Wellness Centers and Baby Boomer Women

by

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DEDICATION

This thesis is dedicated to my children Yussur and Serene: I hope I can bring as much joy in your lives as you do in mine. I love you both.
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THESIS ABSTRACT

STATEMENT OF ISSUE The healthcare system in the U.S. has emphasized curing disease through funding for research in and practice of remedial medical care during the last century. However, with the beginning of the 21st century a greater emphasis was put on the importance of preventive medicine and the concept of the wellness center as part of the healthcare system. Members of these kinds of facilities are mostly from the baby boom generation (those who were born in 1946-1964). This study will be concerning the extent to which existing wellness centers are responding to the needs and life style preferences of baby boomers, particularly women, so they can enjoy a healthy life and general well being for a longer period of time.

STATEMENT OF SIGNIFICANCE Rising expenditures on healthcare are a major concern in the healthcare system in the U.S. and Preventive medicine and healthy life styles are recognized as key factors in lowering the costs of healthcare. This is of a special interest now as the older baby boomers are entering their sixties and will soon put greater pressure on the healthcare system from both economic and logistical perspective. In addition, this population group is expected to retire later than their predecessors. Their desire for independence and active living can be addressed through the emergence of an integrated
system of preventive medicine and medical care. The wellness center, as part of the local health system, is a key component of such a strategy. Finally, special design features that respond to the changing physical and perceptual abilities of an aging population need to be addressed in the planning and design of wellness centers, in order to insure that the elders will be able to take advantage of their resources.
INTRODUCTION

Wellness centers are medically-based fitness facilities that incorporate clinical and fitness components into a comprehensive healthcare center. The advent of managed care and the advancing age of baby boom generation, among other socioeconomic forces, underlie the trend toward building such centers.

HISTORY OF WELLNESS CENTERS The evolution of wellness centers began with Ken Cooper’s Cooper Aerobics Center, Houston, Texas, in the early 1970s which had an emphasis on diet. In 1982, the Riverside Health System in Newport News, Virginia, began one of the first wellness center programs and projects. In Melrose Park, Illinois, Gottlieb Hospital was the first in nation to create a freestanding wellness center facility, followed by the Sports Med Center for Fitness, in suburban Chicago, a 55,000-square-feet building developed by a group of orthopedic physicians. In 1991, the Galter Life Center, also in suburban Chicago, built the first freestanding urban center in the United States.
WELLNESS CENTERS TODAY
Unlike early versions of wellness centers that used to be attached to hospitals and hospital systems, today’s wellness centers are usually community based facilities located in sites accessible to their target members: baby boomers. At the same time the centers are usually affiliated with a local health system. The best examples are located adjacent to a medical office building offering both entities a distinct care and business advantage: an enhancement of the referral chain and proximity of service providers.
In addition, it is typical nowadays to see a cardiac rehabilitation center, phase III and IV and to a lesser degree phase II, and physical therapy center as the clinical services offered by the wellness center.

The range of programs offered by the each center depends widely on the demographics of the neighborhood where it is located. A marketing specialist should be consulted about location. However, all wellness centers include the following:

- Clinical services: Cardiac rehabilitation and physical therapy.
- Fitness program: Cardiovascular equipment, aerobics exercise rooms and sometimes basketball court.
- Mind/Body program: Yoga and pilates.
- Spa services: Services range between message rooms and different kinds of therapy, alternative medicine and sometimes full service beauty salons.
- Pools: Lap pool, warm water pool and whirlpool.
- Educational programs: Services range between private consultations, lectures and free screening days for the community.
- Common areas: cafés, gardens and other spaces are necessary for members’ social interaction.
- Wellness centers have many benefits for the community and its members:
  - Healthy life style for baby boomers through exercise and nutrition programs.
- Health education for the community.
- Patients of the cardiac rehabilitation center usually use the center's general fitness equipment during treatment. Some patients sign up for membership after finishing their course of treatment.
- On site physical therapy services for members who get injured when exercising.
- The center plays a role of attracting community members for social interaction in a health enhancing environment.
- Referrals to and from practitioners in the local healthcare system.
- Baby Boomer women have some additional needs related to changes in their role in society:
  - Changing physical and psychological abilities related to menopause are now recognized as health issues.
  - The impact of having children at older age results in new needs for preventive measures and wellness activities.
  - Staying in the work force longer than their predecessors results in a need for wellness activities that accommodate a work schedule.
  - Serving as caretaker of other family members creates stress and often leads to neglect of their own health issues.
MEDICAL FITNESS ASSOCIATION  The Medical Fitness Association (MFA), a non-profit organization, was formed in 1991 to assist medically integrated health and fitness centers to achieve their full potential. The Association is a professional membership organization whose mission is to ascertain and respond to the needs of medically integrated centers throughout the world. As a resource to the medical fitness industry, MFA is completely focused on medical fitness, and is the first association to have focused on hospital fitness and wellness. MFA membership allows an access to in-depth research on the latest industry trends. MFA-sponsored conferences, seminars and educational programs provide good learning and networking opportunities to expand the knowledge base of all involved--hospital executives, physicians and medical fitness center professionals alike--and help members improve the overall health of the communities they serve.
METHODS OF INQUIRY

LITERATURE REVIEW Literature review of books and scholarly articles was conducted on the following topics:

- Wellness center design.
- The baby boom generation.
- Changing physical and perceptual abilities of older persons.
- Women’s physical and psychological health issues after midlife.

See Appendix i for an annotated bibliography.

SURVEY An anonymous survey (see Appendix ii) was prepared to learn more about women who are members of wellness centers. An electronic copy of the survey was placed on the website of the National Association of Baby Boomer Women (http://www.nabbw.com/). Hard copies of the survey were distributed during observational visits to existing wellness center. The survey was approved by the Social and Behavioral Sciences IRB at University at Buffalo, NY.

VISITS TO EXISTING FACILITIES Observational visits to twenty eight wellness centers were arranged. I contacted the MFA local chapters’ directors in four states, Illinois, Pennsylvania, New York and North Carolina and they sent me their recommendations regarding the facilities that I should visit.
Most wellness centers were located in a suburban area with an upper-middle class populations and the centers' members’ age average was 45-50; with a higher percentage of women than men. Centers located closer to larger cities and/or in low-income neighborhoods, become more medically oriented with a higher percentage of, and more severe, disabilities among the members.

fig.3 Edward's Wellness Center at Naperville, IL

fig.4 Wake Med Wellness at Raleigh, NC
The facilities I visited are:

1) Initiative for Women with Disabilities Health and Wellness Center NYU Hospital New York, NY
2) Memorial Sloan-Kettering's Integrative Medicine Service 1275 York Avenue New York, NY
3) Mount Sinai Medical Center New York, NY
4) OAA - Human Performance Center, Allentown, PA
5) Lehigh Valley Hospital, Bethlehem, PA
6) St. Joseph Medical Center, Reading, PA
7) Healthplex Sports Club, Springfield, PA
8) Doylestown Hospital, Fitness Center, Warrington, PA
9) Condell Medical Center, Libertyville, IL.
10) Centre Club, Gurnee, IL
11) Loyola University Medical Center, Maywood, IL.
12) Provena Mercy Medical Center, Aurora, IL.
13) Delnor Health and Wellness, Geneva, IL.
14) Highland Park Health and Wellness Center Highland, IL
15) Advocate Good Samaritan Health and Wellness Center 3551 Highland Avenue, Downers Grove, IL.
16) Edward Hospital & Health Services: Edward Plainfield Hospital, Naperville, IL.
17) Delnor-Community Health & Wellness Center 296 Randall Rd, Geneva, IL.
18) Palos Health and Wellness, Orland Park, IL.
19) Galter Life Center 5157 North Francisco Avenue, Chicago, IL.
20) Lake Forest Hospital and Wellness 660 N Westmoreland Rd., Lake Forest, IL.
21) Lutheran General Fitness Center, Park Ridge, IL.
22) Gottlieb Fitness Center, Maywood, IL.
23) Rex Wellness, Raleigh, NC.
24) The UNC Wellness Center at Meadowmont, Chapel Hill, NC.
25) Wake Med Wellness, Raleigh, NC.
26) Duke Center for Living, Durham, NC.
27) Duke Fitness Center, Durham, NC.
28) The Fitness Center at High Point Regional, High Point, NC.
ENVIRONMENTAL PSYCHOLOGY Environmental psychology theories, that could be useful in identifying design goals and guidelines, were explored; specifically M. Powell Lawton's Environmental Docility Hypothesis.

fig. 5 Factors that affect people's performance in an environment diagram.
Lawton’s Environmental Docility Hypothesis and Ecological Model of Aging

- Lawton’s adaptation of Lewin’s original ecological equation $B = f(P, E)$
- Added $P \times E$ (interactional term)
GUIDELINES FOR THE WELLNESS CENTER DESIGN
Site:
Location:

- The site should have a clear access from the street and a parking lot should be provided.

fig.7  

fig.7  
Centre Club  
Gurnee, IL  
➢ Clear indirect access from main traffic route  
Enough parking spots are provided for facility users  
fig.8 Main entrance with a shaded drop off area.
• If possible, locate the wellness center building adjacent to or in the same area of a medical office building.

fig.9
Doylestown Fitness Center
Warrington, PA
➢ The building where the center is located includes physicians’ offices which provides marketing opportunities between the health center and the medical offices. Open, two story high atrium separates the health center from medical offices.

fig.10
Rex Health Center
Garner, NC
➢ Medical office building is located separately in the same site of the medical fitness center. Other facilities are available on the site including shopping mall and movie theatre.
• It is preferable to choose a site that is large enough to include areas for outdoor activities and landscape.

fig.11

Galter Life Center
Chicago, IL

Although the site is located in Chicago, flower beds and green areas and trees were provided around the building.

fig.12

Main entrance

fig.13

Duke Fitness Center
Durham, NC

The site is located on the Duke University campus where it is surrounded by natural landscape and there is enough area for outdoor activities including a walking/running track.
Avoid locating the wellness center inside a hospital building since hospitals are usually associated with negative experiences.

fig.14
Healthplex Sports Club
Springfield, PA
➢ The wellness center is located inside the hospital building and entrance is through the hospital corridor.
Building Entrance:

- Provide separate entrance for the medical fitness center and another entrance for patients for clinical services.

fig. 15
Provena Wellness Center
Aurora, IL
➢ There are two separate entrances. One for the wellness center members. fig.16 and the other is for clinical services’ patients.

fig. 16
• Provide a visual connection between the entrance area and the physical fitness equipment area.

fig. 17
Palos Health and Wellness Center
Orland Park, IL
➢ The entrance is on the same level as the physical fitness equipment area and a direct visual connection is provided.

fig. 18
Advocate Good Samaritan Wellness Center
Downers Grove, IL
➢ Visual connection between the entrance the walking/running track, both on the same level. The track surrounds the physical fitness equipment area which is one floor below.
- Café, pro shop, and internet service areas should be located close to the entrance. They may even be part of a large entrance area.

Centre Club
Libertyville, IL

- fig.19 The entrance is open to internet desks and café areas.
- fig.20. Reception desk in the main entrance.

Highland Park Wellness Center
Buffalo Grove, IL

- fig.21 A corner has been taken from the big entrance area and was turned into a pro shop.
- fig.22 The café is open to the entrance area.
• Provide sitting area in the lobby and on other levels where members can wait for classes or socialize.

fig.23
Highland Park Wellness Center
Buffalo Grove, IL
➢ Sitting area in the lobby.

fig.24
Advocate Good Shepherd Wellness Center
Barrington, IL
➢ Sitting area between classrooms.
Physical Activity Areas

Cardiovascular, Strength and Free Weight Area:

- Provide positive distractions for users of equipments through visual access to outdoor landscape and/or other activities. Also provide individual TV sets for treadmills when possible.

fig. 25
Rex Wellness Center
Garner, NC
- Visual access to landscape provide a positive distraction to equipment users.

fig. 26
Advocate Good Samaritan
Downers Grove, IL
- Use of net curtain between basketball court and cardiovascular equipment provide safety as well as visual access. Also individual TV set for each equipment is highly desirable.
- Locate equipment closer to the entrance and on the way to mind and body activities such as yoga and spa services.

**Edward Health and Fitness Center at Seven Bridges, Woodbridge, IL**

- Cardio, Strength and weight equipments are the first activities a visitor pass by upon entering the building and they are located in the center of other activities. fig.27 The center plan. fig.28 View of the track in the upper level surrounding the equipment in the lower level.
• Provide chairs or benches in resting areas as part of the physical activities space.

fig. 29
Centre Club
Libertyville, IL
➢ Chairs are located between equipments area, squash rooms and basketball court.
Walking/Running Track:

- Locate the track with equipment on only one side so members need not cross the track to use other spaces.

fig. 30
UNC Wellness Center
Meadowmont, NC
➢ The walking/running track is located on the second floor, surrounding other classrooms and looking over the cardio equipment in the first floor.

fig. 31
Galter Life Center
Chicago, IL
➢ Traffic on the walking/running track is interrupted often by members crossing from one side to the other since equipments are located on both sides of the track.
• Provide positive distractions for the track users such as visual access to outdoors landscape and/or other activities.

fig. 32
Centre Club
Gurnee, IL
- Visual access to outdoors landscape is provided for the walking/running track users and the track looks over other activities’ spaces including cardio, strength and weight equipment and basketball court. fig.33 Physical model of the center.
• Provide resting and stretching areas at certain points along the track with benches and mats.
• Place access to the walking/running track so it is visible and inviting from the center’s entrance.

fig. 36
Advocate Good Samaritan
Downers Grove, IL
➢ The walking/running track is on the same level as the center’s entrance.

fig. 37
UNC Wellness Center
Meadowmont, NC
➢ The walking/running track looks over the center’s entrance and the stairs that lead to the track can be seen upon entering the facility.
Basketball/Volleyball Court:

The availability of a basketball/volleyball court may encourage younger members, especially men, to join the wellness center.

- Whenever possible, locate the basketball court in a separate room to minimize noise that might affect members involved in other activities.

fig. 38
Provena Wellness Center
Aurora, IL

The basketball court is located separately while maintaining visual access with other spaces in the center through windows.
- When the basketball court is open to other activities use safety net around the basketball court to protect members from injury.

fig. 39
Advocate Good Samaritan
Downers Grove, IL
➢ The basketball court is surrounded by cardio and strength equipment and about a 9 foot high safety net is placed between the court and the equipment to protect members from injury.
Spinning Room:

- The spinning class is a very popular activity, especially when interesting atmosphere is provided. The architect should provide a design that would enhance the atmosphere of the class.

fig. 40 Advocate Good Samaritan
Downers Grove, IL
➤ A trip around the world is a common theme for spinning classes.

fig. 41 Highland Park Wellness Center
Buffalo Grove, IL
➤ Sunflower field illustration on one wall and light effects help enhance the members experience in the spinning class.
• Locate spinning bikes in a separate room so it is not open to other activities to eliminate the noise from spinning classes.

fig. 42
Edward Health and Fitness Center at Naperville Naperville, IL
➢ The director of the center decided to move the spinning equipment to a separate room because members complained about the noise caused by spinning classes.
• Provide windows to other spaces in the center or to the outdoors when possible.

fig. 43
UNC Wellness Center
Meadowmont, NC
➢ Using glass blocks is a good option in order to provide visual access.

fig. 44
Provena Wellness Center
Aurora, IL
➢ The spinning room is located in the upper level and windows provide visual access to other activities in the lower level of the center.
Pools:

- Provide at least five lane lap pool, eight lanes preferred. Also, if possible, provide two warm water pools so one can be used for patients who need therapy while the other is available for other members.

fig.45
Human Performance Center
Allentown, PA

- Five lane lap pool is provided. Also a big warm water pool is available for members for relaxation or classes. The smaller warm water pool, where the temperature is higher, is used by the clinical section of the center for therapy at certain hours and available for members at other times.
• Provide visual access landscape views from the pool area.

fig. 46
Edward Health and Fitness Center at Seven Bridges
Woodbridge, IL
Main pool area.

fig. 47
Rex Wellness Center
Garner, NC
Main pool area.
There are two alternatives for making a pool handicapped accessible. One is to include a 1:12 slope to take swimmers from deck level to pool level. The other option is to provide a lift. Although the lift is an expensive solution it would save a lot of space that the slope requires.

fig. 48
UNC Wellness Center
Meadowmont, NC
➢The lap pool is accessible through the use of a ramp.
- Provide a partition between the warm water pool and the rest of the pool area to give privacy to patients during therapy. If possible, use a temporary partition that can be removed when therapy sessions are over so the warm water pools can be used by other members.

fig. 49
UNC Wellness Center
Meadowmont, NC
Main pool area. The warm water pool is located behind a partition. The partition is permanent but its design includes glass blocks and various heights so the warm water pool is still connected to the pool area.

fig. 50 The warm water therapy pool.

fig. 50
Although whirlpool and hot tubs have therapeutic effect for many people, they are usually not accessible for people with disability. The designer of the wellness center should take this matter into concern and coordinate with the whirlpool and/or hot tub provider in order to make this facility accessible to everyone.

- Fig. 51
  Edward Health and Fitness at Seven Bridges
  Woodbridge, IL
  ➢ The whirlpool pool is located at the pool area that is accessible. However, the member needs to go down few steps to get to the pool floor level.

- Fig. 52
  Duke Integrative Medicine Center
  Durham, NC
  ➢ Neither the area where the whirlpool is located nor the pool itself are accessible for people with disabilities.
Mind/Body Activities Areas

❖ Yoga and Tai Chi Chuan:

- When possible, provide a separate studio for yoga and another studio for aerobics. The yoga studio should be in a quiet location.

fig. 53
Edward Health and Fitness at Seven Bridges
Woodbridge, IL

➢ A separate studio is provided for yoga classes. The staff tried to make the atmosphere relaxing. However, the architect should take this matter into consideration when designing the wellness center.
• Provide different options for lighting in the yoga studio. Windows can give daylight while dark curtains or blinds can give the option of using artificial lighting that can be dim or bright.

fig. 54
Provena Wellness Center
Aurora, IL
➢ Light fixtures give options to use bright or dimmed light.
Pilates:

- The architect should take into consideration the number of participants the Pilates instructor is planning to include in each class and the brand of the equipments that will be used, in order to determine the size of the Pilates studio.

fig. 55
Healthplex Sports Club
Springfield, PA
If the area of the Pilates studio is limited, at least one of the longer walls in the studio may be covered with mirrors so the space can seem bigger.

fig. 56
Galter Life Center
Chicago, IL
Pilates room.
Meditation:

- Individual meditation areas may be small rooms especially designed for that purpose. However, if the size, or the budget, of the wellness center is limited the yoga studio may be designed so it can be divided into smaller spaces, with temporary partitions, for individual meditation. The meditation area should be in a quiet location with visual access to exterior, or interior, landscape.

Duke Integrative Medicine Center
Durham, NC

»fig. 57 Small rooms are specially designed as meditation areas. The design of the room contain simple lines an use of natural materials. The window height and location are designed so a person meditating in a sitting position can have a visual access to the landscape. fig.58 One of the meditation rooms is located separate from the center building and in the in the middle of a beautiful landscape. fig.59 The center building.
The Spa

- The size of a spa area depends on the kind of services the wellness center is planning to offer. It can range from a small massage room to a full spa offering various therapies and salon services. It is preferred that the spa include a small locker room, separate from the main locker room in the wellness center.

fig. 60
Edward Health and Fitness at Seven Bridges Woodbridge, IL
➢ The spa has its own defined place inside the wellness center. And the spa is located close to the center’s main entrance.

fig. 61
Doylestown Fitness Center Warrington, PA
➢ The spa reception counter, waiting area and shop are open to the other facilities in the wellness center. Other rooms are located in a quiet location to provide spa services such as massage and salon services.
 Massage:

- Massage rooms should be located in a quiet place. Walls should be sound proof if needed.

fig.62
Duke Integrative Medicine Center
Durham, NC
➢ The quiet room, surrounded by small therapy rooms, provides a place for members to relax while waiting for service or between sessions.

fig.63
Interior view in a therapy room.
Beauty Salon:

- The services should be located in a separate section with a well defined entrance. A good ventilation system should be provided.

fig. 64
Doylestown Fitness Center
Warrington, PA

A full service beauty salon is located in the wellness center. Visual access to exterior landscape and operable windows for good ventilation are factors that were considered in the design process.
Clinical Services:

- Cardiac Rehabilitation:

  - Provide separate entrance for patients of cardiac rehabilitation from the entrance used by regular members of the wellness center.

fig. 65
Centre Club
Libertyville, IL

➢ The main entrance to the center include a well defined, separate entrance to the cardiac rehabilitation section.

fig. 66 Exam room inside the cardiac rehabilitation section.
• Cardiac rehabilitation patients can use the same equipments used by regular members. The fitness space can be designed so it can be divided with mobile curtains at certain hours so the patients can have privacy. Locating equipments at different levels with visual access is another alternative.

fig.67
Galter Life Center
Chicago, IL
➢ Part of the equipments are located on a different level and used only by patients at certain hours and by all members at other times. Visual access is maintained between different levels of the space.

fig.68
UNC Wellness Center
Meadowmont, NC
➢ The equipment space can be divided by a mobile curtain to provide privacy for patients at certain hours.
Physical Therapy:

- Physical therapy room should be close to the physical fitness space. Storage should be provided for equipment.

fig.69
Edward Health and Fitness at Seven Bridges
Woodbridge, IL
- The physical therapy section is one big space divided with mobile partitions.
Educational Services

- Educational services include: lectures by healthcare providers, library and health and wellness events such as free health screening day.

fig.70
Centre Club
Gurnee, IL
Lecture room.
Lecture Rooms

- At least one lecture room should be provided. A mobile partition can be used to divide a large lecture room.

fig.71
Duke Integrative Medicine Center
Durham, NC
- Windows are desirable. However, provide curtains to control sunlight.

fig.72
Storage and coat room should be provided. Also in this photo the sound controls can be seen.
Library:

- Provide a space for educational materials with comfortable seating and visual access to landscape.

fig. 73
Doylestown Fitness Center
Warrington, PA

- With the addition of a fireplace the space provides the opportunity for members to socialize.

fig. 74
Duke Integrative Medicine Center
Durham, NC

- In addition to books and magazines, computers with internet access is provided.
**Educational Kitchen:**

- Cooking classes are popular in wellness centers. They provide educational as well as social activity. Locate educational kitchen close to the café’s kitchen. Also provide a counter for the class instructor, with surrounding stools for no more than 10-15 people, and a mixing surface for members.

fig.75
Duke Integrative Medicine Center
Durham, NC
- Educational kitchen is adjacent to the café.
Other Services

❖ Café:

- Locate the café as close as possible to the main entrance. Provide visual access to landscape and, when possible, outdoors seating.

fig. 76
Duke Integrative Medicine Center
Durham, NC
➢ Integrating the café’s outdoor space with nature through the use of wood and other natural materials.

fig. 77
Visual access to exterior landscape.
Pro Shop:

- Pro shop should be located as close as possible to the main entrance. Showing goods in the moving path should be avoided. The pro shop may be either enclosed with glass partitions or located in a defined corner.

fig.78
Provena Wellness Center
Aurora, IL
A corner in the main entrance is designated for the pro shop.
**Laundry:**

- The laundry room, towel storage and distribution counter should be located close to, or as part of, the locker rooms. The laundry machines room should not be close to therapy rooms, food service or offices.

![Image](image.png)

fig. 79  
Gottlieb Wellness Center  
Melrose, IL  
The laundry center is part of the locker rooms.
Gardens:

- When possible provide an outdoors landscape with areas where classes can take place. Also provide seating for members to relax and socialize.

fig. 80
Burke Rehabilitation Center
White Plains, NY
- The center is located on a large site with green areas. A running/walking track and resting areas are provided.
General Design Issues:

❖ Sustainability:

- As a building that promotes wellness and good health, it is important that this concept is reflected in the planning and design of the building. The architect should make every effort to make this kind of buildings a LEED certified.

Some of the sustainable concepts that may be used are:

- Green Roof Systems
- Photovoltaic Collectors
- Recycled and recyclable materials.
- Whole-Building Digital Lighting Controls
- Wood Materials from Salvaged Urban Trees
- Zero-VOC Interior Paints

![fig.81](Duke Integrative Medicine Center Durham, NC)

➢ The building is a LEED certified.
Age Separation:

- Depending on the population served at a certain area, activities program for children might be included in the center’s services. Consider locating a section for children separate from adult patients and members. Activities, such as family swimming lessons, that integrate family members from all ages may be arranged.

fig.82
Edward Health and Fitness at Seven Bridges, Woodbridge, IL
- An outdoors playground is provided.
fig.83 A separate entrance to the children’s section is provided through the main entrance.
**Accessibility:**

- Wellness centers should be accessible to members with all kinds of abilities. Level changes should be designed carefully to accommodate all members.

fig.84
Doylestown Fitness Center
Warrington, PA
- Zero step entrance is provided.

fig.85
UNC Wellness Center
Meadowmont, NC
- An elevator is provided for members who cannot use the stairs in the main entrance.
Family Locker Rooms:

- Family locker rooms give more privacy and allow care givers to help patients and members to help their children or other relatives.

fig.86
Centre Club
Gurnee, IL
Locker room.

fig.87
Centre Club
Libertyville, IL
Locker room.
Color:

- The use of pastel colors should be avoided in the interior design of wellness centers. Bright colors, on the other hand, are encouraged in most spaces as long as glare is prevented.

fig.88
Provena Wellness Center
Aurora, IL
Stairs leading to upper level activities.
Light:

- The use of natural light and full-spectrum light is encouraged in the design of wellness centers.

fig.89
Advocate Good Samaritan
Downers Grove, IL
Entrance area and track.
Artwork:

- The inclusion of artwork is strongly encouraged in the design of a wellness center. A careful combination of music and visual art can be used to enhance the energy level in one space, and to relax and release the spirit in another.

fig.90
Duke Integrative Medicine Center
Durham, NC
- The design and choice of art with nature in the background transforms this center into a relaxation getaway.
Storage:

- The need for storage space, which differs in area and type from one activity to another, should be addressed by the designer of the wellness center.

**fig.91**
Edward Health and Fitness at Seven Bridges, Woodbridge, IL
➤ Storage in the aerobics class should accommodate the equipments used.

**fig.92**
Highland Park Wellness Center
Buffalo Grove, IL
➤ Women’s locker room. Cabinets are used to store soap, shampoo and other articles.
• Rooms in the clinical departments and massage rooms should provide specific storage for soiled linens in addition to storage cabinets for clean linens and other articles.

fig.93
Centre Club
Libertyville, IL
➢ A room in the cardiac rehabilitation center. Enough cabinets are provided for medication and equipment.

fig.94
Galter Life Center
Chicago, IL
➢ Massage room. Storage cabinets are provided for equipment and clean linens. A specific space should be provided to place soiled linens before moving them to the laundry room.
DESIGN PROJECT
THE SITE CONTEXT  The site chosen for this project is at Bassett Park on Klein Road, Williamsville, NY. The site is a typical suburban location in the Buffalo area, located about one mile from Millard Fillmore Suburban Hospital and two miles from the University at Buffalo. An ambulatory surgery center currently exists on the site. Many medical office buildings are located between half mile and two miles away; not ideal but close. A retirement community is located across the street from the site. So the site is ideal for a wellness center providing opportunities for referrals from many physicians in the area and prospective members in the neighborhood. In addition, since the site is located within a park the presence of green areas and landscape is well suited for this project where an outdoors walking/running track can be used.
SITE PICTURES

fig.95

fig.96
Site Location in Amherst, NY

- Retirement Community
- Hospital, Medical Offices

fig.97 Site Map
Proposed Project Program*

*This is a sample program. Program should be prepared according to specific client’s needs and in compliance with the MFA guidelines.
# Wellness Center Space Requirements by Room

## Part I: Clinical Space

<table>
<thead>
<tr>
<th>Room</th>
<th>Area (Sq ft)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehabilitation Medicine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>160</td>
<td>3 mat tables, parallel bars, treadmill, traction table, training stairs.</td>
</tr>
<tr>
<td>Exercise area</td>
<td>1200</td>
<td>Accommodation for 6 wheelchairs or 2 stretchers</td>
</tr>
<tr>
<td>Rehabilitation medical Office</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Wheelchair alcove</td>
<td>90</td>
<td>Accommodates 2 soiled utility linens carts, 2 linen carts</td>
</tr>
<tr>
<td>Clean linen</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Soiled linen</td>
<td>110</td>
<td>Accommodates 2 soiled utility linens carts, 2 linen carts</td>
</tr>
<tr>
<td>Therapists’ room</td>
<td>170</td>
<td>5 charting stations</td>
</tr>
<tr>
<td>Patient demonstration room</td>
<td>56</td>
<td>Provide 3-foot horizontal clearance for therapist assisting patient</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>450</td>
<td>Mat table, standing table, wheelchair table, sink with gooseneck and wristblades</td>
</tr>
<tr>
<td>ADL-toilet/bath</td>
<td>85</td>
<td>Toilet, sink, tub, door locks</td>
</tr>
<tr>
<td>ADL-kitchen</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td><strong>General Clinical Functions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference room</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>Staff lounge</td>
<td>182</td>
<td></td>
</tr>
<tr>
<td>Staff locker room</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Staff toilet</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td>Area (Sq ft)</td>
<td>Remarks</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------</td>
<td>-----------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Aerobic Exercise</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise rooms</td>
<td>2 @ 1335</td>
<td>Operable partition between rooms</td>
</tr>
<tr>
<td>Storage</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td><strong>Fitness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track</td>
<td>4840</td>
<td>1/12 mile, resilient surface, continuous banked corners, windows and access to exterior running area</td>
</tr>
<tr>
<td>Equipment exercise</td>
<td>3410</td>
<td></td>
</tr>
<tr>
<td>Fitness testing</td>
<td>175</td>
<td>Office area for monitoring</td>
</tr>
<tr>
<td>Weight training</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Resistance training</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td><strong>Men's Lockers/Showers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locker room</td>
<td>1440</td>
<td>200 lockers, 1 private cubicle, 2 soiled towel carts and 100 inch coat rod</td>
</tr>
<tr>
<td>Lavatories/grooming</td>
<td>244</td>
<td>8 lavatories, continuous countertop w/ mirror above, outlets @ 3 feet on center</td>
</tr>
<tr>
<td>Showers</td>
<td>550</td>
<td>1 handicapped stall w/ curtains</td>
</tr>
<tr>
<td>Toilets</td>
<td>550</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td>Area (Sq ft)</td>
<td>Remarks</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Women's Lockers/Shower</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locker room</td>
<td>1440</td>
<td>200 lockers, 1 private cubicle, 2 soiled towel carts and 100 inch coat rod</td>
</tr>
<tr>
<td>Lavatories/grooming</td>
<td>244</td>
<td>8 lavatories, continuous countertop w/ mirror above, outlets @ 3 feet on center</td>
</tr>
<tr>
<td>Showers</td>
<td>550</td>
<td>1 handicapped stall w/ curtains</td>
</tr>
<tr>
<td>Toilets</td>
<td>480</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td><strong>Family Lockers/Shower</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locker room</td>
<td>200</td>
<td>25 lockers, 1 private cubicle, 2 soiled towel carts</td>
</tr>
<tr>
<td>Lavatories/grooming</td>
<td>122</td>
<td>4 lavatories, continuous countertop w/ mirror above, outlets @ 3 feet on center</td>
</tr>
<tr>
<td>Showers</td>
<td>275</td>
<td>1 handicapped stall w/ curtains</td>
</tr>
<tr>
<td>Toilets</td>
<td>275</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td><strong>Pools</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pool</td>
<td>3375</td>
<td>25-yd 6-lane pool</td>
</tr>
<tr>
<td>Warm water pool</td>
<td>1600</td>
<td></td>
</tr>
<tr>
<td>Pool deck</td>
<td>1680</td>
<td>7 ft around pool</td>
</tr>
</tbody>
</table>
### Part II: Fitness Cont. -

<table>
<thead>
<tr>
<th>Room</th>
<th>Area (Sq ft)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball Court</td>
<td>4700</td>
<td>Collegiate size. Add 3 ft (min) to 10 ft (preferred) unobstructed space on all sides</td>
</tr>
</tbody>
</table>

### Mind/Body Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Area (Sq ft)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoga room</td>
<td>1100</td>
<td>Padded surface, windows and access to exterior exercise area</td>
</tr>
<tr>
<td>Pilates room</td>
<td>1100</td>
<td></td>
</tr>
<tr>
<td>Meditation</td>
<td>2 @ 108</td>
<td>Access to exterior meditation area</td>
</tr>
</tbody>
</table>

### Part III: Spa -

<table>
<thead>
<tr>
<th>Service</th>
<th>Area (Sq ft)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massage</td>
<td>150</td>
<td>Include 2 sinks, 30 in x 72 in massage table</td>
</tr>
<tr>
<td>Sauna</td>
<td>80</td>
<td>8 ft ceiling</td>
</tr>
<tr>
<td>Steam room</td>
<td>80</td>
<td>8 ft ceiling</td>
</tr>
<tr>
<td>Whirlpool</td>
<td>40</td>
<td>500-gallon recommended</td>
</tr>
</tbody>
</table>

### Part IV: Educational Space -

<table>
<thead>
<tr>
<th>Space</th>
<th>Area (Sq ft)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>2 @ 720</td>
<td>Multiple seating for each with operable curtain between rooms</td>
</tr>
<tr>
<td>Library</td>
<td>650</td>
<td>Include 2 computer outlets (min)</td>
</tr>
<tr>
<td>Educational kitchen</td>
<td>975</td>
<td></td>
</tr>
<tr>
<td>Storage</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>
### Part V: Common Areas

<table>
<thead>
<tr>
<th>Room</th>
<th>Area (Sq ft)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offices</td>
<td>600</td>
<td>5 @ 120 sq ft each</td>
</tr>
<tr>
<td>Secretary</td>
<td>140</td>
<td>5 chairs and table</td>
</tr>
<tr>
<td>Waiting</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Coatroom</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Laundry room</td>
<td>200</td>
<td>Access to locker rooms</td>
</tr>
<tr>
<td>Storage</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Toilets</td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Entry/reception</td>
<td>240</td>
<td>Reception desk, sign-in, key storage for locker room</td>
</tr>
<tr>
<td>Child care</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Pro shop</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>Juice bar/lounge</td>
<td>850</td>
<td></td>
</tr>
</tbody>
</table>
PROPOSED BUILDING

The plan of the Wellness Center is a complex of shapes, each designed for specific purposes, since many different activities take place in this kind of building. There are two separate entrances, one for the wellness center and the other for the attached medical office building. The cardiac rehabilitation center and physical therapy service are located so patients can have easy access to the equipments and the pools at the wellness center.

The location of the physical fitness equipment is close and visible from the entrance to enhance the members’ energy level as they enter the center. Also the physical fitness equipment space includes visual accessibility to the landscape and other activities in the center. The indoor walking/running track starts with a ramp to the upper level and extends outdoors through another ramp to the landscape of the park.

The mind/body and spa services are located farther from the main entrance with more privacy and better view of the park.

The plan consists mainly of the following parts:

- The main entrance, including a café, internet service, pharmacy and proshop.
- The medical office building that includes cardiac rehabilitation and physical therapy services.
- Physical fitness equipment area surrounded by the indoor track.
- The educational section including lecture room, library and educational kitchen
• The pools area

• The mind/body and spa area.

The physical fitness, mind/body and pools area were oriented towards the south so members and patients can benefit from maximum daylight that help reduce stress, especially in the Western New York climate. Also the use of natural wood in trusses and other natural materials provides another stress reliever.

Finally, the shape of the building, especially on the park side, integrates with the natural surroundings providing a pleasant experience for members, patients and staff members alike.
fig.101 Partial First Floor Plan
fig.102 Klein Road Elevation and Section

fig.103 Bassett Park Elevation and Section
fig.104 View at Main Entrance Area
fig. 105 Interior View at The Mind/Body Space
fig. 106 Interior View at Physical Fitness Space
fig. 107 View From the Park at the Outdoors Walking/Running Track
CONCLUSION

• The concept of the wellness center as part of the healthcare system is still new. Health care systems should cooperate with health insurance companies to integrate this facility into the system and ensure access to target members.

• Members are from the middle class and up. Alternatives for the working class need to be addressed in future studies.

• Centers are located almost exclusively in suburban neighborhoods.

• The design of wellness centers needs to reflect the various activities offered through their programs.

• Providing group activities and spaces for social interaction can help attract more members.
ANNOTATED BIBLIOGRAPHY

The author discusses the contributions made by the Boomer generation such as the expansion of individual freedom and their leading roles in the civil rights movement, the feminist cause in the 1970s, handicapped rights, and the right to privacy. He also explains the reason why the baby boomers were set apart from other generational groups is that very early in their life, Boomers were dissected, analyzed, and pitched to by modern marketers, who reinforced a sense of generational distinctiveness.

2) American Demographics, March 1, 2003 http://adage.com/americandemographics/

Provides information about the rising number of mature women, 55 and older, in the work force by 52 percent between 2000 and 2010, to 10.1 million from 6.4 million. The significant reason for this trend was referred to the fact that boomer women are better educated and far more attached to the labor force than their female predecessors. An additional reason is that this group is expected to live four to five years longer, on average, than women of the previous generation.

3) Robin Miller, M.D., M.H.S. National Association of Baby Boomer Women
The website provides all information related to boomer women. It was useful in explaining the significance of integrative Medicine to this group, including treatments and options that are based on health, healing and prevention. Within the context of this type of medicine, complementary therapies such as massage, acupuncture, herbal remedies, homeopathy, nutritional treatments, yoga and meditation may be utilized.

4) Harris, Leslie M. (2003) *After Fifty- How the Baby Boom will redefine the mature market*

The author explains that just as the definition of health has extended beyond the "body", boomers think of health from a longer-term perspective as well. Also she suggests that the boomers' "hippie" experiences have also allowed them to be more accepting of the mind-body connection than the past generation. Although they want to stay young and healthy, in this era of advanced medicine, advanced technology and instant gratification, baby boomers are generally not willing to pay the price to get there.


The author discusses the changing image of menopausal woman in the new millennium compared with the previous generation. She explained that it is not that real women's experience of menopause has changed so dramatically. It is rather the caricature of the menopausal woman, created in the minds of advertisers, health providers, and their consumers that has
evolved as a result to the efforts of persistent feminist writers, researchers, and outspoken baby boomers who have insisted on bringing menopause "out of the closet". In addition, she recommends basic ways to nurture mental and emotional health:
Nourishment and needs- by getting the optimal nutrition, appropriate supplements and if needed prescription medication.
Understand-Read! Getting the education needed to learn about the influence of hormones and mood. And spirituality- Explore and nurture the essence of ones true nature, whether through meditation, yoga, prayer or being in nature.


The author discusses the factors that affect the wellness of menopausal women according to different cultures and why menopause is associated with fewer and less severe, symptoms in Asia than in Western countries. She examines work done by local researchers regarding this matter from India to Japan to Indonesia. She concluded that in addition to the effect of adopting a certain life style by women in these cultures, the society’s general attitude towards mature women has a direct connection to their health and well being.

7) The Cleveland Clinic Health Information Center [http://www.clevelandclinic.org/](http://www.clevelandclinic.org/)

This website provides basic information about typical health issues that occur at menopause.
In this article, the author is discussing sides of the work of Margret Baltes whom he described as a researcher who led gerontology steadily throughout her career toward both theoretical and empirical advances. He described the four ranges of competence whose significance has been clarified by the work of the people she has influenced: ADLs, IADLs, third band of cognitively complex everyday activities then merges with discretionary activities, those determined primarily by personal preferences, social norms, and environmental press or affordances. And there are the fuzzy sets that are named individually only for convenience. Then the author offer questions: How do we provide an evaluative framework for domains as complex as environmental or leisure activity, social behavior, altruistic pursuits, and the largest life planning activities? How are we to make the concept of competence relevant to these domains where both personal choice and environmental opportunity are such potent determinants? The paper by Dr. Marsiske and Dr. Margrett illustrates our ability to extend the concept of "competence" into the social domain. They demonstrated a general tendency toward more competent problem-solving in the collaborative as opposed to the solitary mode. This provides probabilistic support for the assertion that collaboration is better than solo, notwithstanding all the possibly countervailing factors such as personal preference for autonomous activity or lack of choice regarding which mode was imposed. Then he asks: Can the disinclination to collaborate, or the inability to collaborate, be used as an indication of social incompetence? Researchers have been developing an approach to expanding the scale of competence in everyday activities, specifically the range of the scale that precedes the point of ADL dependence. He (the
author) and other researchers were working with the concept of "inefficiency" to capture functional problems of a minor sort that may (though not necessarily) be harbingers of more malignant malfunction. It is also clear that every inefficiency may also be a means of attaining a goal. We thus have the sequences: physical depletion (poor health) --> inefficient behavior --> goal attainment. To the extent that inefficient behavior results nonetheless in goal attainment by alternative means the inefficient behavior may be considered successful coping or compensation. Failure to attain the goal marks the inefficient behavior as unsuccessful coping and is indicated by a transition to ADL dependence or a state of depression and other states of psychological ill-being.

9) Hamilton, D. Kirk (November, 2003), The Four Levels of Evidence-based Practice, Healthcare Design Magazine. The author explains the goals of evidence-based healthcare designs as they are intended to create environments that are therapeutic, supportive of family involvement, efficient for staff performance, and restorative for workers under stress. However he suggests that serious designers might be concerned that evidence-based design represents a challenge that could limit their creativity or freedom of choice, so he argues that this case calls for an exceptionally creative and ever-changing interpretation of new data. Another concern is suggested by the author that evidence-based design can lead to “cookbook” architecture, suggesting a pattern of dull and repetitious buildings. But he explains that evidence-based design is not static, and does not easily conform to fixed regulations that may soon be rendered ineffective by the steady stream of newly reported results. Then
he list the four levels of practitioners: **Level-one:** These architects and design professionals make a careful effort to design based on the available evidence. **Level-two:** Based on readings, practitioners at this level hypothesize the expected outcomes of design interventions and subsequently measure the results. **Level-three:** In addition to following the literature, hypothesizing the intended outcome of their design interventions, and measuring the results, these designers report their results in the public arena. **Level-four:** These practitioners take the next step by publishing in quality journals that require review by qualified peers. They may also collaborate with social scientists in academic settings who contribute to the formal literature. Finally the author suggests that the best way to filter the nearly overwhelming pool of information sources is to use an orderly design process. Establishing the project goals at the outset helps the team identify the significant design issues and problems to be addressed. Opportunities for evidence-based design can be identified in the programming and pre-design phase. The available research is then combed for material relevant to the narrower list of those design issues. Judgment is then required to sort potentially conflicting implications of the research.

10) Geboy, Lyn (March, 2007). **The evidence-based design wheel.** *Healthcare Design Magazine*

Theorizing in response to their work at Kahler Slater, the author proposes that the healing environment construct be defined as a multi-sensory setting that engages the physical, emotional, spiritual, and social dimensions of the individual for the purpose of restoring and maintaining health and well-being. So she suggests twelve factors to achieve such an environment for the
patients: Single patient rooms, sound control, windows with pleasant views to nature, Bright light (either natural or artificial), visual and physical access to nature, positive distractions, furniture arrangements that would promote social interaction, good air quality and ventilation, flooring materials, Support for wayfinding, building layout (decentralized stations) and improved ergonomic designs of furniture and equipment.

11) Mare, Gregory C., Walters, Stephanie (March, 2007). **Dublin Methodist Hospital: Applying evidence-based design in a race to revolutionize healthcare**, *Healthcare Design Magazine*.

Dublin Methodist Hospital, one of the most recent pebble projects was designed by Karlsberger Architects, it is currently under construction and opening is planned at the end of the year 2007. The goal of the design was to apply research in a sensitive and thoughtful manner that considered elements of healing environments and every user’s individual experience. The guiding principles for the project included creating a healing environment with a stress-reducing design; designing for maximum standardization; including a wide representation of stakeholders in the design process; creating a patient/family-centered environment that respects privacy and dignity; providing clear wayfinding and accessibility; and designing to support a digital, wireless, and “paper-light” system. Commitment to culture came as a result of perceptions that were collected through individual and group interviews, questionnaires, and anecdotal recollections of personal experiences. Desired experiences
were then identified and described in terms of the behavioral norms, language systems, ceremonies/rituals, and physical surroundings necessary to create and support those experiences.


The author explains the definition of social design as the design that involve people in the planning and management of the spaces around them. Then he discusses the importance of collaboration between architects and social designers a process called placemaking is occurring where real people were imagined in designed spaces. Also he explains the six goals that social designers and practitioners have: Create physical settings that match the needs and activities of their occupants, Satisfy building users, Change behavior, Enhance the occupants personal control, Facilitate social support and employ imageability. Social design met some resistance due to the extra effort it requires at the beginning of the building life and because it calls for input from more principal players. However social designers are convinced that the process is worthwhile on the long run. Finally the author suggests that social design is mostly active in the programming stage of the design process and in the post occupancy evaluation.

The author suggests that most group practices are based around some shared procedure or piece of diagnostic equipment. It is therefore, essential for practitioners' suites to be located around the shared resource and for the core services of the traditional building – elevators, toilets, mechanical equipment- to be located on the sides of the building. However the advanced MOB must appeal to the new medical consumer: Focus on wellness, Appeal to today's more sophisticated medical customer, Universal design, Designed with women in mind. Then he listed approaches to MOBs: Retail, Hospitality, Cultural, High technology, Intellectual, Entertainment, Comfort, Corporate and Residential.


The author reviews the Orchid Recovery Center for Women in Palm Springs, Florida, in which the Planetree model was used. Planetree supports the concept that living areas can serve as a catalyst in healing and nurturing the mind, body, and spirit. It encourages the integration of human caring with the best of scientific medicine and complementary healing traditions. The center uses a variety of complementary and alternative therapies to enhance serenity and balance, including meditation, massage, acupuncture, water therapy, and yoga. The benefits and effectiveness of these treatments are maximized when experienced in a healing space.
15) **Maggie's Centres** [http://www.maggiescentres.org/](http://www.maggiescentres.org/)

The aim of Maggie’s Centres is to help people with cancer to be as healthy in mind and body as possible and enable them to make their own contribution to their medical treatment and recovery. The friendly environment of the centres, close in each case to a major cancer hospital treatment centre, invites people to take time out and gives them a non-institutional place. The centers were designed by architects such as Richard Rogers who designed Maggie’s London, Frank Gehry who designed Maggie’s Dundee, and the architect Zaha Hadid who designed Maggie’s Fife.


The author preformed a thorough research regarding wellness centers, starting with the beginnings of forming such facilities and their locations to the kinds of users and providers to well examined examples from the US as well as international centers, finally she suggest general guide lines to follow when programming and planning for the wellness center of the new millennium.
SURVEY DOCUMENTS
Wellness Center for Baby Boomer Women: Facing a Booming Need for Integrated Care
Your input is essential!
INVITATION

This is an invitation to Baby Boomer Women (born between 1946-1964) to participate in a research study conducted by a graduate student in the School of Architecture and Planning in The State University of New York at Buffalo. It is titled:

Wellness Center for Baby Boomer Women:
Facing a Booming Need for Integrated Care

We need to learn about your lifestyle, activities, preferences regarding health and wellness and, if applicable, your experience as a member in a wellness center. This information will help us as well as other architects, planners and directors of wellness centers to improve future designs and programs of wellness centers so they can respond to baby boomer women's needs.

Your participation in this study through completing the survey is paramount to our successful assessment and understanding of this topic and your participation will be completely confidential.

If you AGREE to participate please read the informed consent document and complete the survey.

Thank you for your time and cooperation.
Informed Consent Document
STATE UNIVERSITY OF NEW YORK AT BUFFALO

Wellness Center for Baby Boomer Women:
Facing a Booming Need for Integrated Care

Introduction:
You have been invited to participate in a research experiment titled “Wellness Center for Baby Boomer Women: Facing a Booming Need for Integrated Care”

This study is being conducted by Ghada Mohammad, a graduate student under the supervision of Dr. Gary Scott Dunford in the School of Architecture and Planning in the University at Buffalo, NY.

Volunteer Status
Your participation in this study although paramount to our successful assessment and understanding of this topic, is completely confidential. I know that your time is extremely valuable. Each question has been carefully chosen so please answer each question to the best of your ability. However you have the right not to answer any question if you so choose.

Purpose:
The purpose of this research project is to examine the way baby boomer women use the services offered by wellness centers. The results of this study should help to further our understanding of how the existing wellness centers’ services and building design are responding to the wellness needs of baby boomer women. This understanding will help us (and other architects) to improve program plans and designs of wellness centers in the future.

Procedure
You will complete a survey regarding your experience as a member in an existing wellness center or the reasons for not joining a wellness center. Some of the questions although may be a bit personal (your income, your age, etc.) your answers will be completely confidential and it will not be possible to link the information to your identity. In any case you are free not to answer any questions you do not wish to answer.

Time Commitment
Your participation in this study will take approximately 15 minutes.

Risks
There are no known risks to participating in this research.

Benefits
There is likely no direct benefit to you for participating in this study, but it will help us (and other architects and planners) to improve future designs and programs of wellness centers for mature women.
Confidentiality
Please be assured that all information collected through this survey will be kept strictly confidential.
All research documents will be stored in a locked room for approximately three years following the completion of the project and will be destroyed after that. Surveys are all anonymous since no identifying information is requested. None of the data collected will be used to identify particular individuals. All data will be presented in aggregated form only.
(For Internet version). Any records of email addresses that will result from accessing the website will be deleted instantaneously; therefore it will not be possible to link identity to surveys afterwards.

For Further Information
Any questions that you may have about this study can be answered by Ghada Mohamad. (716) 597-8599 or gmohamad@buffalo.edu or the faculty sponsor Dr. Gary Scott Danford, who can be reached at (716) 829-3485 or danford@buffalo.edu.

If you have any questions about your rights as a subject in a research project, you should contact (anonymously, if you wish) the Social and Behavioral Sciences Institutional Review Board, 515 Caper Hall, University at Buffalo, Buffalo, NY 14260, or by phone 716/645-6474.

Please keep this information sheet for your records. Your consent will be granted implicitly when you turn in the completed survey.
Thank you for your assistance.
10) Are you enrolled in spa services provided by the center?
☐ Yes (Please choose all applicable answers):
   Acupuncture, Message therapy, Watsu Aquatic Therapy, Others.
☐ No (go to question #12)
☐ No services offered (go to question #12)

11) Please rate the overall quality of the spa services room(s) in terms of the following:

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<th>Ex</th>
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<tr>
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<td>c) Noise</td>
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<td>d) Security</td>
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<td>f) Esthetic Appeal</td>
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<td>g) Other, please specify:</td>
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12) Are there any spa services you want to be added to the program of the center?
☐ No
☐ Yes, please specify:

13) Are you enrolled in mind/body health activities?
☐ Yes (Please choose all applicable answers):
   Yoga, Pilates, Tai Chi, Other(s):
☐ No (go to question #15)
☐ No services offered (go to question #15)

14) Please rate the overall quality of the mind/body health activities room(s) in terms of the following:

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<td>g) Other, please specify:</td>
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</table>
15) Are there any mind/body health activities you want to be added to the program of the center?
   □ No
   □ Yes, please specify:

16) Do you attend lectures/workshops/courses offered by the center?
   □ Yes  □ No (go to question #18) □ No services offered (go to question #18)

17) Please rate the overall quality of the lecture/class room in terms of the following:
   Ex = Excellent  G = Good  F = Fair  P = Poor
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</table>
   a) Adequacy of space    |
   b) Lighting             |
   c) Noise                |
   d) Security             |
   e) Flexibility of use   |
   f) Esthetic Appeal      |
   g) Other, please specify:|

18) Are there any lectures/workshops/courses you want to be added to the program of the center?
   □ No
   □ Yes, please specify

19) Please rate the overall quality of design in the wellness center building:
   Ex = Excellent  G = Good  F = Fair  P = Poor
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</table>
   a) Esthetic quality of exterior
   b) Esthetic quality of interior
   c) Environmental quality (lighting, temperature, etc.)
   d) Security
   e) Way finding through the building
   f) Maintenance
   g) Flexibility of use of building spaces
   h) Use of outdoor landscape
   g) Other, please specify:
Remember, your answers will be completely confidential and it will not be possible to link the information to your identity. You are free not to answer any questions that you do not wish to answer.

26) Services you want to be improved in or added to the center: (Please choose all applicable answers)
☐ Parking ☐ Outdoor activities ☐ Retail services ☐ Spa services
☐ Café service ☐ Fitness Program ☐ Complementary health program
☐ Mind/body health program ☐ Others, specify:

21) You were born between:

22) You are:
☐ Never Married ☐ Married ☐ Divorced

23) Do you have children?
☐ Yes
☐ No

24) Do you work?
☐ Yes, how many hours a week? ( )
☐ No

25) You hold the following:
☐ High School Diploma ☐ Associate’s Degree
☐ Bachelor’s Degree ☐ Other, please specify:

26) Your household annual income is:
☐ Less than $20,000 ☐ $20,000-$50,000 ☐ $50,000-$80,000
☐ $80,000-$110,000 ☐ More than $110,000

27) You visit the following medical service for annual physical check up (please choose all applicable answers):
☐ Primary care physician ☐ Gynecologist
☐ None ☐ Other, please specify:

28) Do you have any existing health conditions for which you are receiving treatment?
☐ Yes, please specify:
☐ No

29) The reason you’re not enrolled in a wellness center is:
☐ Not available in the area ☐ Too costly
☐ Not interested ☐ Other, please specify:

THANK YOU FOR YOUR PARTICIPATION!