



PURPOSEFUL PLACEMAKING

PLANNING EFFECTIVE
LIFE PLAN COMMUNITIES

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American Institute of Architects | Design for Aging Knowledge Community
December 18, 2023 | Webinar

Design for Aging



The mission of the AIA Design for Aging (DFA) Knowledge Community is to foster design innovation and disseminate knowledge necessary to enhance the built environment and quality of life for an aging society.

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MKM

WE BELIEVE IN
HEALTHY
PLACEMAKING.

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“I believe that the ***community*** - in the fullest sense: a place and all its creatures - is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms.”

— Wendell Berry, *Health is Membership*



Humans are hard-wired to cooperate – for the good of ourselves and the tribe.

“Society works not because we have consciously invented it, but because it is an ancient product of our evolved predispositions. It is literally in our nature. We are, misanthropes notwithstanding, unable to live without each other. Even on a practical level, it is probably a million years since any human being was entirely and convincingly self-sufficient: able to survive without trading skills for those of his fellow humans.”

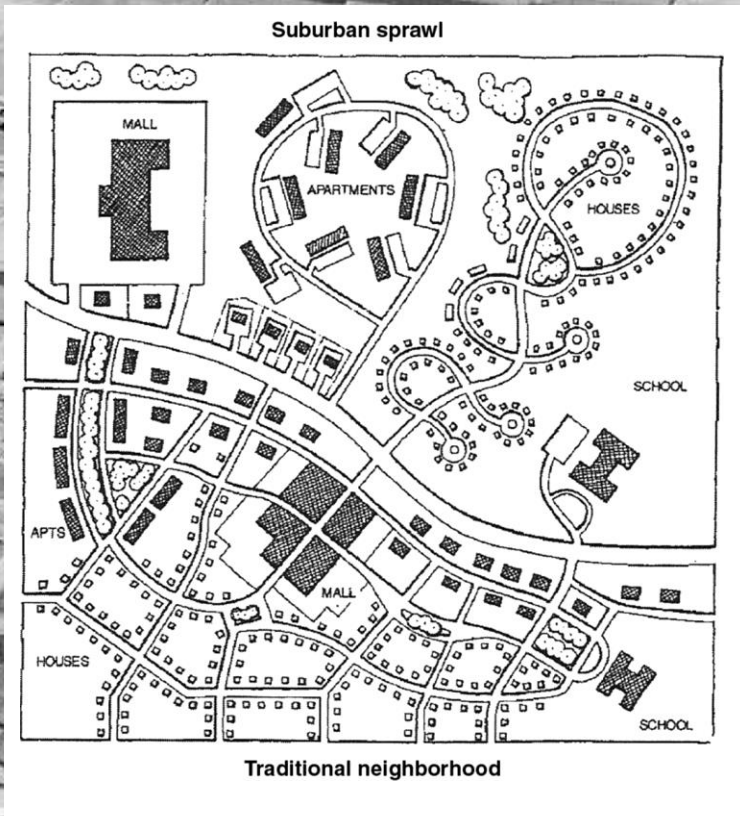
— Matt Ridley, *The Origin of Virtue: Human Instincts and the Evolution of Cooperation*, 1996 (p5-6).

Our instinctive desire to belong requires a common platform to develop reciprocal relationships.

“The problem holding everything up thus far is that Homo sapiens are an innately dysfunctional species. We are hampered by the Paleolithic Curse: genetic adaptations that worked very well for millions of years of hunter-gatherer existence but are increasingly a hindrance in a globally urban and technoscientific society. We seem unable to stabilize either economic policies or the means of governance higher than the level of a village.”

— Edward O. Wilson, *The Meaning of Human Existence*, 2014 (p141)

HEALTHY PLACEMAKING

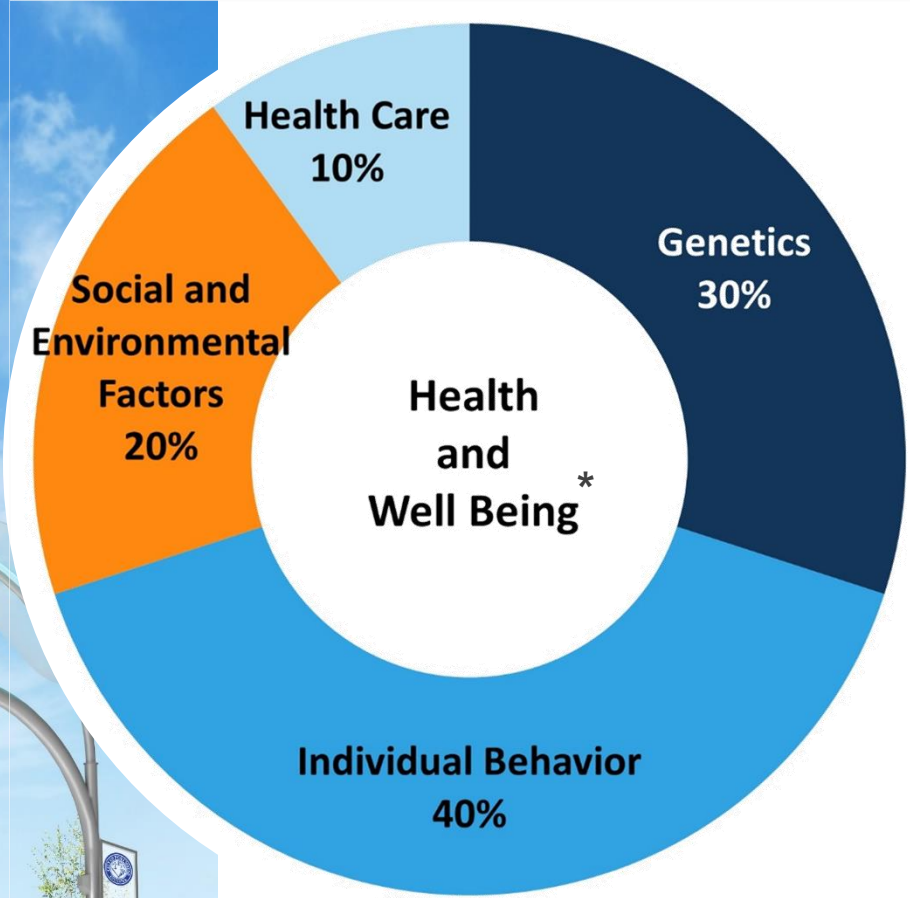


The American Dream has been an idea that has consistently glorified the idea of independence.

And it's this obsession with privacy and security that has disconnected us from the larger group. The positioning of homes, schools, businesses, parks, and sidewalks within a neighborhood can dramatically influence physical activity and, in turn, community well-being. Increased urban sprawl, by which farther distance between destinations decreases walkability, has been associated with less physical activity and directly correlated to decreased well-being.

— Duany Plater Zyberk as shown in Spielberg F. *The traditional neighborhood development: how will traffic engineers respond?* ITE J. 1989;59:17.

HEALTHY PLACEMAKING

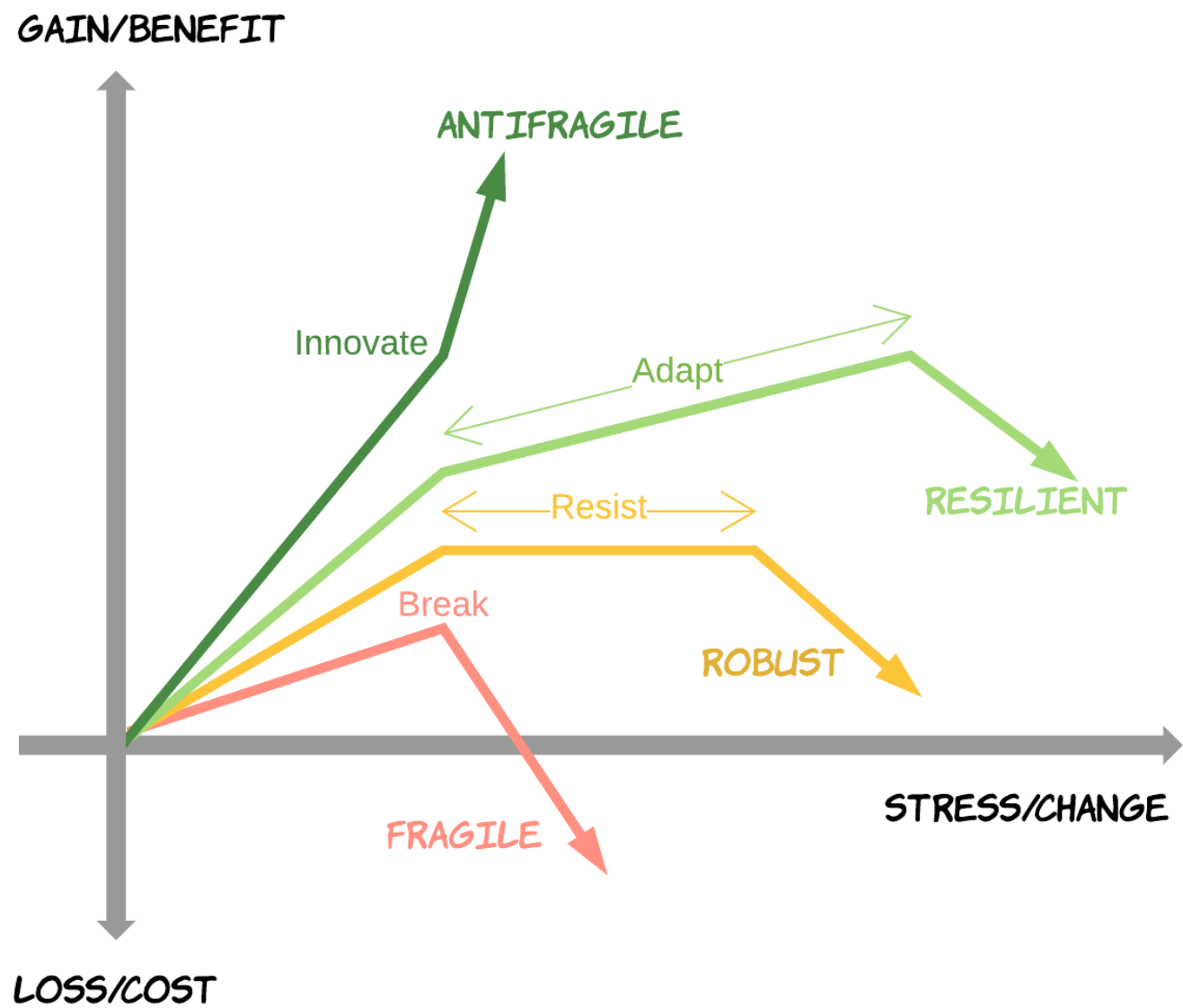


SOCIAL DETERMINANTS OF HEALTH

The quality of healthcare has a limited impact on our well-being. The guiding factors regarding the social determinants of health rest in the socio-economic factors that define our everyday routine.

*SOURCE: The Kaiser Commission on Medicaid and the Uninsured, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity* (2015)

HEALTHY PLACEMAKING

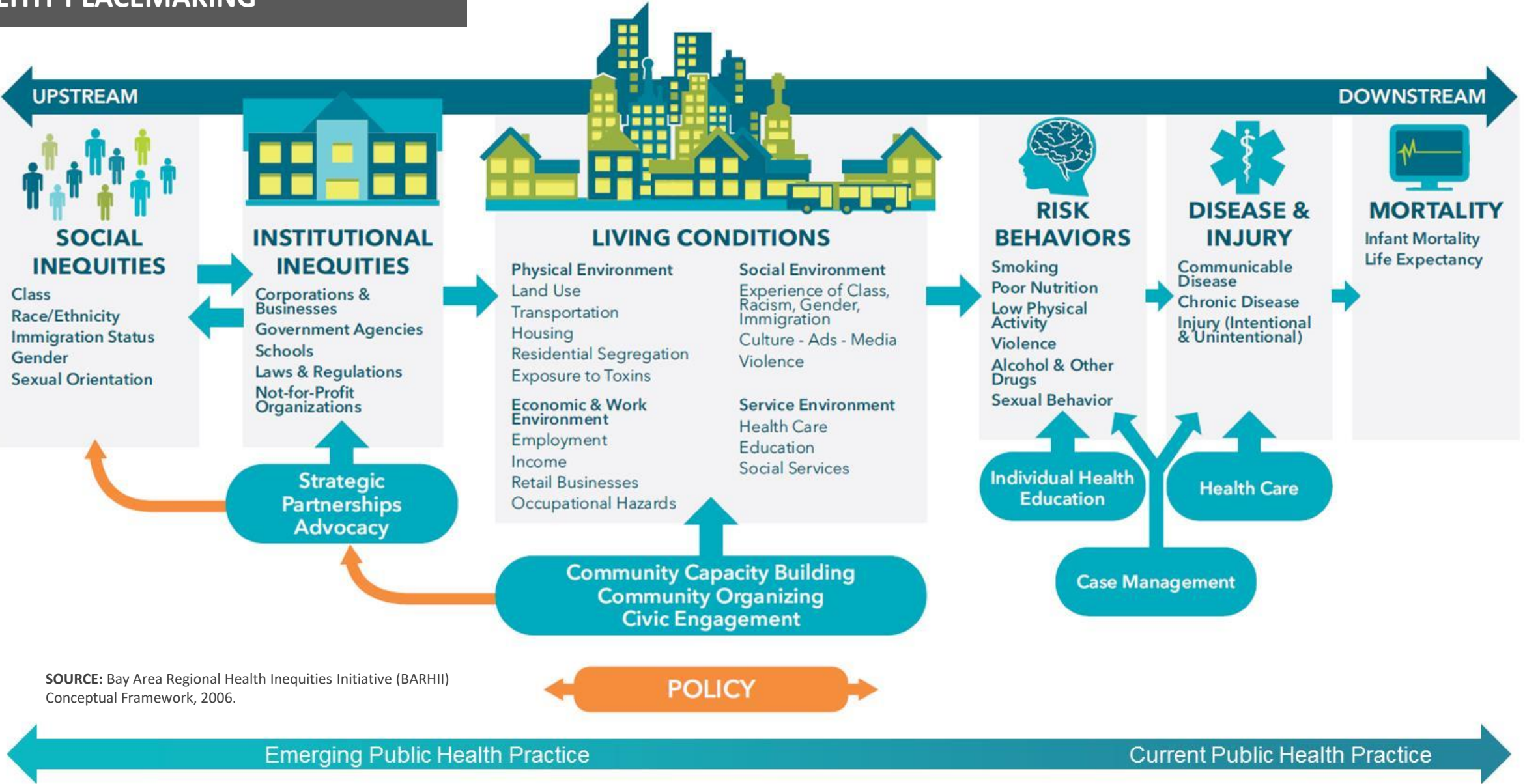


Many communities can not afford the promotion of resilient independence, instead they need to focus on the antifragile results of group cooperation.

“Some things benefit from shocks; they thrive and grow when exposed to volatility, randomness, disorder, and stressors and love adventure, risk, and uncertainty. Yet, in spite of the ubiquity of the phenomenon, there is no word for the exact opposite of fragile. Let us call it antifragile. Antifragility is beyond resilience or robustness. The resilient resists shocks and stays the same; the antifragile gets better.”

— Nassim Taleb, *Antifragile: Things That Can Gain From Disorder* (2012).

HEALTHY PLACEMAKING



SOURCE: Bay Area Regional Health Inequities Initiative (BARHII) Conceptual Framework, 2006.

Those responsible for the design and operation of communities charged with caring for vulnerable populations must understand how to measure the effectiveness of the built environment and its ability to **CULTIVATE A SENSE OF BELONGING FOR PEOPLE OF ALL AGES AND ABILITIES.**



FOURTH PLACES

CLARK PLACE
FINE DINING

MAIN ENTRY

FITNESS CENT



THE POWER OF CONNECTION

“There is mounting evidence that a rich network of face-to-face relationships creates a biological force field against disease.”

— Susan Pinker

The Village Effect: How Face-to-Face Contact Can Make Us Healthier, Happier, and Smarter.

HOW SHOULD WE MEASURE HEALTH?

WHAT REDUCES YOUR CHANCES OF DYING THE MOST?

1

Close relationships.

These are the people that you can call on for a loan if you need money suddenly, who will call the doctor if you are not feeling well or take you to the hospital.

2

Social integration.

This measures how much you interact with people as you move through your day and how many people you talk to, with both your weak and strong bonds, not just the people you're close to.



THE POWER OF CONNECTION



SOURCE: For more see <https://www.mather.com/>

1. HOME

The home provides us our sense of control by offering a shelter for our sense of belonging and memory. *It's the realm of privacy.*

2. WORK

Our chosen task (whether work or volunteerism) strengthens our identity and validates our talents. *It's the realm of purpose.*

3. HUB

Social hubs provide us our ability to network with family, friends, and peers while exposing us to repetitive experiences that generate trust in others. *It's the realm of fellowship.*





THE POWER OF CONNECTION

Sociologists dub our connections to friends, neighbors, and co-workers social capital, which is the knowledge and mutual trust captured in our relationships.

In 2003, when several Harvard epidemiologists put nearly 350 Chicago neighborhoods under the microscope, they discovered that social capital – as measured by reciprocity, trust, and civic participation – was linked to a community’s death rates. The higher the levels of social capital, the lower its mortality rates, and not just from violent crimes but from heart disease too.

— K. Lochner, “Social Capital and Neighborhood Morality Rates in Chicago,”
Social Science and Medicine 56, no. 8 (2003).

A blue-tinted photograph of three women laughing joyfully. The woman on the left is older with short, curly white hair. The woman in the middle is younger with dark hair pulled back. The woman on the right is also younger with short blonde hair. They are all looking upwards and to the right, their mouths open in laughter. A dark grey rectangular box is overlaid on the top left of the image.

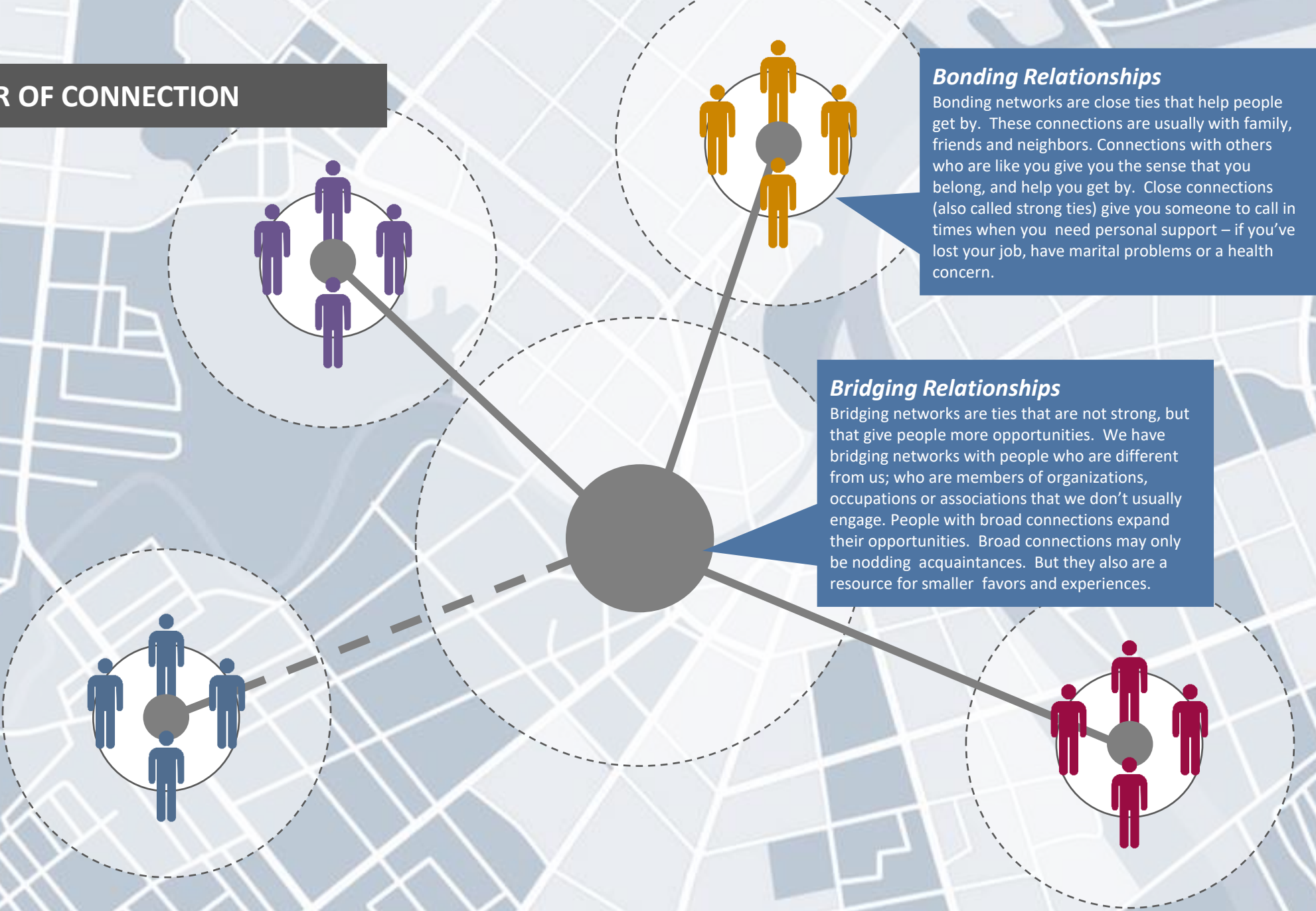
THE POWER OF CONNECTION

Women with a large network of friends are four times more likely to survive breast cancer than those with sparser connections.

In 2007 the first study was published that revealed one of the hidden mechanisms linking social interaction to the recovery of humans: Steve Cole and his team at UCLA discovered that social contact switched on and off the genes that regulate our immune response to cancer and the rate of tumor growth.

— Cole et al, "Transcript Origin Analysis Identifies Antigen Presenting Cells as Primary Targets of Socially Regulated Gene Expression in Leukocytes," *Proceedings of the National Academy of Sciences of the United States of America* 108 (2011).

THE POWER OF CONNECTION





THE POWER OF CONNECTION

Happiness can be described as the opposite of loneliness – the feeling that washes over us when we feel as though we belong and are a part of something.

“I don’t believe there is an inspiring answer to the question ‘What is the purpose of life? Yet by drawing on ancient wisdom and modern science, we can find compelling answers to the questions of purpose within life. Happiness is not something you can find, acquire or achieve directly. You have to get the conditions right, and then wait.”

— Johnathan Haidt, *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom* (2006).

THE POWER OF CONNECTION



HAPPINESS FORMULA

$$H = S + C + V$$

H: EXPERIENCED HAPPINESS

S: BIOLOGICAL SET POINT

C: LIFE CONDITIONS

V: VOLUNTARY ACTIVITIES

The equation for community attachment is complicated, but the result is simple. Our happiness is directly connected to our perceptions of how well we belong within the world around us – a perception that is a complicated journey.

SOURCE: Johnathan Haidt, *The Happiness Hypothesis*, p91 (2006).

REDUCING MISERY > INCREASING HAPPINESS

THE POWER OF CONNECTION

When comparing two experiences like these, it's easy to talk about the car or the walkability. But we might take these conversations more seriously if we start claiming that the image on the left portrays an environment that limits our capacity to cooperate, reduces our ability to develop reciprocal relationships, and diminishes our sense of purpose.



THE POWER OF CONNECTION

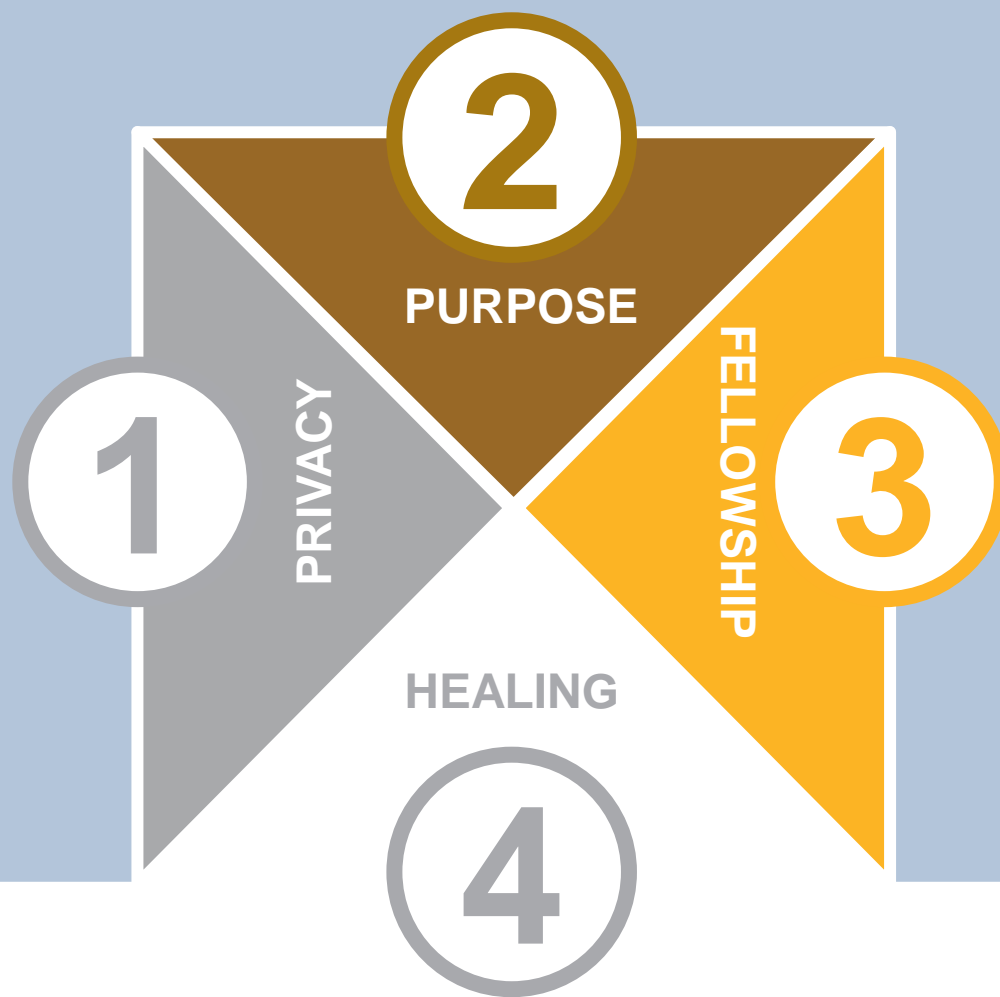


VS.



IT'S A SIMILAR DISCUSSION WHEN CONSIDERING THE DESIGN AND OPERATION OF SENIOR CARE ENVIRONMENTS – ESPECIALLY ONES THAT AIM TO PROVIDE A SUPPORTIVE COMMUNITY.

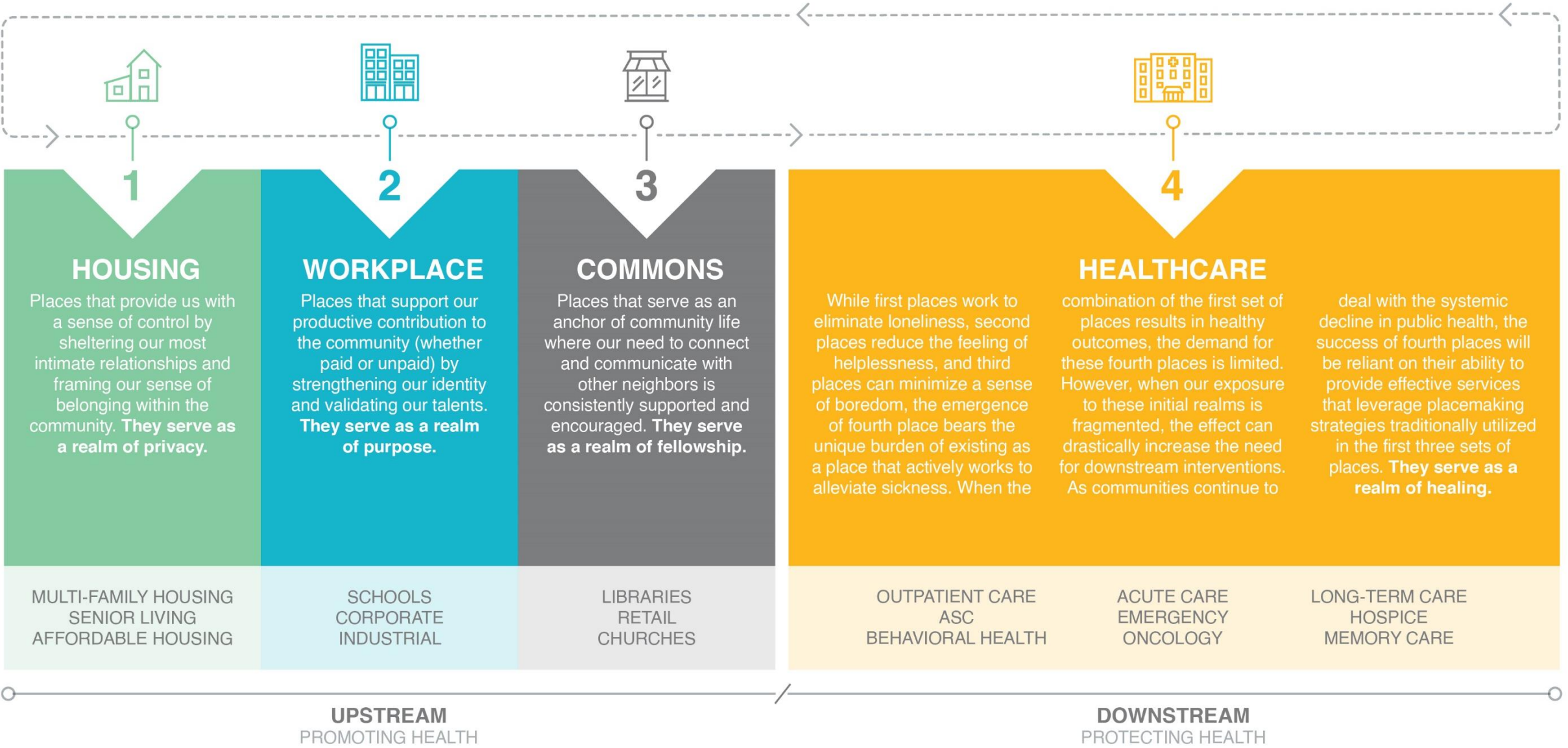
PRIORITIZING FOURTH PLACES



This thinking requires a new approach to placemaking – one that recognizes the delicate output of the three initial places.

The need for a fourth place is a direct result of the inability of the first three realms to consistently produce effective (and healthy) outcomes. However, this fourth place presents a new responsibility – one that looks to actively support the initial three realms.

PRIORITIZING FOURTH PLACES



PRIORITIZING FOURTH PLACES

Fourth places are cooperative platforms with limited tools – places that must understand communal instincts to be successful.

As fourth places continue to redefine their physical presence within care settings, they will benefit from a more dedicated focus towards exploring strategies they can borrow from legacy places to better cultivate a sense of belonging and connection with those they aim to serve.



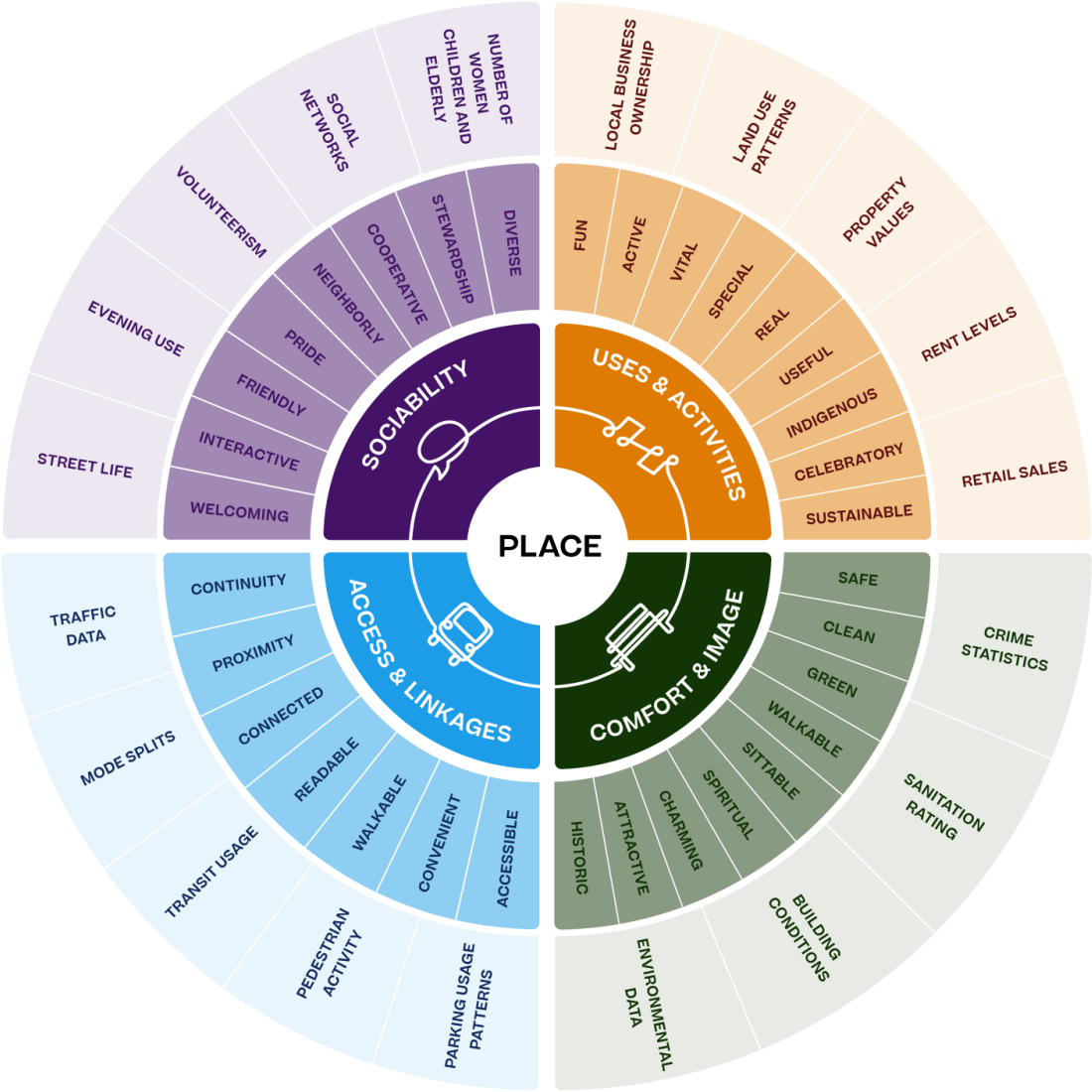
PRIORITIZING FOURTH PLACES

THE INTENT OF THIS 'FOURTH PLACE' STRATEGY IS TO DEVELOP A MORE PURPOSEFUL APPROACH TO PLACEMAKING – ONE THAT UTILIZES THE STRATEGIES OF CONVENTIONAL SPATIAL RELATIONSHIPS TO **PRIORITIZE AND FOSTER A MEANINGFUL SENSE OF AGENCY** FOR MORE VULNERABLE POPULATIONS.



DEFINING A KIT OF PARTS

PURPOSEFUL PLACEMAKING

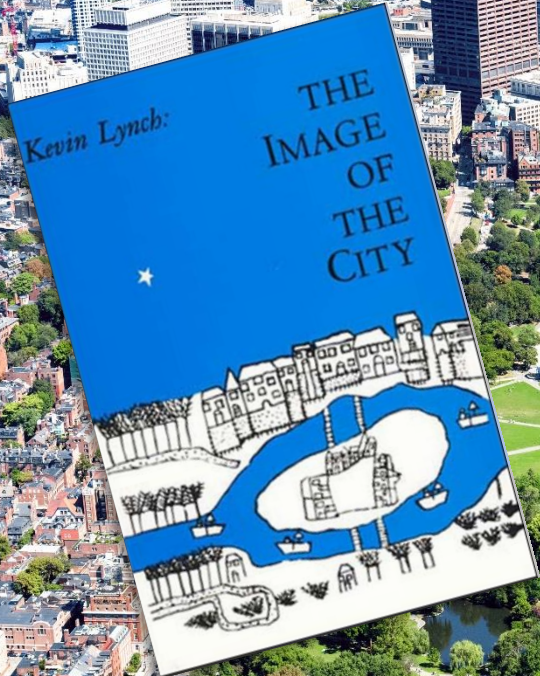


Placemaking is a people-focused process that aims to improve not only the physical elements of a space, but also the way people think and feel about the world around them.

Placemaking is not a new idea – being formally popularized in the 1960s by innovators like Jane Jacobs and William H. Whyte who introduced groundbreaking ideas about how cities should be designed for people, not just cars and suburban shopping centers. However, as the demand for more effective care settings continues to grow – so does the need for a more nuanced approach to placemaking.

For more see <https://www.pps.org/article/what-is-placemaking>

PURPOSEFUL PLACEMAKING

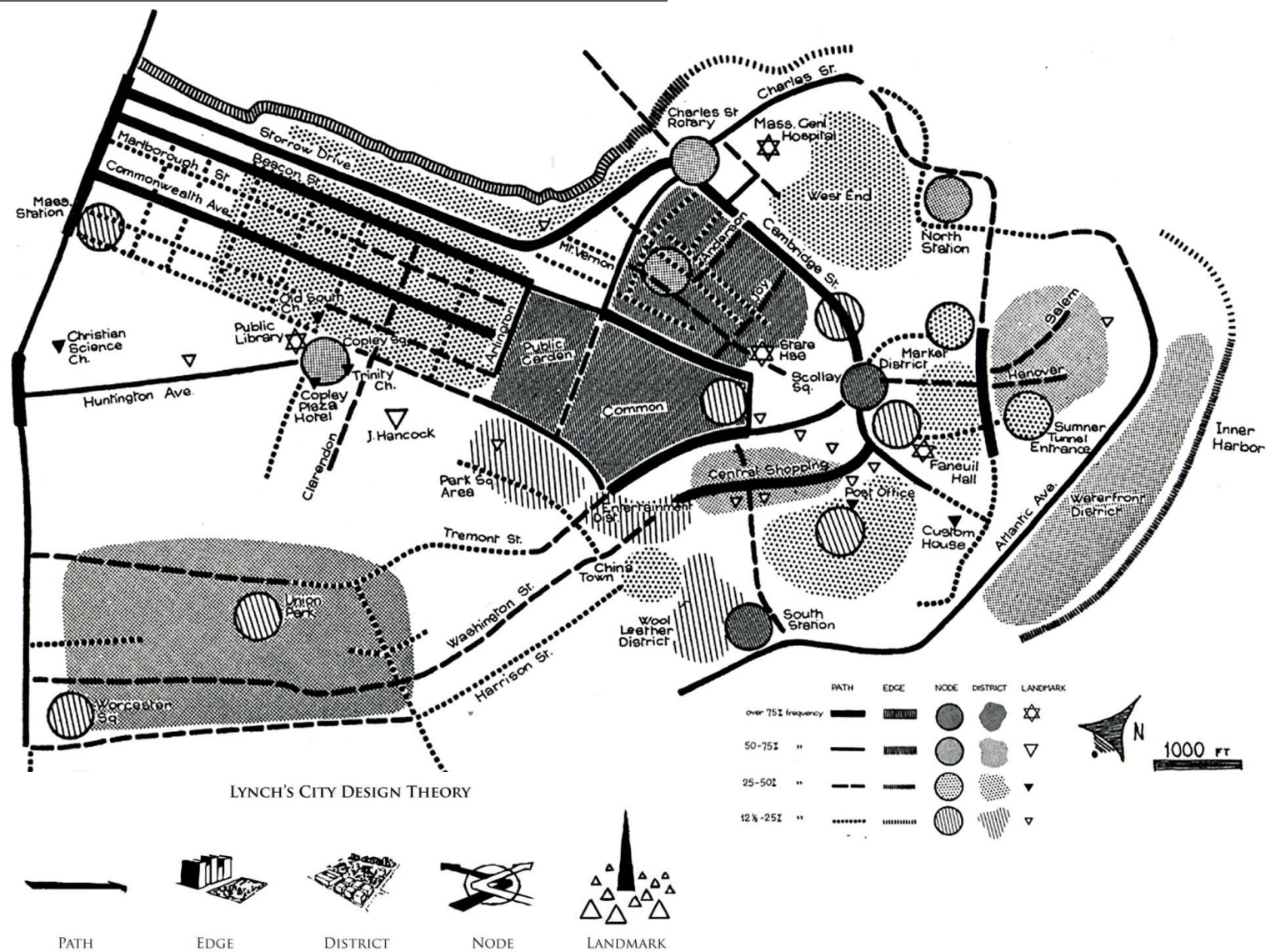


In 1960, Kevin Lynch published *The Image of the City*, one of the most influential theories in spatial cognition and behavioral geography ever written.

Lynch dedicates his work to understanding how people perceive and represent a city, and from what external urban artefacts the mental image of the city arises. Specifically, Lynch analyses two qualities of the built environment: *legibility*, ‘the ease with which its parts can be recognized and can be organized into a coherent pattern’ and *imageability*, ‘that quality in an object which gives it a high probability of evoking a strong image in’ the observer.’

— Kevin Lynch, *The Image of the City* (1960), p60.

PURPOSEFUL PLACEMAKING

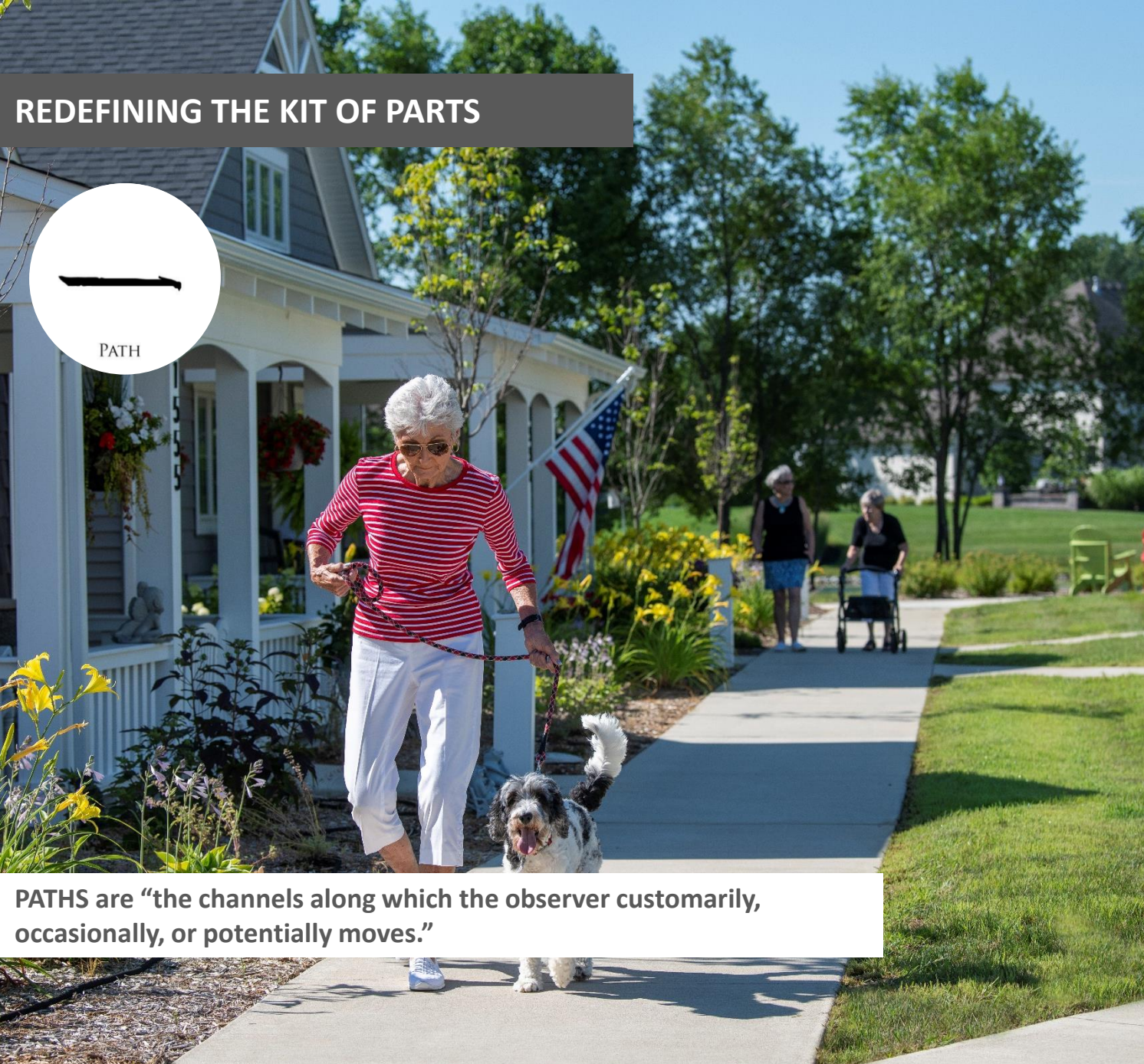


Studying the city form of Boston, Los Angeles and Jersey City, Lynch claimed that individuals' mental images could be overlapped to form a cognitive map of the community.

The resulting approach was informed by five types of elements: *paths, edges, nodes, districts* and *landmarks*. These frame the most basic elements in qualifying the experience and image of a neighborhood and present designers a unique and efficient set of basic tools that can be utilized to explore the effectiveness of modern care settings.

— Kevin Lynch, *The Image of the City* (1960), p6.

REDEFINING THE KIT OF PARTS



PATHS are “the channels along which the observer customarily, occasionally, or potentially moves.”

Paths serve as the predominate elements in which people move through and experience the built environment.

The success of an effective path is largely reliant on its ability to support the cognitive endurance of its user. To maximize agency within a wider variety of individuals, paths must balance the physical and mental stamina of users. For older adults, paths should embrace:

- Concentrated walksheds (5–10-minute increments) that modulate capacity and allow access in stages;
- Supportive amenities along the way (shade, benches, etc.); and
- Incentivized social interaction

REDEFINING THE KIT OF PARTS



Defining Walksheds
The limits an individual is willing to comfortable walk depends on an array if variables, including physical ability and cognitive endurance. It's critical that designers understand these limitations before identifying the limits of specific spaces and their ability to provide engaging and “walkable” environments.



PATHS are “the channels along which the observer customarily, occasionally, or potentially moves.”

REDEFINING THE KIT OF PARTS



VS.



Paths benefit from their adjacency to other elements (districts, nodes, etc.) to incentivize social interaction and maximize resident choice. Even in a household setting, these paths can open view sheds for both residents and staff, creating environments that aim to leverage wayfinding as a mechanism for creating a sense of belonging.

PATHS are “the channels along which the observer customarily, occasionally, or potentially moves.”

REDEFINING THE KIT OF PARTS



EDGES are “the linear elements not used or considered as paths by the observer. They are the boundaries between two phases, linear breaks in continuity.”

Edges often serve as penetrable barriers which close one region off from another.

Edges work to help define distinct elements within the built environment and can assist in identifying transitions that may assist in understanding the functional organization of a space. To maximize agency within a wider variety of individuals, edges should be leveraged to increase safety and security within care environments. For older adults, edges should :

- Provide unmistakable limits to secured environments (i.e., memory care);
- Establish formal transitions into public zones and functions (i.e., dining);
- Highlight permeable locations for interior/exterior transitions; and
- Define intuitive wayfinding by limiting key primary paths throughout a space.

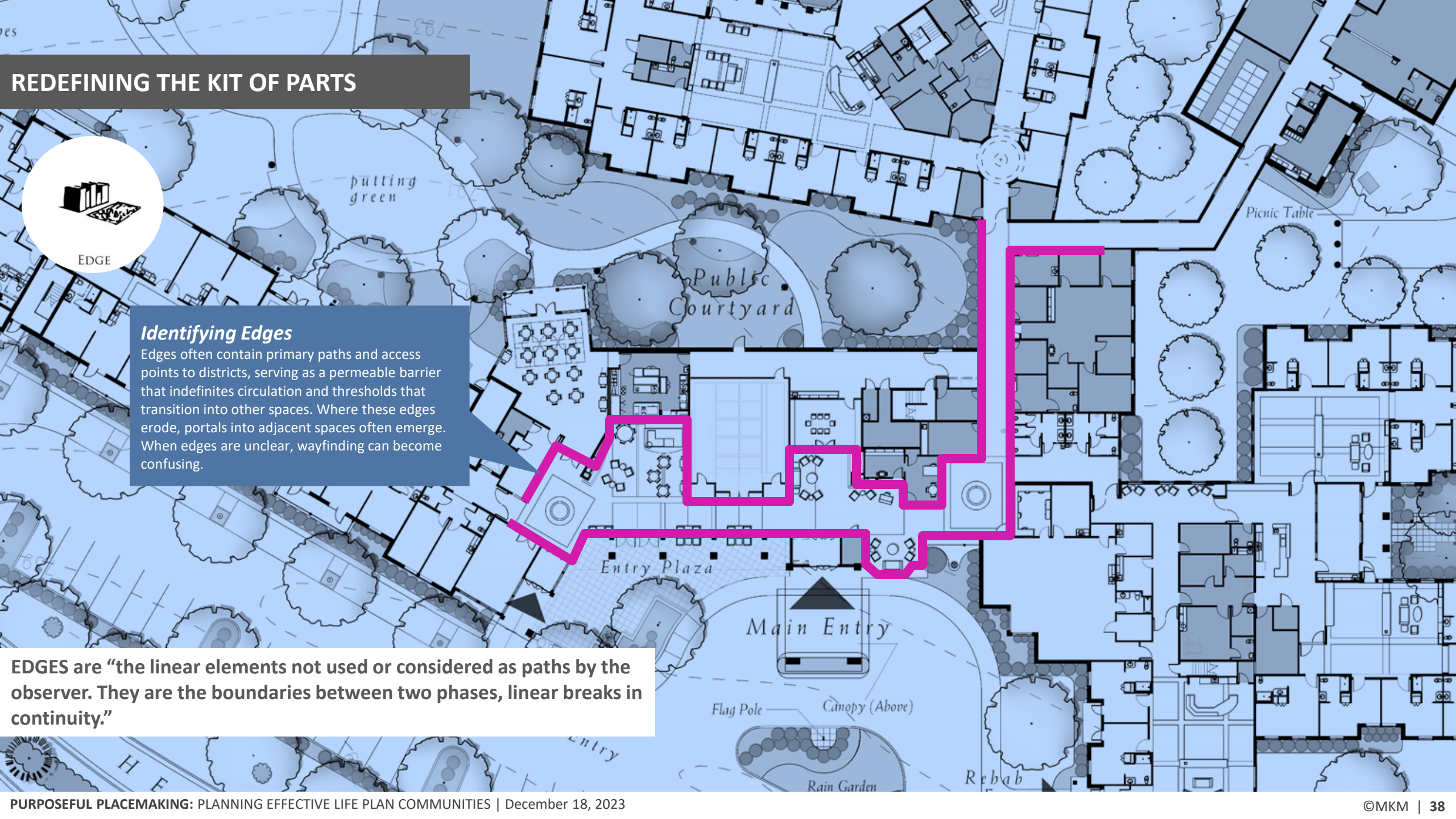
REDEFINING THE KIT OF PARTS



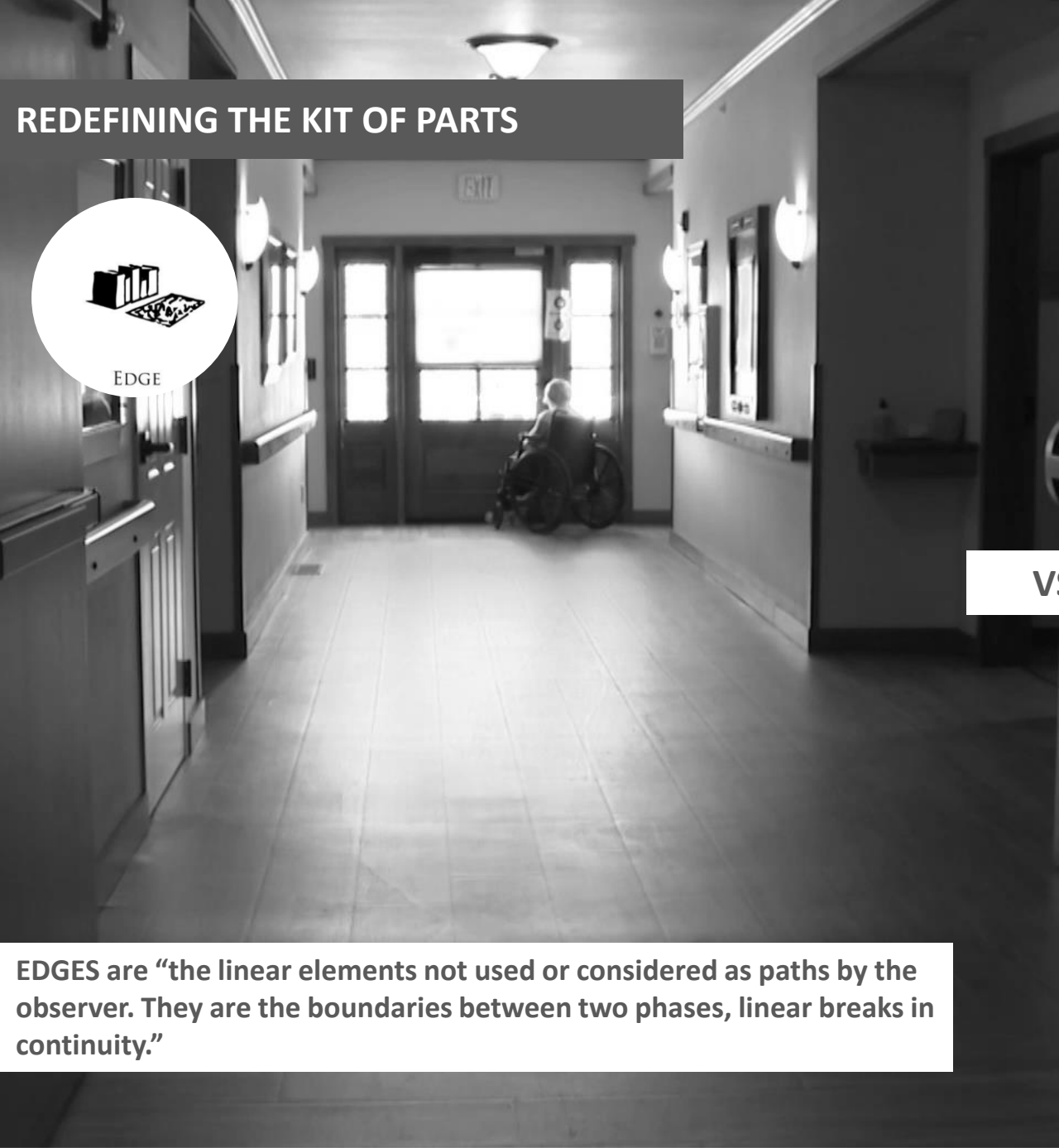
Identifying Edges

Edges often contain primary paths and access points to districts, serving as a permeable barrier that indefinites circulation and thresholds that transition into other spaces. Where these edges erode, portals into adjacent spaces often emerge. When edges are unclear, wayfinding can become confusing.

EDGES are “the linear elements not used or considered as paths by the observer. They are the boundaries between two phases, linear breaks in continuity.”



REDEFINING THE KIT OF PARTS



VS.



Edges provide a spatial delineation that contains specific activities. Where they become permeable often indicates additional wayfinding opportunities for residents and guests. For example, the edge of this veranda contains the interior lobby; however, its permeable nature retains some connection to the adjacent plaza outside.

EDGES are “the linear elements not used or considered as paths by the observer. They are the boundaries between two phases, linear breaks in continuity.”

REDEFINING THE KIT OF PARTS



Districts are areas characterized by common characteristics, which observers mentally enter ‘inside of’ to experience.

Districts serve as segmented spatial arrangements that offer unique and often thematic experiences.

Often districts have discernable edges and obvious points of entry and exit. However, when these boundaries are vague, the identify of the district can be diminished. To maximize agency within a wider variety of individuals, districts should be leveraged to differentiate public and private space. For older adults, districts should :

- Provide clearly defined and thematic spaces;
- Establish clear distinction between public and private functions; and
- Provide mechanisms to identify trespassers and in-group members.

DISTRICTS are “the medium-to-large sections of the city, conceived of as having two-dimensional extent, which they observer mentally enters ‘inside of,’ and which are recognizable as having some common , identifying character.”

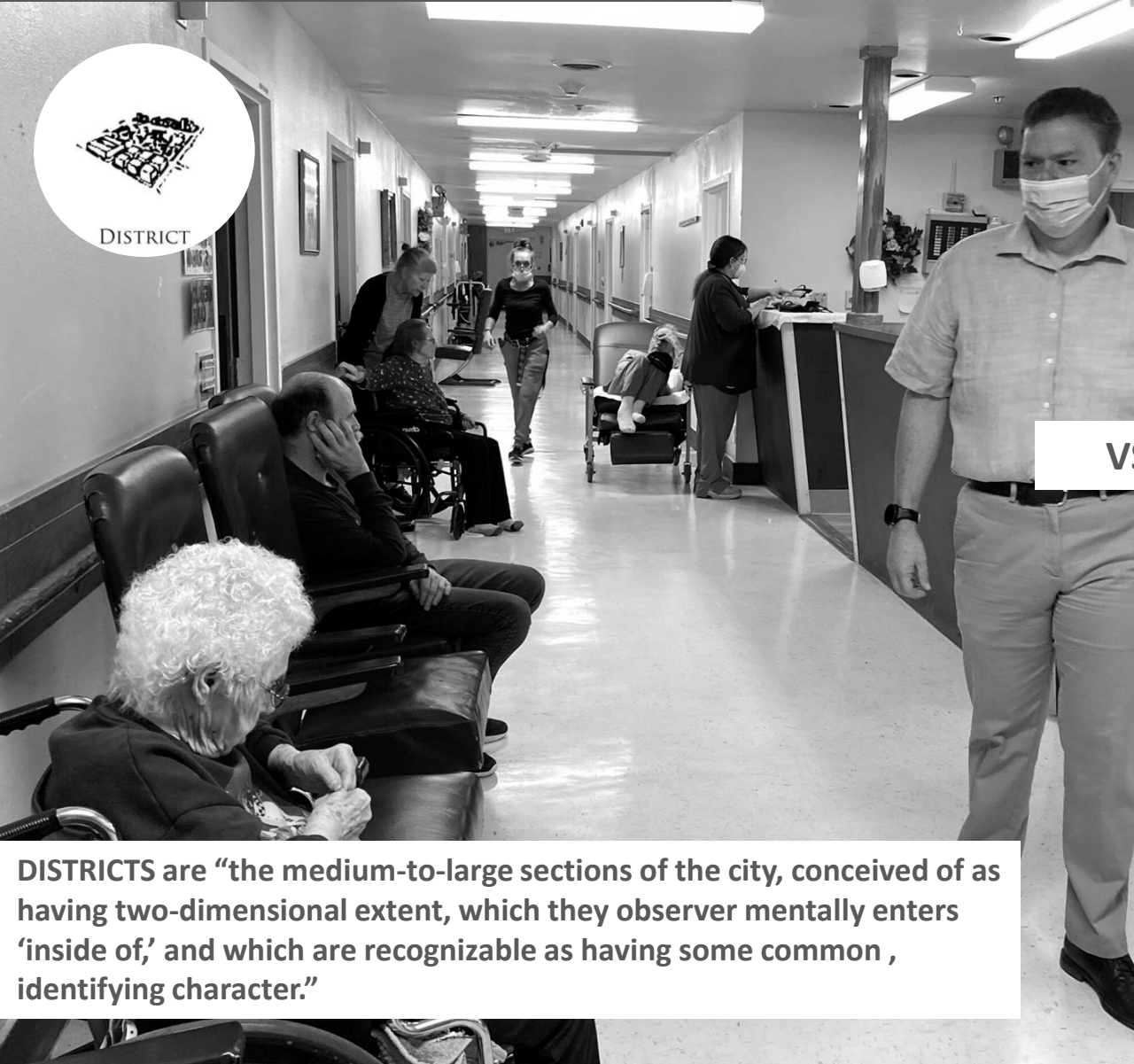
REDEFINING THE KIT OF PARTS



Identifying Districts
The idea of districts is scalable, ranging from neighborhoods to interior building lobbies. In nursing care environments, its critical to understand how to clearly define district at the scale of the household to compartmentalize use and differentiate gathering spaces from circulation paths.

DISTRICTS are “the medium-to-large sections of the city, conceived of as having two-dimensional extent, which they observer mentally enters ‘inside of,’ and which are recognizable as having some common , identifying character.”

REDEFINING THE KIT OF PARTS



VS.



Districts come in all shapes and sizes, depending on the audience and can be define with an array of architectural features. Within a typical household, this could be something as simple as delineating a shared lounge area from the adjacent paths with changes within the flooring and strategically places casework.

REDEFINING THE KIT OF PARTS



NODES are “points, the strategic spots in a city into which an observer can enter, and which are the intensive foci from which people travel.”

Nodes are primary junctions where a break in transportation or a convergence in paths consolidates activity.

Nodes provide the primary mechanism for informal social interaction. While individuals can experience planned interactions elsewhere, the nodal relationships between active paths present a unique opportunity to cultivate a sense of belonging within an environment. For older adults, nodes should :

- Embrace their role as a key platform for cultivating bridged relationships;
- Define predetermined locations to engage in social interaction (especially for those experiencing chronic loneliness); and
- Provide additional capacity for unplanned meetings and informal gatherings.

RETHINKING EFFECTIVE DEVELOPMENT



Conversational Field (3 meters)

At 3 meters and less we can engage in conversation and the visual processing is most rich.

Emotional Field (35 meters)

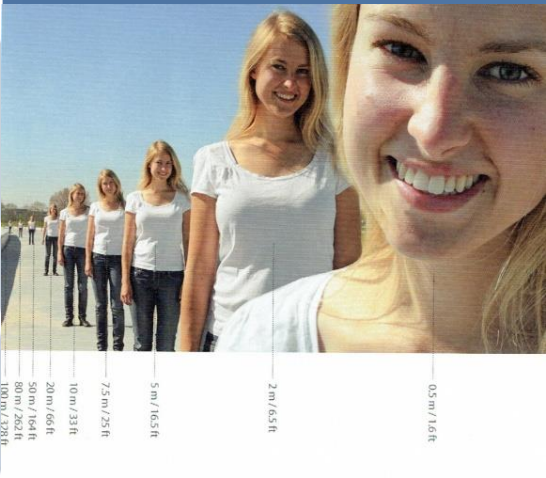
At 35 meters we can recognize facial expressions.

Auditory Field (7 meters)

At 7 meters we can more easily hear someone and use all of our senses.

Social Field (100 meters)

At 100 meters we can recognize gender and age, being able to identify movement and body language in a broad outline



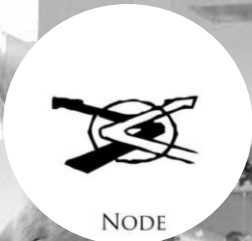
NODES are “points, the strategic spots in a city into which an observer can enter, and which are the intensive foci from which people travel.”

Our brains have limits.

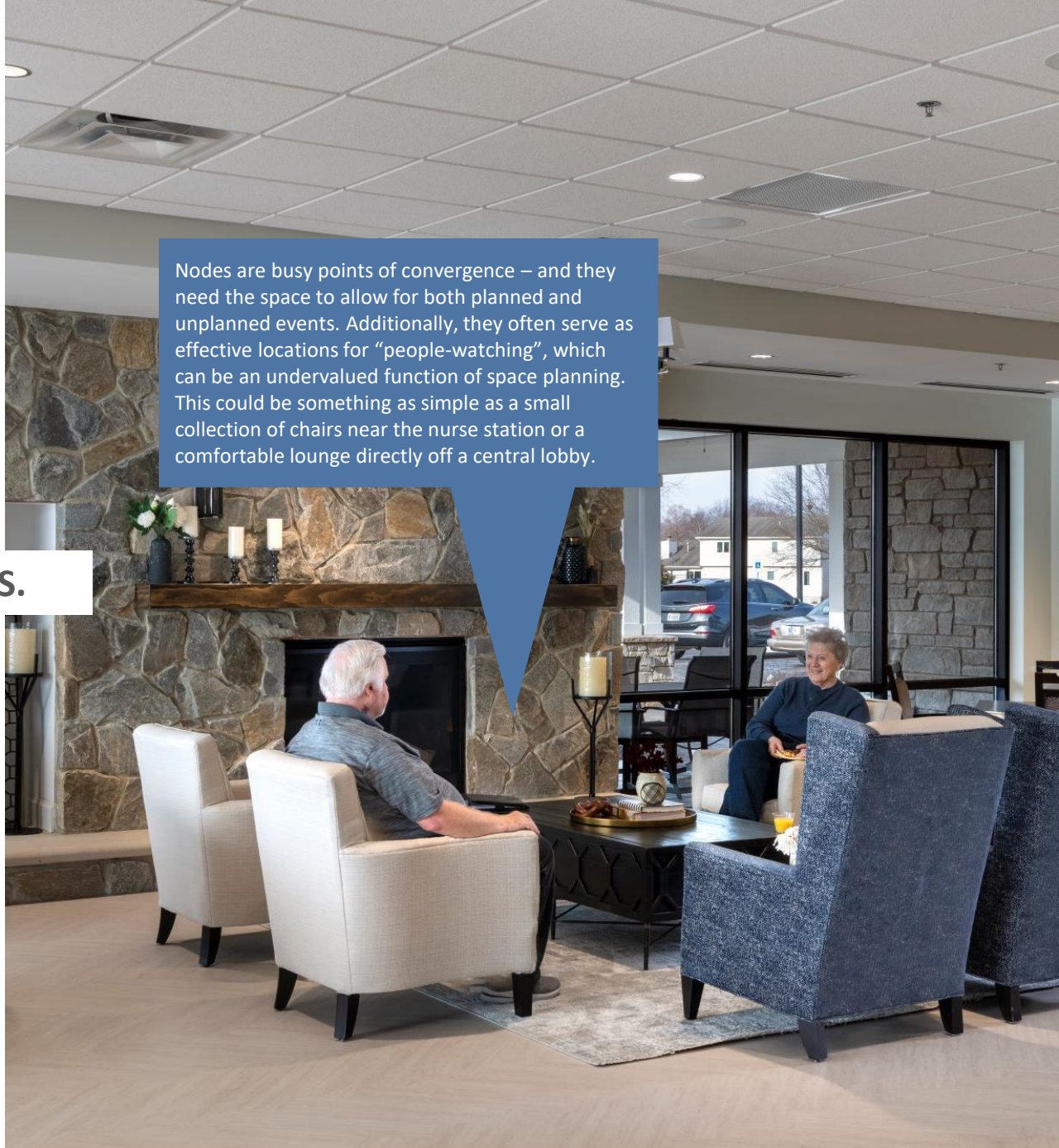
The human brain’s ability to recognize other humans and engage in social situations is limited by geographic proximity. These distances need to be appreciated when providing livable neighborhoods for people of all ages and abilities.

Source: Jan Gehl, *Cities for People*.

REDEFINING THE KIT OF PARTS



VS.



Nodes are busy points of convergence – and they need the space to allow for both planned and unplanned events. Additionally, they often serve as effective locations for “people-watching”, which can be an undervalued function of space planning. This could be something as simple as a small collection of chairs near the nurse station or a comfortable lounge directly off a central lobby.

NODES are “points, the strategic spots in a city into which an observer can enter, and which are the intensive foci from which people travel.”

REDEFINING THE KIT OF PARTS



LANDMARKS are “another type of point reference, but in this case the observer does not enter within them, they are external” – usually a rather simple defined physical object (building, sign, etc.).

Landmark’s key physical characteristics rely on a singular aspect that is unique or memorable within a specific context.

Landmarks are traditionally used sparingly to identify important elements within the built environment. These focal point provide a hierarchal order to spatial arrangements. To maximize agency within a wider variety of individuals, landmarks should be leveraged to increase legibility and wayfinding within care environments. For older adults, landmarks should:

- Highlight key wayfinding features (main entry, dining hall, etc.);
- Identify key amenities aimed at increasing resident quality of life (TV, café, spa, etc.);
- Provide periodic markers along longer paths to define distance and strengthen wayfinding.

REDEFINING THE KIT OF PARTS



Utilizing landmarks.
Landmarks have a unique ability to provide quick and effective hierarchy within spatial arrangements. Whether at the scale of a neighborhood or within a building lobby, landmarks offer a clear and memorable way to catalog the experience of a specific place.



LANDMARKS are “another type of point reference, but in this case the observer does not enter within them, they are external” – usually a rather simple defined physical object (building, sign, etc.).

REDEFINING THE KIT OF PARTS



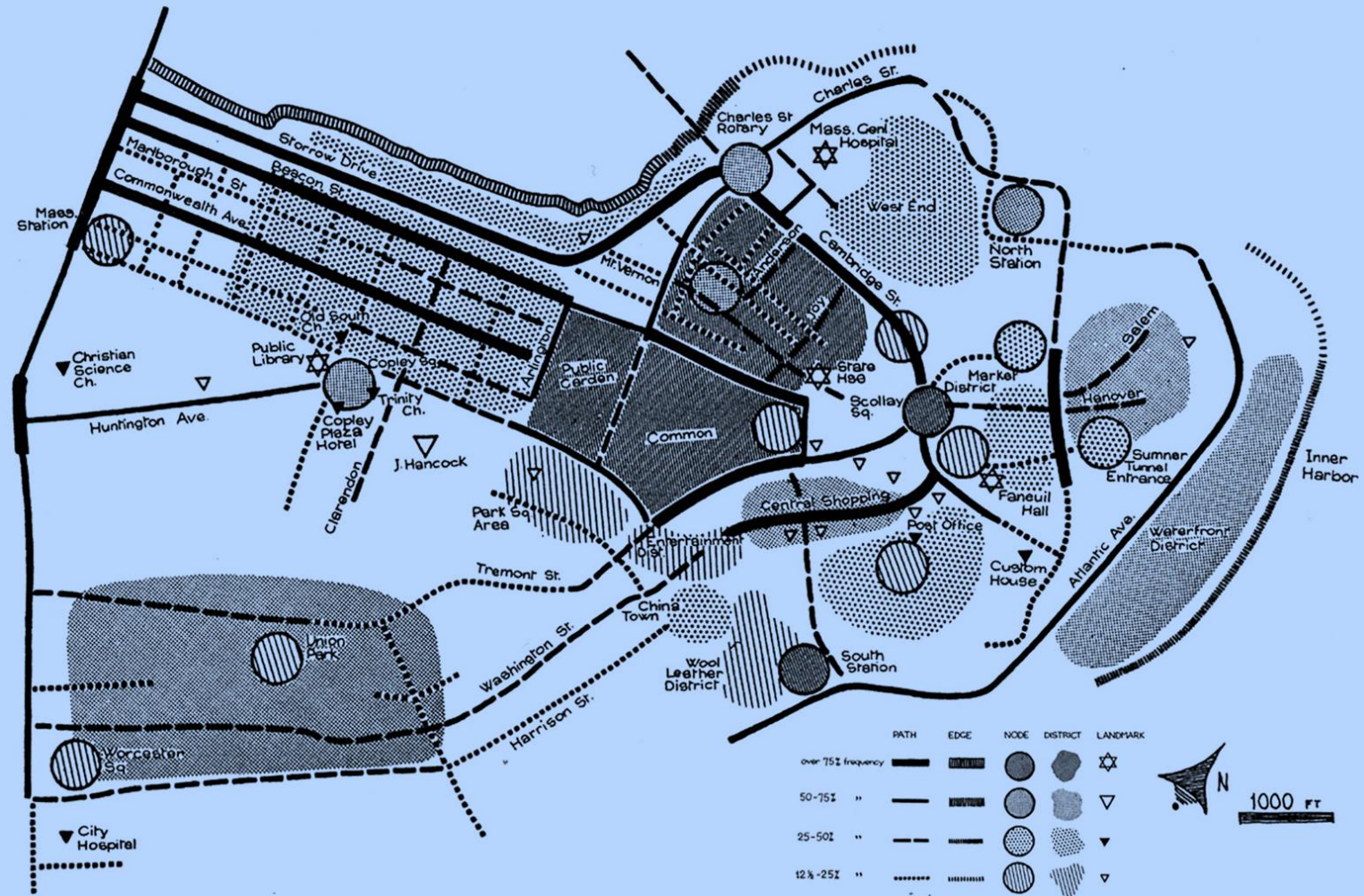
VS.



While landmarks can often be large sculptural gestures (i.e., clock tower), at the household scale that can be something as simple as a shared television. As a central amenity within a resident's everyday routine, it also marks a shared feature for a larger group – one that can be used to center the focus of a space and define the identity of a district.

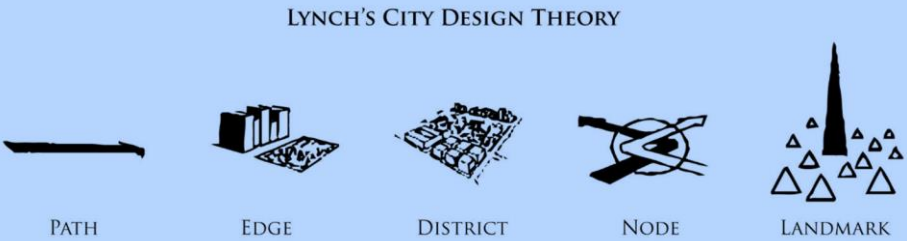
LANDMARKS are “another type of point reference, but in this case the observer does not enter within them, they are external” – usually a rather simple defined physical object (building, sign, etc.).

PURPOSEFUL PLACEMAKING



These elements provide a simple and effective way to understand the built environment and qualify its ability to function as a meaningful fourth place.

By using these five basic components, new and existing environments can be assessed for their ability to support older adults – evaluating how the design and operation of future Life Plan Communities can prioritize a sense of continued agency within its residents.





PURPOSEFUL PLACEMAKING

THE CHALLENGE LIES IN EXPLORING HOW THE IDEA OF 4th PLACES CAN SHAPE THE PROFESSION'S UNDERSTANDING OF EFFECTIVE CARE SETTINGS AND REFINE OUR APPROACH FOR QUALIFYING THESE ENVIRONMENTS.



PURPOSEFUL PLACEMAKING

PATH

EDGE

DISTRICT

NODE

LANDMARK

THE CHALLENGE LIES IN EXPLORING HOW THE IDEA OF 4th PLACES CAN SHAPE THE PROFESSION'S UNDERSTANDING OF EFFECTIVE CARE SETTINGS AND REFINE OUR APPROACH FOR QUALIFYING THESE ENVIRONMENTS.

1

THE BUILT ENVIRONMENT IS A BEHAVIORAL MECHANISM – ONE THAT HAS AN ENORMOUS IMPACT ON OUR QUALITY OF LIFE AND INDIVIDUAL WELL-BEING OF THOSE IT HOPES TO SUPPORT ACROSS THE LIFESPAN.

2

THE DEMAND ON FUTURE CARE ENVIRONMENTS IS LARGELY DETERMINED BY THE INEFFECTIVENESS OF THE PRIMARY THREE TYPES OF PLACES – A REALITY THAT WILL VARY WIDELY ACROSS DIFFERENT COMMUNITIES.

3

THE EMERGENCE OF A 4th PLACE WILL SHAPE THE DESIGN AND OPERATION OF FUTURE CARE SETTINGS AND REQUIRE A MORE SOPHISTICATED UNDERSTANDING OF EFFECTIVE COMMUNITY DEVELOPMENT.

4

TO QUALIFY THE EFFECTIVENESS OF MODERN CARE SETTINGS, DESIGNERS MUST EXHIBIT A MORE NUANCED UNDERSTANDING OF HOW BASIC PLACEMAKING STRATEGIES CAN BETTER SUPPORT VULNERABLE POPULATIONS.



The future of effective Life Plan Communities rests in their willingness to embrace their role as a sophisticated platform for cooperative healing.

As placemaking strategies continue to evolve their understanding of more supportive environments for aging populations, the evolution of LPC's as modern 4th places will rely heavily on the delicate balance between *community health* and *personal choice*.

Time for Questions and Comments

???-!!!

Feedback survey

We encourage all attendees to complete the post course survey at <https://www.surveymonkey.com/r/Y7YK9M8> by **Friday, December 22, 2023**, at 5pm ET.

Please email knowledgecommunities@aia.org if you have any questions.

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Quick Links

Who we are

The mission of the AIA **Design for Aging** (DFA) Knowledge Community is to foster design innovation and disseminate knowledge necessary to enhance the built environment and quality of life for an aging society. This includes relevant research on characteristics, planning and costs associated with innovative design for aging. In addition, DFA provides outcome data on the value of these design solutions and environments.

COVID resources

Strategies for Safer Senior Living Communities
This resource includes strategies for dining facilities, amenity spaces, and individual units. [Download >](#)

Manage Your Communities

Upcoming Events

9 Sep

DFA: Call for leadership applications
Sep 9 - Oct 17, (ET)

19 Sep

Live course: Intergenerational Living, Inclusive Communities: Strategies for Planning and Design
Sep 19, 12:00 PM - 01:00 PM (ET)

See All Events →