



Manchester Senior Center Facility Needs Analysis



Final Report

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The Study Team

The **Manchester Senior Center Facility Needs Analysis** was conducted by Douglas Gallow and Ellen Gallow of Lifespan Design Studio, LLC (Loveland, OH)—Senior Center Planning and Design Specialists who have provided services to dozens of communities in New England and throughout the US for more than three decades. Chris Wante of EDM Architecture and Engineering (Unionville, CT) with whom Lifespan has worked closely on numerous senior center studies and design projects, provided local services as needed. Senior Services Specialist Jill Jackson Ledford, MSW provided review and perspective in the demographic analysis.

Lifespan Design Studio, LLC **Senior Center Planning & Design Specialists**

Douglas J. Gallow Jr., FAIA
Ellen R. Gallow, CAPS

554 Baxter Road
Loveland, OH 45140
513.444.4877
lifespandesignstudio.com

EDM Architecture & Engineering Christopher Wante, AIA

45 South Main Street, 2nd floor
Unionville, CT 06085
860.233.8282
edm-ae.com

Jill Jackson Ledford, MSW

2591 Rutherford Way
Charleston, SC 29414
843.725.8962

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Executive Summary

“Senior Centers across the country are **vibrant community focal points** because of the people who participate, the professionals who provide services and supports, and the local stakeholders who offer their resources, volunteers, and expertise ... These individuals and organizations, like those that came before them, will *imagine, transform, and create* senior centers for this century.”

Transforming Senior Centers

Kathryn Lawler

Executive Summary

Clearly fitting the description of a **vibrant community focal point**, the Manchester Senior Center has reached a critical stage in its development where the **building** that it occupies must be regarded as an impediment to its ability to stay current with—and respond effectively to—the evolving needs, interests, and preferences of the emerging generations of older adults in the Manchester community. With this reality becoming increasingly evident, the Human Services Department engaged senior center planning and design specialists Lifespan Design Studio to assist in articulating a vision and defining space needs for a new facility. A comprehensive study was launched to explore trends in facility composition and design both locally and nation-wide; glean perspective from demographic indicators; gather input from current and prospective future patrons; articulate an over-arching vision for a new facility and the functions it will accommodate; and delve into issues that shape space needs with applicable staff and departmental leaders.

No assumptions or limitations were assigned to key issues that may impact the new Center's size or content. Instead, this study sought to develop tools that will be useful in evaluating a range of potential options as they come under consideration, including but not limited to construction of a new stand-alone (or potentially combined) facility on a site to be determined; adaptive reuse of an existing building and site; and various potential project budget points. The primary tool generated is a **Program of Requirements (POR)** describing physical parameters for a list of rooms and spaces recommended to accommodate programs, services, drop-in activities, and other uses of the Center that are highly responsive to input and information gathered through this study. With appropriate allowances assigned for corridors, wall thicknesses, and other space needs not specifically detailed in the POR, the approximate size (gross square footage) of the proposed building can be projected. Key issues to be considered in the review of potential *additions* or *reductions* to the core program are discussed in an **Options Review Guide** following the POR document.

This report provides an overview of the tasks, findings, and discussion completed to inform development of the Program of Requirements, with more detailed information included in Appendices for reference. Tasks completed and documents developed include:

- Tours of selected senior centers in nearby communities taken by the Senior Center and Human Services Directors and study team members; descriptive information assembled about the buildings, sites, and activities/services accommodated
- Presentations/discussions on emerging trends in senior center programming, composition, and design nationwide
- Overview of *Current and Projected* Program and Service offerings at the Manchester Senior Center and a Facility Conditions Overview with Impact Assessment
- Review of demographic issues and trends that may influence the future demand for senior center-based programs and services in Manchester
- Community Survey conducted to explore the types of programs, services, drop-in activities, and amenities of greatest expressed interest in a new senior center (and reflection on survey results with staff)

- Meetings with selected Human Services (Senior Adult and Family Services, Health Department, and Senior Center) staff and administrators, and Emergency Management-related administrators to gather information and glean perspective on space needs associated with current and potential future uses of the senior center (including use as an Emergency Shelter)
- Development of a descriptive vision of essential characteristics for a new facility to effectively support the expressed goals
- Development of a Program of Requirements (as described above) to accommodate the proposed functions in a facility of a size and location to be determined
- Development of a guide to key issues to be considered in the review of options for the location, size, and composition of the future facility
- Reflection and next steps recommendations

Findings from the investigations conducted to inform development of the Program of Requirements for the new Manchester Senior Center strongly reflect familiar trends being adopted by communities of similar scale and composition today. Most notably:

- Future programming and facility design should communicate the Town and Center's commitment to supporting multiple dimensions of wellness for Manchester residents as they age, including but not limited to physical, emotional, intellectual, social, spiritual, environmental, and occupational.
- The Center should be designed *purposefully* to accommodate a robust slate of activities and services in rooms and spaces that are appropriately sized, equipped and appointed for the intended uses and users.
- *Social space should be prioritized* (in addition to the rooms and spaces where specific activities and services will be staged), to encourage self-directed drop-in use of the facility as a "Third Place" (neither work or home) and foster a sense of community and camaraderie among participants.
- The constructed environment throughout the building and site must be seamlessly accessible and user-friendly to welcome participants of all ages and abilities, and should instill confident use in the post-Covid era.

The **Core Program of Requirements** (POR) developed for the future facility describes 40+ rooms and spaces in detail, totalling approximately 18,000 net square feet or an estimated 23,500 gross square feet when configured appropriately with corridors, walls, and other considerations not itemized. Although there is no algorithm that can be reliably applied in senior center planning, this size point is on trend with existing facilities for communities of this size regionally and nation-wide. Also consistent with *leading edge* practices in many facilities currently in planning stages, the POR goes on to describe **Additional/Optional Amenities for Consideration** to support the burgeoning demand for professional caliber educational and cultural experiences and fitness/recreational amenities and programs for active older adults. These highly popular amenities should be considered in ongoing planning efforts—potentially including multiple departments and/or public-private partnerships.

The evaluation of options for the size, location, and form that the new Center will eventually take will introduce multiple issues not established in advance of this study: most notably the availability of funds for construction, staffing and operations. Although it will be necessary to tailor the POR to these and other conditions as they are established, a variety of key considerations are enumerated in the **Options Review Guide** to support the preliminary review process.

2

Demographic indicators point to a need for increased services and more space

“The aging of the U.S. population is one of the major public health challenges we face in the 21st century. As such, it demands a coordinated response to community priorities that can promote health, safety, and independence in age-friendly environments.”

The Center at Belvedere, Charlottesville, VA
2021 Annual Report



Demographic Indicators Point to a Need for Increased Services and More Space

Citing the fact that the building that houses the Manchester Senior Center is “at capacity” in its **2019 Needs Assessment for Seniors Age 60+** report, the Manchester Human Services Department acknowledged that a larger building would be needed to accommodate an appropriate roster of programs and services for the Town’s expanding senior population. Recently published demographics, wellness indicators, and planning resources bear this out:

- The **2021 Connecticut Healthy Aging Data Report** revealed that 20.4% of Manchester’s population was age 60+ (11,828 people).
- Citing the aging of the Baby Boom generation (those born between 1946 and 1964) as “a major demographic trend,” the **Manchester 2020 Plan of Conservation and Development** expressed that Manchester needs to “seek out opportunities to invest in places and activities that appeal to this population.” It should be noted that at ages 58-76, Baby Boomers currently comprise the bulk of the Manchester Senior Center’s most active members and target population.
- The **2021 CT Data Collaborative Profile** for Manchester identifies that another 13% of the Town’s population (7,516 people, mostly “Gen X-ers”) are age 50-59 (in or rapidly approaching the Senior Center’s target population of 55+).
- Manchester Residents in Gen Y (currently the community’s largest cohort, also acknowledged in the **2020 Plan of Conservation and Development** to be of particular significance in planning for the future), will begin to enter the senior center’s target population in another 14 years, extending the “age wave” that the Senior Center is currently experiencing.
- As expressed in the detailed **Profile for Manchester seniors** in the **2021 Connecticut Healthy Aging Data Report** (see Appendix) although older Manchester residents fared better than other Connecticut seniors on some health indicators, they had *higher* rates of obesity, high cholesterol, tooth loss, Alzheimer’s disease or related dementias, asthma, cataract, chronic kidney disease, COPD, ischemic heart disease, peripheral vascular disease, depression, anxiety disorder, bipolar disorder, schizophrenia and other psychotic disorders, personality disorder, and hearing impairment. With **social isolation** clearly linked to many of these conditions regardless of other precipitating factors, according to the **National Council on Aging** “research shows that compared with their peers, senior center participants have higher levels of health, social interaction, and life satisfaction.”
- With life expectancy for seniors in Connecticut currently projected to be **80.9 years** (CT Healthy Aging Report 2021) and (according to the Social Security Administration) likely to continue to rise into the middle of this century, it is clear that the need for **health & wellness-focused services** and demand for **life enriching programs** for older adults can be projected to increase for the foreseeable future.

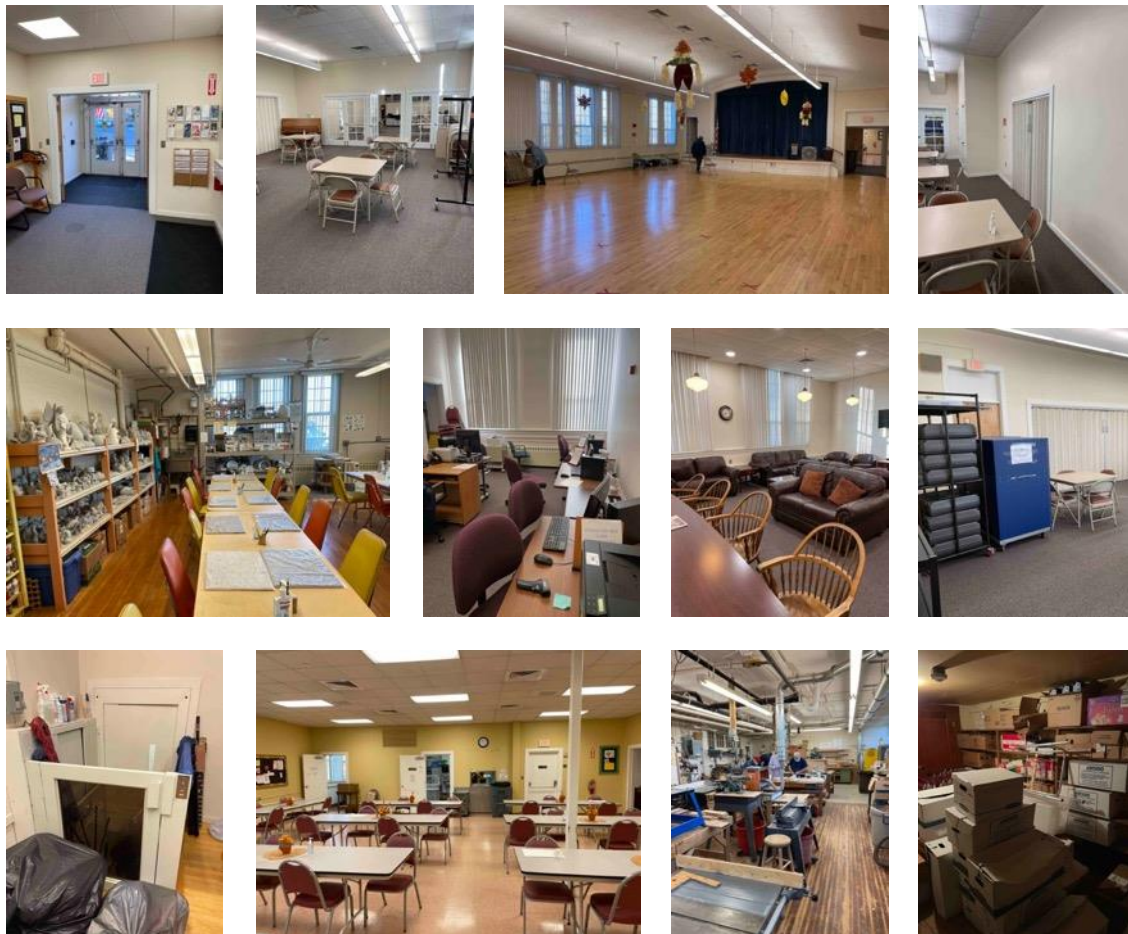
3

Existing facility conditions overview and impact assessment



Existing Facility Conditions Overview and Impact Assessment

While the purpose of this study was not to evaluate the physical condition of the Manchester Senior Center, an understanding of key issues in those conditions that limit or compromise the Town's ability to deliver the desired programs, services, and drop-in activities helped to inform the development of a vision for a replacement facility. Existing conditions floor plans are included in the Appendix for reference. It should be noted that significant portions of the three-level building (including attic) are not used or usable by the Senior Center. **The Town has estimated that the building offers 8,963 square feet of program space.**



After touring the Manchester Senior Center (pictured above) and discussing it in detail with staff, the following observations were noted and *goals* established:

1. The location of the facility in the northeast quadrant of the Manchester community away from other public amenities of interest to the target population may negatively impact public awareness and equitable ease of access.

- a. Include this consideration in the development of parameters for the evaluation of sites that come under consideration for a future facility.*
2. The size and configuration of the site offers minimal opportunity for outdoor programs or amenities of potential interest to the target population.
 - a. Include suitable space for the desired site amenities in development of site evaluation parameters.*
3. The lack of protection from the elements (for drop-off and pick-up) at the main entrance may inconvenience or deter some patrons.
 - a. Include appropriate protection in the vision for the future facility.*
4. The lack of touch free automatic doors at the main entrance may inconvenience or deter some patrons and result in doors held open longer than necessary.
 - a. The new facility should have automatic doors (preferably sliding) at an airlock vestibule for touch-free access and to separate the lobby-lounge from outdoor temperatures.*
5. The building's long, narrow configuration and conjoined rooms are the sources of frequent disruption to activities in progress and corresponding compromises to privacy.
 - a. The layout of the future facility shall accommodate appropriate access to activity rooms, offices, storage/support space, etc. from corridors and lounges without disruption or compromise to activities and services in progress.*
6. Insufficient accommodations for sound management within (and acoustic separation between) public and activity spaces, offices, etc. contribute to an uncomfortable sound environment and inappropriate compromises to privacy.
 - a. All of these issues must be taken into consideration in the design of the new facility. Hearing loop and other accommodations should be provided to further enable people with hearing challenges to participate fully.*
7. Many of the Center's most popular activities are hidden "out of sight" in spaces of which guests are unaware as they enter the main lobby.
 - a. The layout and design of the new facility should showcase and help to sow interest in key activities and amenities.*
8. The building lacks adequate lounge space to accommodate informal socialization and "drop-in" use of the Center as a community hub.
 - a. A high priority should be assigned to accommodating these functions in the vision for the future facility.*
9. The allocation and layout of interior space has given rise to a tendency to regard most rooms as "dedicated" for specific uses, limiting the overall flexibility and capacity of the building.

- a. Review programming goals, synchronicities of function, and scheduling issues to determine an efficient mix of dedicated- and flexible-use rooms and spaces for the future facility.*
10. Some activities that would be best accommodated in rooms specialized for that use are instead held in generic spaces (ex: exercise classes in the auditorium, Wii in the library).
 - a. Function-specific accommodations should be included in the new facility as needed to optimize patrons' perceptions and experiences.*
11. Various areas within the building and site are not suitably accessible and/or user-friendly.
 - a. The new facility should be universally designed for equitable access, safety, and ease of use throughout the building and site.*
12. Offices and other staff support spaces are inadequate and poorly located/arranged within the building.
 - a. Incorporate a thorough evaluation of staff roles and options for accommodating them through dedicated and shared use office/work spaces and responsive support spaces. Plan for future staff expansion and/or partner space needs.*
13. The building is not suitably configured or equipped for use as an emergency shelter.
 - a. Plan for this use and all associated infrastructure, equipment, supply and storage needs as the new facility is envisioned.*
14. The appearance and condition of the 100 year-old building (inside and out) are inconsistent with the desired impressions of the programs and services offered, and may compromise the quality of experience.
 - a. The new facility should be designed for "timeless, ageless" resonance with current and emerging generations of participants and effectively communicate and support the functions it accommodates.*
15. The furniture, finishes, and sparse decorative elements used throughout the building contribute to an overly generic, institutional and "run down" ambiance.
 - a. Furniture and finishes applied in the new center should be selected with the intended uses and users in mind, and to contribute favorably to positive impressions of the facility, programs and services.*
16. Restroom locations are inconveniently remote from various key activity spaces, with no restrooms available for patron use on the lower level.
 - a. Both multi-fixture and private/companion use restrooms should be equitably distributed throughout the new facility.*
17. Storage accommodations are randomly located and in some cases poorly sized and configured for the items stored.

- a. *All program and service-related, staff, general/operational/janitorial and other types of storage needs should be considered in detail in development of the architectural program and space plan for the new facility.*

18. The Center's multi-zoned heating and cooling system is difficult to regulate.

- a. *Heating, ventilation and air conditioning needs and ease of operation/management should be in an integral consideration in the design of the new facility.*

Parking and Site Amenities

The current facility has 141 parking spaces, 11 of which are designated as accessible. The spaces are arranged in various lots, with varying degrees of proximity and ease of access to the building: those that are closest are used most frequently. No spaces are currently reserved specifically for staff or the three "buses" and town car that are parked at the Center when not in use. The quantity of spaces is generally adequate to support program-driven needs, with the exception of large annual events such as the Health Fair.

Although the greenhouse has long been a point of pride for the Center, it has been minimally utilized for the last few years due to Covid-19, lack of a qualified program leader, competition from other facilities, and other issues such as maintenance challenges. The pro's and con's of including a similar amenity in the vision for the future Center should be weighed.

Bocce is a popular outdoor pursuit, with a 40-person league currently using the Center's courts. The Community Garden is similarly popular, with about 40 active participants. All site amenities currently rely heavily on the Town's Public Works Department for upkeep.

4

Functions currently accommodated and future perspective

“The Center offers a comprehensive array of activities and services to meet the needs and interests of Manchester’s seniors, encourages healthy lifestyles and supports lifelong learning.”

Town of Manchester website



Functions Currently Accommodated and Future Perspective

Because the **functions** to be accommodated are the key driver in development of an architectural Program of Requirements for a future facility, the study team first sought a thorough understanding of the programs, services, drop-in uses, staff uses, and other incidental uses of the current Center as a base of information. Staff expressed the opinion that most **current activities** are likely to remain and/or expand in demand for the foreseeable future, and should therefore be included in the determination of space needs. Desirable **additions to the roster of programs, services, and drop-in activities** to be offered in the future were identified by Senior Center and other Human Services staff and gleaned from public input gathered via the survey. A vision for use of the future Center as an **Emergency Shelter** when needed was discussed with representatives from the Human Services, Fire, and Emergency Management Departments. Applicable meeting notes and summaries are included for reference in the Appendix.

A Senior Center's roster of programs and services is dynamic, with inevitable additions, deletions, or temporary suspensions occurring regularly for any number of reasons. Because of this, the summary of current and projected future programs, services, and drop-in activities below is expressed both in terms of activity *types* and specific offerings. For example, while a class on a specific topic may be offered for a limited period of time, future offerings that focus on different topics but are similarly structured and have similar space needs may be likely. For the purposes of space planning, the activity type may be more important than the actual subject matter. On the other hand, some activities or services require highly specialized accommodations that must be clearly defined in the space planning effort.

Current Programs and Services by Category

1. Card/Tile/Board Games and Similar Activities

Various games, typically played at "card tables" with 2-4 players per table are very popular among current Center participants. In many cases, a relatively fixed group of participants meets at a specific time. Some games are offered at a specified time for drop-in play, and sometimes people "drop in" to play with friends on their own schedule. Group sizes currently vary from one to 12 tables or more. Some groups may prefer privacy/quiet – others may be less concerned – socialization is an important component of these experiences, and refreshments may be served or carried in. Staff expressed that the preferred accommodation for this type of activity would be a room designated specifically for this activity type, sized for 12 tables, possibly with a motorized acoustic partition so it could be divided for optimal space use when groups are smaller. Some drop-in players might also make use of card tables in a lounge setting. **Current/recent** offerings include:

- a. Duplicate bridge
- b. Social bridge
- c. Hand & foot
- d. Pinochle

- e. Mahjong
- f. Scrabble
- g. Cribbage
- h. Dominoes
- i. Setback

2. Miscellaneous Games & Recreation

Various recreational activities currently utilize miscellaneous rooms and spaces in the Senior Center that were not designed or appointed for the use. Looking to the future, most of these can make effective use of a multi-purpose room as long as the associated furniture, equipment and supplies can be accommodated (and then stored out of the way as needed). Many physically active games could also be effectively accommodated in an exercise studio. Given the current popularity of the Center's pool tables and the expressed desire to attract and support more participation by men, it was agreed that the future vision should include a billiards room with three regulation-sized tables and social seating options. The (outdoor) bocce program is popular and should be included in the future vision. **Current/recent** offerings include:

- a. Bingo
- b. Billiards (pool)
- c. Wii (bowling)
- d. Cornhole (indoor)
- e. Ping pong
- f. Bocce (outdoors)

3. Art & Handcrafts

The current Center includes a dedicated woodshop with essential infrastructure, a dedicated ceramics room with kiln, and flex-use art room that accommodates a variety of media and other misc. socialization and educational programs. Some art classes utilize other multi-purpose space in the building. The future vision anticipates continued interest in both a woodshop and ceramics studio, with the addition to the latter of wheel- and hand-formed pottery options including instruction and drop-in use. The current painting and sewing-needlecraft focused classes and groups are popular, with the addition of similar media in the future highly likely. Digital photography and other creative digital media would make use of classroom/meeting space with the appropriate infrastructure. **Current/recent** offerings include:

- a. Ceramics
- b. Watercolor painting
- c. Oil painting
- d. Acrylic painting
- e. Quilting
- f. Woodshop
- g. Digital photography

4. Fitness & Meditation

The Center offers a broad spectrum of exercise and wellness programs for older adults as outlined below. Very popular among current and emerging generations of senior center participants (including survey respondents of all ages), it is anticipated that demand will continue to grow, with likely additions to the slate of opportunities offered in response. Currently staged in an auditorium that lacks appropriate finishes, fixtures, and other supports, Center staff and survey respondents expressed strong interest in a dedicated exercise studio in the future facility. **Current offerings** include:

- a. Guided meditation
- b. Line dance - various levels
- c. Lite-N-Lively
- d. Body Sculpt
- e. Zumba, Zumba Gold, Zumba Gold Chair
- f. Bellyrobics
- g. Strength & Flex
- h. Stronger Seniors
- i. Tai Chi – various levels
- j. Yoga, Yoga Plus

5. Educational & Cultural

The Center offers a spectrum of educational and cultural experiences in various formats including special presentations/lectures, classes and workshops, discussion groups, demonstrations, “munch & learn” events, etc. on an ever-changing slate of topics. With strong interest expressed in these types of experiences by survey participants, it was agreed that this is a likely growth area, and that opportunities to partner with others to bring experiences to Center participants on-site should be promoted and supported through the inclusion of appropriate meeting spaces in the new facility. Representative **current offerings** include:

- a. Memory to Memoirs
- b. Book club
- c. AARP Smart Driver course
- d. Cooking demonstrations
- e. Munch & learn – various topics
- f. Topical presentations, workshops, and classes

6. Entertainment & Socialization

Escape from social isolation is one of the most important functions that a Senior Center contributes to the vitality of the community and well-being of citizens as they age. This goal is supported through the Manchester Senior Center today through its daily congregate meals program, regularly scheduled parties and social events, movie showings, various clubs/groups, day trips, thematic celebrations including holiday events,

and use of the facility as a destination to “hang out” with others (although available space to do so without disruption to scheduled activities and services is very limited). All of these activity types are expected to be of sustained and/or increasing interest in the future and will be reflected in the Program of Requirements for the new facility. **Current offerings** include:

- a. Monthly birthday celebrations
- b. Movies
- c. Monthly Newcomers meetings
- d. Red Hat Society
- e. Women’s Group
- f. Men’s Group
- g. Senior Circle
- h. Friendship Circle
- i. Day trips
- j. Seasonal & holiday celebrations

7. Health & Personal Services

The fact that the Manchester Senior Center is a division of the Human Services Department along with the Health Department and Senior, Adult & Family Services is strongly reflected in the extensive slate of health and personal services currently accommodated on-site at the Senior Center. Discussions involving staff from all of these divisions revealed the value of easy communication and coordination of their efforts for enhanced benefits to those they serve. Although the spaces in the Center utilized for the provision of services are far from ideal, the following **current offerings** are heavily patronized by area seniors:

- a. MACC lunch program – congregate and take-out
- b. Blood pressure checks
- c. Footcare
- d. Falls risk evaluations & workshops
- e. Diabetes Prevention program
- f. Support Groups: Caregivers, Low Vision, Hearing Loss
- g. Consultations with nurse
- h. Consultations with social worker, case management
- i. Use of personal computers, tech mentoring
- j. Senior Center Transportation
- k. Health fairs

Future Perspective on Scheduled Activities and Drop-in Uses of the Center

The perspective on the future expressed by the Center’s seasoned Director and staff reflected themes that are being tackled in senior centers nationwide. The life experiences, preferences, needs, interests and expectations of the multiple generations and multiple socio-economic groups they serve have grown increasingly diverse along with the sheer numbers of older adults in the community. With Baby Boomers now having joined their

parents in a senior center's target population, and Gen-X and a large swell of Millennials to follow, it is evident that these centers must not only expand their focus and operations, but also adapt to rise to the challenge.

The implications of the program and service types listed above for facility planning are fairly straight-forward. Many of the new programs and services that may be introduced in the future (in response to evolving needs and interests) can be effectively accommodated in the same types of rooms and spaces that these functions will occupy. That said, it is clear that a variety of new room/space types will be needed, and new design considerations will have to be applied, to respond effectively to emerging needs and interests in the community, and stay in step with leading edge practices in the senior services industry.

Space needs associated with proposed NEW activities and services discussed with Senior Center and Human Services staff included:

1. Accommodate drop-in (and potentially guided/programmed) use of senior-friendly stationary exercise equipment (aerobic and resistance training) in an Equipped Fitness Room adjacent to an Exercise/Dance studio
2. Accommodate pottery classes and independent use of equipment and supplies in addition to ceramics (as noted above)
3. Incorporate flex-use spaces that could be used for self-directed community service projects for people seeking meaningful activities.
4. Provide abundant lounge space to support use of the Center as a place to drop in, hang out, and gather informally ("community clubhouse" feel) in addition to the appropriately sized, equipped and appointed rooms that will support professional quality "a-la-carte" experiences (scheduled programs and independent use of applicable amenities). A lobby café or market should be considered to complement these diverse uses of the facility with access to beverages, snacks or lite fare throughout the day.
5. Accommodate small group experiences in appropriately scaled rooms (bigger is not always better)
6. Provide space and resources to support cooking demonstrations (various options may be considered including possible hands-on experiences)
7. Incorporate extra office/workspace in the **senior center staff** and **personal services suites** to accommodate likely but as yet undetermined additions to staff (potentially including volunteer support).
8. Provide flex-use conference space within the office suite/s for use by staff and service providers as needed – also include shared-use break room, copy/mail room and restrooms.

9. Consider providing additional specialized amenities to support other (highly beneficial) exercise opportunities and physical activities, especially those that were of strongly expressed interest in the community survey. This may include indoor and outdoor walking, pickleball and other games/sports that can make shared use of court space (basketball, volleyball, etc.). Appropriate locker/shower room accommodations would be needed.
10. The selected site for the new Center should be large enough to accommodate the anticipated required amount of on-site parking and a variety of outdoor amenities, potentially including patio areas, bocce courts (2), lawn area/s that could be used for outdoor exercise, lawn games, and gatherings; walking path (possibly with exercise stations); etc. Additional space to once again accommodate community gardens also should be considered. Parking and other site evaluation considerations are provided in the **Options Evaluation Guide**.

Use of the Senior Center as an Emergency Shelter

As the detailed notes from a meeting conducted with representatives from the Town of Manchester Senior Center, Human Services, Fire, and Emergency Management Departments included in the Appendix express, it is anticipated that the future Senior Center may need to accommodate up to 60 individuals of all ages and abilities for stays of limited duration during applicable emergencies. It was generally agreed that the Program of Requirements for the building and site would most likely accommodate the required functions as noted, however, a 400 square foot space allowance should be included for dedicated-use storage of items associated with emergency sheltering, along with two or three private shower rooms that would most likely only be used during an emergency. If locker/shower accommodations are included in the POR for the Center for the convenience of those who use its fitness amenities, additional showers may not be required.

5

Area Senior Centers facility tours and program/service overview



Area Senior Centers Facility Tours and Program/Service Overview

Touring a variety of senior centers in the Hartford area and reviewing the types of programs, services and drop-in activities they currently accommodate provided useful context and points of reference for discussion as this study unfolded. Centers in Wallingford, Glastonbury, Enfield and East Hartford were toured with the Manchester Senior Center and Human Services Directors: the recently opened South Hadley Senior Center in South Hadley, MA was also visited as a representative example of currently trending facility composition and design practices.

Detailed information about the Hartford-area communities and centers visited (including a brief demographics summary; facility, site, and funding overview; information about membership, operations and staffing; a list of the types of scheduled programs and services offered; pictorial tour and floor plan) is included in the **Appendix**. According to the Connecticut Data Collaborative Report for 2021, the four communities reviewed vary in population size from ~34,500 to ~50,000: Manchester's current population is ~58,000. They vary in median age from 37.8 to 47.4: Manchester is slightly younger with a median age of 35.7. Household incomes range widely from ~\$56,000 to ~\$121,000, with Manchester at ~\$74,500: poverty rates range from 4% to 15%, with Manchester at 10%. The racial and ethnic composition of the communities vary significantly: three, like Manchester are more than 50% white, with black, Asian, Latino/a and others composing different proportions of the whole from community-to-community. There are no clear links between any of these factors and the roster of programs and services offered or the size and composition of the senior center.

All of the Hartford area buildings toured are ~20,000 square feet: three were constructed as senior centers between 2001 and 2005; East Hartford Senior Center is a renovated church with construction completed in 2021. As the comparative table also included in the Appendix demonstrates, all of these centers offer a core of program and service types that are typical of this industry both area-wide and nation-wide today, included a daily subsidized meal program. Some have expanded beyond that core with programs and amenities of increasing interest to the target population such as equipped fitness rooms, "cafés," demonstration kitchens, and dedicated health and personal services suites. Glastonbury, the smallest community's facility is operated as a community center with a mix of spaces allocated for dedicated and/or shared use with other Town services or programs. Three of the centers are accredited by the National Institute of Senior Centers.

Several key issues emerged in conversation about these facilities with the Manchester team, most notably:

- An appropriately sized and appointed private suite of offices for health and personal services would be a good fit for the new Manchester Center
- The use of portable platform sections as needed is a desirable alternative to dedicating permanent space in the dining/assembly room to a stage
- The new Center should have (dedicated) appropriately appointed "studios" for active/fitness-focused programs and the use of age-appropriate stationary exercise equipment
- Customer service staff should connect with patrons via a securable service counter/window in the lobby into their private workspace in the staff suite. The possibility of providing an

adjacent concierge-type station in the lobby (most likely staffed by volunteers) also may be considered during design

- A lobby “café” and/or market amenity of limited scale should be included in the vision and determination of square footage requirements for the new center. This amenity will most likely operate independent of the congregate meals program and utilize separate seating areas although some mixing could occur.
- The main lobby of the new center should be a social space with seating options and décor that encourage its use as a friendly space to drop-in and connect with others. A fireplace should be incorporated.
- The design of the new center should incorporate abundant natural light.

6

Manchester Senior Center Community Survey



Manchester Senior Center Community Survey

At the launch of this study it was agreed that (given the ongoing impact of Covid-19 on participation in public forums—and limitations associated with online options) a written survey (implemented both online via the Town's Your Voice Matters platform and distributed in hard copy through the Senior Center, Community Y, and Library) would best enable the study team to gather input from a broad segment of the target population. Awareness of the survey was promoted through the Town's social media outlets, email notification service, and local news coverage. The Manchester Senior Center Community Survey was launched on February 22, 2022, with 400 responses gathered from area residents in and approaching the Center's age of eligibility (55+) through March 8, 2022. The full survey document and response data are included in the Appendix.

The survey opened with questions focused on gauging the level of interest in various types of scheduled programs, personal services, and drop-in activities that could be accommodated in a new senior center. Respondents chose all that applied from extensive lists of choices assembled with the senior center staff. The survey went on to explore respondents' interest in specific amenities that are increasingly familiar in facilities of this type. The remaining questions offer a basic understanding of who responded: their current awareness of/involvement in the senior center, age, gender, ethnicity and race. Notable patterns of response are summarized below.

1. What kinds of **scheduled activities** would be of greatest interest to you in a new Senior Adult Community Center (choose all that apply)?

Responses to this question strongly reflected current patterns and emerging trends in the expressed interests of the applicable cohorts nationwide today—Gen X, Baby Boomers, Silent Generation, and (remaining members of the) GI Generation. With patterns of response that span all of these generations, **exercise and fitness classes** are of interest to 90% of those who completed the survey. **Educational opportunities** including classes, seminars, presentations, lunch & learn and similar programs on a spectrum of topics are of interest to 70% of respondents, with **art and handcraft programs** and **entertainment** such as movies and performances garnering positive responses from 56% and 53% of survey participants. A cluster of other offerings that received a thumbs-up from at least 40% of those surveyed included **cards and games, food & nutrition-focused experiences, a daily lunch program, social functions, and volunteer opportunities**. The broad base of interest expressed in all of these activities reinforces the industry-wide practice of providing a spectrum of life-enriching opportunities through *multi-purpose* centers.

2. What kinds of **scheduled and/or drop-in services** would be of greatest interest to you in a new Senior Adult Community Center (choose all that apply)?

Respondents were somewhat less likely to select a broad variety of options from this list, with responses of all magnitudes reflecting the diversity of compelling needs within the target population. Choices that were selected most frequently included **Health Services** (64%), **Assistance with Technology** (52%), **Medicare/Insurance counseling** (50%), **Massage** (46%)

and **Legal counseling** (44%). However, the fact that “only” 70 of 400 respondents (~18%) expressed a need for **Caregiver Training** should not be dismissed, as it may point to a compelling and currently under-served need that a senior center is particularly well positioned to address. The full spectrum of service opportunities included in the survey are familiar offerings in some senior centers today, and may be accommodated in or through the future Manchester Center via direct service or partnerships with qualified providers.

3. What kinds of things would you be most interested in **dropping in** to do (choose all that apply)?

The top two responses to this questions point toward experiences and amenities that the current Center does not offer: 70% expressed that they would like to **work out** on exercise equipment (equipped fitness room) and 61% would like to **enjoy a beverage, snack, or light meal purchased at a “café” within the Center**. Significant numbers of respondents (>40%) are interested in dropping in to **play cards/games, make use of art studio/makerspace**, or simply to **“hang out.”** Interest expressed across the board for drop-in functions again illustrates a strongly emerging trend impacting the senior center industry and the allocation of space in facility design.

4. What **amenities** would appeal to you most in a new Senior Adult Community Center (choose all that apply)?

The strong interest in fitness reflected in responses to Question 1 was reinforced in the top two responses to this question: **Equipped Fitness Center for Adults 55+** (76%) and **Indoor Walking Track** (72%). Also associated with themes that emerged in Questions 1 and 3, 66% expressed interest in a **Café**, and 64% selected **Auditorium** for movies, performances and lectures, and/or **Patio space**. Considerable interest also was expressed in a **Warm Water Pool** and **Outdoor Walking Track** – both popular accommodations among cohorts of older adults seeking fitness opportunities. Interest in all of these amenity types is consistently expressed during senior center planning efforts nationwide today. Although the cost to construct and staff/operate some of them is frequently beyond the reach of the Center’s owner/operator, they still merit due consideration of options that may be available for accommodating them (on or off-site) through strategic partnerships with other municipal departments and/or public-private partnerships.

5. Do you currently (or have you ever) **participated actively** at the Manchester Senior Center? **If seldom or never, why?**

While active participants comprised the biggest segment of survey respondents (43%), 23% said they seldom attend, and more than a third (34%) never attend. Among those who don’t currently attend, nearly half expressed that the Center doesn’t offer anything they are interested in, or that they still work and Center activities don’t fit their schedule. Notably, a third identified that they don’t attend because they don’t think of themselves as a “senior.” The implications of these issues (which are commonly expressed in communities nationwide) should be factored into strategic planning efforts for the branding and hours of operations/program scheduling for the future facility.

6. What is your **age**?

Nearly 80% of respondents were within the “typical” age distribution for senior centers today: between 60 and 80, with another 12% age 80 and above. The relatively weak response rate from younger cohorts may be rooted in reluctance to avoid thinking or talking about themselves as “seniors” or patrons/consumers of senior center programs and services. Nationwide indicators suggest that interests expressed by Baby Boomers in their sixties and seventies who are currently engaging with senior centers, and Gen-Xers who are beginning to participate in their mid-fifties are trending in consistent patterns. With unprecedented lifespans predicted, the goal of every senior center looking to the future today must be to attract and serve these cohorts (and those to follow) for several decades to come.

7. What **gender** do you identify with?

76% of respondents replied female, 21% male, and 3% chose not to respond. None identified as transgender or non-binary/non-conforming. The prevalence of female respondents to the survey closely mirrors current patterns of attendance of senior center programs both in Manchester and throughout the industry. Although there is an overall imbalance in the male/female ratio among older adults, these numbers exceed that norm and suggest the need for additional study to explore the needs and interests of men in the target population and types of programs and amenities that may motivate them to participate. The same is true with regard to LGBTQ+ older adults in the community.

8. Please specify the **ethnicity** you identify with.

Two respondents (.5%) identify as Hispanic/Latino, 72% as not Hispanic/Latino, and 23% as N/A or “other.” It is assumed that respondents may have found this question confusing, with the most reliable take-away being that two of the respondents identify as Hispanic/Latino. Although we were unable to establish what portion of all Manchester adults 50 and over (the target population for this study) identifies as Hispanic/Latino, the fact that 2021 CT Data Collaborative report expresses that 13% of Manchester residents identify as Hispanic/Latino suggests that further investigation may be required to ensure that the needs and interests of this segment of the community are considered in ongoing planning efforts for the Senior Center.

9. Please specify the **race** you identify with.

Similar to question 8, survey participation did not reflect the overall race and ethnicity distribution in the Manchester community (although the distribution of races across older cohorts in the community was not determined and may differ). White community members were significantly over-represented (91% of respondents), while all other races were under-represented. Further investigation may be required to ensure that the needs and interests of residents of all races are appropriately reflected in ongoing planning efforts.

Reflection on Survey Results

As is often the case when a Senior Center like Manchester's employs a seasoned professional staff, reactions to the survey and the survey results themselves did not present many surprises – instead they affirmed many of the issues and impressions that inspired the decision to launch this effort in the first place:

- Strong interest spanning generations, gender, and ethnic/racial lines in a broad spectrum of scheduled and drop-in activity types
- Strongly expressed need for a variety of health and personal/social services, many of them lifestage-specific
- Interest in a facility that incorporates function-specific amenities to support both scheduled and drop-in experiences, allowing individuals to participate selectively and on their own schedule

Survey participation was on par with or exceeded typical rates observed by the study team in similar efforts in similar communities. It is important to bear in mind that this was not a scientific survey intended to provide detailed insights into the needs and interests of specific sub-segments of Manchester's "senior" population. As expressed above, more focused efforts to gather supplemental information from those who are under-represented in the survey results might offer valuable insights as the planning process continues. Opportunities should be explored to limit or minimize the impact of the label "senior" and/or perceptions/misperceptions of what a "senior center" is in these outreach efforts.

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Vision for the future Center and Introduction to the Program of Requirements

“The intent is to reference the energy and vitality of an active adult lifestyle in a purpose-built facility that encourages social interaction, generates civic pride and indicates the community’s commitment to lifelong health. The design should surprise those who may expect less from a municipal facility of this type.”

Ryan Eshelman, AIA, Oklahoma City, OK



Vision for the Future Center and Introduction to the Program of Requirements

The effective projection of space needs for the future facility must be rooted in a *conceptual* vision for how it will function and feel. Numerous themes that began to suggest a vision emerged in conversations conducted with staff, service providers, and departmental leaders throughout the study—and were echoed in patterns of response to the public survey.

- The building and site should include vibrant spaces and amenities that motivate people to “drop in and hang out” in a setting that fosters a sense of community
- Indoor and outdoor amenities should be incorporated to support professional-caliber fitness/wellness-focused activities including exercise classes, use of appropriate stationary exercise equipment, walking/jogging, and active recreation/sports
- An expanded spectrum of health and personal services should be offered in appropriately appointed private offices and consultation rooms.
- The size, configuration and number of flex-use/multi-purpose activity rooms should be thoughtfully balanced with dedicated-use rooms to optimize efficient space use without compromising on the quality of the experience.
- The layout of rooms and spaces within the building must be easy and intuitive to navigate, and operationally efficient.

Idealized Vision Statement for a Stand-Alone Senior Center

The **location** selected for the new Senior Center should be equitably accessible (via self-transport or transportation service) and regarded favorably by older adults throughout the Manchester community. Whether new construction or adaptive reuse, the outward appearance of the building should have ageless appeal and convey impressions of a welcoming and dynamic community focal point, avoiding design features that may inappropriately imply that it is a residential or healthcare facility. If it is a renovation, any confusion or negative impact generated by design elements that express a previous use or identity should be neutralized.

Guests will arrive at the main entrance via a passenger drop-off zone with protection from the elements, or after parking in an appropriately configured lot with pedestrian walkways that minimize their need to walk among moving vehicles. A vestibule with automatic sliding doors will be sized to allow people to pass without inconvenience or embarrassment, and to walk water, ice and gravel off of their shoes before arriving in the lobby.

The main lobby-lounge area will be the heart of the building, offering easy access to staff and information as needed, but otherwise functioning as a vibrant social hub with a hospitality ambiance. Some will choose to enjoy a beverage, snack or lite meal (purchased at a small “café” service counter or “market”), while others will play cards, visit with friends, or simply people-watch before or after attending scheduled activities or services. An adjacent lounge-library will offer a quieter alternative when desired.

If the building is multi-level, vertical circulation will be accessed from this central core. If one-level (generally preferred for a facility of the proposed size and composition), thoughtfully wide and intuitively arranged corridors will link the lobby to the Center's functionally-grouped activity rooms offering fitness, lifelong learning/enrichment, arts and handcrafts, and a spectrum of socialization, entertainment, and recreation-focused programs and amenities. A generously sized dining/assembly room and connected kitchen will house the popular daily lunch program in an updated setting, while also offering abundant flex-use space for a broad spectrum of activity types throughout the rest of the day and as special events. A motorized acoustic partition and adjacent furniture storage will allow it to function as two autonomous rooms more appropriately scaled and furnished for smaller groups and various activity types at the push of a button.

Several of the amenities incorporated (including the equipped fitness room, multi-media art room and pottery/ceramic studio, woodshop, pool room, and game room) will be appointed appropriately to support drop-in use when not housing scheduled activities—allowing community members to shape their own senior center experience rather than simply choose from scheduled options.

Senior Center staff offices will be grouped together in an access-controlled suite near the main entrance, and connected to a separate suite of health and personal services offices via a link with shared amenities. Health and social services clients will enjoy the choice of direct access to the suite's dedicated waiting area from within the Center or via a separate (secured) building entrance for enhanced privacy.

Rest room accommodations will be thoughtfully distributed throughout the building to ensure that adequate fixture counts are available where they are needed. Multi-fixture restrooms and private/companion use options will be included in the mix.

The number, size and arrangement of flex-use rooms and spaces included in the Program of Requirements to support Senior Center programs and services will allow for functions associated with Emergency Shelter use to be accommodated at the projected capacity. Dedicated space for storage of items associated with these uses and for shower rooms that would only be used during emergency situations has also been provided. An appropriately sized generator will be needed, and the overall design of the building should take this use into consideration. While in most cases it is likely that all Senior Center programs/ services and drop-in functions will be suspended when it is needed as an Emergency Shelter, there may be occasions when limited operations could be maintained. This possibility should be taken into consideration in reviewing options for the layout of rooms and spaces within the building.

Introduction to the Program of Requirements

The table that follows itemizes space needs for a facility to fulfill this vision. The anticipated use/s of individual rooms and spaces have been identified along with any specific targets established by Senior Center staff for the numbers of people to be accommodated for various activity types. These numbers are based on current and projected program delivery and funding methods and patterns of

attendance. Square footage projections for applicable rooms include space for the anticipated furniture types, equipment needs, supply storage, and other function-specific considerations.

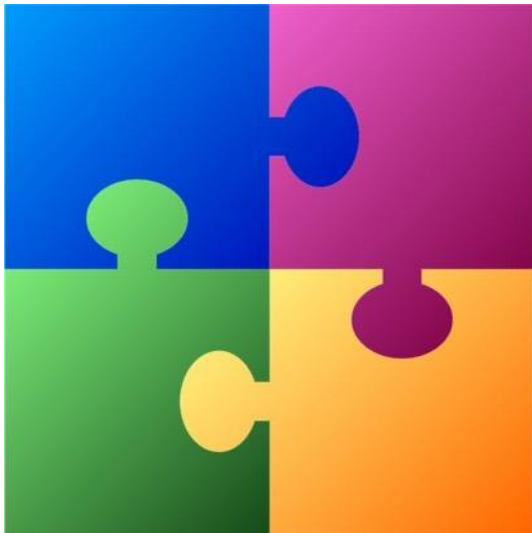
The rooms and spaces in the **Core Program of Requirements** were developed in response to dominant themes gleaned from the public survey; in-depth discussions with Human Services-Senior Center staff; and leading-edge practices for accommodating the desired functions currently embraced in the senior center industry. Although the rooms and spaces described as **Additional/Optional Amenities for Consideration** have been separated from the **Core Program**, they should not be regarded as of lesser potential interest or benefit to the community. Further evaluation to determine the availability of funding to construct and operate a new facility should be factored into the determination of the final program for the Center.

Parameters to be considered in site evaluation are included in the **Options Review Guide** that follows the Program of Requirements.

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Program of Requirements

The rooms and spaces in the **Core Program of Requirements** were developed in response to dominant themes gleaned from the public survey, in-depth discussions with Human Services-Senior Center staff, and leading-edge practices for accommodating the desired functions currently embraced in the senior center industry.



Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Main Entrance Vestibule	Air lock vestibule – automatic sliding doors, appropriately wide and deep to support effective indoor/outdoor separation and snow/debris walk-off (10' deep x 14' wide provides 6' clear opening, allowing people to pass comfortably). Bench seating can be accommodated if desired.	Main entrance	140	
“Café” (beverage, snack and/or meal concession TBD)	Space allowance for a concession in the main lounge area to be determined. Options range from a self-serve “market” to counter service – all with seating to occur in the surrounding lounge area. Allowance would provide for a small securable “market” <u>or</u> a service counter/reach-in display area, back-of-counter lite prep area with sink, and storage. Actual needs TBD with an operator TBD.	Visible location in main lounge area	150	
Main Lounge	Square footage allowance for main lounge area with hospitality ambiance – “zoned” through design/furnishings for various uses including waiting/gathering before and after activities/services, waiting for transportation, drop-in socialization and game playing, café seating, jigsaw puzzling, etc. Furnished to accommodate ~30 with a variety of seating options (tables of various sizes, soft seating). Incorporates a prominently located fireplace, possible tv area.	Adjacent to the lobby at the main entrance; café concession to be incorporated.	1000	

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Library	Quieter lounge with one wall of book/media shelving, two 2-top tables, soft seating for 4-6 people. Envisioned primarily for drop-in use as a lounge rather than scheduled activity space.	Adjacent to main lounge – other options could be considered	250	Assumes that <u>scheduled</u> activities that make use of the library in the current center would be accommodated in other rooms.
Dining/Assembly Room	<p>Large multi-purpose room – primary day-to-day function is lunch program, but will also support a broad spectrum of other uses requiring generous space including assembly events, XL classes, special events of all sorts, emergency shelter use, etc. Assumes use of portable platform as needed for speakers, performers, etc. Includes space for storage of program-related items (furniture and platform storage identified separately). Proposed with a motorized acoustic partition, with direct access to both sections from the corridor/ lobby for use as two separate multi-purpose rooms when needed. Allocation of divided space (50/50, 60/40 etc. TBD).</p> <p>Full A-V capacity required in both sections</p> <p>Full room capacity with 8' x 16' platform in use = 100 seated at tables for meals and other uses, 125+ in rows of chairs with generous clearances.</p>	Direct connection to the kitchen (possibly from both sections), table & chair storage – near restrooms. Provide adequate corridor/lobby space for break-out. Direct connection to patio would be desirable.	2400	Cafeteria in current center is ~1250 square feet
Table & Chair Storage (Dining/Assembly)	Space allowance for storage room/closet for tables & chairs, podium, portable platform sections and other large items used in the dining/assembly room. Actual space needs	Direct access from Dining/ Assembly – possible dual access from corridor	200	

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
	could vary pending discussion of types/quantities of furniture, platform sections, etc. to be stored.			
Kitchen Kitchen, continued	<p>Space allowance for State of CT Class 4 Licensed Commercial Kitchen – primary use is daily lunch program, also for caterers' use, incidental program-related uses, and limited on-site food preparation when building is used as an emergency shelter.</p> <p>Proposed size is ~115% of the current kitchen & pantry. Equipment needs, licensing and space requirements to be confirmed. Also review receiving issues.</p>	Connected to the dining room, adjacent or included delivery entrance	700	Kitchen and pantry in current center total ~600 square feet
Exercise /Dance Studio	<p>Dedicated “studio” with appropriate flooring, temperature control, lighting, mirror wall with barre, etc. sized to accommodate a broad spectrum of exercise and/or dance forms (large classes), and indoor sports/active games. Includes bench/cubbie area and storage closet/s for mats, equipment, stacked chairs, etc.</p> <p>Incorporating a motorized acoustic partition would provide additional flexibility and allow the room to be divided into two sections more comfortably sized for smaller groups (and activities that require less personal space) when applicable.</p>	Adjacent to equipped fitness	2100	“Gym” (auditorium) in current center is ~1500 square feet
Equipped Fitness Room	Space allowance for 12-14 pieces of senior-appropriate	Adjacent to exercise studio	850	

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
	stationary equipment (mix of aerobic and resistance TBD) plus small open area for stretching and use of hand weights, etc. Incorporates bench/cubbie area.			
Arts & Crafts Studio	Seats 16-24+ participants depending on activity-specific space needs - incorporates generous counter/cabinet storage areas with sinks and storage closet for larger items. Intended for scheduled classes, groups, <i>and drop-in use</i> , for media that require a “cleaner” environment (vs. ceramics/pottery studio described below), including but not limited to painting, sewing, quilting, needle crafts, seasonal crafts.	Flexible, natural light with northern exposure desirable – grouped with pottery/ceramics	900	Art room in current center is ~506 square feet
Pottery/Ceramics Studio	“Pottery studio” environment with 4 potter’s wheels and generous worktable space for ceramics and general use. Includes attached kiln room (2 kilns), supply/ greenware storage, storage for works in progress – counter/cabinet areas (2 sinks with mud traps). Envisioned for scheduled classes, groups, <i>and drop-in use</i> . May also be used for other “messier” media.	Flexible – grouped with arts & crafts	1350	Ceramics room in current center is ~638 square feet
Woodshop	Proposed similarly sized and equipped to the current woodshop with modest expansion for additional storage and small seating area.	Where noise transmission to adjacent spaces won’t be disruptive. Review receiving needs.	1000	Woodshop in current center is ~945 square feet

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Meeting Room A	Used for discussion-based classes and groups (including support groups), various club/social and special-interest group meetings etc. Seats 24-30 (typically in conference room configuration), includes counter/cabinet area, A-V projection. Suitable for some tech-related classes and groups – assumes all devices are portable (no desktop stations proposed).	Flexible – ideally grouped with Meeting B	550	
Meeting Room B	Similar to Meeting Room A, scaled down for a more intimate setting for groups of 12 or less. Includes counter-cabinet area.	Flexible – ideally grouped with Meeting A	300	
Flex-use cubicles	Four (grouped) flex-use semi-private cubicles for services and activities such as technology mentoring, income tax assistance, volunteer tasks, drop-in use of desktop computer, etc. At least two equipped with desktop computers. Each cubicle sized for two people to sit side-by-side comfortably.		160	
Game Room	Flex-use room sized to accommodate 12 card tables, incorporates furniture storage closets and counter/cabinet area. Incorporating a motorized acoustic partition would provide additional flexibility and allow the room to be divided into two sections more comfortably sized for smaller groups when applicable (and allow two activities to function concurrently).	Flexible	1100	Similar in size to the current cafeteria

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Pool Room	Sized to accommodate three 8' regulation pool tables with appropriate clearances, seating for players and spectators, and small counter area with storage.	TBD	700	
Senior Center Office Suite	<p>Space allowance for a limited-access suite of offices and support spaces to accommodate staff/administrative needs including customer service. Note that some spaces/resources within this suite are proposed for <u>shared use</u> with Health and Social Services staff/ partners** (described separately below).</p> <ol style="list-style-type: none"> 1. Senior Center Director's Office 2. Recreation Supervisor's Office 3. Offices/workspaces (TBD) for the Senior Administrative Secretary and Clerical Assistant 4. Customer Service counter (lobby side) 5. Semi-private workspace (cubicles) for 2 Program Assistants plus 2 flex-use 6. 1 private office currently unassigned (to support future staff growth) 7. Copy/mail/supply room** 8. Staff break room** 9. Small conference/consultation room** 10. Inactive file storage 	<p>Controlled access via the main lobby or adjacent corridor.</p> <p>Customer service counter/window in the main lobby</p> <p>Emergency egress via secondary (health & social services) entrance described below</p>	1260	All itemized spaces are sized to norms for new facilities for this industry and the proposed uses

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Health & Social Services Suite	<p>Space allowance for a limited-access suite of offices and support spaces with a direct connection to the Senior Center office suite (above) to facilitate ease of communication/coordination and sharing of amenities designated above**. Consider positioning this suite for dual access via an access-controlled secondary entrance (for privacy) as well as from within the Center. The secondary entrance would also serve as emergency egress for the office suite.</p> <ol style="list-style-type: none"> 1. Two adjacent, appropriately equipped private rooms used for misc. health services, screenings, exams, counseling, etc. provided by the Public Health Nurse and others, possibly including a physician. May also used for massage and/or “sick room” when needed. Allocation of square footage TBD during design. 2. Two private social services offices, each sized for a social worker plus two guests – when more space is needed they will use the small conference consultation room (see Office Suite above) 3. Flex-use consultation room for a service provider plus two guests, suitable for anything from legal to mental health counseling. 	Adjacent to seating for waiting. Easy access to staff/admin suite amenities identified for shared use**	910	All itemized spaces are sized to norms for new facilities for this industry and the proposed uses

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
	<p>4. Waiting area with seating for 6 (overflow waiting outside of suite in adjacent area when needed)</p> <p>5. 2 private-use restrooms for staff and client use**</p>			
Emergency Shelter-related needs	Space allowance for on-site storage of items needed when the building is used as an emergency shelter plus two accessible shower/toilet rooms used exclusively for sheltering purposes. Note that if locker/show-er rooms are incorporated in the program for the center (see optional amenities below) it may not be necessary to provide these two additional shower rooms.	TBD	600	~400 square feet of dedicated storage space
Rest Rooms	Allowance for multi-fixture and private restrooms, distribution TBD. Projected at 2 four-fixture rooms, 2 two-fixture rooms, 2 private/companion rooms – actual may vary per code review and layout issues.	Distributed for ease of access throughout building – staff and social services rest rooms (above) NIC	950	
Janitorial	Space allowance for “janitor’s closets” and related supply storage	TBD	80	
MEP & technology	Square footage allowance for rooms/closets required for mechanical, electrical, plumbing & tech. equipment		300	
General Storage	Square footage allowance for storage room/s to accommodate seasonal decorations and items not		160	

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
	stored in spaces identified above			
Sub Total (Net SQ FT) Core Program	Total proposed program space		18110	
Efficiency factor	~30% of Net SQ FT for circulation, walls, etc.		5390	
Total (Gross SQ FT) Core Program	Total proposed program space with ~30% efficiency		23,500	
Additional/Optional Amenities for Consideration				
Classroom	<p>Appropriately sized, furnished and equipped to support a variety of educational/cultural classes, presentations, etc. – sized for 24 classroom style with counter/cabinet area included, A-V projection. Suitable for tech-related classes and groups – assumes all devices are portable (no desktop stations)</p> <p>Why consider this: Assumes expansion of educational and cultural programming – however, may not be needed if enough space/time will be available for these programs in the Dining/Assembly room (especially when divided into two rooms) and meeting room A.</p>	Flexible – ideally grouped with Meeting Rooms	~1,000 Gross SQ FT	

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Gymnasium and related amenities and support spaces	<p>Separate/attached building, immediately adjacent or attached to the senior center with its own entrance to support off-hours use. Sizing is preliminary – further evaluation recommended if this option is of interest.</p> <ol style="list-style-type: none"> Multi-sport gymnasium – as sized provides one full-sized basketball court (2 cross-courts), 3 pickleball courts (within the basketball court footprint), volleyball, etc., limited team and spectator seating, and a 10' perimeter around the court area to accommodate scheduled indoor walking (may not be practical/safe when courts are in use). ~7400 SQ FT <ol style="list-style-type: none"> As an alternative, an elevated walking track could be provided above the court perimeter – would require an additional ~3800 square feet for the track, vertical circulation, small upper-level lobby and one private restroom. Gymnasium lobby (with vestibule) 400 Small staff office 80 Locker rooms (with 3 women's toilets & sinks; 2 men's toilets, 	Ideally immediately adjacent or attached to the senior center – but if not feasible simply sharing a site would be highly desirable	<p>~10,630 Gross SQ FT if one level.</p> <p>~15,000 Gross SQ FT with upper level track</p>	<p>The possibility of incorporating the proposed exercise studio and equipped fitness room (from the core program for the new senior center) in the vision for this attached/adjacent building should be considered (if the gym becomes part of the vision).</p> <p>No subtractions taken from the ground level for the 2- level option, as space would be needed on the ground level for vertical circulation and other considerations.</p> <p>The proposed locker room accommodations are conservatively sized, given the size of the amenity and relatively small number of</p>

Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
	<p>1 urinal, 3 sinks; and 2 showers per gender) 1000</p> <p>5. Gymnasium storage 200</p> <p>6. Mechanical-electrical-plumbing (assumes separate systems) 150</p> <p>7. Janitorial 20</p> <p>8. ~15% Efficiency/contingency for walls, corridors & misc. 1380</p> <p>Why consider this: Supports activities that are of high and increasing interest among those surveyed and typical of the emerging target population for the center. Consistent with the center's goal of promoting/supporting wellness for older adults in Manchester. Game sports and walking also offer mental health benefits as social activities.</p>			participants using it at one time. If the exercise and equipped fitness studios were incorporated in this building the shower/fixture count should be re-evaluated.
Outdoor Amenities of Interest				Priority levels for all to be determined based upon the attributes of specific site options as they are evaluated.
Patio/s with partial sun protection	High priority outside of Dining/Assembly room; highly desirable outside of Main Lounge/cafe – other options may also be considered			
Bocce courts	2 regulation courts with adjacent seating			

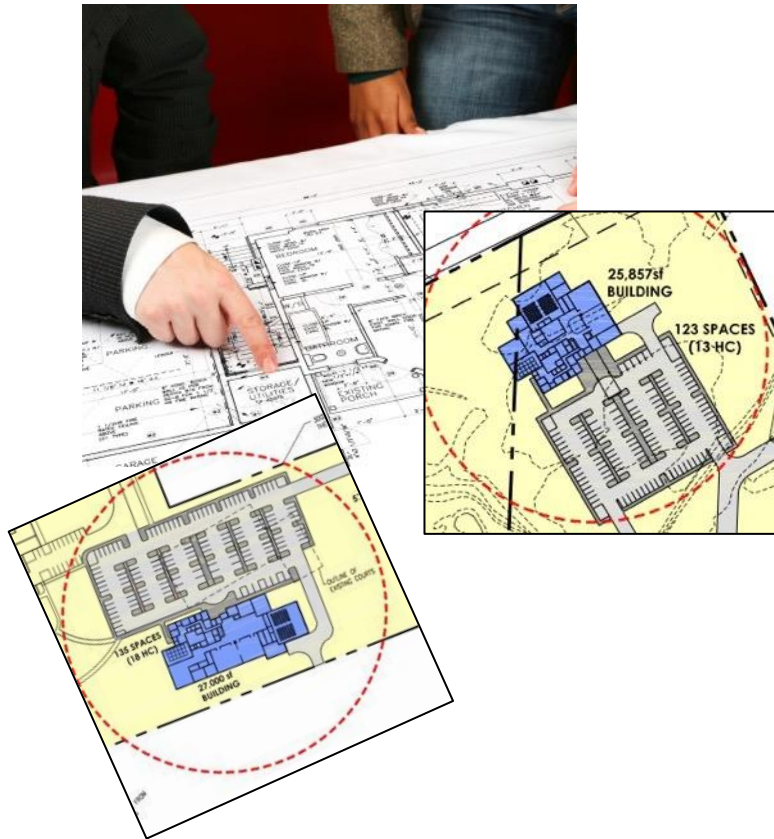
Manchester Senior Center – Preliminary Program of Requirements (Planning Use Only)

Space Name	Notes	Location	Sq Ft	Reference Information
Community garden	Flowers, herbs, vegetables, etc. - incorporate some raised planters. Provide appropriate garden shed and hose connections.			
Lawn games area	Flat – could also be used for tai chi/exercise			
Walking trail	Strong interest in outdoor walking opportunity on-site and or connecting to adjacent amenity. Could include senior-appropriate exercise stations.			

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Options Evaluation

While funding, site availability and other issues will ultimately shape the pool of available options, priority decisions can be made based in an understanding of their **functional impact**.



Options Evaluation

As expressed in the Executive Summary, the overarching goal of this study was to define **space needs** for a new facility to accommodate an appropriate slate of services and activities in response to the evolving needs and interests of current *and emerging* generations of older adults in the Manchester community. As planning for a new facility continues, the evaluation of options for the location of the new center and the form it will take will introduce multiple criteria not yet established by the Town.

- Will this be a new stand-alone facility, or will it be combined in some way on-site with other community amenities?
- Will adaptive renovation of an existing building be considered?
- Where will it be located?
- How will design, construction, equipment & furnishings for the new facility be funded? When and how will funding limits for the project be determined, and when will funds be available?
- How will staffing and operations of the new facility be funded, and at what levels?

Ultimately, all of these considerations are connected in some way. And although these issues were not addressed in this study, the **Program of Requirements** (POR) that was generated will be a useful tool as the planning process continues into their evaluation.

For example, the POR identifies the approximate size of a facility composed of rooms and spaces that are appropriately sized and configured to accommodate **key goals** distilled from staff and stakeholder input—and projects space needs for potential add-on amenities that are of strong interest to the target population. Because space needs and functional goals have been established for each room or space separately, the impact of adding or subtracting rooms to/from the base program is readily understood. This evaluation may be critical in the review of the feasibility of adaptive renovation, the appropriateness of a site, or the projection of design and construction and/or staffing and operations costs. In choosing to look at **space needs** as the first step in this effort, the Town has positioned itself well to frame a project that is effectively guided by a vision generated through an inclusive, forward-thinking process. While funding, site availability and other issues will ultimately shape the pool of available options, priority decisions can be made based in an understanding of their **functional impact**.

The most reliable outcomes in senior center facility planning are achieved when the answers to the critical questions listed above are thoroughly addressed prior to any commitment to proceed along a particular path. For example, project costs for new construction may vary considerably depending on whether site acquisition costs need to be factored in, the extent of site preparation that will be required, and other issues. Similarly, the *apparent* feasibility and cost of adaptive renovation may prove to be deceptive when the necessary evaluations of existing conditions and opportunities/limitations for modifying the structure to achieve project goals are completed.

Key issues to be considered in the evaluation of specific sites for new construction and/or opportunities for adaptive renovation are outlined below (others may apply). **It is strongly recommended that these evaluations be conducted with the assistance of qualified engineers, architects, contractors, cost estimators and/or others as needed to support the accuracy and reliability of the determinations made.** Some preliminary design may need to be completed on a case-by-case basis to provide a reliable understanding of key issues impacting the option's feasibility, desirability and cost.

1. Getting There

- a. Central location (or central to the target population, if different), equitably accessible via main arteries
- b. Traffic density and safety
 - i. Consider actual and perceived
 - ii. Existing (or potential to create) site access and egress in a safe location
 - 1. Availability/possibility of a traffic light, turning lane/s, etc. if needed
- c. Access to public transportation (including the possibility of creating a stop at or within the site)
- d. Access by foot or bike for those who live nearby

2. The Location, Neighborhood, and Neighbors

- a. Zoning and other restrictions to use or design
- b. Reasonable proximity to the current location (if continuity for current participants is a strongly held concern)
- c. Proximity to other resources and amenities frequented by the target population (for example, grocery store, library, movies)
- d. Neighbors and neighborhood
 - i. Synchronicities of function, opportunities to share resources (for example, adjacency to a public park with amenities of interest, such as a walking trail or pickleball courts)
 - ii. Real or perceived incompatibilities or conflicts with the neighborhood and/or current or potential future neighbors (potentially related to zoning/allowable uses)
 - 1. Real and perceived safety should be reviewed

3. Site Characteristics and Restrictions to Use

- a. Site slope/topography will support fully accessible walkways, parking lots, and outdoor amenities (or minimal modification required).
- b. Available space to accommodate the proposed Program of Requirements for **the building** in a desirable configuration, positioned and oriented appropriately.
 - i. Ability to view the building and ease of wayfinding from roadways should be considered.
 - ii. Site space for additional Program elements if desired/future expansion

- c. Available space to accommodate the base Program for **parking** in a desirable configuration and proximity to the building. It should be anticipated that at ~23,500 square feet, a building incorporating the base Program generated through this study should be supported by ~150 parking spaces (6-7 spaces per 1,000 square feet is typical for the proposed uses and users of the Center). “Accessible” parking spaces would comprise ~10% of the total count.
 - i. Space for additional on-site parking if future expansion is anticipated.
 - ii. Opportunity to make use of parking on adjacent properties as needed
- d. Available space to accommodate the base Program for **site amenities** in desirable accessible locations
- e. Limitations imposed by zoning, easements, setback, etc.
- f. Availability of (and/or ease and cost of providing access to) all applicable utilities
- g. Storm water management issues
- h. Opportunities and limitations/costs associated with existing landscape and trees
 - i. Tree conservation requirements if applicable
- i. “Bonus” conditions, such as usable existing on-site amenities or the opportunity to share amenities with an accessible adjacent site

4. **Adaptive Reuse of an Existing Structure**

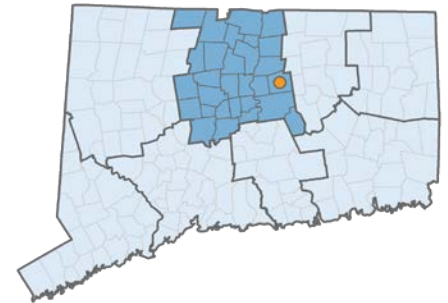
- a. Size and configuration (or adaptability) to accommodate the base Program of Requirements in a desirable configuration
- b. “Bonus” space
 - a. Availability of adjacent site space to expand the facility if needed/desired, or opportunity to add a level/s
- c. Exterior easily adapted for desired aesthetic and to neutralize incongruous impressions/identity
- d. Structural stability including limits to and opportunities for moving or removing walls, windows, ceilings, etc.
- e. Age, capacity, and adaptability/usefulness of existing systems including HVAC, electrical, plumbing, communications, life safety, etc.
- f. Accessibility issues: Availability of (or cost/challenges to achieving) ADA compliance, universal design/ease of use
- g. Windows, natural light from other sources, views, solar orientation, etc.
- h. Site-related (see Site, above).
 - i. Also review opportunities/limitations to modifying existing parking areas for enhanced safety and accessibility as needed (25% or more spaces may be lost in making appropriate modifications)

Appendix

1. 2021 Connecticut Healthy Aging Community Profile – Manchester
2. Manchester Senior Center Existing Conditions Floor Plans
3. Health & Social Services Programming Discussion Notes
4. Use of the Senior Center as an Emergency Shelter Discussion Notes
5. Wallingford Senior Center Information & photos
6. Glastonbury Senior Center Information & photos
7. Enfield Senior Center Information & Photos
8. East Hartford Senior Center Information & Photos
9. Current/Periodic Programs & Services – Various Centers
10. Manchester Senior Center Community Survey (online format)
11. Manchester Senior Center Community Survey Responses

Manchester (Hartford)

Manchester is a town in Hartford County with 8,371 residents age 65 or older. Compared to state average rates, older residents fared better on some healthy aging indicators with lower rates of benign prostatic hyperplasia and fibromyalgia/chronic pain/fatigue. However, they had higher rates of obesity, high cholesterol, tooth loss, Alzheimer's disease or related dementias, asthma, cataract, chronic kidney disease, COPD, ischemic heart disease, peripheral vascular disease, depression, anxiety disorder, bipolar disorder, schizophrenia and other psychotic disorders, personality disorder, and hearing impairment. Community resources to support healthy aging include 161 primary care providers, a hospital, and 4 nursing homes within 5 miles; 3 caregiver support groups, 31 home health agencies, 2 community health centers, 11 hospice agencies, a senior center, a university or community college, 2 public libraries, and an assisted living site.



POPULATION CHARACTERISTICS	Significantly different than STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
Total population all ages		57,955	3,581,504
Population 60 years or older as % of total population		20.4%	23.0%
Total population 60 years or older		11,828	823,529
Population 65 years or older as % of total population		14.4%	16.4%
Total population 65 years or older		8,371	587,580
% 65-74 years		58.5%	55.7%
% 75-84 years	*	25.6%	29.1%
% 85 years or older		15.9%	15.2%
% 65+ population who are female		58.7%	56.8%
% 85+ population who are female		62.7%	66.6%
Race and ethnicity of the population 65+			
% White		88.0%	88.4%
% African American		5.3%	6.8%
% Asian		2.7%	2.3%
% Other race		4.1%	2.6%
% Hispanic/Latino		6.2%	5.8%
Marital status of the population 65+			
% married		53.5%	53.8%
% divorced/separated		17.4%	14.9%
% widowed		21.6%	24.2%
% never married		7.5%	7.1%
Education of the population 65+			
% with less than high school education	*	9.5%	14.7%
% with high school or some college	*	61.9%	53.3%
% with college degree	*	28.5%	32.1%
% with graduate or professional degree	*	12.8%	16.8%
% of 65+ population who speak only English at home		85.1%	84.3%
% of 65+ population who are veterans of military service		19.6%	17.4%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
POPULATION CHARACTERISTICS			
% of 60+ who are LGBT (county)		2.4%	2.5%
Median age of females		37.3	42.6
Median age of males		34.2	39.1
Life expectancy at birth (county)		80.3	80.9
Age-sex adjusted 1-year mortality rate		4.5%	4.1%
WELLNESS			
% 60+ getting the recommended hours of sleep		65.5%	65.2%
% 60+ doing any physical activity within last month		71.8%	75.0%
% 60+ met CDC guidelines for muscle-strengthening activity		30.2%	27.6%
% 60+ met CDC guidelines for aerobic physical activity		57.7%	58.0%
% 60+ with fair or poor health status		20.2%	17.6%
% 60+ with 15+ physically unhealthy days in last month		14.3%	12.4%
FALLS			
% 60+ who fell within last year		26.9%	26.3%
% 60+ who were injured in a fall within last year		10.9%	9.8%
% 65+ had hip fracture		3.6%	3.7%
PREVENTION			
% 60+ with physical exam/check-up in last year		91.2%	88.5%
% 60+ flu shot in last year		58.1%	57.5%
% 60+ with pneumonia vaccine		69.0%	63.9%
% 60+ with shingles vaccine		35.9%	33.5%
% 60+ women with a mammogram within last 2 years		76.6%	79.7%
% 60+ with colorectal cancer screening		75.2%	78.2%
% 60+ with HIV test		13.2%	16.1%
% 60+ met CDC preventive health screening goals		39.9%	39.6%
NUTRITION & DIET			
% 60+ with 5 or more servings of fruit or vegetables per day		21.2%	19.9%
% 65+ with poor supermarket access		38.3%	32.4%
% 60+ stressed about buying food in last month		8.6%	8.6%
% 60+ self-reported obese	W	32.3%	26.1%
% 65+ clinically diagnosed obesity	W	27.1%	22.5%
% 65+ with high cholesterol	W	80.2%	77.0%
% 60+ with cholesterol screening		96.9%	97.1%
ORAL HEALTH			
% 60+ with dental insurance		61.2%	59.2%
% 60+ with annual dental exam		76.1%	79.9%
# of dentists per 100,000 persons (all ages)		84.5	75.1
% 60+ with loss of 6 or more teeth	W	31.5%	23.8%
CHRONIC DISEASE			
% 65+ with Alzheimer's disease or related dementias	W	16.0%	14.4%
% 65+ with anemia		49.2%	50.6%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ with asthma	W	16.0%	14.1%
% 65+ with atrial fibrillation		17.1%	16.1%
% 65+ with autism spectrum disorder	*	0.07%	0.12%
% 65+ with benign prostatic hyperplasia (men)	B	39.2%	42.7%
% 65+ with breast cancer (women)		11.0%	11.4%
% 65+ with cataract	W	69.3%	64.8%
% 65+ with chronic kidney disease	W	33.5%	29.9%
% 65+ with chronic obstructive pulmonary disease	W	22.5%	21.0%
% 65+ with colon cancer		2.8%	2.7%
% 65+ with congestive heart failure		23.1%	22.6%
% 65+ with diabetes		34.4%	33.8%
% 65+ with endometrial cancer (women)		2.1%	2.0%
% 65+ with epilepsy		3.2%	2.9%
% 65+ with fibromyalgia, chronic, pain and fatigue	B	23.6%	26.6%
% 65+ with glaucoma		28.0%	28.3%
% 65+ ever had a heart attack		4.3%	4.5%
% 65+ with HIV/AIDS	*	0.11%	0.21%
% 65+ with hypertension		77.5%	76.2%
% 65+ with hypothyroidism		24.7%	25.1%
% 65+ with ischemic heart disease	W	42.6%	40.7%
% 65+ with leukemias and lymphomas		2.5%	2.7%
% 65+ with liver disease		10.3%	9.5%
% 65+ with lung cancer		1.6%	1.9%
% 65+ with migraine and other chronic headache		5.3%	5.2%
% 65+ with osteoarthritis or rheumatoid arthritis		52.8%	54.2%
% 65+ with osteoporosis		21.0%	20.2%
% 65+ with peripheral vascular disease	W	21.9%	19.9%
% 65+ with pressure ulcer or chronic ulcer		9.4%	9.2%
% 65+ with prostate cancer (men)		11.9%	13.1%
% 65+ with stroke		12.0%	11.9%
% 65+ with traumatic brain injury		1.0%	1.3%
% 65+ with 4+ (out of 15) chronic conditions	W	63.5%	61.8%
% 65+ with 0 chronic conditions	W	6.3%	7.2%
BEHAVIORAL HEALTH			
# of drug overdose deaths (all ages)		102	4,613
% 65+ with opioid use disorder		2.2%	2.2%
% 65+ with substance use disorder		6.5%	6.8%
% 60+ who used marijuana in last month		N/A	2.9%
% 60+ excessive drinking		6.7%	9.2%
% 65+ with tobacco use disorder		10.7%	10.1%
% 60+ current smokers		10.1%	7.7%
% 60+ ever used E-Cigarettes in last month		4.6%	6.3%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
MENTAL HEALTH			
% 60+ who reported receiving adequate emotional support		76.6%	78.3%
% 60+ with 15+ days poor mental health in last month		8.0%	6.9%
% 65+ with depression	W	32.8%	30.3%
% 65+ with anxiety disorder	W	27.4%	25.5%
% 65+ with bipolar disorder	W	5.1%	3.8%
% 65+ with post-traumatic stress disorder		1.6%	1.2%
% 65+ with schizophrenia & other psychotic disorder	W	7.4%	4.6%
% 65+ with personality disorder	W	3.9%	2.5%
LIVING WITH DISABILITY			
% 65+ with self-reported hearing difficulty		12.1%	12.4%
% 65+ with clinical diagnosis of deafness or hearing impairment	W	17.7%	15.7%
% 65+ with self-reported vision difficulty		5.6%	4.8%
% 65+ with clinical diagnosis of blindness or visual impairment		1.3%	1.1%
% 65+ with self-reported cognition difficulty		6.7%	7.6%
% 65+ with self-reported ambulatory difficulty		16.1%	19.1%
% 65+ with clinical diagnosis of mobility impairment		4.3%	4.0%
% 65+ with self-reported self-care difficulty		7.1%	7.5%
% 65+ with self-reported independent living difficulty		12.8%	13.6%
CAREGIVING			
# of caregiver support groups		3	127
# of Memory Cafes		0	6
% of 60+ who provide care to a family/friend in last month		21.0%	21.7%
% of grandparents raising grandchildren		0.8%	0.8%
% of grandparents who live with grandchildren		2.4%	2.7%
ACCESS TO CARE			
% 65+ dually eligible for Medicare and Medicaid	*	23.3%	22.1%
% 65+ Medicare managed care enrollees	*	33.9%	29.9%
% 60+ with a regular doctor		94.7%	96.0%
% 60+ who did not see a doctor when needed due to cost		4.4%	4.5%
# of primary care providers within 5 miles		161	10,508
# of hospitals within 5 miles		1	71
# of home health agencies		31	3,124
# of nursing homes within 5 miles		4	419
# of community health centers		2	83
# of adult day health centers		0	55
# of hospice agencies		11	38
SERVICE UTILIZATION			
# physician visits per year	*	9.2	8.6
# emergency room visits/1000 persons 65+ years annually		657.3	636.7

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
# Part D monthly prescription fills per person annually	*	54.9	50.3
# home health visits annually		4.2	4.1
# durable medical equipment claims annually	*	2.6	1.9
# inpatient hospital stays/1000 persons 65+ years annually		298.0	273.3
% Medicare inpatient hospital readmissions (as % of admissions)		16.7%	17.2%
# skilled nursing facility stays/1000 persons 65+ years annually		111.8	104.7
# skilled nursing home Medicare beds/1000 persons 65+ years		64.4	42.3
% 65+ getting Medicaid long term services and supports	*	6.8%	5.5%
% 65+ hospice users	*	3.2%	2.7%
% 65+ hospice users as % of decedents		48.0%	45.5%
Median hospice days per hospice user (65+, deceased)		13.0	10
Median hospice payment (Medicare + other) per hospice user		\$3,857.07	\$3,741.18
COMMUNITY			
Air pollution: annual # of unhealthy days for 65+ (county)		1	N/A
Age-friendly efforts in community		Not yet	Not yet
# of senior centers		1	165
# of universities and community colleges		1	64
# of public libraries		2	238
# of YMCAs		0	19
% in county with access to broadband (all ages)		98.5%	99.1%
% 60+ who used Internet in last month	*	67.8%	75.1%
Voter participation rate in 2016 election (age 18+)		81.2%	76.9%
SAFETY & CRIME			
Homicide rate/100,000 persons (county)		4.2	2.0
# firearm fatalities (all ages) (county)		243	932
# 65+ deaths by suicide (county)		20	26
TRANSPORTATION			
% 65+ who own a motor vehicle		88.2%	87.3%
% 60+ who always drive or ride wearing a seatbelt		94.3%	93.0%
% 60+ who drove under the influence of drinking in last month		N/A	2.2%
# of fatal crashes involving adult age 60+/town		2	342
# of fatal crashes involving adult age 60+/county		72	342
HOUSING			
% 65+ population who live alone		29.9%	28.4%
Average household size (all ages)		2.4	2.5
Median house value		\$184,300.00	\$272,700.00
% 60+ own home	*	73.3%	76.9%
% 60+ homeowners who have mortgage		46.8%	47.1%
% 60+ stressed about paying rent/mortgage in last month		14.5%	17.4%

HEALTHY AGING INDICATORS	BETTER / WORSE STATE RATE	COMMUNITY ESTIMATE	STATE ESTIMATE
% 65+ households (renter) spend >35% of income on housing		40.7%	44.0%
% 65+ households (owner) spend >35% of income on housing		24.8%	29.5%
% 65+ moved within same county in last year		2.8%	3.7%
% 65+ moved from different county in last year		0.4%	0.8%
% 65+ moved from different state in last year		0.7%	0.9%
# of assisted living sites		1	80
% of vacant homes in community	*	6.4%	9.6%
ECONOMIC			
% 60+ receiving food benefits in last year		11.9%	10.9%
% 65+ employed in last year	*	21.5%	24.8%
% 65+ with income below the poverty line in last year		5.3%	7.0%
Median household income		\$70,736.00	\$76,106.00
% 65+ households with annual income < \$20,000		17.1%	17.1%
% 65+ households with annual income \$20,000-\$49,999		30.2%	31.0%
% 65+ households with annual income \$50,000-\$99,999		32.4%	27.6%
% 65+ households with annual income \$100,000+	*	20.3%	24.4%
COST OF LIVING	RATIO OF COUNTY TO STATE	\$ COUNTY ESTIMATE	\$ STATE ESTIMATE
Elder Index			
Single, homeowner without mortgage, good health	0.95	\$25,560.00	\$26,796.00
Single, renter, good health	0.94	\$26,928.00	\$28,536.00
Couple, homeowner without mortgage, good health	0.96	\$36,444.00	\$37,920.00
Couple, renter, good health	0.95	\$37,812.00	\$39,660.00

TECHNICAL NOTES

*See our technical report (online at <https://healthyagingdatareports.org>) for more information on data sources, measures, geographic units, margins of error, and statistical methodology. For most indicators the community and state values are estimates derived from sample data. Thus, it is possible that some of the differences between state and community estimates may be due to chance associated with population sampling. We use the terms "Better" and "Worse" to highlight differences between community and state estimates that we are confident are not due to chance. "Better" is used where a higher/lower value has positive implications for the health of older residents. "Worse" is used where a higher/lower score has negative implications for the health of older people, and when the implication is unclear, we use an *.

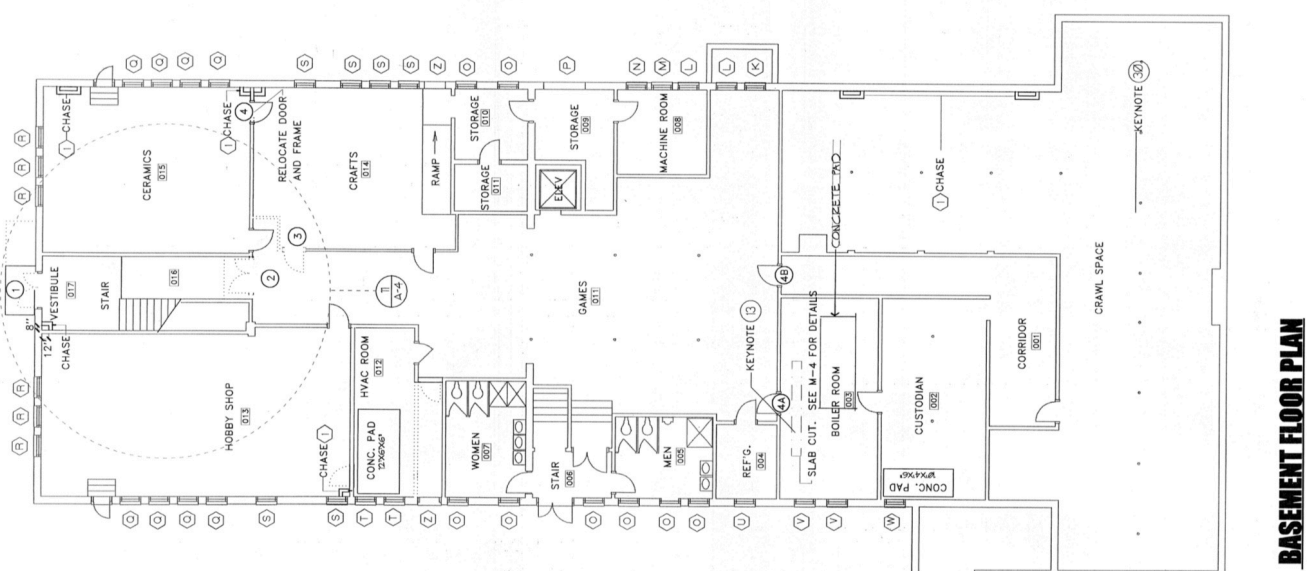
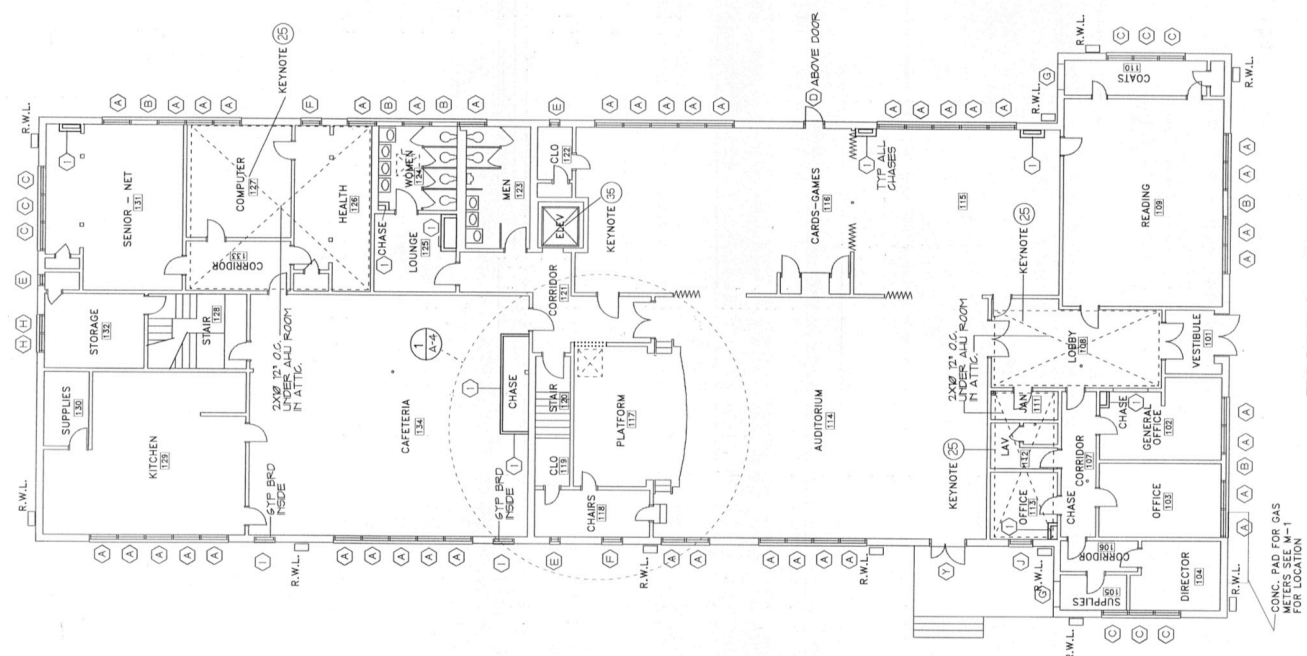
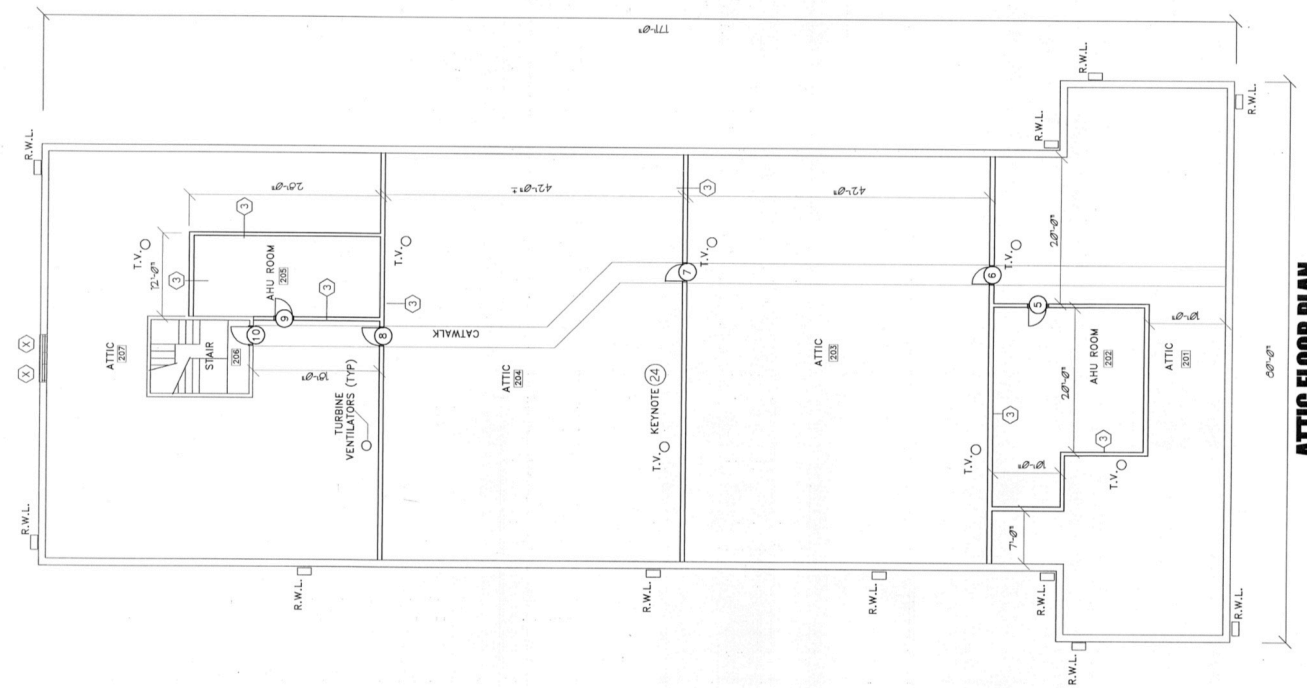
We balance two goals. First, we aim to report data at very local levels because we believe change is often locally driven. Second, we vowed to protect the privacy of the people providing the information reported. Thus, given the constraints of the data analyzed we used a hierarchical approach to reporting.

Data Sources:

- Population Characteristics: The U.S. Census Bureau (American Community Survey 2014-2018), The Behavioral Risk Factor Surveillance System (2012-2018), Robert Wood Johnson Foundation (2020), The CMS Master Beneficiary Summary File ABCD/Other (2016-2017).
- Wellness, Falls, Prevention, Nutrition/Diet, Oral Health: BRFSS (2012-2018), CMS (2016-2017), the USDA Food Atlas (2017), CT Dept. of Public Health (DPH) (2020).
- Chronic Disease: CMS (2016-2017).
- Behavioral Health, Mental Health: CT DPH (2020), CMS (2016-2017), BRFSS (2012-2018), CDC Wonder (2014-2018).
- Living with Disability: CMS (2016-2017), ACS (2014-2018).
- Caregiving: CT Dept. of Aging (2020), memorycafedirectory.com (2020), BRFSS (2012-2018), ACS (2014-2018).
- Access to Care: CMS (2016-2017), BRFSS (2012-2018), Medicare.gov (Sep. 2020), Community Health Center Association of CT (2020), National Adult Day Services Association (2020).
- Service Utilization: CMS (2016-2017), Medicare.gov (Sep. 2020).
- Community: U.S. EPA Air Compare (2020), AARP (2020), CT Health and Human Services (2020), New England Commission of Higher Education (2020), CT State Library, Division of Library Development (2021), CT YMCA (2020), the FCC (2018), BRFSS (2012-2018), CT Secretary of State (2020).
- Safety & Crime: CDC Wonder (2014-2018).
- Transportation: ACS (2014-2018), BRFSS (2012-2018), the National Highway Traffic Safety Administration (2014-2018).
- Housing, Economic, Cost of Living: BRFSS (2012-2018), ACS (2014-2018), www.seniorcare.com/assisted-living/ (2020), Center for Social and Demographic Research on Aging, University of Massachusetts Boston (2019).

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Questions? Beth.dugan@umb.edu



Health & Social Services Programming Discussion Notes

Lifespan Design Studio met with members of the Town of Manchester Human Services Department on March 1, 2022 to gather input focused on the types of health and miscellaneous personal/social services that may be accommodated on site at the future senior center to address current, underserved, and emerging needs of older adults in the Manchester community. It was agreed that the Center is perceived as a comfortable and “safe” place for many in its target population to access health, mental health & social services, and that this role should be thoughtfully factored into planning for a new facility. Basic facility-related considerations associated with the provision of those services also were addressed, as described below.

Health Services

Health services currently provided to *individuals* at the Senior Center through the Health Department and/or contractors include (but are not limited to) blood pressure checks, falls risk assessments, assistance with medication self-management, footcare, and immunizations. A Town of Manchester Public Health nurse maintains office hours at the Center on a weekly basis, and coordinates or leads programs and classes as described below. The services of a physician (formerly) provided on-site were valued by those who utilized them—future opportunities to offer physician consultations and services should be considered.

Health Services: Facility-related implications

The future Center should incorporate an appropriately sized, furnished and equipped *private/dedicated* office for a Town of Manchester Public Health Nurse, and one additional health services/consultation room for *scheduled* use by the Town, its partners and contractors (possibly including a physician) for the provision of individual health services and consultations. Basic parameters for the size and configuration of these rooms, essential furnishings and equipment, utilities and supply storage, etc. will be developed during formal design. Easy access to a larger consultation room/s sized to accommodate discussions involving the client, their spouse/partner/caregiver and others also should be provided. These larger rooms could also be used by the Social Worker when additional space is needed, as described below. A private/companion-assisted restroom should be immediately available.

Health-related programming provided by the Nurse and various partners/contractors includes informative presentations, multi-session classes/training programs/workshops (including evidence-based programs with outcomes measures), specialized exercise classes, support groups focused on various health- and mental-health related issues, and semiannual health fairs.

Health-related programming: Facility-related implications

It is anticipated that the architectural program for the new facility will incorporate flexible-use rooms and spaces that will be compatible with space needs for these activity types. Any special accommodations, furnishings or equipment specific to these activities (and associated storage) will be factored into the determination of space needs on a room-by-room basis.

Mental Health Services

It was agreed that mental health services and programming (including services and programming focused on substance abuse) would be well positioned at the senior center, and that there are multiple agencies/providers in the area who could be approached as potential partners/contractors. Although there is no apparent need to provide *dedicated* office space for this function at this time, basic space needs for the provision of these services by providers to be determined in the future (such as scheduled use of private consultation rooms, and appropriately scaled and furnished activity rooms for discussion/support groups, presentations, classes, workshops, etc.), will be included in the space needs analysis.

Social Services

A Town of Manchester Social Worker currently maintains office hours at the Center 3.5 days per week, where she assists individuals with limited/focused questions or needs such as Medicare/insurance/benefits issues and others with multi-layered issues that require assessments/intake, coordination with multiple agencies/service providers, and long-term case management. She sometimes meets with individuals alone, and at other times with a spouse/partner/caregiver or multiple others in attendance. She frequently consults with the Public Health Nurse and Senior Center Manager/ staff in responding to a client's needs (and they frequently put individuals in need in touch with her). It is anticipated that demand for these services will continue to grow into the foreseeable future, with the possibility of adding a second worker at the Center a distinct possibility.

Social Services: Facility-related implications

The future Center should incorporate two adjacent private offices for Social Workers (sized to accommodate two guests), with easy access to a nearby flex-use consultation room appropriately furnished for meetings that involve up to six participants (as identified above).

Health & Social Services Accommodations: Shared considerations

Given the frequency with which the Social Worker, Nurse, Center Manager and other staff consult with one another, consideration should be given during design to creating an internal link between the Center's main office suite and a pod of offices, consultation rooms and meeting rooms accommodating Health & Social Services offices and consultation rooms, a waiting area, and restroom. Consideration should be given to incorporating one or two additional flex-use office/consultation rooms for scheduled use by other types of service providers such as mental health services, legal or financial counseling, etc. Options for accommodating copy room and file needs, a staff break room, etc. (either collectively with Senior Center staff or separately if necessary/preferable) should be reviewed during design.

It was agreed that it would be desirable for clients of any of these services to be able to access them either through the Center's main lobby or via an appropriately secured (more private) exterior entrance. This second entrance will also provide emergency egress for enhanced staff security.

Issues Impacting the Center's Location

This meeting also touched upon issues that should be considered in the evaluation of potential locations for the new Center in the community. It was suggested that the location should be central and equitably accessible, ideally in proximity to other Town of Manchester facilities that the Center's patrons make use of on a regular basis. Locations where larger concentrations of under-served individuals or those in greatest need of the Center's services live should be considered. The selected location should offer the opportunity to create a high-profile amenity in a setting that is perceived to be safe and desirable.

Use of the Senior Center as an Emergency Shelter Meeting Notes and Implications for Design and Location

Lifespan Design Studio met with representatives of the Town of Manchester Human Services, Fire, and Emergency Management Departments on February 28, 2022 to discuss a vision for use of the proposed new Senior Center as an emergency shelter. It was expressed that the Senior Center currently is and will continue to be one of multiple public facilities in the community utilized as a shelter. Historically it has been used to shelter up to 60+/- individuals of all ages and abilities, and it was agreed that 60 is an appropriate target in planning for the new facility. It was acknowledged that although the Covid-19 pandemic has given rise to new approaches and policies for emergency sheltering, (with future practices and standards difficult to predict at this time), various considerations essential to use of the Senior Center as an emergency shelter should be factored in as space needs for the new facility are defined.

- A generator will be needed to ensure continuous availability of essential utilities
- The Senior Center's kitchen, pots and pans, utensils, dishware, etc. – and even food on-hand—are currently utilized as needed for meals for sheltering guests. The Senior Center Director expressed that many of the food *production* needs associated with feeding guests in an emergency can likely be accommodated through the public schools food service. Opportunities and limitations associated with this issue should be factored into the general review of kitchen amenities required for Senior Center programs and services.
- The diverse needs of people sheltering at the Center should be kept in mind as space planning continues. Ideally, individuals with special needs (and their families/caregivers) would be accommodated in appropriately private space with essential supports. It was agreed that various flex-use rooms and offices that will be incorporated in the building for everyday purposes should be sufficient to meet this need if the design of the building allows for excess furniture to be stored out of the way, and electrical service is allocated appropriately to support any increased demand and the needs of those who are medically electrically dependent (more than 20 amp service in designated locations).
- Secure storage space will be needed for the on-site long-term storage of essential items associated with use of the Center as a shelter such as cots and bedding, and items brought or utilized by those sheltering there, including medications. It was suggested that a space allowance of ~400 square feet should cover the need, with determinations about the number and location of storage rooms to be determined when design continues.
- The possibility of accommodating the pets or service animals of sheltering guests on-site was discussed. It was acknowledged that it might be feasible to utilize a portion of the

dedicated storage room/s described above for this purpose when the equipment and supplies they typically house are in use. This issue should be kept in mind when evaluating options for the location of those storage rooms in the building.

- Per pre-Covid Red Cross guidelines, approximately 20 square feet per person was needed when overnight accommodations were provided, with 100 square feet for individuals with special needs. During the pandemic, an effort has been made to provide daytime guests with significantly more personal space, and to house overnight guests in hotels when possible. Although there is likely to be some shift away from these practices, it is likely that there will be a permanent shift toward trying to provide more generous space in which guests can spread out. In some cases, the Senior Center is and will continue to be used as more of an intake-processing center than long-term sheltering location, with limited numbers of people sheltering for multiple days at a time.
- It should be assumed that sheltering guests may need to make use of showers. Since the Senior Center does not otherwise require showers, two to three private shower rooms for shelter use only may be a reasonable target. Their preferred location in the building and potential alternative uses when not needed for showering (such as storage of sheltering-related supplies or equipment) should be reviewed as design continues.
- Basic accessibility and ease-of-use considerations for a senior center should be sufficient to accommodate the diverse needs of sheltering guests as well.
- The new building should be designed to standards for category 3 hurricane resistance, with windows that can withstand 200 MPH winds. It was generally agreed that a single-story facility would be preferable if possible.

Basic issues associated with this use of the Senior Center to be incorporated in the evaluation of potential locations and sites for the new facility also were discussed. Ideally, the Center would not be adjacent to a school or other facility also used as a shelter; would be in an area that offers reliable power transmission; and on (or close to) a bus route. Parking accommodations appropriate for general use of the Center should also meet the need for this use.

Wallingford Senior Center

238 Washington St.

Wallingford, CT 06492

Contact: William Viola, Executive Director

203.265.7753

Demographics: Town of Wallingford

Population: ~44,596

Portion of population 60 +: 24%

Portion of population 50 +: 39%

Median age: 47.4

Median household income: \$80,793

Race & ethnicity: 84% white, 8% Hispanic or Latino/a, 5% Asian, 2% Black

Source: Town website – CT data collaborative, 2021

Facility & Funding

Constructed & owned by: Town of Wallingford

Facility leased and operated by: Wallingford Committee on Aging (501C3)

Primary funding source: annual grant from Town

Secondary funding sources: activity fees, donations, fundraising, others

Membership, Operations, Programs & Services

Age of eligibility: 60

Membership/registration fee: None for Wallingford residents

Program fees: some programs, slightly higher for non-residents

Separate fees/membership for fitness center use: yes

National Institute of Senior Center Accredited: Yes, since 2012

Hours of operation: Monday-Friday 9 AM – 4 PM, Thursday 4 PM-7 PM

Congregate Meal Site: yes, federally funded – operated by LifeBridge, food provided by a caterer

Separate café: Lakeview Café - breakfast items, packaged snacks, lunch (soups, salads, sandwiches), beverages (mostly short order), 9 AM-1 PM, open to public (85% of patrons are center participants), overhead covered by Center's budget, café income covers food & supplies.

Staff Positions

Executive Director

Business Office Manager

Receptionist

Administrative Assistants (2)

Program Director

Program Coordinator

Social Worker

Memory Lane Coordinator

Café Assistant

Lake View Café Manager

Senior Community Café Manager*

Transportation Team Coordinator & 12 drivers

Custodial services

Scheduled Programs & Activities

Numerous card & tile games

Bingo

Billiards

Ping Pong

Wii

Art: painting

Quilting
Digital photography
Needlework
Open art studio
Various exercise classes
Tai Chi
Yoga
Parkinson's fitness
Group drumming
Tap dance
Dance lessons
(Pursuing Silver Sneakers)
Discussion groups: Book club, Bible study
AARP Drivers Ed
Genealogy

Aging Mastery program
Jam band
Harmonica club
Art appreciation
Topical presentations
Annual/seasonal/holiday events
Parties/celebrations w/meal
Live musical entertainment, theatre
Movies
Red Hat Society
Veterans programs
Computer/tech classes & groups
Travel program (day trips -international)
Bocce

Personal Services

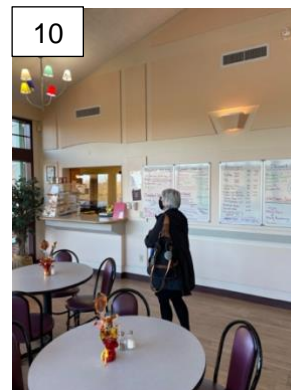
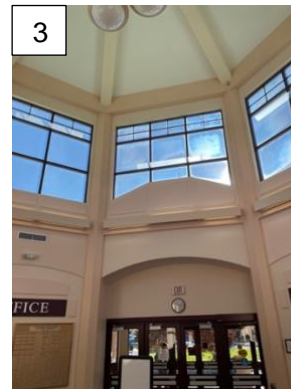
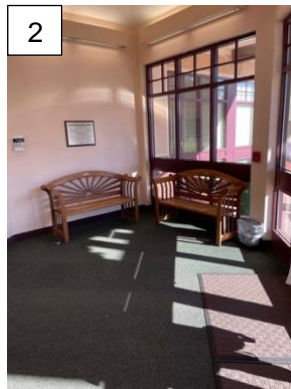
Footcare
Falls risk evaluations & workshops
Reiki
Support groups: various
Nursing appointments – Wallingford Health Dept.
Social Worker/Outreach/Information & Referral
Lunch program – Senior Community Cafe
“Memory Lane” – Social Model Adult Day
Flu & Covid shots
HIGI station (BP, pulse, weight, etc.)
Hearing services
Transportation services
Volunteer opportunities

Building & Site

Year of construction: 2001
Size (square feet): ~20,000
Size of site: not available
On-site parking: 175 (meets needs)
Site amenities: bocce (popular), horseshoes, patio, walking trail (less popular)

Features & Amenities (Pictured below)

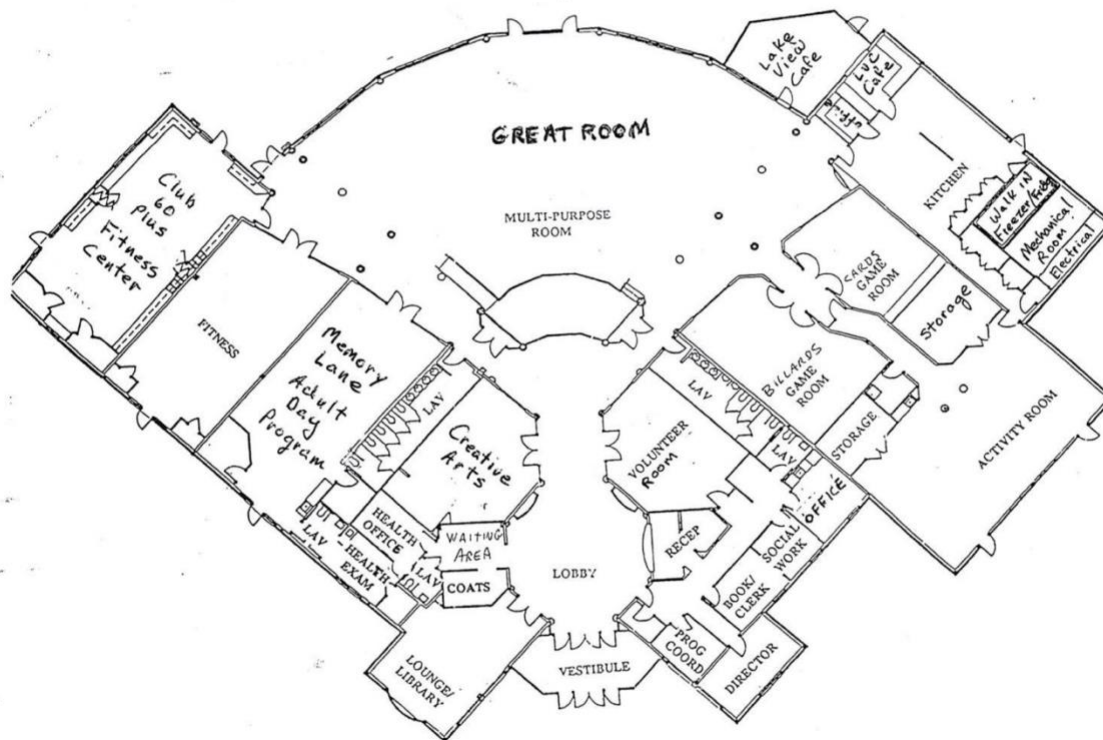
1. Canopy at entrance – passenger side protection
2. Air lock vestibule with seating
3. Central lobby-lounge with clerestory lighting
4. Securable reception window
5. Lobby display area with banquet seating
6. Library with fireplace
7. Dedicated but flexible Health/Personal Services Suite
8. Billiards room
9. Club 50+ Equipped Fitness Center
10. Lakeview Café
11. Open assembly/dining space
12. Dance floor
13. Stage with ramp (open to atrium, with curtain separator)
14. Production kitchen





Floor Plan

Wallingford Senior Center Floor Plan



Director's Comments

- Café could be larger
- Club 60+ could be larger
- Would like pickleball courts
- Hopes to expand evening and weekend activities

Glastonbury Senior Center

Riverfront Community Center
300 Welles St.
Glastonbury, CT 06033
Contact: Patti White, Senior Center Program Supervisor
860.652.7638

Demographics: Town of Glastonbury

Population: ~34,564
Portion of population 60 +: 26%
Portion of population 50 +: 41%
Median age: 45.2
Median household income: \$120,837
Race & ethnicity: 81% white, 6% Hispanic or Latino/a, 9% Asian, 2% Black
Source: CT Data Collaborative 2021 Town Profile

Facility & Funding

Constructed & owned by: Town of Glastonbury
Part of the Riverfront Community Center: shared use with other Town services, Parks & Rec programs, and as an event rental venue
Operated by Town of Glastonbury (Senior Services a division of Human Services)
Primary funding source: Town of Glastonbury
Secondary funding sources: facility rental income, program fees

Membership, Operations, Programs & Services

Age of eligibility: 50
Membership fee: None
Program fees: Some programs, non-residents pay more
National Institute of Senior Center Accredited: Yes, 2007, 2018
Hours of operation: Monday, Wednesday, Friday 8 AM – 4:30 PM; Tuesday & Thursday 8 AM – 8:30 PM; Saturday 9 AM – 3:30 PM
Congregate Meal Site: yes, \$3 residents, \$5 non-residents
Separate café: Cozy Corner Café – Monday – Friday 10:30 AM – 1 PM, soup, sandwich, salad, fruit, beverages, dessert

Staff Positions

(Not all are exclusive to the senior program)
Parks & Recreation Director
Senior Center Supervisor
Program Coordinators (2)
Secretary
Customer Service Representative
Volunteer Coordinator
Outreach Social Work Coordinator
Outreach Social Workers (3)

Scheduled Programs & Activities

Numerous card & tile games	Various exercise classes
Billiards	Powerful Aging
Art: painting	Tai Chi
Ceramics	Yoga, chair yoga
Needlework (knit/crochet)	Line dancing

Chair volleyball
Cornhole
Discussion groups - book club, current issues
AARP Chapter
Genealogy
AARP Driver education
Italian classes
Travelogue/cultural presentations
Topical /educational presentations
Annual/seasonal/holiday events

Parties/celebrations w/meal
Live musical entertainment, theatre
Movies
Trivia
Bingo
Poetry writing class
Musician's jam sessions
Indoor walking
Indoor pickleball
Travel program

Personal Services

Friendship Circle Memory Program (early dementia)
Annual Health & Wellness Fair
Footcare
Connection to in-home services
Technology assistance
Support groups: low vision, bereavement
AARP tax aid program

Social Worker/Outreach/Information & Referral
Lunch program
Flu & Covid shots
Dementia education series
Transportation services
Volunteer opportunities

Building & Site

Year of construction: 2005

Size (square feet): 21,500 (not all is designated as senior center)

Size of site: not available

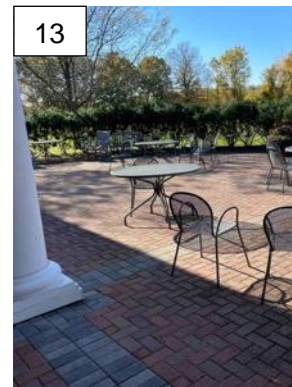
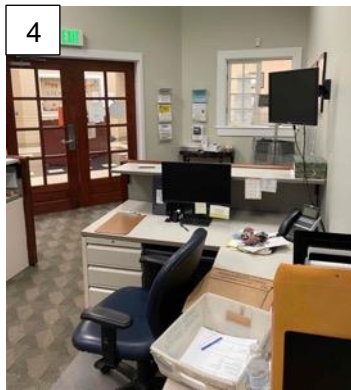
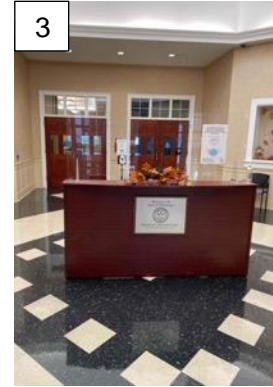
On-site parking: 127 including 14 handicapped accessible spaces and 6 van spaces. Generally adequate but not enough during peak attendance events ~6 times a year. Accessible space count is sometimes inadequate.

Site amenities: patio, gardens, adjacent park with game courts, playing fields and walking trails, etc.

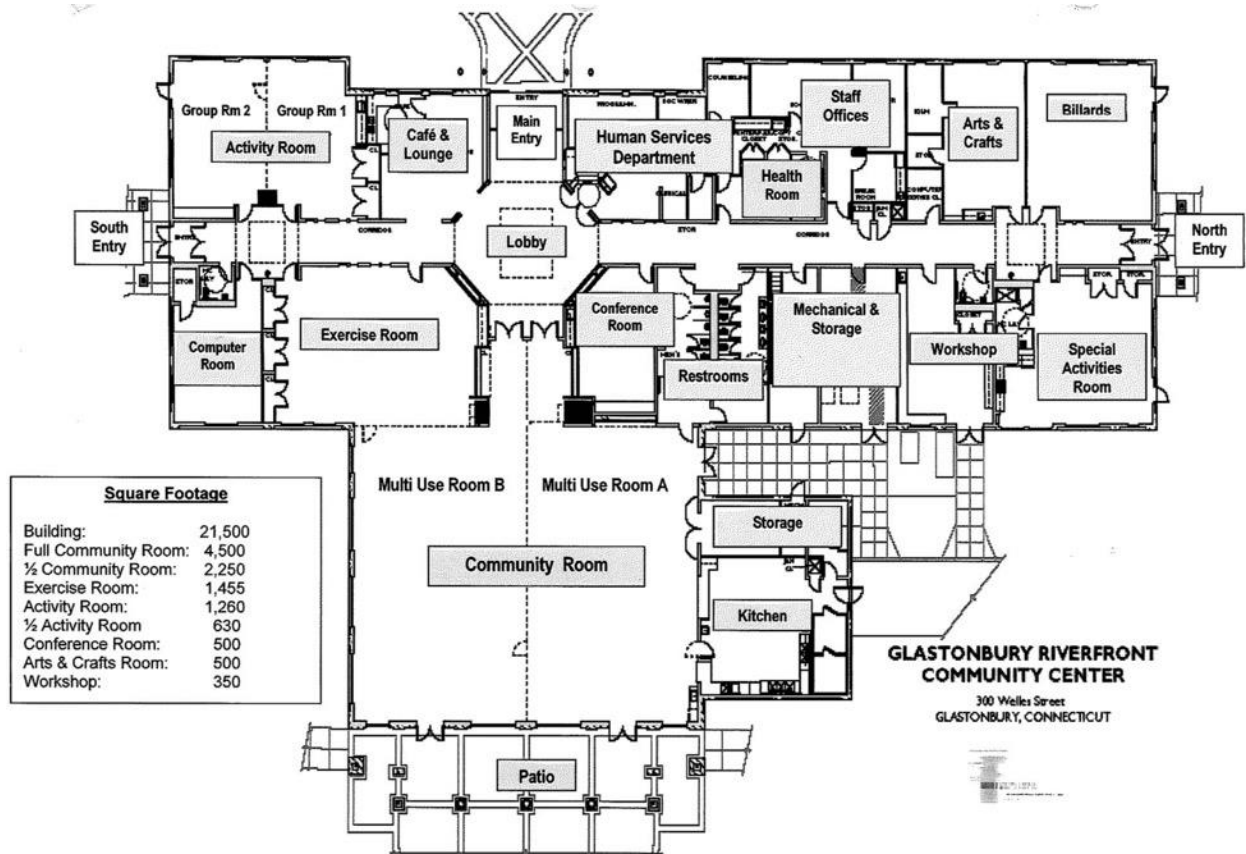
Features & Amenities (Pictured below)

1. Porte cochere at main entrance
2. Vestibule
3. Reception desk – main lobby
4. Offices adjacent to lobby
5. Dividable multi-purpose room
6. Library
7. Dining pass-through
8. Full kitchen
9. Billiards room (3 tables)
10. Ceramics storage adjacent to Arts & Crafts room
11. Health services room
12. Staff break room
13. Patio

Not pictured: Café/lounge area, large dividable community room (4,500 s.f.), unused computer room and workshop, exercise studio, art room, conference room, offices used by other departments & agencies (see floor plan below photos)



Floor Plan



Enfield Senior Center

299 Elm Street

Enfield, CT 06082

Contact: Mary Keller, Senior Center Manager

860.763.7425

Demographics: Town of Enfield

Population: ~44,143

Portion of population 60 +: 23%

Portion of population 50 +: 38%

Median age: 41

Median household income: \$79,730

Race & ethnicity: 76% white, 11% Hispanic or Latino/a, 3% Asian, 7% Black

Source: Town website – CT data collaborative, 2021

Facility & Funding

Year constructed: 2003

Constructed & owned by: Town of Enfield

Size of building: 20,042 square feet

Size of site: 21.49 acres

Parking spaces: 184, almost always adequate

Operated by: Town of Enfield

Primary funding source: annual grant from Town

Secondary funding sources: activity fees

Membership, Operations, Programs & Services

Age of eligibility: 60

Membership/registration fee:

Program fees: some programs (especially fitness, some art) ~25% higher for non-residents

Separate registration for fitness center use: yes (Prime Fitness)

National Institute of Senior Center Accredited: Yes

North Central Area Agency on Aging (NCAAA) focal point

Hours of operation: Monday, Wednesday, Thursday 8 AM – 8 PM, Tuesday & Friday 8 AM – 5 PM

Congregate Meal Site: yes "Community Café," federally funded – operated by Community Renewal

Team (CRT), food provided by a caterer

Separate café: no

Staff Positions

Senior Center Manager

Program Coordinator

Secretary

Library Director

Scheduled Programs & Activities

Hand & foot

Mahjong

Cribbage

Dominoes

Setback

Hand & foot, Hand, knee & foot

Poker

Wii bowling

Bingo

Billiards

Ceramics

Acrylics on canvas/Painting

Quilting

Knit/Crochet

Jewelry making

Coloring

Sewing
Seasonal crafts
Line dancing
Zumba/Zumba Gold
Stretch & Strengthen/Flex
Chair Exercise
Yoga
Boxilates
Stability ball training
POW! People on Weights
Equipped fitness room

Book club
AARP driver's education
Topical presentations
TED talks
Annual/seasonal/holiday celebrations
Birthday lunches
Singles group
Food & party
Live musical entertainment
Trivia
Computer/tech classes & mentoring

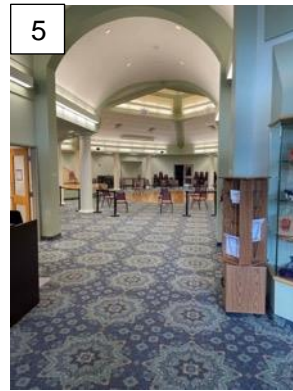
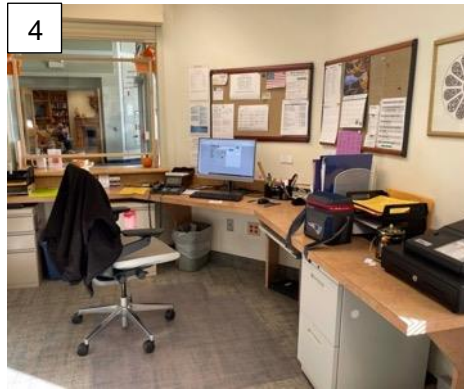
Personal Services

Footcare
Social worker/Outreach/I & R
Lunch program
Real estate, legal, CPA consultations
Medical equipment loan
AARP Tax assistance
Stroke support group
Occupational therapy exercise group sessions

Features & Amenities (Pictured below)

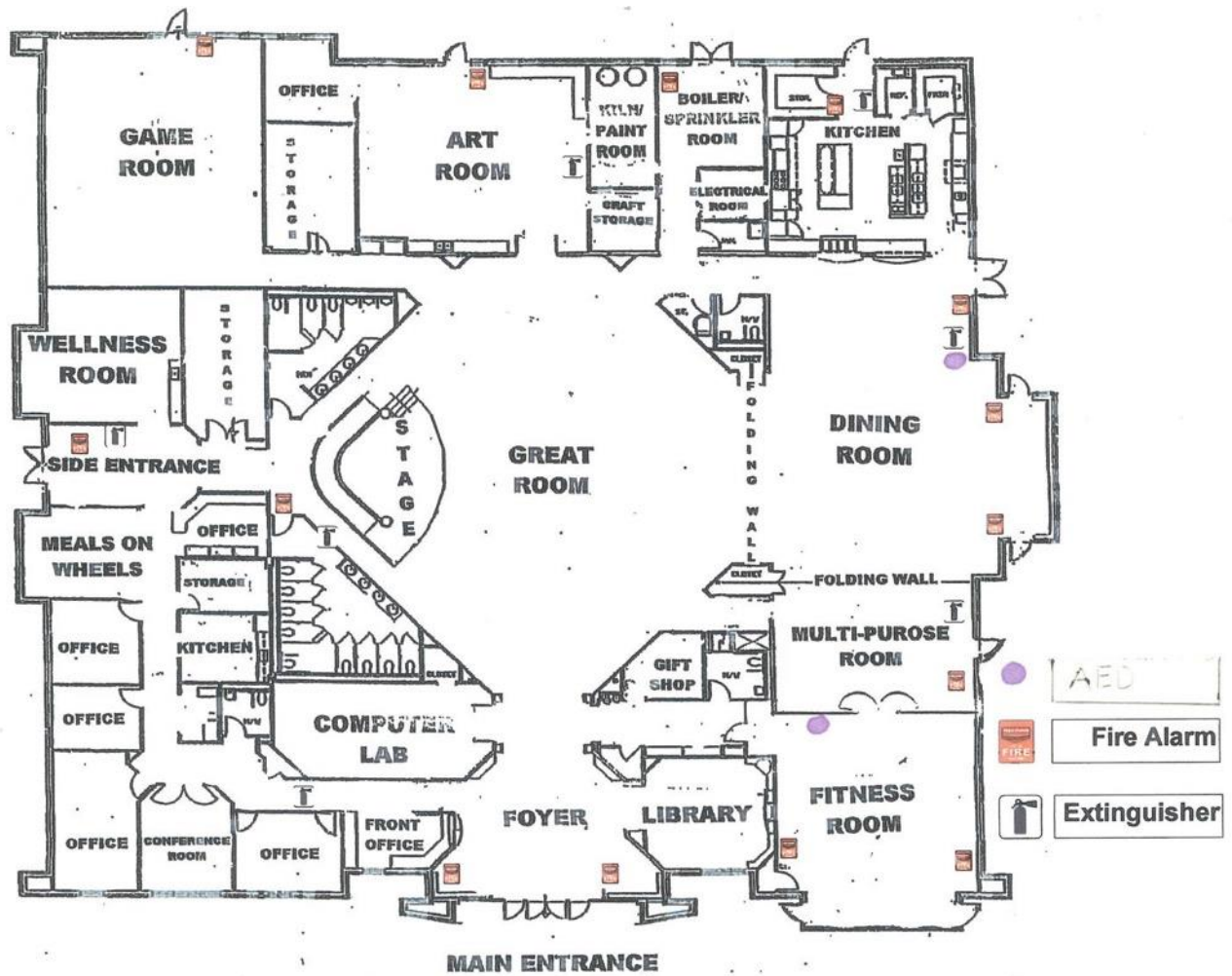
1. View of building front
2. Canopy at entrance – full vehicle protection
3. Reception/guest services counter in main lobby
4. Reception/guest services – staff side
5. View toward center of building from entrance
6. Library with fireplace
7. Computer room
8. Equipped fitness room
9. Multi-purpose/Art
10. Central Assembly room with stage and dance floor
11. Dining Area separated by movable acoustic partition
12. Stairs and ramp to stage
13. Dining area with direct kitchen access (2 service windows)
14. Conference room
15. Billiards/games room







Floor Plan



East Hartford Senior Center

15 Millbrook Drive

East Hartford, CT 06108

Contact: Victoria Liberator, Senior Services Coordinator

860.291.7460

Demographics: Town of East Hartford

Population: ~50,272

Portion of population 60 +: 24%

Portion of population 50 +: 39%

Median age: 37.8

Median household income: \$55,967

Race & ethnicity: 67% white, 16% Hispanic or Latino/a, 4% Asian, 10% Black

Source: Town website – CT data collaborative, 2021

Facility & Funding

Former church, renovation completed by Town of East Hartford in 2021

Owned by Town of East Hartford

Operated by Town of East Hartford Senior Services, a division of Parks & Recreation

Primary funding source (operations): Town of East Hartford

Secondary funding sources: Friends of the East Hartford Senior Center

Membership, Operations, Programs & Services

Age of eligibility: 55

Membership/registration fee: None

Program fees: some programs

Separate fees/membership for fitness center use: yes

Hours of operation: Monday-Friday 8:30 AM – 4:30 PM

Congregate Meal Site: yes – operated by Community Renewal Team (CRT) Senior Community Café

Program, food prepared off-site

Separate café: yes – coffee & pastries (hoping to add other snacks & beverages in the future, volunteer run)

Staff Positions

Senior Services Coordinator

Program Supervisor

Caseworker, CHOICES Counselor

Administrative Assistant

Scheduled Programs & Activities

Numerous card & tile games

Bingo

Billiards

Wii

Art: painting

Needlework

Various exercise classes

Tai Chi

Yoga

Tap dance

Silver Sneakers

Health Fairs

Cooking demonstrations

Group drumming

Discussion groups: Book club, Bible study

AARP Drivers Ed

Topical presentations

Annual/seasonal/holiday events

Parties/celebrations w/meal

Live musical/theatrical entertainment

Movies

Veterans programs

Computer/tech classes & groups

Travel program (day trips -international)

Personal Services

Footcare
Massage
Haircuts
Falls risk evaluations & workshops
Support groups: various
Social Worker/Outreach/Information & Referral
Health Insurance/Medicare counseling
AARP Tax Assistance program
Access to legal assistance
Lunch program – Senior Community Café – daily
Immunizations
Blood pressure checks, wellness services
Grocery delivery program
Transportation services
Volunteer opportunities

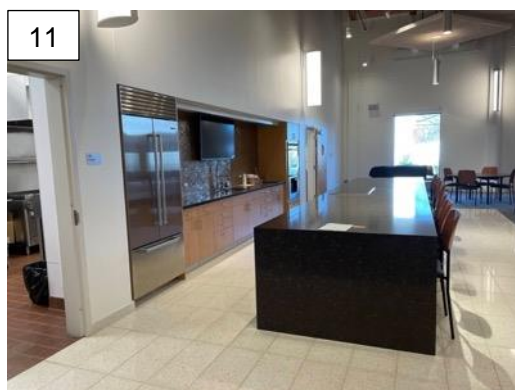
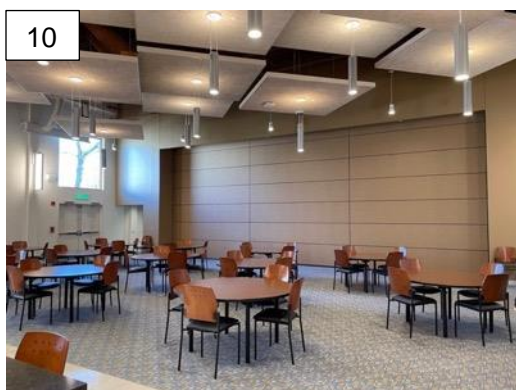
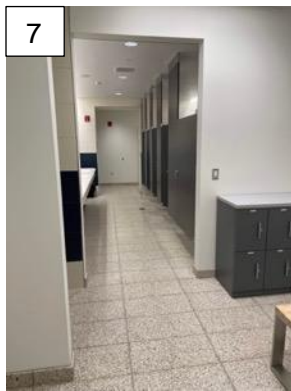
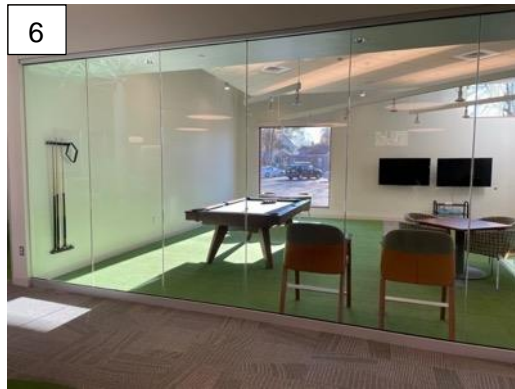
Building & Site

Year of construction: 2021 (renovation of church)
Project costs: ~\$9.9 million
Size (square feet): ~18,500
Size of site: 1.88 acres
On-site parking: 74 (inadequate – overflow is on-street)
Site amenities: patio

Features & Amenities (Pictured below)

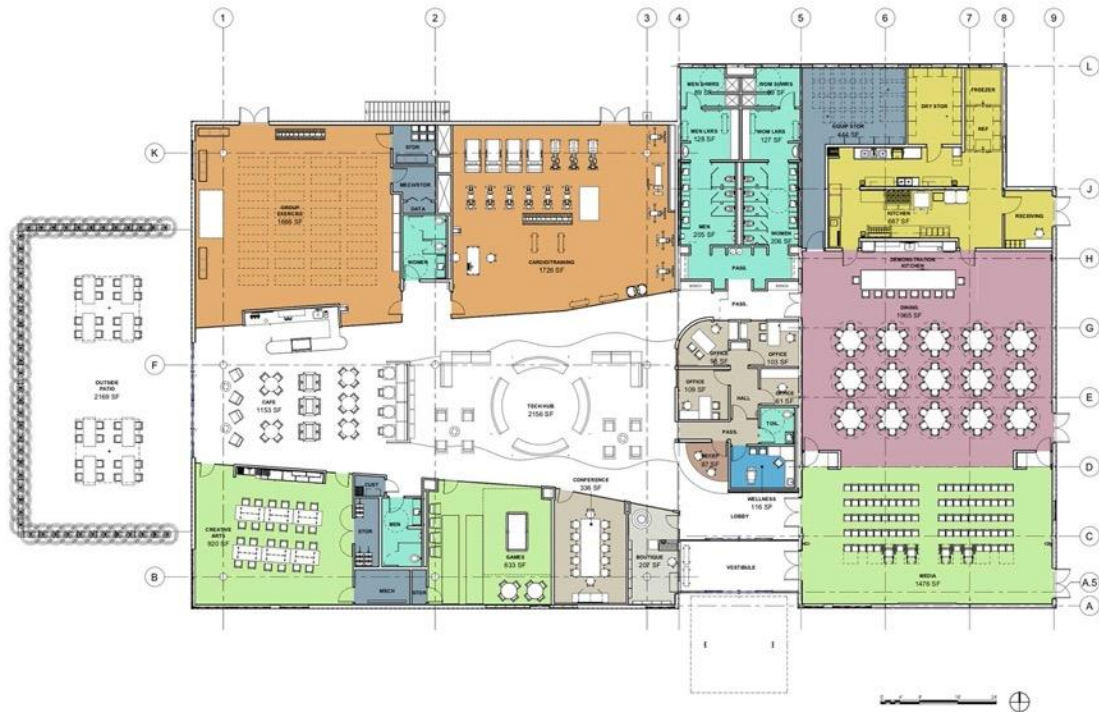
1. Modern façade and interior design
2. Vestibule & reception
3. Skylights
4. Multi-function lounge
5. Art studio
6. Billiards & game room
7. Locker area in restrooms
8. Exercise/dance studio
9. Assembly/media room
10. Dividable dining/assembly room with decorative partition
11. Demonstration kitchen





Floor Plan

As posted at easthartfordct.gov/senior-services



EAST HARTFORD SENIOR CENTER
11 Millbrook Drive, East Hartford, Connecticut



CHRISTOPHER WILLIAMS ARCHITECTS LLC
85 Willow Street New Haven, CT 06511
203 776 0184 cwarcbt@icloud.com

Director's Comments

- Parking count is inadequate – people complain about having to park on street
- Quality of congregate meal food is not ideal – would like to prepare on site but funding & staffing are problems
- Café offers coffee and pastries – hope to expand into snacks and sodas – volunteer operated

Manchester Senior Center and Area Centers Visited Current/Periodic Programs & Services*

* The slates of Programs & Services offered at Senior Centers are dynamic and subject to frequent change. This information is provided as a “snapshot” of opportunities in place at the time of this study to provide a basic understanding of the types of programs and services accommodated in area facilities. Various programs or services may have been added or terminated after the information was assembled.

Program/Service	Manchester	Glastonbury	Enfield	Wallingford	East Hartford
Card/tile/board games					
Duplicate Bridge	x	x			
Social Bridge	x	x		x	
Hand & foot	x		x		
Pinochle	x	x		x	
Mahjong	x	x	x		x
Chess & checkers					x
Scrabble	x				
Cribbage	x		x	x	x
Dominoes	x		x		
Setback	x	x	x	x	x
Rummikub		x			
Hand, knee & foot			x		
Poker			x		
Whist				x	
Texas Hold'em				x	
Canasta				x	
Misc. games/recreation					
Wii Bowling	x		x	x	x
Cornhole	x				
Bingo	x	x	x	x	x
Billiards	x	x	x	x	
Ping Pong	x			x	
Bocce	x			x	
Chair Volleyball					x
Art & Handcrafts					
Ceramics	x		x		
Watercolor	x	x			
Watercolor & Oil	x				
Acrylics on Canvas/Painting	x		x	x	x
Quilting	x		x	x	
Woodshop	x				
Digital Photography	x			x	
Knit/crochet	x	x	x	x	x
Jewelry Making			x		
Coloring	x		x		

Program/Service	Manchester	Glastonbury	Enfield	Wallingford	East Hartford
Sewing	x		x		
Seasonal crafts			x		
Therapeutic art boards				x	
Open studio				x	
Fitness & Relaxation					
Guided Meditation	x				
Line Dancing – various levels	x	x	x		x
Lite-N-Lively	x				
Body Sculpt	x				
Zumba, Zumba Gold	x		x		x
Zumba Gold Chair	x				
Bellyrobics	x				
Strength & Flex	x		x	x	x
Stronger Seniors (M) Powerful Aging (G), Healthy Moves (W)	x	x		x	
Tai Chi – various levels	x	x		x	x
Yoga – various forms	x	x	x	x	x
Indoor walking		x			
Fitness is Fun		x		x	
Boxilates			x		
Stability Ball Training			x		
POW! People on Weights			x		
Equipped fitness room			x	x	x
Reiki				x	
Parkinson's Fitness				x	
Group Drumming				x	x
Tap Dance				x	x
Silver Sneakers					x
Educational/Cultural					
Memory to Memoirs	x				
Book Club	x	x	x	x	x
AARP Drivers Ed	x		x	x	x
Cooking Demonstrations	x				x
Current Issues Group		x			
Genealogy		x		x	
Movie with discussion		x			
Poetry writing class		x			
Topical presentations	x	x	x	x	x
Italian class		x			
TED talks			x		
Aging Mastery Program				x	
Bible Discussion				x	

Program/Service	Manchester	Glastonbury	Enfield	Wallingford	East Hartford
Dance Lessons				x	
Jam Band				x	
Harmonica club				x	
Art Appreciation				x	
Entertainment/Socialization					
Annual/seasonal/holiday Celebrations	x	x	x	x	x
Birthday Lunches	x		x		x
Movies	x	x		x	x
Newcomers Meeting	x				
Red Hat Society	x			x	
Women's Group	x				
Men's Group	x				
Senior Circle	x				
Friendship Circle	x				
Broadway shows on screen		x			
Food & party	x	x	x	x	x
Live musical entertainment	x	x	x	x	x
Singles group					
Trivia group			x		
Live theatre				x	
Veterans programs				x	x
Dances					x
Meet & Greet					x
Health & Personal Services					
Blood Pressure Checks	x				x
Footcare	x	x	x	x	x
Fall Risk Evaluations & Workshops	x			x	x
Diabetes Prevention Program	x				
Support Groups: Caregivers, Low Vision, Hearing Loss, Stroke, Weight Loss, Parkinson's	x	x		x	x
Nursing Appointments	x			x	
Social Worker/Outreach, I & R Services	x	x	x	x	
Lunch Program	x	x	x	x	x
Health Fairs	x				x
Friendship Circle Memory Program		x		x	
Adult Daycare (social)				x	

Program/Service	Manchester	Glastonbury	Enfield	Wallingford	East Hartford
Real estate, legal, CPA consultations			X		X
Medical equipment loan			X		
Flu & Covid shots	X			X	X
HIGH station (BP, pulse, weight, etc.				X	
Hearing services				X	
Massage					X
Haircuts					X
AARP tax assistance	X				X
Mobile pantry	X				X
Other:					
Use of computers/tech	X				X
Computer/tech classes, mentoring &/or groups	X	X	X	X	X
AARP chapter		X			
Volunteer opportunities	X	X			X
Transportation to center	X	X		X	X
Café – non lunch program or integrated				X	
Library	X			X	

Manchester Senior Center Community Survey

Manchester 55+ Programs & Services Survey Your Opinion Counts!

The Town of Manchester needs your help to envision a new Senior Adult Community Center. The first step is to determine the right mix of programs, services, and drop-in activities to support the needs and interests of our community today and into the future. Please tell us what you think! Completed surveys will be accepted at 549 East Middle Turnpike, Manchester, CT 06040 through March 8, 2022. Thank you!

What kinds of scheduled activities would be of greatest interest to you in a new Center? Choose all that apply

- ☐ Exercise/fitness classes (aerobic, strength/balance-building, yoga/tai chi, dance, etc.)
- ☐ Cards, tile games, board games
- ☐ Art and handcraft classes and groups
- ☐ Discussion groups: book club, current events, other
- ☐ Classes, seminars, presentations, lunch & learn events: various topics
- ☐ Technology-focused classes or clubs
- ☐ Food & nutrition-focused demonstrations, classes, and special events
- ☐ Entertainment: movies, performances, travelogues
- ☐ Music (choral/vocal) or drama classes and clubs
- ☐ Socialization: socials, parties, dances, dinners, seasonal/holiday celebrations, bingo
- ☐ Daily lunch program
- ☐ Sports: pickleball, volleyball, basketball, softball
- ☐ Volunteering to support staff or specific programs/services or mentor others
- ☐ Other

What kinds of scheduled and/or drop-in services would be of greatest interest to you in a new Center? Choose all that apply.

- ☐ Caregiver training

- ☐ Support groups: caregiver, grief, living with chronic conditions, depression, etc.
- ☐ Basic health screenings and services: BP checks, blood sugar checks, hearing/hearing aid checks, footcare assistance, weight loss support, flu shots, etc.
- ☐ Legal counseling
- ☐ Assistance with Medicare, other public programs, and insurance-related issues
- ☐ Assistance preparing tax returns
- ☐ Mental health counseling
- ☐ Massage
- ☐ Employment/Volunteerism Resources
- ☐ Assistance with computer/tech device questions and issues
- ☐ Other

**What kinds of things would you be most interested in dropping in to do?
Choose all that apply.**

- ☐ Work out on exercise equipment
- ☐ Enjoy a beverage, snack or light meal purchased at a “cafe” within the center
- ☐ Play cards, tile games, board games, etc.
- ☐ Play pool/billiards, ping pong, virtual games
- ☐ Make use of open art studio time or “makerspace” equipment to work on projects independently or with others
- ☐ Just “hang out” with others
- ☐ Other

**What amenities would appeal to you in a new Adult Community Center?
Choose all that apply.**

- ☐ A cafe (with Starbucks or Panera Bread feel)
- ☐ An equipped fitness center for adults 55+
- ☐ Game courts: pickle ball, basketball, volleyball
- ☐ An auditorium for movies, performances, and lectures
- ☐ Equipped “Makerspaces” for classes, groups, or drop-in use: woodshop, sewing machines, potters’ wheels/kiln, 3-D printer/specialty tech equipment, kitchen, etc.
- ☐ Outdoor recreation: pickleball, bocce, corn hole, horseshoes, shuffleboard

- ☐ An indoor walking track
- ☐ An outdoor walking track
- ☐ Gardens / gardening club
- ☐ Warm water pool
- ☐ Spacious lounges for dropping in and hanging out with friends
- ☐ Patios/places to drop in or enjoy events outdoors
- ☐ Other

Do you currently (or have you ever) participated actively at the Manchester Senior Center?

- ☐ Frequently
- ☐ Seldom
- ☐ Never

If “seldom” or “never,” why?

- ☐ I’m unaware of it
- ☐ I don’t think of myself as a senior
- ☐ It doesn’t offer anything I’m interested in
- ☐ I work and the activities don’t fit my schedule
- ☐ I tried it and it wasn’t a good fit for me
- ☐ I do not meet Senior Center membership requirements (60+ and a Manchester Resident)

Please tell us about yourself

What is your age?

- ☐ Under 50
- ☐ 50-59
- ☐ 60-69
- ☐ 70-79
- ☐ 80-89
- ☐ 90+

What gender do you identity with?

- ☐ Woman
- ☐ Man
- ☐ Transgender
- ☐ Non-binary/non-conforming
- ☐ Prefer not to respond

Please specify the ethnicity you identify with.

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino
- ☐ N/A
- ☐ Other

Please specify the race you identify with.

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Other
- ☐ Pacific Islander
- ☐ Multi-Racial
- ☐ American Indian/Alaska Native
- ☐ Other

Manchester Senior Center Community Survey Responses

Question 1 *What kinds of scheduled activities would be of greatest interest to you in a new Center? Choose all that apply.*

Exercise	358
Cards/Games	179
Art	224
Discussion Groups	169
Educational	279
Technology	193
Food/Nutrition	185
Entertainment	210
Music/Drama	111
Socialization	182
Lunch	184
Sports	141
Volunteer	160

Question 2 *What kinds of scheduled and/or drop-in services would be of greatest interest to you in a new Center? Choose all that apply.*

Caregiver Training	70
Support Groups	152
Health Services	256
Legal Counseling	175
Medicare/Insurance	201
Tax Assistance	158
Mental Health Counseling	108
Massage	182
Employment/Volunteer Resources	136
Technology Help	206

Question 3 *What kinds of things would you be most interested in dropping in to do? Choose all that apply.*

Work out	280
Visit Café	242
Play cards/games	169
Play pool/ping pong	141
Use makerspace	170
Hang out	169

Question 4 *What amenities would appeal to you in a new Adult Community Center? Choose all that apply.*

Café	263
Fitness Center	305
Game Courts	145
Auditorium	254
Makerspace	199
Outdoor Recreation	185
Indoor Track	286
Outdoor Track	229
Garden	188
Pool	238
Lounges	166
Patios	256

Question 5 *Do you currently (or have you ever) participated actively at the Manchester Senior Center?*

Frequently	173
Seldom	90
Never	135

Question 5b *If seldom or never, why?*

Unaware	38
Don't think I'm a senior	43
Nothing interesting	66
Schedule conflicts	63
Not a good fit	32
Don't meet requirements	19

Manchester Senior Center Community Survey Responses

Question 6 What is your age?

Under 50	1
50-59	30
60-69	158
70-79	154
80-89	42
90+	4

Question 7 What gender do you identify with?

Woman	305
Man	81
Transgender	0
Non-binary/non-conforming	0
Prefer not to respond	6

Question 8 Please specify the ethnicity you identify with.

Hispanic/Latino	2
Not Hispanic/Latino	287
N/A	63
Other	28

Question 9 Please specify the race you identify with.

White/Caucasian	364
Black/African American	11
Asian	4
Native Hawaiian/Other	0
Pacific Islander	1
Multi-Racial	2
American Indian/Alaska Native	5
Other	12