

# Academy of Architecture for Health On-line Professional Development

## Architecture for Health, Perspectives Beyond Architecture for Healthcare Outside-The-Box Series

18, July, 2017

2:00 pm – 3:00 pm ET

1:00 pm – 2:00 pm CT

12:00 am – 1:00 pm MT

11:00 am – 12:00 pm PT

### **Presenter**

**Joanna L. Lombard AIA**

University of Miami School of Architecture

### **Moderator**

**John Kreidich AIA, CHC, LEED AP B+C**

McCarthy Building Companies

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Illustration Courtesy of Friends of The Underline Miami and James Corner Field Operations

**AIA Knowledge Community**  
Academy of Architecture for Health



# Outside-The-Box Series (OTB)

The Academy's multi-channel on-line approach provides emerging professionals, journeymen, and master professionals with convenient and economical opportunities to develop their chosen area of interest.

OTB Series sessions provide to a broad audience, perspectives on healthcare, community health, environmental and design issues outside the customary domain of healthcare design practice.

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All attendees will be eligible to receive:  
1 AIA LU/HSW (AIA continuing education)

In order to receive credit, each attendee must complete the webinar survey/report form **at the conclusion of the presentation.**

Follow the link provided:

- **in the Chat box** at the conclusion of the live presentation;
- **in the follow-up email** you (*or the person who registered your site*) will receive one hour after the webinar.

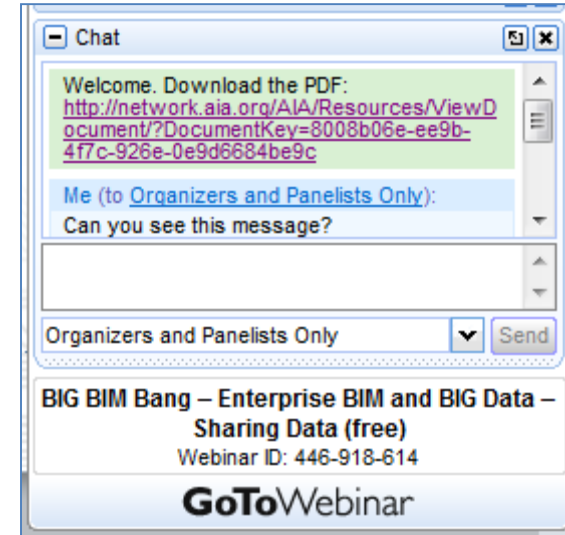
# Questions?

Submit a question to the moderator via the chat box.



Content-related questions will be answered during the Q&A portion at the end as time allows.

Tech support questions will be answered by AIA staff promptly.



# Architecture for Health Perspectives Beyond Architecture for Healthcare

## **Presenter**



**Joanna L. Lombard AIA**  
**University of Miami School of Architecture**



# Architecture for Health:

## Perspectives Beyond Architecture for Healthcare



Courtesy of Friends of The Underline Miami and James Corner Field Operations

18 July 2017

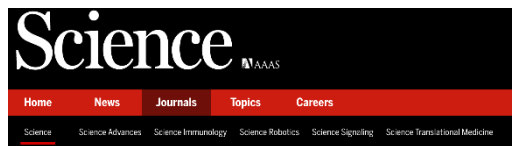
Joanna Lombard, *Professor,*  
*University of Miami School of*  
*Architecture & Miller School of*  
*Medicine Department of Public*  
*Health Sciences, Built*  
*Environment, Behavior and*  
*Health Research Group*

## Learning Objectives – to be:

1. Discuss emerging roles of evidence-based design and wellness principles, market and regulatory forces, and new partnerships in shaping the healthcare built environment.
2. Advocate addition of meaningful community participation into conventional campus planning practice.
3. Attest to successful examples of campus plans that go beyond “do no harm.”
4. Speak to how the built environment impacts our health



## Emerging roles of evidence-based design & wellness principles



## The Strength of Weak Ties<sup>1</sup>

Mark S. Granovetter  
*Johns Hopkins University*

Analysis of social networks is suggested as a tool for linking micro and macro levels of sociological theory. The procedure is illustrated by elaboration of the macro implications of one aspect of small-scale interaction: the strength of dyadic ties. It is argued that the degree of overlap of two individuals' friendship networks varies directly with the strength of their tie to one another. The impact of this principle on diffusion of influence and information, mobility opportunity, and community organization is explored. Stress is laid on the cohesive power of weak ties. Most network models deal, implicitly, with strong ties, thus confining their applicability to small, well-defined groups. Emphasis on weak ties lends itself to discussion of relations *between* groups and to analysis of segments of social structure not easily defined in terms of primary groups.

A fundamental weakness of current sociological theory is that it does not relate micro-level interactions to macro-level patterns in any convincing way. Large-scale statistical, as well as qualitative, studies offer a good deal of insight into such macro phenomena as social mobility, community organization, and political structure. At the micro level, a large and increasing body of data and theory offers useful and illuminating ideas about what transpires within the confines of the small group. But how interaction in small groups aggregates to form large-scale patterns eludes us in most cases.

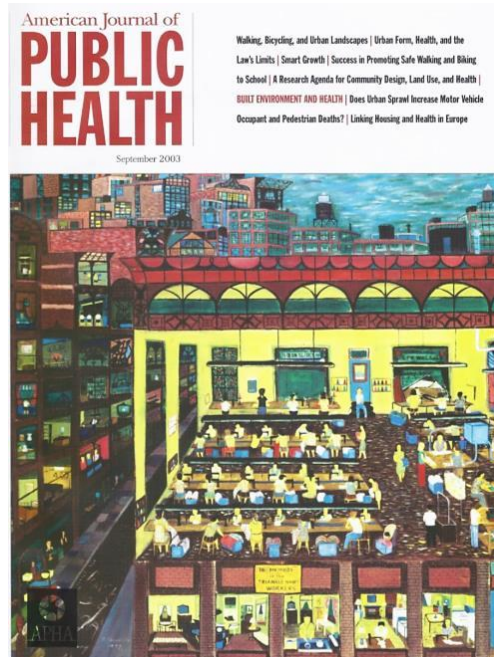
I will argue, in this paper, that the analysis of processes in interpersonal networks provides the most fruitful micro-macro bridge. In one way or another, it is through these networks that small-scale interaction becomes translated into large-scale patterns, and that these, in turn, feed back into small groups.

Sociometry, the precursor of network analysis, has always been curiously peripheral—invisible, really—in sociological theory. This is partly because it has usually been studied and applied only as a branch of social psychology; it is also because of the inherent complexities of precise network analysis. We have had neither the theory nor the measurement and sampling techniques to move sociometry from the usual small-group level to that of larger structures. While a number of stimulating and suggestive

<sup>1</sup> This paper originated in discussions with Harrison White, to whom I am indebted for many suggestions and ideas. Earlier drafts were read by Ivan Chase, James Davis, William Michelson, Nancy Lee, Peter Rossi, Charles Tilly, and an anonymous referee; their criticisms resulted in significant improvements.

1360 *AJS* Volume 78 Number 6

2003



RS Ulrich  
+ See all authors and affiliations

**Social Relationships and Health**  
House, James S.; Landis, Karl R.; Umberson, Debra  
*Science*; Jul 29, 1988; 241, 4865; ProQuest  
pg. 540

# 1988

## Social Relationships and Health

JAMES S. HOUSE, KARL R. LANDIS, DEBRA UMBERSON

Recent scientific work has established both a theoretical basis and strong empirical evidence for a causal impact of social relationships on health. Prospective studies, which control for baseline health status, consistently show increased risk of death among persons with a low quantity, and sometimes low quality, of social relationships. Experimental and quasi-experimental studies of humans and animals also suggest that social isolation is a major risk factor for mortality from widely varying causes. The mechanisms through which social relationships affect health are factors that are not yet understood. Development and maintenance of social relationships remain to be explored.

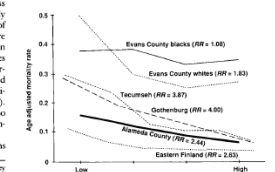
has, however, been less clear. Does lack of social relationships cause people to become ill or die? Or are unhealthy people less likely to establish and maintain social relationships? Or is there some other factor that causes people to become ill and to lose social contacts both to have a lower quantity or quality of social relationships and to become ill or die?

Social relationships have been largely unobservable behind the last decade for two reasons. First, there was little theoretical basis for causal explanation. Durkheim (2) proposed a theory of how social capital could be important for health, but he did not specify the mechanism by which it could operate. Second, evidence of the association between social relationships and health, especially in the United States, was limited to cross-sectional studies and to death certificates or hospital records ascertained the nature of a person's social relationships at the time of death. Cross-sectional surveys of general populations determined whether people who reported ill health also reported a lower quality or quantity of social relationships. These studies could not distinguish potential confounding variables to rule out third factors that might produce the association between social relationships and health, but could not rule out partially. The few studies that have shown whether social relationships are protective or harmful in health.

... my father told me of a careful observer, who certainly had heart-disease and died from it, and who positively stated that his pulse was habitually irregular to an extreme degree; yet to his great disappointment it invariably became regular as soon as my father entered the room.—Charles Darwin (1)

**S**CIENTISTS HAVE LONG NOTED AN ASSOCIATION BETWEEN social relationships and health. More socially isolated or less socially integrated individuals are less healthy, psychologically and physically, and more likely to die. The first major work of empirical social research that less socially integrated people were more likely to commit suicide than the more integrated (2). In subsequent epidemiologic research age-adjusted mortality rates from all causes of death are consistently higher among the unmarried than the married (3-5). Unmarried and more socially isolated people have also manifested higher rates of tuberculosis (6), accidents (7), and psychiatric disorders such as schizophrenia (8, 9). And as the above quote from Darwin suggests, clinicians have also potentially health-enhancing qualities of social relationships and contacts.

J. S. Houtse is professor and chair of sociology and a research scientist in the Survey Research Center of the Institute for Social Research, Institute of Gerontology, and Department of Epidemiology at the University of Michigan, Ann Arbor, MI 48109. R. Landis is a doctoral candidate in the Department of Sociology and research assistant in the Survey Research Center. D. Umberson is a postdoctoral fellow in the Survey Research Center at the University of Michigan and assistant professor-designate of sociology at the University of Texas, Austin.



**Fig. 1.** Level of social integration and age-adjusted mortality for males in five prospective studies. RR, the relative risk ratio of mortality at the lowest versus highest level of social integration.

SAC

SCIENCE, VOL. 241



**2016** Design & Health  
Research Consortium



2016 Poster Session, Joanna Lombard and Scott Brown

# Market and regulatory forces

What Makes us  
Healthy

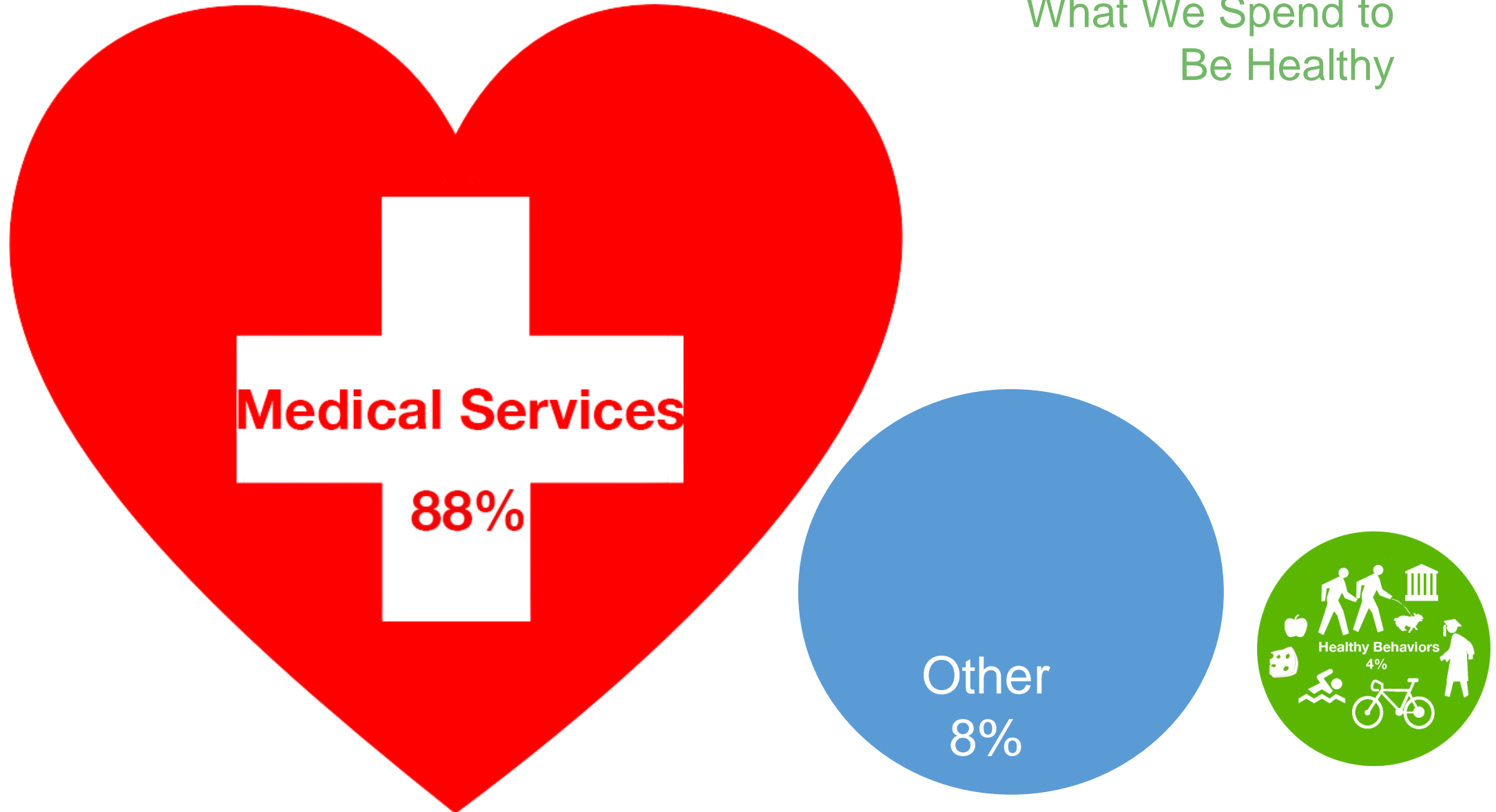


Stats: Nash, D. (2014), "The Future of Population Health for Hospitals," Keynote, CHA, June 22, 2014: Chicago.  
<http://www.beckershospitalreview.com/hospital-transactions-and-valuation/6-key-trends-affecting-healthcare-real-estate-in-2017.html>



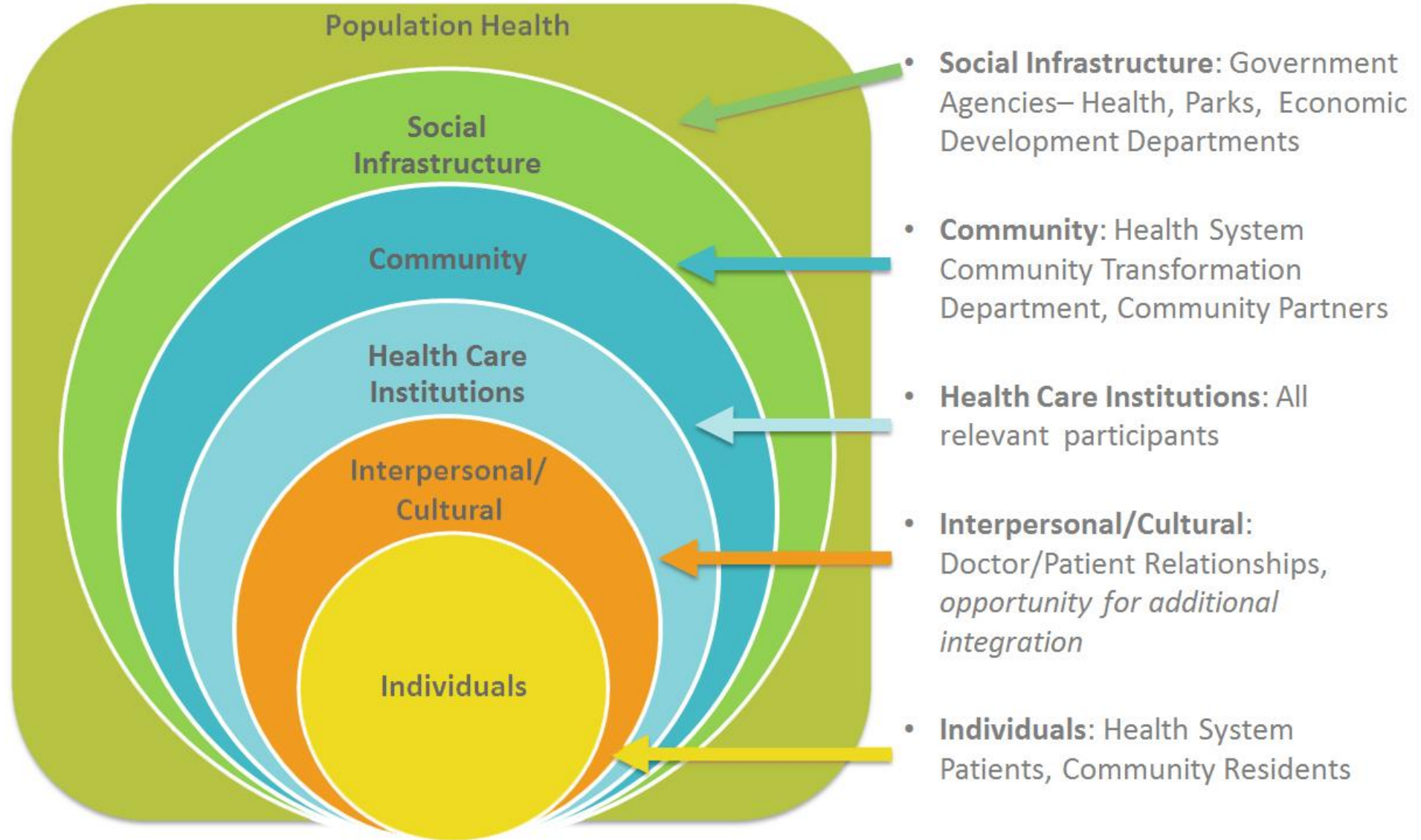
# Market and regulatory forces

What We Spend to  
Be Healthy

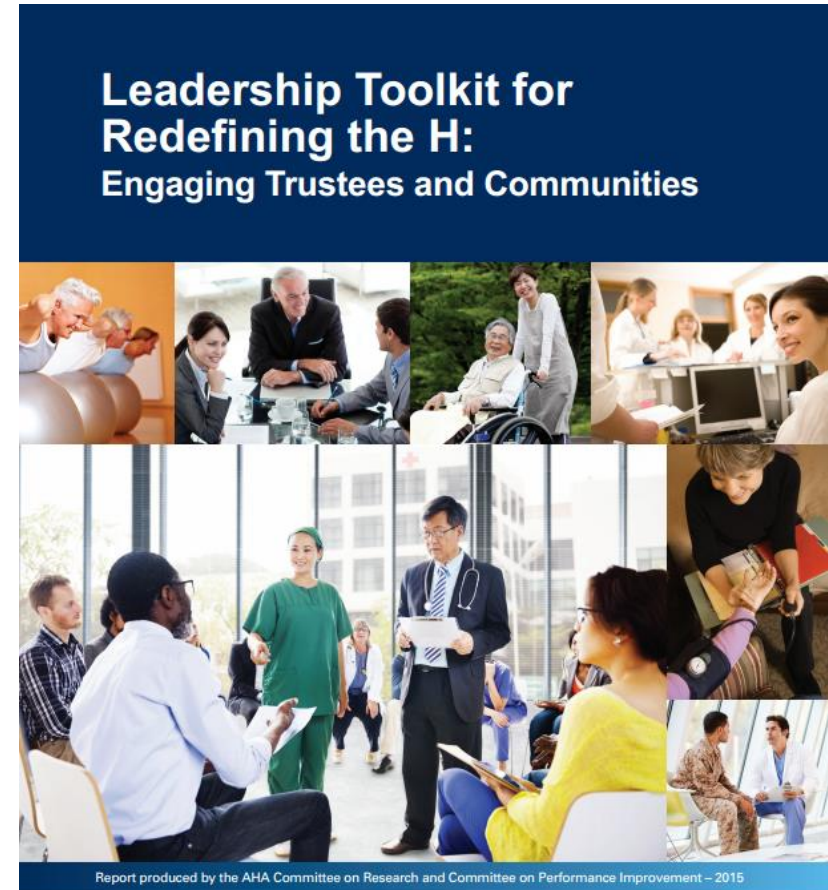


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<http://www.beckershospitalreview.com/hospital-transactions-and-valuation/6-key-trends-affecting-healthcare-real-estate-in-2017.html>

# New Partnerships



# New Partnerships



hospitals in  
pursuit of excellence™  
Accelerating Performance Improvement

**A**merican Hospital  
Association®

*“The AHA believes that changes as significant as those likely to occur in the coming decade need to be planned for, not only within the hospital but also **with strong input and engagement from the local community.**”*



# New Partnerships



St Francis Cancer Center Garden Memorial Regional Medical Center Healing Garden (and produce garden) Courtesy, Dave Gerstenmaier, Landscape Architect, Richmond VA



# Examples

# Participatory Planning



**Cynthia Newbille**  
Richmond City Council Representative, 7th District

“It captured the voices of the residents . . . I see those voices clearly reflected.”

good planning  
for our community

**you're  
invited**

to join the Honorable Dwight C. Jones, Mayor, City of Richmond &  
Peter J. Bernard, CEO, Bon Secours Virginia

for a series of public discussion & design sessions to advance a vision  
for the East End and to address the revitalization of the  
City's 25th Street/Nine Mile Road Corridor.

The Charrette is an opportunity for residents, community leaders,  
and designers to develop proposals to guide social, educational and  
physical transformation in the East End.

*Formal times to interact with the planning team are noted below. However, all are  
encouraged to interact informally with the design team during open studios on the  
afternoons of June 3rd or June 5th.*

<b>Opening Session</b> Wednesday, June 2 5 p.m. - 6:30 p.m. Robinson Theater 2903 Q Street	<b>Studio Open House</b> Thursday, June 3 6 p.m. - 8 p.m. Family Resource Center 2405 Jefferson Avenue	<b>Youth Charrette</b> Saturday, June 5 11 a.m. - 1 p.m. Family Resource Center 2405 Jefferson Avenue	<b>Closing Session</b> Monday, June 7 5 p.m. - 6:30 p.m. Robinson Theater 2903 Q Street
--------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

*These events are accessible per ADA guidelines. Please contact us 5 days prior to the event for  
additional assistance. For additional information, please call (804) 646-6713.*



# Examples



existing



proposed

- Proposed Buildings
- Existing Buildings
- Parking
- Plaza
- Green Space

## East End Charrette



Illustrative Plan, DPZ Partners



# Examples

# S.E.E.D. Grants



Supporting East End Entrepreneurship Development



# Examples

## East End: Follow-up Community Workshop

The October 2013 Design Workshop, held at the Family Resource Center, was a follow-up to the 2010 East End Vision Charrette. Resulting from the charrette was the concept that Richmond Community Hospital, as a key stakeholder and principal employer in the neighborhood, should envision any future expansion as an opportunity to complete and activate the streets surrounding the RCH campus, and particularly along Nine Mile Road.

The purpose of the Design Workshop was for community stakeholders to discuss and inform the design for the first phase of the Richmond Community Hospital expansion between N. 27th Street and N. 25 Street.

In prior discussions led by the East End Optimization Task Force and its East End Ambulatory Visioning subcommittee, comprised of hospital staff, community leaders and healthcare advisors, a consensus had been reached that the growth of the RCH campus should contribute to the creation of a **Medical Village**. The guiding mission of this village would be to help meet the health and wellness needs of residents in Church Hill North while enriching the urban characteristics and commercial vitality of this historic walkable, and mixed-use neighborhood.

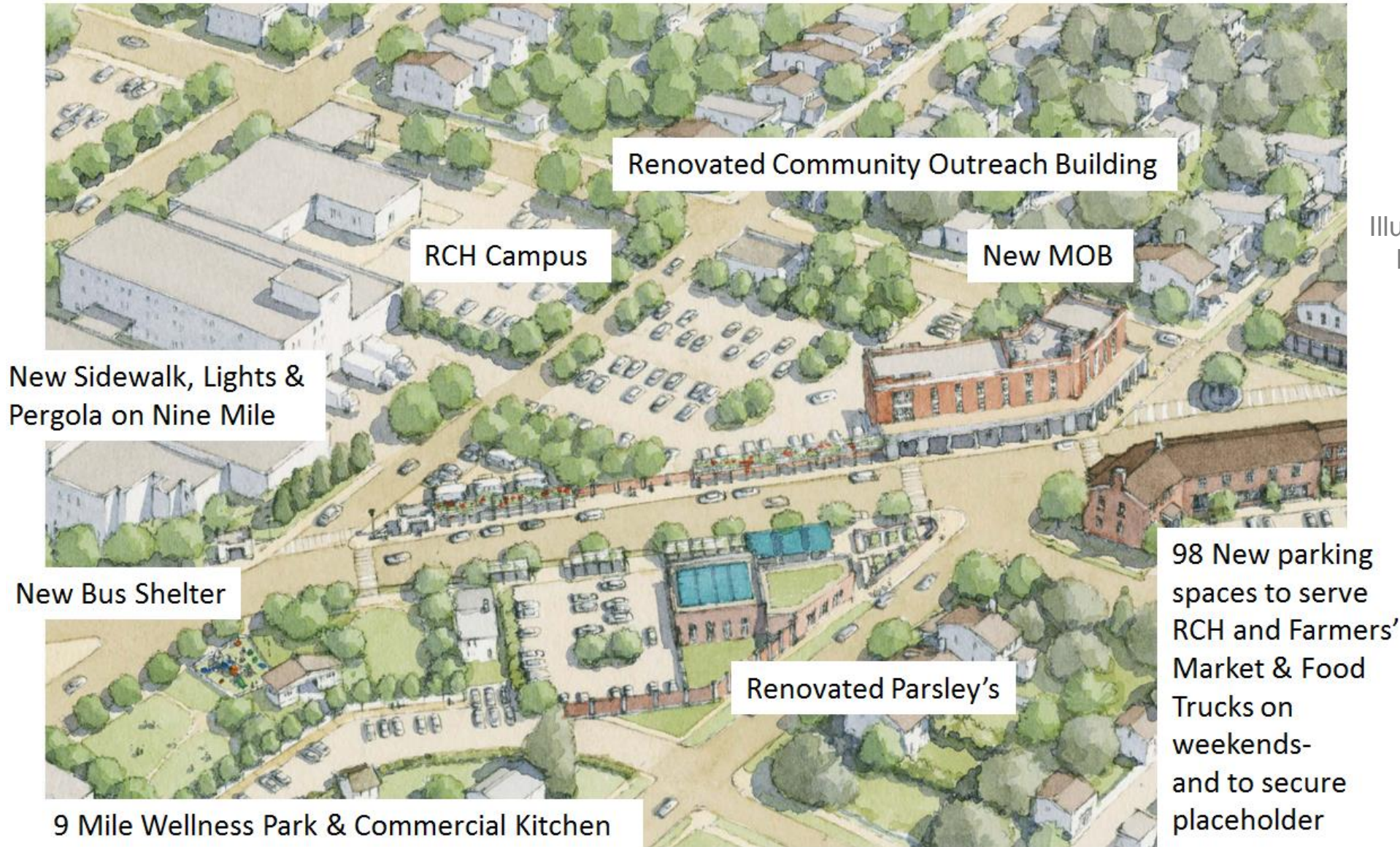


Photos: Doug Buerlein



# Examples

## East End Medical Mile



Illustrative Plan,  
DPZ Partners



# Examples

# East End Medical Mile



## Building Areas

1. RCH MOB II	18,000 sq. ft.
2. Bon Secours Women's Center	16,100 sq. ft.
3. YMCA	20,000 sq. ft.
4. Church Hill Academy	15,600 sq. ft.
5. Library & Enrichment Center	18,550 sq. ft.
6. Nine Mile Wellness Park	½ acre
7. Bon Secours-Parsley's	3,300 sq. ft.
8. Commercial Kitchen	existing

## Parking Counts

A. 144 spaces
B. 134 spaces
C. 36 spaces
D. 98 spaces
E. 18 spaces
F. 6 spaces

Illustrative Plan, DPZ Partners



# Examples

## Parsley's Center for Healthy Communities



Parsley's before and rendering of after, courtesy Bon Secours



# Examples

## Bon Secours St. Francis





# Examples

## Bon Secours St. Francis



View, DPZ Partners



# Examples



Illustrative Plan, DPZ Partners

# Bon Secours St. Francis



Image, St. Francis Medical Office Building, Joanna Lombard



# Examples



Illustrative Plan, DPZ Partners

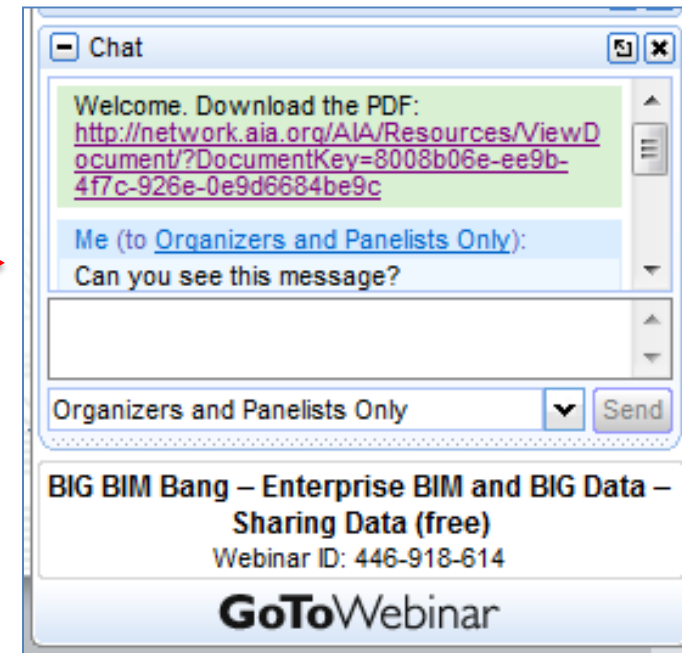
# Bon Secours St. Francis



Image, St. Francis Medical Office Building, Joanna Lombard

# Upcoming Break for Questions and Comments

Submit a question to the moderator via the chat box.





# Examples

# Presence Health West Town



## WEST TOWN VISIONING

PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER  
CHICAGO, IL  
OCTOBER 2-9, 2015

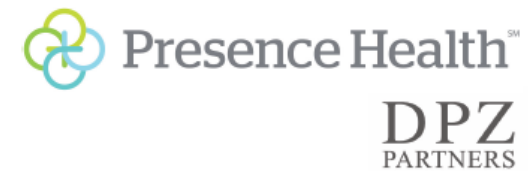
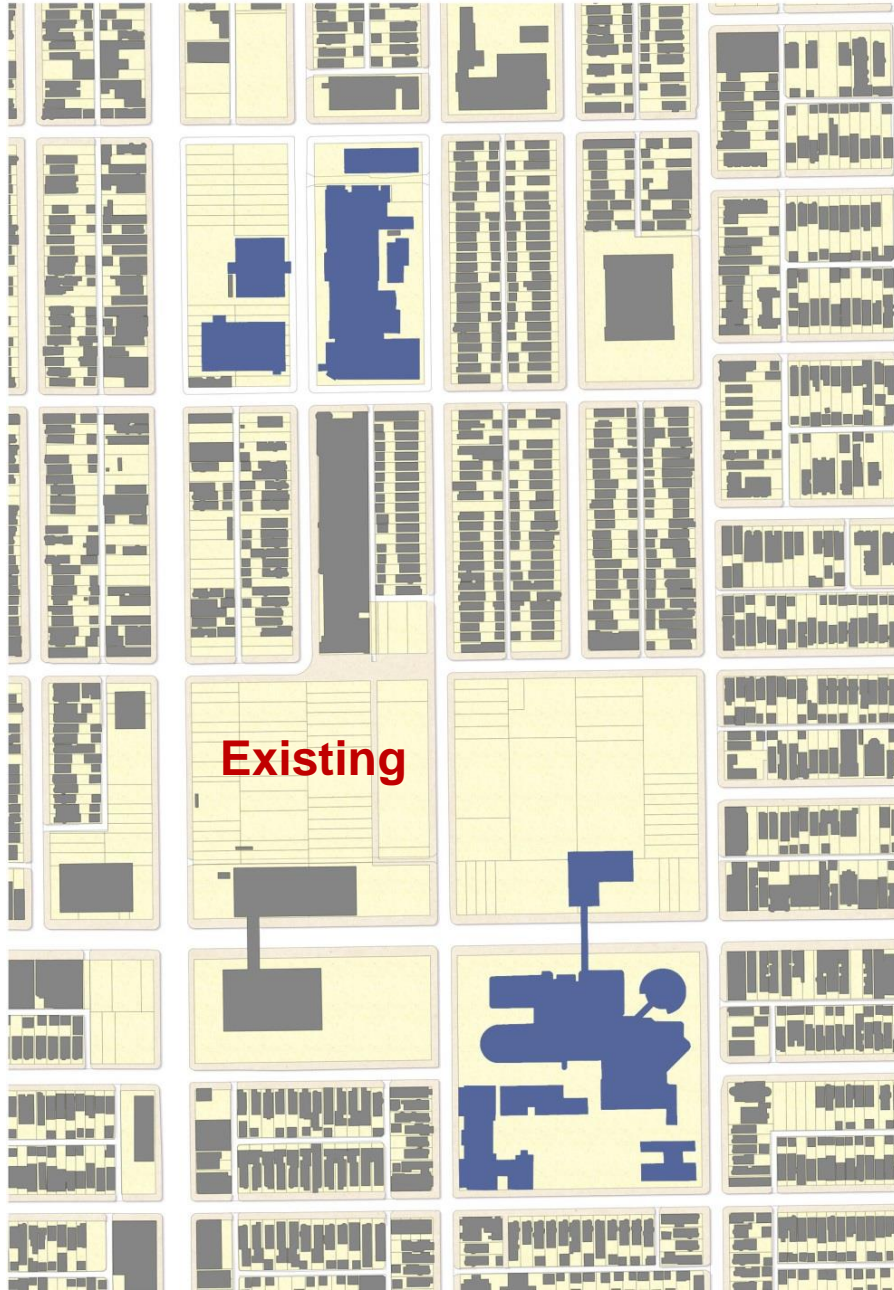


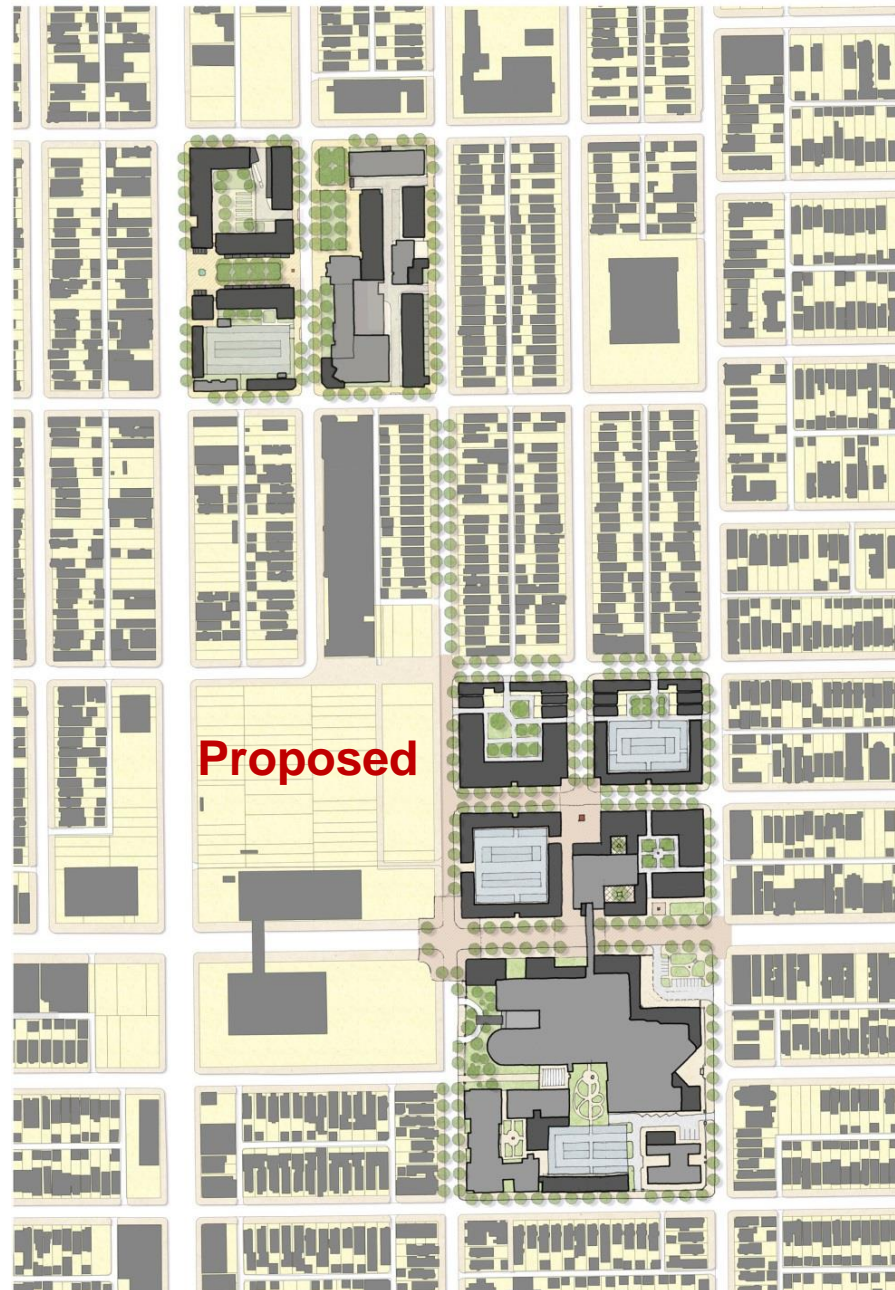
Image. Courtesy of Presence Health, DPZ Partners



# Examples



# West Town



View, DPZ Partners



# Examples

## West Town: St. Elizabeth's



View, DPZ Partners



# Examples

## West Town: St. Mary's

View, DPZ Partners





# Examples

## West Town: St. Mary's



View, DPZ Partners



# Examples

# Community Building



Aerial View of Village of Providence, Huntsville, Alabama, Courtesy, DPZ Partners



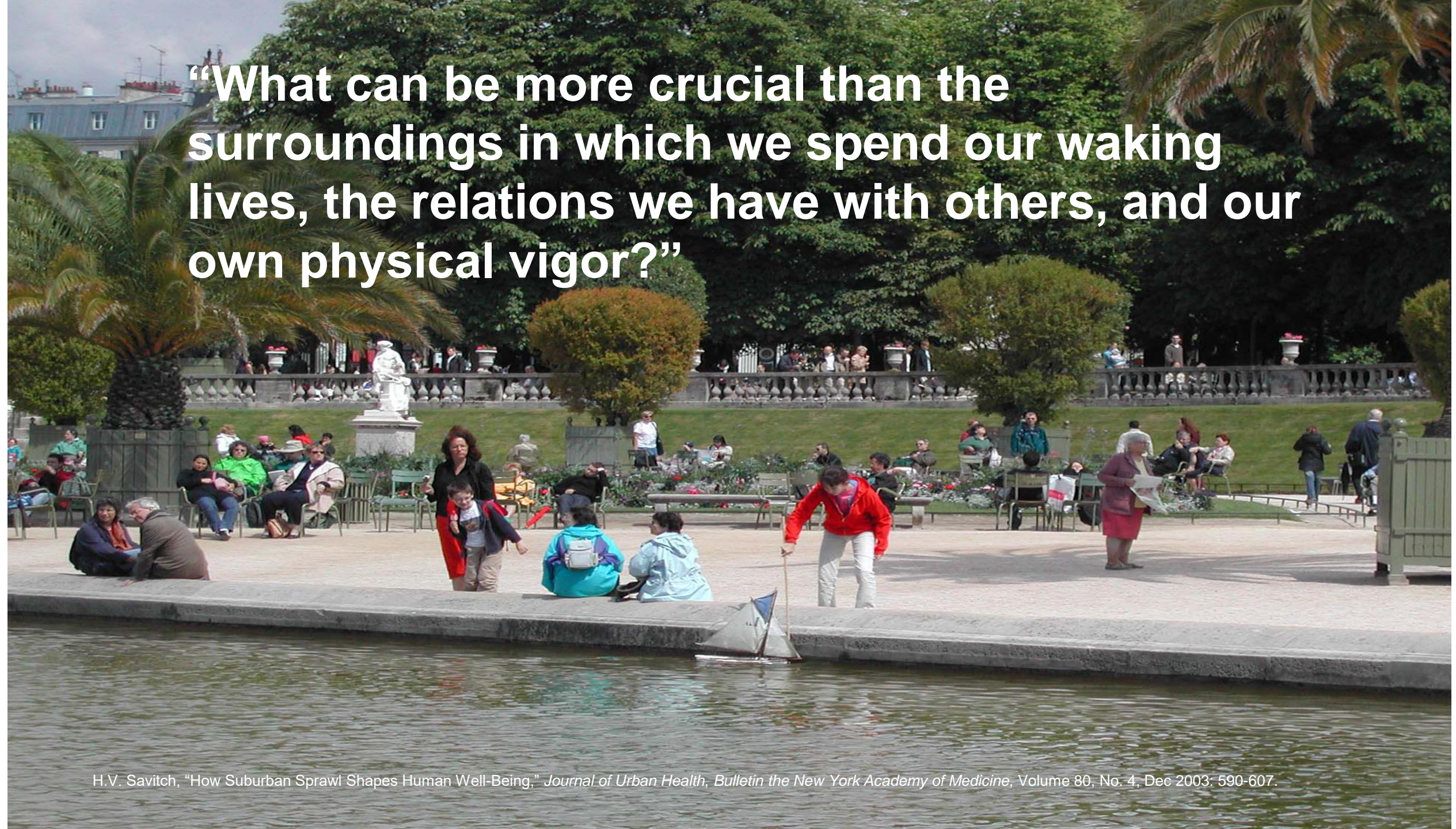
# Built environment impacts on health



Photo, Cambridge University, England, Courtesy Dorothy Anne Hector



**“What can be more crucial than the surroundings in which we spend our waking lives, the relations we have with others, and our own physical vigor?”**





# Time for Questions and Comments



**Moderator**

**John Kreidich AIA,  
CHC, LEED AP B+C**

McCarthy Building  
Companies

# CES Credit

All attendees are eligible to receive:  
1.0 HSW/CEU (AIA continuing education)

Attendees at your site can submit for credit by individually completing the webinar's survey and report form. The survey closes **Friday, July 21, 2017** at **12:30 am EDT**.

The URL to the webinar survey/form

<https://www.research.net/r/AAH1706>

will be emailed to the person who registered your site.

More continuing education questions? Email . . . [knowledgecommunities@aia.org](mailto:knowledgecommunities@aia.org).



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## AIA Academy of Architecture for Health

The AAH mission is to improve both the quality of healthcare design and the design of healthy communities by developing, documenting and disseminating knowledge; educating design practitioners and other related constituencies; advancing the practice of architecture; and affiliating and advocating with others that share these priorities.

**Meet the Board >**

**Congratulations to the 2016 AIA/AAH  
Healthcare Design Award recipients!**

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**AIA Knowledge Community**  
Academy of Architecture for Health





# Upcoming Webinars\*

Date	Series	Topic
8/8	Masters Studio Series	The Highly Reliable Hospital, Creating a Facility for a Highly Reliable Organization
9/19	Design Award Case Study Series	Scripps Prebys Cardiovascular Institute Barbey Family Emergency and Trauma Center
10/10	HC 101 Series	Lean process design enhances ICU's at Swedish Seattle

\*Dates and topics are subject to change

Visit [www.aia.org/aah](http://www.aia.org/aah) for more information and to register.