

Community Center Building Committee (CCBC) “Post COVID” lessons learned, September 2022

Over the summer months, the CCBC reached out to communities with newer buildings to ask question about the utility of their buildings during and “post” COVID. The CCBC wanted to know what worked well, what design and building elements needed to be updated, and any other advice that could be shared. Below are the communities we surveyed, the questions we asked them, and the responses received broken down and organized by topic.

Communities Surveyed

Feedback Received from:

Bedford (Shared COA/P&R)

Belmont (Primarily COA, community events after hours)

Falmouth (COA building put next to older P&R building)

Lexington (Shared COA/P&R)

Needham (Primarily COA, community events after hours)

Salem (Shared COA/P&R)

Weston (Shared COA/P&R)

Unable to Contact:

Dover

Natick

Stow

Survey Questions

Looking for lessons learned "post" pandemic from those who moved into a new building.

Topic	?
air handling	Was your new building built with advance air filtration/air purification? If no, was this something you wish you had having gone through a pandemic? Could you say more?
outdoor space	Was your outdoor space sufficient to meet your needs during/post pandemic? What would you have added, removed, changed to make the outdoor space you have fit your needs? E.g. shade, audio-visual, etc. Could you say more?
hallway width	Was the width of your hallway sufficient for 6 feet of distancing during the pandemic? If no, did this pose a problem?
AV systems	Were the AV systems built into your new building sufficient to meet the needs of our new "Zoom" and hybrid programming needs? What would you change? What would you add? Are there any rooms in particular that should have had AV equipment where it is lacking?
vaccination clinic site	Was your municipality able to use the new building as a vaccination clinic site? In the building? Drive through? If drive through, was the parking lot flow problematic? What worked well with the setup that would be good for others to potentially replicate?
COVID testing clinic	Was your municipality able to use the new building as a COVID testing clinic? In the building? Drive through? If drive through, was the parking lot flow problematic? What worked well with the setup that would be good for others to potentially replicate?
Dash & Dine meals	Was your municipality able to use the new building for "dash & dine" meals? Drive through or pick up? Was the parking lot flow problematic? What worked well with the setup that would be good for others to potentially replicate?
Conversion space/room size	Was there adequate space to have 6 ft. social distancing in the spaces you had? Were windows adequate in circulating air, etc.?

Feedback:

Air handling

Those who did not include advanced air filtration were unhappy with the decision. Instead, these centers ended up using standalone air purifiers and units to increase circulation (which were not always well maintained) or upgrading their “good” system with HEPA filters. This costed more in the long run.

Those who had windows that opened were very grateful. One center even turned a window into a service window for grab and go meals, COVID tests, etc. Those who did not have windows that opened noted it and were unhappy, stating an inability to bring in fresh air when it was needed. Also noted was the challenge of working with automatic doors.

Outdoor Space

Need for shade/wind/rain protection. Among those with outdoor space, the universal feedback was that nobody thought of shade/rain cover. Thus, even though they had the usable space, they could not always use it.

Surface & Access. Some centers had patios, etc., that were built for looks and minimal use. They were not up to the task of use for an exercise class, etc., because surfaces, like brick or bluestone, are uneven and a tripping hazard. These spaces were not also easily accessible to all levels of mobility.

Open green space: The need for more green space was shared. There was often not enough space to, e.g., pop a tent, play bocce, grab and go meal, have outdoor “office space” at the same time. The outdoor space was often not set up specifically for programming. It worked but was not ideal. One community noted that site location was chosen specifically to be “downtown” and close to “town life.” This meant they had no option for expansion, especially related to outdoor space.

AV: Outdoor space was utilized a great deal. Centers found the need to purchase speakers, have portable speakers, etc. to hold programming. Outdoor AV systems were needed.

Hallway Width

This was surprisingly not an area of trouble to any center with whom we spoke. Flow worked well.

AV Systems

AV Systems were often not up to the task of hybrid programming. Updates were needed (e.g., OWL Labs cameras). There were often not enough zoom accounts to run all the necessary programming. Another shortcoming was that not ALL programming rooms were built with AV. Usually a main auditorium type room and maybe smaller programming room. Staff had to forfeit their own laptops with zoom capabilities for the benefit of programming.

Vaccination Clinic Site/COVID Testing

Clinics often worked well, both inside and out when hosted by the centers. The only problem was that regular program attendees often had trouble finding parking, etc.

Dash & Dine Meals

Feedback included the need for an overhanging drive through/drop off area at the center's main entrance, related to the need for shade, protection from rain, and general flow of traffic. After picking up meals, one center noted that residents were craving social interaction, but there was no "safe" outdoor space for dining.

Conversion space/room size

Reported room size was generally okay, though classes at times had to have size limits. Comment included the need to open windows for airflow and the benefit of having custodial staff available to help set up tables and chairs at 6ft distances. In some cases, programming was done mainly in rooms where windows could be opened, or it was not done at all. When programs outgrew the space, they moved outside or would bump other existing activities.

Other thoughts shared

"Must Haves": Companion (i.e., family) bathroom, universal designed hardware and no-touch entrances and fixtures. Elevators that are truly handicap accessible. Designers should receive input from staff before picking furniture. "Open" office space is a nice idea in concept, but even a smaller, private office is better than shared office space or open office space where distancing and privacy cannot be maintained. Fitness rooms must have windows and be larger than you think.