rooms 102, 125, 130, 218 and 220). This possibility is contingent on creating additional storage along interior walls of programming rooms. Room 102 offers potential for a secondary reception area.

## **Outdoor Space**

### **• Outdoor Patio**

- Revise building policies to allow for food and beverage consumption on the outdoor deck. A small food service area in adjacent space or a mobile food cart could offer snacks and beverages.
- Increase programming that is suitable for outdoor space including chair exercise, gardening classes, and outdoor dining. Enlist participants, board members, or volunteers to generate a list of possible programs to be held on the patio, pilot-test these ideas.

- Consider an awning or shade structure such as a pergola or trellis to offer protection from sunlight, rain, and wind.
- Provide “age-friendly” seating (e.g., with arms, backs and weather resistant cushion) with access to tables for programming and potential dining.
- Improve acoustics to reduce undesirable sounds and incorporate appealing soundscape elements. Consider the use of dense plants or faux planters for noise reduction purposes; these could take the shape of dividers to increase the number of seating areas on the patio and also offer audio support for those with trouble hearing while outdoors.
- Explore the opportunity to create an outdoor fireplace at the location of existing library fireplace. Alternatively, purchase outdoor heat lamps to provide some heat in cooler months. This could extend the seasonality of the space.
- **Parking**
  - Identify on-street parking spots and designate them as giving priority to CATH participants.
  - Explore opportunities to create a satellite lot that is within walking distance or provides opportunity for pickup coordinated with existing CATH transportation services.
  - Create incentives for car-pooling (e.g., program discounts, gift cards to local businesses, or gift shop credit).

## Appendix A: Survey Results

### Q1. What is your age range?

Age 60-69	
Age 60-69	42%
Age 70-79	39%
Age 80+	19%
Total%	100%

*\*18 respondents reported that they were under the age of 60. These responses are not included in analyses included in this report.*

### Q2. How long have you lived in Needham?

	Age 60-69	Age 70-79	Age 80+	All Ages
Fewer than 5 years	6%	3%	12%	6%
5-14 years	8%	5%	13%	8%
15-24 years	13%	6%	3%	8%
25-34 years	39%	10%	7%	22%
35-44 years	25%	38%	7%	27%
45 years or longer	9%	38%	58%	29%
Total%	100%	100%	100%	100%

### Q3. Thinking about your usual life (before the COVID-19 pandemic), where in Needham do you go to socialize or go for leisure? (Check all that apply)

	Age 60-69	Age 70-79	Age 80+	All Ages
Library	54%	60%	45%	76%
Center at the Heights	10%	34%	35%	24%
Parks or outdoor spaces	73%	61%	40%	62%
Faith-based organization	34%	38%	32%	35%
Theatre or cultural center	23%	30%	18%	25%
Restaurant or cafe	89%	77%	66%	80%
A gym or fitness class	35%	38%	23%	34%
Town meetings or other civic activities	14%	17%	11%	15%
YMCA or Community Center	18%	11%	11%	14%
Other (please specify)	14%	17%	27%	18%

*\*Totals do not sum to 100% because respondents could check multiple responses.*

**Q4. Have you visited the Center at the Heights (CATH) over the last year?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	31%	66%	61%	50%
<b>No</b>	69%	34%	39%	50%
<b>Total%</b>	100%	100%	100%	100%

**Q5. In your usual life, how frequently do you use programs or services offered by the Center at the Heights(CATH)? (CATH USERS ONLY)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Two or more times a week</b>	11%	16%	36%	20%
<b>About once a week</b>	6%	16%	11%	12%
<b>A few times a month</b>	6%	8%	8%	8%
<b>About once a month</b>	8%	6%	6%	6%
<b>A few times a year (e.g., special events)</b>	69%	54%	39%	54%
<b>Total%</b>	100%	100%	100%	100%

**Q6. Do you see the Center at the Heights (CATH) as playing a role in the lives of yourself, loved ones, friends, or neighbors?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	74%	79%	77%	76%
<b>No</b>	26%	21%	23%	24%
<b>Total%</b>	100%	100%	100%	100%

**Q7. The following items refer to programs and services that are *usually* offered through the CATH. Please rate the importance of each type of program/service to you or to a member of your family.**

**Q7a. Assistance with state or local programs (e.g., fuel assistance, MassHealth)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Very Important</b>	29%	18%	17%	23%
<b>Moderately Important</b>	9%	8%	8%	8%
<b>Somewhat Important</b>	10%	12%	11%	11%
<b>Not Very Important</b>	18%	21%	12%	18%
<b>Not at all Important</b>	34%	41%	52%	40%
<b>Total%</b>	100%	100%	100%	100%

**Q7b. Transportation**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	22%	12%	16%	17%
Moderately Important	12%	7%	11%	10%
Somewhat Important	15%	10%	9%	12%
Not Very Important	15%	21%	11%	17%
Not at all Important	36%	50%	53%	44%
Total%	100%	100%	100%	100%

**Q7c. Fitness activities (e.g., Yoga, Zumba)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	32%	21%	26%	27%
Moderately Important	20%	20%	12%	19%
Somewhat Important	19%	20%	9%	17%
Not Very Important	12%	14%	13%	13%
Not at all Important	17%	25%	40%	24%
Total%	100%	100%	100%	100%

**Q7d. Physical health and wellness (e.g., blood pressure or Board of Health clinics)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	29%	18%	19%	23%
Moderately Important	19%	17%	19%	18%
Somewhat Important	20%	21%	12%	19%
Not Very Important	15%	17%	14%	15%
Not at all Important	17%	27%	36%	25%
Total%	100%	100%	100%	100%

**Q7e. Social and emotional wellness programs (e.g., mental health counseling)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	23%	13%	14%	17%
Moderately Important	20%	13%	8%	15%
Somewhat Important	16%	16%	13%	15%
Not Very Important	16%	23%	14%	19%
Not at all Important	25%	35%	51%	34%
Total%	100%	100%	100%	100%

**Q7f. Nutrition programs (lunches or home delivered meals)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	21%	13%	19%	17%
Moderately Important	16%	11%	6%	12%
Somewhat Important	10%	8%	7%	9%
Not Very Important	17%	22%	13%	19%
Not at all Important	36%	46%	55%	43%
Total%	100%	100%	100%	100%

**Q7g. Professional services (e.g., legal, tax, or health insurance counseling)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	26%	21%	24%	24%
Moderately Important	23%	15%	10%	17%
Somewhat Important	14%	16%	12%	14%
Not Very Important	13%	22%	12%	17%
Not at all Important	24%	26%	42%	28%
Total%	100%	100%	100%	100%

**Q7h. Social or recreational activities (e.g., parties, crafts, gardening, painting)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	20%	11%	16%	16%
Moderately Important	18%	17%	15%	17%
Somewhat Important	21%	23%	15%	21%
Not Very Important	18%	21%	15%	18%
Not at all Important	23%	28%	39%	28%
Total%	100%	100%	100%	100%

**Q7i. Support groups (e.g., caregiver)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	19%	9%	17%	15%
Moderately Important	16%	13%	6%	13%
Somewhat Important	17%	14%	14%	15%
Not Very Important	19%	25%	9%	19%
Not at all Important	29%	39%	54%	38%
Total%	100%	100%	100%	100%



**Q7j. Educational opportunities (e.g., book club, lectures)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	27%	18%	22%	23%
Moderately Important	29%	29%	21%	27%
Somewhat Important	18%	23%	17%	20%
Not Very Important	12%	13%	14%	13%
Not at all Important	14%	17%	26%	17%
Total%	100%	100%	100%	100%

**Q7k. Trips/Outings**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	13%	8%	10%	11%
Moderately Important	21%	22%	14%	20%
Somewhat Important	19%	18%	17%	18%
Not Very Important	19%	21%	15%	19%
Not at all Important	28%	31%	44%	32%
Total%	100%	100%	100%	100%

**Q7l. Volunteer opportunities**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	20%	12%	11%	15%
Moderately Important	25%	16%	13%	20%
Somewhat Important	23%	24%	19%	22%
Not Very Important	14%	21%	11%	16%
Not at all Important	18%	27%	46%	27%
Total%	100%	100%	100%	100%

**Q7m. Information and referral**

	Age 60-69	Age 70-79	Age 80+	All Ages
Very Important	30%	20%	19%	24%
Moderately Important	27%	24%	21%	25%
Somewhat Important	19%	21%	17%	19%
Not Very Important	10%	15%	16%	13%
Not at all Important	14%	20%	27%	19%
Total%	100%	100%	100%	100%

**Q8. Below is a list of issues one could encounter when accessing the Center at the Heights (CATH) or its programs. Have you experienced any of the following issues? (Check all that apply) (CATH USERS ONLY)**

	<b>Age 60-69</b>	<b>Age 70-79</b>	<b>Age 80+</b>	<b>All Ages</b>
<b>I have experienced no issues when accessing the CATH or its programs.</b>	46%	48%	59%	50%
<b>I have had difficulty finding parking.</b>	27%	36%	33%	33%
<b>I have had difficulty finding information about the programs and services available.</b>	10%	5%	8%	7%
<b>I have been unable to participate in a class or program because it was offered at an inconvenient time.</b>	18%	14%	13%	15%
<b>I have been unable to participate in a class or program because the class was full.</b>	6%	8%	7%	7%
<b>I have been unable to attend a class or program because the fee was more than I could afford.</b>	5%	5%	5%	5%
<b>I have been unable to attend a class or program because I was taking care of grandchildren, or providing care to someone who is frail or disabled.</b>	7%	6%	3%	5%
<b>I have missed participating in a class or program because I did not have transportation.</b>	1%	0%	0%	0%
<b>I have missed participating in a class or a program because I didn't learn about it until after it had already been held.</b>	8%	5%	5%	6%
<b>I attended a class or event that was uncomfortably crowded.</b>	3%	5%	5%	4%
<b>I attended a class or event at which I didn't feel welcome or included.</b>	0%	4%	4%	3%
<b>Other (please specify)</b>	12%	11%	9%	11%

*\*Totals do not sum to 100% because respondents could check multiple responses.*

**Q9. Thinking about your possible future needs and interests, which of the following areas would you prioritize in expanding the programs available at the CATH? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Cafe or other meal programs	13%	14%	20%	15%
Performances/presentations	37%	42%	25%	37%
Health and wellness programs (e.g., meditation or disease management)	33%	34%	17%	31%
Physical fitness programs (e.g., aerobics, strength training)	46%	48%	32%	44%
Intergenerational programs	14%	9%	9%	11%
Art classes (e.g., mosaics, portrait painting, etc.)	17%	11%	13%	14%
Hiking/walking club	38%	21%	15%	27%
Caregiver programs (e.g., respite, education)	14%	10%	9%	12%
Community space for socializing	19%	13%	16%	16%
Evening or weekend programming	26%	21%	17%	22%
Educational programs (e.g., lifelong learning courses)	45%	46%	38%	44%
In-home programs (e.g., friendly visiting or help with minor chores)	13%	11%	9%	12%
Day trips	23%	23%	15%	22%
Overnight trips	5%	4%	3%	4%
Other (please specify)	3%	9%	11%	7%

*\*Totals do not sum to 100% because respondents could check multiple responses.*

**Q10. How satisfied are you with the programs and services offered through the Center at the Heights (CATH)? (CATH USERS ONLY)**

	Age 60-69	Age 70-79	Age 80+	All Ages
Completely satisfied	14%	19%	32%	21%
Satisfied	54%	54%	52%	53%
Dissatisfied	4%	0%	3%	2%
Very dissatisfied	1%	1%	0%	1%
Not familiar enough to judge	27%	26%	13%	23%
Total%	100%	100%	100%	100%

**Q11. How worried are you about the COVID-19 pandemic?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Very worried</b>	25%	32%	37%	30%
<b>Moderately worried</b>	41%	46%	34%	42%
<b>Somewhat worried</b>	25%	17%	18%	20%
<b>Not very worried</b>	8%	5%	9%	7%
<b>Not at all worried</b>	1%	0%	2%	1%
<b>Total%</b>	100%	100%	100%	100%

**Q12. What are you concerned about in the weeks and months ahead? (Check all that apply)**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>You or a loved one getting COVID-19</b>	71%	77%	70%	73%
<b>Paying rent/mortgage</b>	5%	3%	1%	3%
<b>Paying other bills</b>	6%	4%	4%	5%
<b>Medical issues other than COVID-19</b>	15%	27%	34%	23%
<b>Attending religious services or social gatherings</b>	18%	21%	23%	20%
<b>Children's wellbeing, remote learning</b>	20%	31%	15%	23%
<b>Adequate childcare</b>	3%	6%	2%	4%
<b>Getting food and other things I need</b>	14%	12%	15%	13%
<b>The economic health of my community</b>	47%	49%	32%	45%
<b>Mental health issues (e.g., depression, anxiety, substance use)</b>	21%	19%	16%	19%
<b>Other (please specify)</b>	15%	18%	10%	15%

*\*Totals do not sum to 100% because respondents could check multiple responses.*

**Q13. Do you have an impairment/condition that limits your ability to participate in your community?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	3%	13%	25%	11%
<b>No</b>	97%	87%	75%	89%
<b>Total%</b>	100%	100%	100%	100%

**Q14. Do you currently live alone?**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Yes</b>	16%	20%	40%	22%
<b>No</b>	84%	80%	60%	78%
<b>Total%</b>	100%	100%	100%	100%

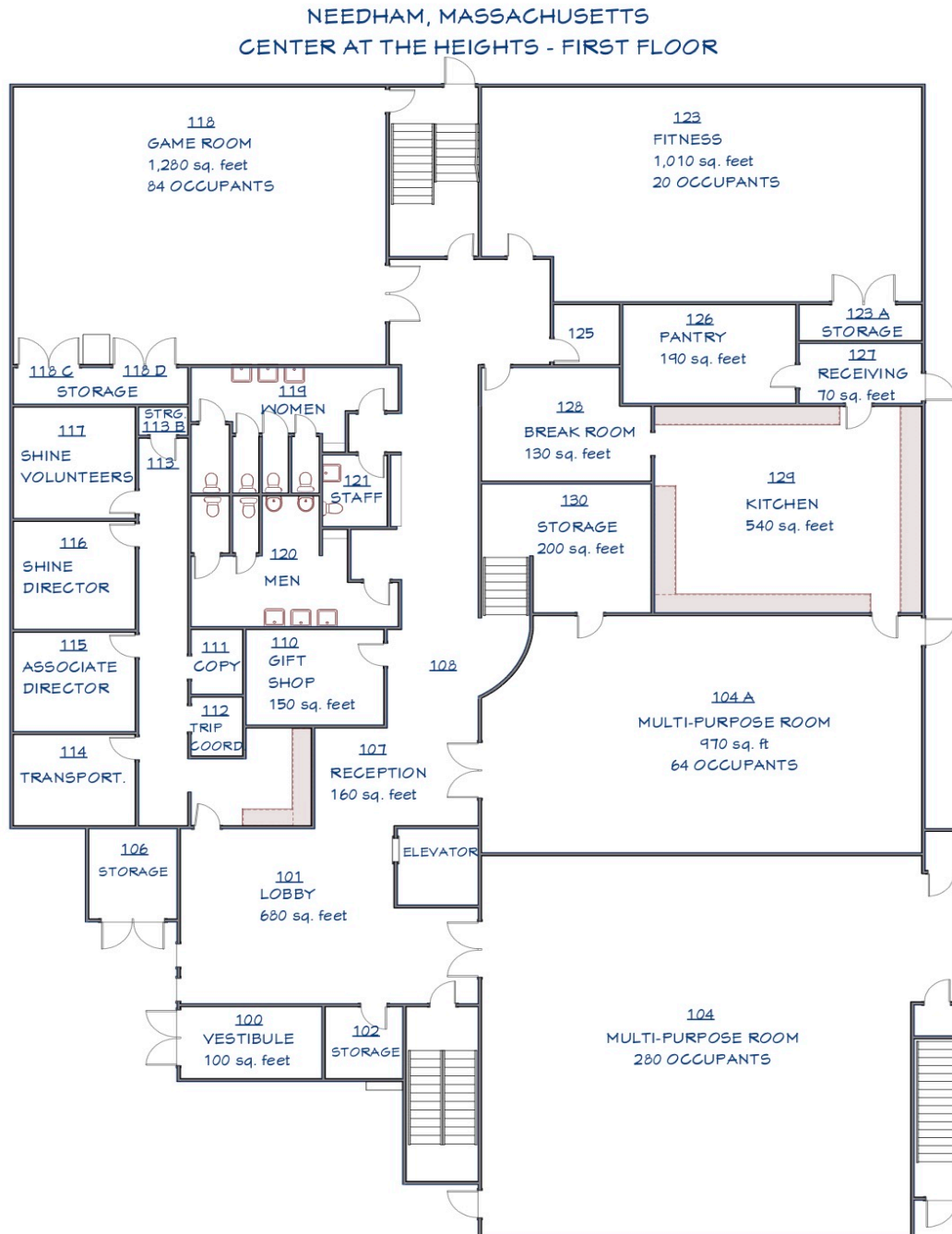
**Q15. Please select your gender.**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Male</b>	40%	40%	46%	41%
<b>Female</b>	60%	60%	54%	59%
<b>Other</b>	--	--	--	--
<b>Total%</b>	100%	100%	100%	100%

**Q16. Please indicate your level of agreement with the following statement, "I have adequate resources to meet my financial needs, including home maintenance, personal healthcare, and other expenses."**

	Age 60-69	Age 70-79	Age 80+	All Ages
<b>Strongly agree</b>	55%	51%	43%	51%
<b>Agree</b>	38%	43%	49%	42%
<b>Disagree</b>	5%	4%	7%	5%
<b>Strongly disagree</b>	2%	2%	1%	2%
<b>Total%</b>	100%	100%	100%	100%

## Appendix B: Floor Plan of the CATH



The floor plan of the second floor includes the following rooms and details:

- 212 COMPUTER ROOM**: 550 sq. feet, 36 OCCUPANTS
- 213 PROGRAM SPACE**: 380 sq. feet, 28 OCCUPANTS
- 216 PROGRAM SPACE**: 320 sq. feet, 28 OCCUPANTS
- 217 PROGRAM SPACE**: 660 sq. feet, 44 OCCUPANTS
- 215**: Central hallway area
- 211 PROGRAM SPACE**: 540 sq. feet, 42 OCCUPANTS
- 210 WOMEN**: Restroom
- 209 STAFF/CARE-GIVER**: Restroom
- 208 MEN**: Restroom
- 206 SOCIAL WORKERS**: 230 sq. feet, 2 OCCUPANTS
- 207 CONFERENCE**: 260 sq. feet, 17 OCCUPANTS
- 205 SOCIAL WORKER SUPERVISOR**: 160 sq. feet
- 204**: Entry area
- 218**: Entry area
- 220**: Entry area
- 221 HEALTH/VETERANS**: 160 sq. feet
- 219 ART ROOM**: 660 sq. feet, 44 OCCUPANTS
- 223 ADMIN**: 100 sq. feet
- 224 DIRECTOR**: 200 sq. feet
- 225**: Entry area
- 226 MULTI-PURPOSE ROOM**: 450 sq. ft, 9 OCCUPANTS
- 227 STORAGE**: Storage room
- 230 STORAGE**: Storage room
- 200 READING**: 320 sq. feet, 6 OCCUPANTS
- OPEN TO LOBBY BELOW**: Open area
- OUTDOOR DECK**: 40 OCCUPANTS

## Appendix C: Room Directory

### Needham, Massachusetts Center at the Heights – Space Directory

ROOM	LEVEL ONE	ROOM	LEVEL 2
100	Vestibule	200	Reading
101	Lobby	204	Hallway
102	Storage	205	Social Work, Supervisor
104	Multi-purpose room	206	Social workers
104A	Multi-purpose room	207	Conference Room
106	Storage	208	Men's
107	Reception	209	Caregiver
108	Oversized Hallway	210	Women's
110	Gift Shop	211	Program Space
111	Copy Room	212	Computer Room
112	Trip Coordinator	213	Program Space
113	Hallway and Storage	215	Oversized Hallway
114	Transportation	216	Program Space
115	Associate Director, Programming	217	Program Space
116	Shine Director	218	Custodian Closet
117	Shine Volunteers	219	Art Room
118	Game Room	220	Art Room Closet
118	C/D Storage	221	Health/Veterans
119	Women's	223	Admin
120	Men's	224	Director's Office
121	Staff	225	Hallway
123	Fitness	226	Multi-purpose room
123A	Storage	227	Storage
125	Custodian Closet	229	Oversized Hallway
126	Pantry	230	Storage
127	Receiving	n/a	Outdoor Deck
128	Break Room	n/a	Two Story Lobby
129	Kitchen		
130	Storage		

**Note: Basement** –Not for programming use.



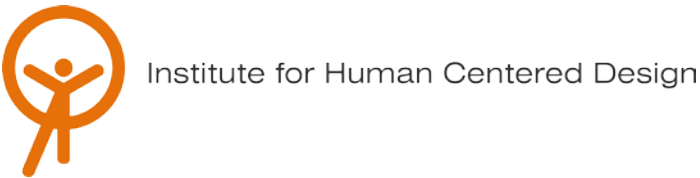
## Appendix D: Institute for Human Centered Design (IHCD) Report

# The Center at the Heights



## Town of Needham Assessment of Accessibility

June 2020



200 Portland Street, Boston, MA 02114  
www.IHCDesign.org • info@IHCDesign.org  
617-695-1225 voice/tty

### Executive Summary

#### Overview of the Project

The Institute for Human Centered Design (IHCD) was hired to conduct a comprehensive accessibility and inclusive design assessment of the Center at the Heights (CATH). On April 27, 2020, IHCD had a conference call with Caitlin E. Coyle, professor at the University of Massachusetts Boston Gerontology Institute, to discuss the elements to improve accessibility at CATH. This conversation resulted in a virtual walkthrough with senior staff at the Gerontology Institute and CATH on May 18, and a survey conducted by IHCD on June 8.

The survey concentrated on all public entrances, emergency exits, accessible routes to elements, areas used by members of the public such as the community room, the café, the art room, etc. Also included in the survey were the toilet rooms and the parking area.

#### Overview of Program Accessibility

The Center at the Heights is operated by the Town of Needham Council on Aging. As such the requirements of Title II of the ADA applies, including the requirement to provide program accessibility. Title II of the Americans with Disabilities Act requires that when services, programs or activities are offered, they must be provided in the most integrated setting possible.

When a public entity provides accessibility to its programs, it must ensure:

- That policies, practices and procedures are in place to provide equal opportunity to programs for people with disabilities and, if needed, modifications are made to policies, practices, and procedures if they result in discrimination against people with disabilities;
- That physical access to spaces is provided so a person with a mobility disability can enter the building, travel through the facilities, use the toilet rooms, and participate in the programs in the program space;
- That auxiliary aids and services for programs are provided so a person who is deaf/hard of hearing, blind/has low vision, or has a speech disability can experience equally effective

communication as well as a person without a disability in order to understand and participate in the programs.

#### Overview of the Standards

The CATH was built in 2013. Based on the date of construction, areas were surveyed for compliance with the ADA 2010 Standards for Accessible Design and 521 CMR of the Massachusetts Architectural Access Board. Recommendations were provided for compliance with the code that provides the greatest level of accessibility. Best practice and inclusive design recommendations were also provided. Best practice and inclusive design recommendations include elements that are not required in the accessibility standards but may create enhanced experiences for all users.

#### Action Plan

The CATH's commitment to creating an inclusive environment is clear from the work the Center has done to date. In order to address completely the items identified in this survey, IHCD recommends that the Center create an action plan for renovations to be done.

The following pages include a list of some of the accessibility issues that IHCD identified in its survey of the Center, a full illustrated catalog detailing noncompliant elements and recommendations for remediation. Individual accessibility concerns were photographed and recorded, with numerical information included wherever possible. In order to minimize the amount of information, elements not included in this report may be assumed to be compliant with regard to the applicable accessibility regulations.

A spreadsheet with priority for program access and a glossary of some of the terms used in describing features of accessible facilities is also included.

All recommendations in this report will assist the Center in meeting their responsibilities under the federal and state accessibility codes, provide equal opportunity for people with disabilities, and increase inclusion for a diverse public.

Background

Year Built: 2013

The Center at the Heights is located at 300 Hillside Avenue and is open to the public Monday through Saturday. The Center provides information and services for seniors as well as a variety of classes and programs including computer classes, exercise, yoga, etc. The Center also serves as one of the polling place locations for the Town.

The Center is a three (3) story building with one (1) accessible entrance located on Hillside Avenue (west side of the building). In addition to the accessible entrance/exit there are three (3) accessible emergency egresses. The parking lot is located on the north and east sides of the building; there are 64 parking spaces including three (3) accessible parking spaces. There are also two (2) drop-off areas. One is located on Hillside Avenue, and one is located on the south side of the building.

The building floors are connected by an elevator, two (2) sets of fire stairwells and a central stairway near the gift shop. A reception area, a gift shop, a multipurpose room, a café, a kitchen, a game room and the fitness center are located on the first floor. The library, an art room, a computer room, four (4) program space rooms (used for yoga, meditation or therapy classes) and a deck are located on the second floor. Multi-user men’s and women’s toilet rooms are located on both floors, a single-user toilet room is located on the first floor and a single-user companion bathroom is located on the second floor.

Staff offices are located on both floors. The transportation office, the director and volunteers’ offices for the SHINE program are located on the first floor. Two social worker offices, a staff conference room, the nurse’s office and the director’s office are located on the second floor. A staff break room is located off the kitchen area on the first floor.

**Note:** The basement level is not open to the public and therefore was not surveyed.

Key Accessibility Issues

Drop-off Areas

Accessibility issues include lack of the required sign with the International Symbol of Accessibility (ISA) at the drop-off areas.

Signage

Accessibility issues include signs not located on the latch side of the door at many locations, lack of tactile signs (braille and raised characters) at the emergency egresses and lack of illuminated signs with the International Symbol of Accessibility (ISA) at the accessible emergency exits. Another accessibility issue is the lack of signs with the International Symbol for Hearing Loss at the rooms having an assistive listening system.

Kitchen Area

Accessibility issues include lack of knee clearance at the cook range and lack of insulated pipes at the sink located at the preparation counter.

Toilet Rooms

Accessibility issues include toilet paper dispensers located above the grab bars. 521 CMR requires dispensers and other devices not to be mounted above the grab bars. Another accessibility issue includes accessible wheelchair compartments slightly shorter than the minimum depth allowed.

Drinking Fountains

Accessibility issues include lack of the required drinking fountain for standing users on both floors. The Standards require that no fewer than two drinking fountains be provided; one for seated users and one for standing users.

Fitness Room

An accessibility issue includes lack of the minimum 30 inches by 48 inches clear floor space at each type of exercise machine. The clear floor space is required to be positioned for a transfer or use by an individual seated in a wheelchair.

Doors

An accessibility issue includes lack of the required maneuvering clearance at the egress door located in the café area. 521 CMR requires maneuvering clearance to be provided when any obstruction within the 12 inches of the latch side of the door projects more than 6 inches beyond the face of the door. Another accessibility issue is the lack of maneuvering clearance at the emergency egress located in the game room due to the location of a computer table.

**Additional Accessibility Issues**





- Lack of accessible work surfaces (with knee clearance) in the library (one of the tables) and the art room.
- Lack of knee clearance at the sink located in the art room.
- Lack of a securely attached walk-off mat at the main entrance.

**Best Practice and Inclusive Design**

Best practice and inclusive design recommendations include elements that are not required in the standards but may create enhanced experiences for all users.


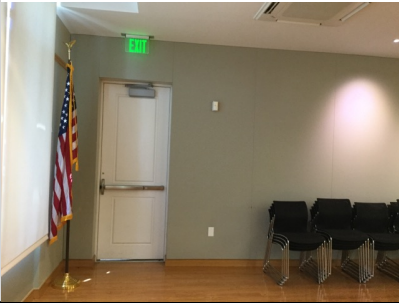



- Recommend providing a planter with knee clearance positioned for a forward approach (deck).
- Recommend using floor markers, intended to help with social distancing, that are wider and that also have a high contrast with the surface on the floor.

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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
<b>Approach and Entrance</b>											
<b>Exterior Access Route</b>											
1	Passenger Loading Zone - Near the Main Entrance	Ext.		Exterior Access Route	Exterior		Level changes > 1/4"	-	Beveled sections of the curb that is higher than a 1/4".	1	ADA 2010: 303 521 CMR: 20.10
<b>Passenger Loading Zones</b>											
2	Passenger Loading Zone - Near the Main Entrance	Ext.		Passenger Loading Zones	N/A		Sign with ISA not provided (MAAB)	-	Provide a sign that includes the International Symbol of Accessibility (ISA) at the head of the space. Locate the sign so that the bottom is 60" min. above the ground and the top is 96" max. above the ground.	1	521 CMR 41.1.3
3	Passenger Loading Zone - Hillside Street	Ext.		Passenger Loading Zones	N/A		Sign with ISA not provided (MAAB)	-	Provide a sign that includes the International Symbol of Accessibility (ISA) at the head of the space. Locate the sign so that the bottom is 60" min. above the ground and the top is 96" max. above the ground.	1	521 CMR 41.1.3
<b>Access to Goods and Services</b>											
<b>Means of Egress</b>											
4	Game Room	1	118	Means of Egress	N/A		Tactile exit sign not provided	-	Ensure a tactile exit sign with raised characters and braille is provided at exit door. Mount sign between 48" - 60" above the finished floor located on the latch side of the door.	1	ADA 2010: 703.2 521 CMR: 41.5








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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
5	Main Entrance	1		Means of Egress	N/A		Tactile exit sign not provided Illuminated ISA symbol not provided (MAAB)	- -	Ensure a tactile exit sign with raised characters and braille is provided at exit door. Mount sign between 48"- 60" above the finished floor located on the latch side of the door. Provide an illuminated sign with the International Symbol of Accessibility.	1	ADA 2010: 703.2 521 CMR: 41.5 & 41.1.3
6	Multipurpose Room	1	104	Means of Egress	N/A		Tactile exit sign not provided Illuminated ISA symbol not provided (MAAB)	- -	Ensure a tactile exit sign with raised characters and braille is provided at exit door. Mount sign between 48"- 60" above the finished floor located on the latch side of the door. Provide an illuminated sign with the International Symbol of Accessibility.	1	ADA 2010: 703.2 521 CMR: 41.5 & 41.1.3
7	Near Game Room	1		Means of Egress	N/A		Tactile exit sign not provided Illuminated ISA symbol not provided (MAAB)	- -	Ensure a tactile exit sign with raised characters and braille is provided at exit door. Mount sign between 48"- 60" above the finished floor located on the latch side of the door. Provide an illuminated sign with the International Symbol of Accessibility.	1	ADA 2010: 703.2 521 CMR: 41.5 & 41.1.3
8	Cafe	1	104A	Means of Egress	N/A		Tactile exit sign not provided Illuminated ISA symbol not provided (MAAB)	- -	Ensure a tactile exit sign with raised characters and braille is provided at exit door. Mount sign between 48"- 60" above the finished floor located on the latch side of the door. Provide an illuminated sign with the International Symbol of Accessibility.	1	ADA 2010: 703.2 521 CMR: 41.5 & 41.1.3
<b>Interior Access Route</b>											
9	Lobby	1		Interior Access Route	N/A		Surface not stable, firm, and slip-resistant	-	Install an ADA-compliant walk-off mat.	1	ADA 2010: 302 521 CMR: 29.00





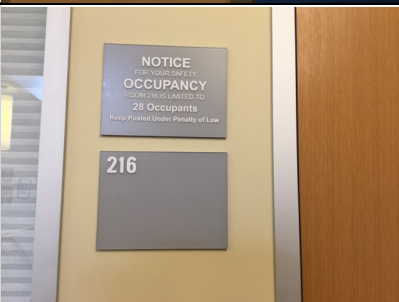
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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
<b>Doors, Doorways, &amp; Gates</b>											
10	Game Room	1	118	Doors, Doorways, & Gates	Emergency Egress		Maneuvering clearance(s) not provided	-	Relocate table to maintain the required maneuvering clearance at the door.	1	ADA 2010: 404.24 521 CMR: 26.00
11	Cafe	1	104A	Doors, Doorways, & Gates	Emergency Egress		Maneuvering clearance not provided at recess > 6"	6.5"	Install an automatic door opener.	1	521 CMR: 26.6.2
<b>Exercise Machines &amp; Equipment</b>											
12	Fitness Room	1	123	Exercise Machines & Equipment	N/A		Clear floor space not provided	-	Ensure that one of each type of equipment has a 30" min. by 48" min. clear floor space positioned for transfer or for use by an individual seated in a wheelchair. Clear floor space required at exercise machines and equipment shall be permitted to overlap.	1	ADA 2010: 1004.1
<b>Signage</b>											
13	Game Room		118	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
14	Multipurpose Room	1	104	Signage	N/A		International Symbol of Access for Hearing Loss not provided	-	Provide a sign with the International Symbol for Hearing Loss to notify patrons that an assistive listening system is provided.	1	ADA 2010: 703.7.2.4 521 CMR: 41.10

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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
15	Multipurpose Room	1	104	Signage	Designation		Sign location not compliant		Locate sign to the right of the right hand door.	1	ADA 2010: 703.4.2
16	Gift Shop	1	110	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
17	Fitness Room	1	123	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
18	Staff Office	2	205/206	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
19	Conference Room	2	207	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2

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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
20	Library	2	226	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
21	Yoga Classroom	2	211	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
22	Computer Room	2	212	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
23	Meeting Room	2	213	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
24		2	216	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2








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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
25		2	217	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2
26	Art Room	2	219	Signage	Designation		Sign not located on the latch side of the door	-	Locate sign at permanent rooms alongside the door on the latch side.	1	ADA 2010: 703.4.2 521 CMR: 41.2  ADA 2010: 902.2
<b>Dining or Work Surfaces</b>											
27	Library	2	226	Dining or Work Surfaces	Work Surface		Knee or toe clearance not provided	24"	Provide at least 1 work surface with 27" min. high knee clearance underneath.	1	ADA 2010: 902.2
28	Art Room	2	219	Dining or Work Surfaces	Work Surface		Knee or toe clearance not provided	24"	Provide at least 1 work surface with 27" min. high knee clearance underneath.	1	ADA 2010: 902.2
<b>Assembly Area</b>											
29	Conference Room	2	207	Assembly Area	N/A		Assistive listening devices not provided	-	Where audio amplification is provided and audible communication is integral to the use of the space, provide an assistive listening system. If an assistive listening system is present, a sign with the International Symbol of Access for Hearing Loss must be provided.	1	ADA 2010: 703.7.2.4 521 CMR: 41.10



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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
30	Computer Room	2	212	Assembly Area	N/A		Assistive listening devices not provided	-	Where audio amplification is provided and audible communication is integral to the use of the space, provide an assistive listening system. If an assistive listening system is present, a sign with the International Symbol for Hearing Loss must be provided.	1	ADA 2010: 703.7.2.4 521 CMR: 41.10
<b>Kitchens and Kitchenettes</b>											
31	Kitchen	1		Kitchens and Kitchenettes	N/A		Knee/toe clearance not provided at cooktop	-	Provide a cooktop with knee and toe clearance positioned for a forward approach.  Ensure hardware can be operable with a closed fist and does not required tight grasping, pinching or twisting of the wrist.	1	521 CMR: 32..8.1
<b>Toilet &amp; Bathing Rooms</b>											
<b>Single-User Toilet</b>											
32	Companion Bathroom	2	221	Single-User Toilet	N/A		Toilet paper dispenser is not compliant	-	Relocate toilet paper so that it is 24" min. high, located under the grab bar, and between 7" and 9" from the front of the toilet.	1	521 CMR: 30.8.5 & 30.6.1
<b>Toilet Compartment</b>											
33	Men's Toilet Room	1 2		Toilet Compartment	Accessible Compartment		Non-compliant toilet paper dispenser Depth of compartment < 72" (MAAB)	- 70"	Relocate toilet paper so that it is 24" min. high, located under the grab bar, and between 7" and 9" from the front of the toilet. Provide a wheelchair accessible compartment that is 60" wide and 72" deep.	2	521 CMR: 30.8.5 & 30.6.1

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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
34	Women's Toilet Room	1 2		Toilet Compartment	Accessible Compartment		Non-compliant toilet paper dispenser Depth of compartment < 72" (MAAB)	- -	Relocate toilet paper so that it is 24" min. high, located under the grab bar, and between 7" and 9" from the front of the toilet. Provide a wheelchair accessible compartment that is 60" wide and 72" deep.	2	521 CMR: 30.8.5 & 30.6.1
<b>Additional Access</b>											
<b>Drinking Fountains</b>											
35	Near Fitness Room	1	123	Drinking Fountains	Low		No drinking fountain provided for standing users	-	Provide an additional drinking fountain for standing users or install a Hi-Lo drinking fountain.	1	ADA 2010: 211.2
36	Near Room 221	2		Drinking Fountains	Low		No drinking fountain provided for standing users	-	Provide an additional drinking fountain for standing users or install a Hi-Lo drinking fountain.	1	ADA 2010: 211.2
<b>Sink</b>											
37	Kitchen	1		Sink	N/A		Exposed plumbing underneath sink	-	Insulate or otherwise configure pipes at sink to protect against contact.	1	ADA 2010: 606.5 521 CMR: 32.7.4
38	Art Room	2	219	Sink	Classroom		Knee clearances not provided	26"	Ensure there is a 27" high knee clearance for a depth of 8" under the sink.  Ensure hardware can be operable with a closed fist and does not required tight grasping, pinching or twisting of the wrist.	1	ADA 2010: 306.3 521 CMR: 32.7

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ID	Location	Floor	Room	Element	Type	Photo	Issues	Current Measure	Recommendations	Quantity	Citations
Best Practice											
Floor Markers											
39	Lobby	1		Floor Markers	N/A				Recommend using floor markers, intended to help with social distancing, that are wider and that also have a high contrast with the surface on the floor.	1	ADA 2010: N/A 521 CMR: N/A
Planters											
40	Deck	2		Planters	N/A				Recommended providing a planter with 27" high knee clearance positioned for a forward approach.	1	ADA 2010: N/A 521 CMR: N/A